

A MONTHLY PUBLICATION OF
PARKINSON'S RESOURCE ORGANIZATION
 Working so no one is isolated because of Parkinson's

MESSAGE

P R E S I D E N T ' S

Summer is near over, and we are gearing up for a very busy season. We had a very productive summer with our new Contact Management System up, preparedness for adding three new staff members, planning for at least six new specialty support groups, and now looking forward to seeing more dear friends and new friends at the Support Group Meetings... Zooming right along. Just an FYI, because of the new COVID variants, PRO will not be putting the PRO community of already compromised individuals at risk by resuming personal support group meetings. If you have participated in our support group meetings, please share your experience with someone you know, a friend, neighbor, or the friend of a relative. You never know how your invitation may impact another life and how priceless that connection might become.

Take a look at the Calendar as well to note the meetings that are resuming this month.

Reading within remains *PROvocative* and educational, to be sure.

Start with the **UPDATE ON THE ROAD TO THE CURE** on this page, then read **RELAXING QUOTES TO HELP YOU DEAL WITH YOUR ANXIETY** on page 2; **GOOD LEGAL PLANNING IS LIKE BUYING GOOD INSURANCE** on page 3; **WHY DOES THE CALIFORNIA DMV SUSPEND A DRIVER'S LICENSE FOR Parkinson's?** on page 4; **"DON'T STOP!": VIEWS FROM A PARKINSON'S LONG-HAULER** on page 5; **SPECIAL, SPECIAL THANKS** also on page 5; **WHAT IS COGNITIVE BEHAVIORAL THERAPY?** on page 6; our **BITS AND PIECES: WHAT NEUROLOGICAL CAUSES EXCESSIVE SWEATING?** also on page 6; **THINGS TO THINK ABOUT RIGHT NOW: INVOLUNTARY, ERRATIC MOVEMENTS OF THE BODY (DYSKINESIA)** on page 7; and **SAVE THE DATE** also on page 7.

In addition to donating, join us in becoming a key part of our advocacy efforts. Contact us to "Get Involved." Make monthly donations through our secure donations page at ParkinsonsResource.org/donate or mail your donation to our office in Indian Wells, CA. Without *You*, we could never do all that we do.

Until next month, REMEMBER International Charity Day on the 5th, Labor Day and Rosh Hashanah on the 6th, Patriot's Day on the 11th, Grandparents Day on the 12th, Yom Kippur on the 15th, the Fall Equinox on the 22nd, My birthday on the 26th, and Love People Day on the 30th. The flowers are the Aster & Forget-me-not, and the Birthstone is Sapphire.

ALWAYS remember to CELEBRATE YOU and PRAY FOR OUR TROOPS!

Love,



President & Founder

ICBII UPDATE ON THE ROAD TO THE CURE A REAL-TIME SCIENCE REPORT

Ram S. Bhatt, PhD, Chief Science Officer

Recent Developments in the Treatment of Parkinson's

— Considering the global effort to develop disease modifying therapies for Parkinson's over the last 4-5 decades with a budget probably in excess of tens of billions of US dollars, it was disappointing to read in one of the most recent publications (Lee et al., *Neuroimmunology and Neuro-inflammation*) dated January 2021 that "There was no known cure for Parkinson's". It seems wealthy individuals, pharmaceutical companies, and foundations have been giving funds to a selected few individuals at the elite universities even knowing that those researchers have produced nothing useful with the prior funding. Worse yet, these scientists overlooked a fundamental issue that a central nervous system disease cannot be cured if the drug does not reach the intended target in the brain. It is appalling to think these scientists continued pursuing approaches day after day that failed to stop, slowdown, and/or reverse the disease progression.

Why Such a Colossal Failure? This monumental failure has been due to the inability of the scientific community to appreciate the hurdles of the blood-brain barrier (BBB), a physical barrier that protects our brain by restricting the entry of foreign substances such as viruses, bacteria, parasites, cancer cells, and nearly 98% of all pharmaceutical drugs. The scientists tried solving the problem of the BBB impermeability by injecting more drugs into patients assuming more will diffuse into the brain, but that did not happen; instead, the higher doses caused side effects such as brain inflammation and bleeding.

The second, perhaps, equally important reason for the failure has been the focus of the entire scientific community to only clear aggregated proteins from the brain of Alzheimer's and Parkinson's patients. While this was a very logical approach, cognition and motor dysfunction did not improve in patients treated for several months, though the plaque burden (aggregated protein) was attenuated. The recent pathophysiological studies have shown that the neurons and motor function is compromised 10-20 years before the protein aggregation shows up in the brain. Therefore, scientists at ICB International, Inc., feel that without rejuvenation of biological processes and mechanisms that the result in neurons death early on leads to cognition and motor function decline; clearance of aggregated proteins alone will not improve patient health and well-being.

Next month, we will report what ICB International, Inc. is doing to correct prior art deficiency to develop curative therapies for the first time ever for Alzheimer's and Parkinson's.

cont. on page 6

Our Wellness Villagers

ANIMAL-ASSISTED THERAPY

- Canine Companions

AROMATHERAPY

- Renee Gauthier

ASSISTIVE TECHNOLOGY

- California Phones

BALANCE

- SeeOurSocksInAction

BEAUTY

- Younger By Tonight

CHIROPRACTIC

- Dr. Curtis Buddingh

CLINICAL TRIALS/RESEARCH

- Parexel International
- University of OULU

DEEP BRAIN STIMULATION

- Abbott
- Boston Scientific

DENTISTS

CMD/TMJ DENTISTS

- (CA) Dr. George Altuzarra
- (CA) Dr. Maryam Bakhtiyari
- (CA) Dr. Dwight Jennings
- (CA) Dr. Steven Olmos
- (CA) Dr. David Shirazi
- (IL) Drs. Ed and Lynn Lipskis
- (TX) Dr. Risto Hurme
- (CA) Dr Alice Sun

SLEEP MEDICINE DENTISTS

- (CA) Dr. Maryam Bakhtiyari
- (CA) Dr. Steven Olmos
- (CA) Dr. David Shirazi
- (IL) Drs. Ed and Lynn Lipskis
- (TX) Dr. Risto Hurme
- (CA) Dr. George Altuzarra
- (CA) Dr. Dwight Jennings

ELDER LAW ATTORNEYS

- (CA) Zoran K. Basich
- (CA) William R. Remery

END OF LIFE DOULA

- Glendon Muir Geikie, MSW INEDLA

ESTATE PLANNING- LEGAL

- (CA) William R. Remery

ESTATE PLANNING – FINANCIAL PLANNING

- Cypress Wealth Services

FINANCIAL ASSISTANCE

- The Assistance Fund, Inc

GRAPHIC DESIGN / PHOTOGRAPHY

- G-Aries Visions

HOSPICE CARE

- Family Hospice Care

HYPNOTHERAPY

- Palm Desert Hypnosis

INCONTINENCE SUPPLIES

- Dependable Daughter

IN HOME CARE PROFESSIONALS

- Cambrian Homecare
- Senior Helpers of the Desert
- Brightstar Care
- Caregivers-To-Go, LLC
- Helping Hands Senior Resources
- Comfort Paradise Home Care

INSURANCE - LTC & DISABILITY

- Jim Lawless, MBA

LEGAL-ATTORNEY-LAWYERS

- (CA) Zoran K. Basich
- (CA) William R. Remery, Esq.

LIFE COACHING

- Lynda Reid, EdD, RPCC, PCC

LSVT LOUD PROGRAM

- Easy Speech Therapy Center

LSVT BIG PROGRAM

- Rosi Physiotherapy

MASSAGE & BODYWORK

- Rehab Specialists

MEDICAL ADVOCATES

- LA Patient Advocate
- Patient Advocate Agency

MEDICAL DEVICE – DUOPA

- AbbVie Inc

MEDICAL MARIJUANA

- The Leaf El Paseo

MEDI-CAL CONSULTING

- Medi-Cal Consulting Services, LLC

MOBILITY PRODUCTS

- At Home Medical
- LiftUp, Inc

MEDICINE

- Supernus / US World Meds
- Acorda Therapeutics
- Sunovion Pharmaceutical Company
- Amneal Pharmaceuticals
- AbbVie Inc

NURSING HOME ATTORNEYS

- (CA) Zoran K. Basich

OCCUPATIONAL THERAPY

- Easy Speech Therapy Center
- VIBRA Rehabilitation Hospital

PATIENT ADVOCACY

- Cindy Johnson, BCPA, CSA®
- LA Patient Advocates

PHARMACIES

- Cornerstone Pharmacy

PHYSICAL THERAPISTS - TRAINING SPECIALISTS

- Renee Gauthier
- Rosi Physiotherapy
- VIBRA Rehabilitation Hospital

REAL ESTATE

- John Sloan Real Estate Group

REHABILITATION HOSPITALS

- VIBRA Rehabilitation Hospital

RELOCATION SERVICES

- Senior Living Options of the Desert
- Caring Transitions Desert Cities
- Helping Hands Senior Foundation

SOCKS

- SeeOurSocksInAction

SPEECH THERAPY

- Easy Speech Therapy Center
- VIBRA Rehabilitation Hospital

VIATICAL

- Rehburg Life Settlements

VISION

- Optometric Vision Care, Dr Eric Ikeda

RELAXING QUOTES TO HELP YOU DEAL WITH YOUR ANXIETY

Living with anxiety is hardly easy when any day can include irrational fear of nonthreatening situations, excessive nervousness and indecisiveness, and even the inability to relax at any given time, as the Mayo Clinic defines the condition. In a world where your next anxiety attack may be just around the corner, and you feel like everything is plummeting downhill fast, take a deep breath and read through these stress-relieving, empowering quotes.

- *"Feelings come and go like clouds in a windy sky. Conscious breathing is my anchor."* — Thich Nhat Hanh
- *"Do what you can, with what you've got, where you are."* — Theodore Roosevelt
- *"There is no trouble so great or grave that cannot be much diminished by a nice cup of tea."* — Bernard-Paul Heroux
- *"My anxiety doesn't come from thinking about the future but from wanting to control it."* — Hugh Prather, Notes to Myself
- *"Sorrow looks back, worry looks around, faith looks up."* — Ralph Waldo Emerson

- *"You don't have to see the whole staircase, just take the first step."* — Martin Luther King
- *"It's not time to worry yet."* — Harper Lee, "To Kill a Mockingbird"
- *"We must have a pie. Stress cannot exist in the presence of a pie."* — David Mamet, "Boston Marriage"
- *"I just give myself permission to suck. I find this hugely liberating."* — John Green, author of The Fault in Our Stars
- *"No need to hurry. No need to sparkle. No need to be anybody but oneself."* — Virginia Woolf
- *"Stress is an ignorant state. It believes everything is an emergency."* — Natalie Goldberg
- *"I cannot always control what goes on outside. But I can always control what goes on inside."* — Wayne Dyer
- *"Worry is my worst enemy... an enemy I unleash upon myself."* — Terri Guillemets
- *"Calmness is the cradle of power."* — Josiah Gilbert Holland
- *"The great thing, then, in all education, is to make our nervous system our ally instead of our enemy."* — William James

GOOD LEGAL PLANNING IS LIKE BUYING GOOD INSURANCE

William R Remery, *National Elder Law Attorney*

Estate planning and getting one's legal affairs in order is like buying insurance. Like insurance, advance legal planning cannot prevent bad things from happening, but can anticipate such things to minimize the damages and provide for better outcomes overall. Car insurance does not prevent accidents, earthquake insurance does not prevent earthquakes and life insurance does not prevent death. However, they can help mitigate or lessen your damages and permit you and your family to go on even if a bad thing happens. Just as there are different kinds of insurance for different problems, there are different legal plans and strategies that can be put in place to anticipate and deal with different problems.

Advance legal planning is also like good preventive health care. Periodic checkups, preventive medicine and tips on healthy living can prevent some diseases and catch others early-on so that they can be treated before they become fatal. Similarly, getting your legal affairs in order before a problem arises or catching a legal problem early, is infinitely better, less expensive, and more likely to render favorable results.

Good legal planning can save time and money by taking advantage of tax exemptions, deductions or other special tax rules, avoiding expensive court supervised conservatorship proceedings by using powers of attorney and advance health care directives, avoid the expense and delay of a court supervised probate proceeding at death by using a simple living trust, and saving hundreds of thousands of dollars on long term care expenses by doing advance planning for Medicaid, or in California Medi-Cal, among other things.

Like preventive health care, legal planning should be a lifelong habit. For young people just getting started with new families, their estates may be modest, but they have big responsibilities with young children and aging parents. They need to consider replacing their income in the event of disability or death and nominating guardians for their children to avoid family disputes. They may also have issues regarding apartment leases, purchase agreements for a new home or other installment purchases.

As wealth grows that wealth needs to be protected, with tax advice and investment advice. As income increases and the family grows, replacing income in the event of death or disability may become even more important.

As people approach retirement, investment strategies should change and issues about Medicaid, or in California Medi-Cal, planning, reverse mortgages, and substitute decision makers to help as the person declines physically and mentally become more prominent in the planning.

While legal planning often revolves around saving money and addressing the financial issues that may arise, good lifelong legal planning is equally about minimizing the emotional costs of life's twists and turns. Subjecting yourself or your loved ones to unnecessary court proceedings like probates or conservatorships which are extremely stressful and emotionally draining at the very time when the family is in distress over the loss or disability of a loved one can be even more important than the financial savings. Basic estate planning is relatively inexpensive, using powers of attorney, advance health care directives and trusts. Even Medicaid, or in California Medi-Cal, planning is fairly easy and inexpensive if done well in advance of need. In the forty years that I have been practicing, I have seen the cost for trusts and other routine planning documents fall with the advent of word processing and computer programs. Unfortunately, I do spend an inordinate amount of time solving problems and curing failures to plan, which is much more time consuming and, therefore, expensive.

A year and a half into the COVID-19 pandemic we have found that having "face-to-face" meetings with our clients using Zoom and Skype, emailing completed documents for the clients to print out and sign, and even arranging for "traveling notaries" to complete signing the documents has made legal planning safe and, in many cases, even more convenient and less expensive than traditional "in-office" meetings. Also, with the extra time we have been spending at home "social distancing," there is more time to review our legal affairs and get them in order.

Mr. Remery is one of the founding members of The Wellness Village. Visit his page at ParkinsonsResource.org/the-wellness-village/directory/william-r-remery-esq/, watch his video and be inspired to do your long-term care planning. He is only a phone call away.

BOARD OF DIRECTORS

--- GOVERNING BOARD ---

JO ROSEN

President & Founder

WILLIAM R. REMERY, ESQ.

Elder Law, PRO Secretary/Treasurer

MICHAEL LU

Director at Large

MATTHEW LU

Director at Large

KAYA KOUVONEN

Director at Large

--- ADVISORY GROUP ---

JACOB CHODAKIEWITZ, MD

PATRICIA DUNAY

DAVID M. SWOPE, MD

DR. ANA LORENZ

CLAUDE VALENTI, OD, FCOVD

DANA BERNSTEIN

SUE DUBRIN

--- HONORARY MEMBERS ---

GREG A. GERHARDT, PHD

STEPHEN MACHT

--- EMERITUS ---

MARIA ELIAS

DEBBIE STEIN

ROGER RIGNACK, MBA

--- GONE, BUT NOT FORGOTTEN ---

ALAN ROSEN, FAIA

ELINA OSTERN

JERRY BERNSTEIN

JACK HISS, MD

PHILIP GUSTLIN, ESQ.

DR S. JEROME TAMKIN

KENNETH SLADE

SHIRLEY KREIMAN

LEONARD RUDOLPH

CAROLE ROBERTS-WILSON, MS-SLP

TRINI LOPEZ

--- FOUNDING MEMBERS ---

JO ROSEN, Founder

ARNIE KRONENBERGER (deceased)

CATHERINE BUCKINGHAM

JENNIFER REINKE

DARLENE FOGEL

CHUCK KOCH

ALAN ROSEN, FAIA (deceased)

WAYNE FRIEDLANDER

PAUL ROSEN

ELAINE VACCA

Special Thanks

...TO OUR "SPECIAL" BOOSTERS:

SKY LUNDY
 GARY LOPEZ / G-ARIES VISIONS
 SUE DUBRIN
 MARY BUYTKUS
 MARTHA HANSON
 JOHN GUNDERSEN
 EVA MYERS
 JOHN PERL
 RICHARD CORDES, CPA, JD, LLM
 MICHAEL LU
 CHERYL EWOLDT
 CAROLYN RINDONE
 MATTHEW LU
 SUE LAMPARTER
 SANDRA RODLEY
 WAYNE TSAI
 BOB & KAREN KEENER
 MICHAEL & ELLEN OPELL
 NEIL & SHARON FRIEDMAN
 CURTIS CANNON & DAVE VERDERY
 BRUCE HALVERSON & GARY GALPIN
 ROBERT PEACOCK
 CLAUDETTE CHOQUETTE
 CHERYL & MERRITT VINCENT
 HOT PURPLE ENERGY
 SANDY RODLEY
 AYDIN BEHDAD

WHY DOES THE CALIFORNIA DMV SUSPEND A DRIVER'S LICENSE FOR PARKINSON'S?

Extractions from California Drivers Advocates

If you are not in California, check your State's Department of Automobile Licensing.

Once a person is licensed to drive motor vehicles in the State of California, they forever remain under the watchful eye of the California Department of Motor Vehicles (DMV). One of the DMV's primary functions is to ensure all drivers on California roadways maintain the physical and mental fitness for driving. If at any time, the DMV were to receive information that a driver may no longer possess the requisite ability to drive, the department will begin an investigation to determine if a driver's license suspension or revocation is warranted.

California Vehicle Code section 13953 empowers the DMV to immediately and without a hearing, suspend or revoke the driving privilege of any driver who may pose an immediate hazard to the motoring public. One of the most profound physical or mental conditions a driver may develop that will cause the DMV to take such an immediate action is a diagnosis with any disease or disorder that effects cognition or motor skills.

Some of the most common disorders that cause the DMV to suspend or revoke a driver's license are:

- **Dementia or Alzheimer's Disease**
- **Brain Tumors**
- **Multiple Sclerosis**
- **Parkinson's**
- **Any seizure disorder such as Epilepsy**
- **Sleep Disorders such as Narcolepsy or Sleep Apnea**
- **Stroke**
- **Vertigo**

Parkinson's is a progressive disorder of the nervous system that affects movement. It develops gradually, sometimes starting with a barely noticeable tremor in just one hand. But while a tremor may be the most well-known sign of Parkinson's, the disorder also commonly causes stiffness or slowing of movement.

In the early stages of Parkinson's, your face may show little or no expression, or your arms may not swing when you walk. Your speech may become soft or slurred. Parkinson's symptoms may worsen as your condition progresses over time.

Although Parkinson's can't be cured, medications may markedly improve your symptoms. In occasional cases, your doctor may suggest surgery to regulate certain regions of your brain and improve your symptoms.

The danger in driving is that Parkinson's may eventually affect both your motor skills and cognition.

Motor Skills: A Parkinson's patient may experience some changes in their *visuospatial* skills. This essentially means that one's ability to gauge the distance to a stop sign or other vehicles. It may affect one's ability to maintain a safe lane position. Parkinson's will often cause problems with muscle tightness or rigidity that can impair one's ability to react quickly to emergencies or changing trac patterns.

Cognitive Skills: Cognitive function refers to one's ability to receive and process incoming information by using perception, reasoning, judgement, intuition, and memory. It is not uncommon for a Parkinson's patient to become confused when driving.

Because Parkinson's may eventually impact the person's ability for critical thinking, cognition, and multi-tasking, allowing them to drive could have deadly consequences.

A 1999 study by the National Center for Injury Prevention and Control found that with people aged 65 to 74, motor vehicle accidents are the number one cause of injury related death. Clearly as a person ages, they become frail and are not quite as able to survive trauma as a younger person.

Accordingly, if the DMV receives information that a driver has received a diagnosis with Parkinson's, the department will initiate an investigation to assess the person's fitness to continue driving. The department's investigation can seem probative, impersonal, and onerous. To the effected driver, it can seem that they are being treated like a criminal and for that person, the loss of their driving freedom can be devastating.

How does the DMV suspend the driver license of a person with Parkinson's? The DMV's "Re-Examination" process is essentially broken down into three progressive stages:

cont. on page 7

"LIKE" US ON FACEBOOK
 AND FOLLOW US ON TWITTER!



Facebook.com/
 ParkinsonsResourceOrganization



twitter.com/ParkinsonsPro

"DON'T STOP!"**Views From A Parkinson's Long-Hauler**Frank Rumoro, *PRO Advocate*

Being diagnosed with Parkinson's in 1999 at the age of 36, I have learned that keeping a positive attitude, maintaining a sense of humor, and staying active are the best ways to combat my disease.

Over the last 22 years I have experienced 137 in-office neurologist visits and five telemedicine appointments, switched neurologists seven times (primarily due to moving) and underwent two surgeries (deep brain stimulation and medialization laryngoplasty). I am facing one more surgery at the end of this year.

I still remember the first few physician visits very clearly. I was started on medications, advised to take it easy and not overdo, and recommended that I use a cane or walker. At 36, I was basically told to become a couch potato — and that was not who I was. I was a master rank in Judo and Koryo Gumdo (Korean sword fighting), a Little League coach, a professional musician, and a full-time operations manager with responsibility covering three states. I felt the need to keep moving and stay physically active.

I learned that Parkinson's is a roller coaster of ups and downs, with periods of good times and challenging ones. I found that being 'active' in any form made whatever period I was in considerably easier, always adjusting the activity to my ability level. My activities have ranged from walking to the mailbox and making dinner for my family to becoming a Rock Steady Boxing coach, enjoying water aerobics, and hiking mountain trails.

I choose to do things that are fun and of interest to me. If you have Parkinson's and are currently active, that is great, but maybe it's time to kick it up. If you haven't been moving, start with something you enjoy that also fits your ability level. Don't judge or measure your activities against anyone else. It is all about you! I encourage you to not be afraid and push yourself a bit.

If you are unsure where to start, there is a wonderful virtual support group named "Movement: Use it or Lose it" that I found in Parkinson's Resource Organization's online. It is a live, virtual class led by Brandon Rosi, DPT, CSCS, Cert MSKUS. He is a Doctor of Physical Therapy and certified in LSVT BIG, an intensive program emphasizing exaggerated activity to compensate for Parkinson's movement and speech symptoms. He helps people understand why moving is so important and teaches which movements are best.

Often times we feel that we can no longer do something, but if you think about it, you may realize you haven't tried that task in a while. Even with Parkinson's, practice can lead to improvement.

There are many physical, mental, and emotional benefits to keeping yourself active. Physically it can improve balance and agility; mentally, it helps with focus and improves memory; and emotionally, I feel it fights my anxiety and depression, making it easier to stay positive.

Keep your mind sharp, too. Read, play crossword puzzles, try Sudoku, internet games, trivia and anything that stimulates your mind. Volunteer.

"It doesn't matter how slow you go, as long as you don't stop."

For more information about Frank and resources available through PRO, call 877-775-4111, go to the website at ParkinsonsResource.org/ or email us at info@parkinsonsresource.org. PRO is inspired to have Frank working in our office.

**SPECIAL
SPECIAL
THANKS**

Parkinson's Resource Organization extends a huge thanks to the **AUEN FOUNDATION** and the **ANAHEIM DUCKS** for grants towards the expansion of our support group programming. Our work would not be possible without our financial partners; their impact is far greater than we could ever express. And of course...

"LET'S GO DUCKS!"**PARKINSON'S
RESOURCE
ORGANIZATION****PRO STAFF****TYLER HAYCOX***IT/Communications Assistant***DONNA STURGEON***Wellness Village Coordinator***JEREMY SIMON***IT/Communications Director***EILEEN LYNCH***Operations Director***JAN WHISHAW***Wellness Village Outreach/
Community Advocate***FRANK RUMORO***Wellness Village Outreach/
Community Advocate***BARBARA BEAN***Volunteer Asst to the President***VOLUNTEERS****SKY LUNDY***Web Design***GARY LOPEZ***Graphic Artist***AMBASSADORS****SOPHIE BESHOFF****CHERYL EPSTEIN****CHARLENE SINGER****OFFICE SUPPORT****EVA MYERS****JOHN PERL****CAROLYN RINDONE****WAYNE TSAI****AYDIN BEHAD****SUSAN BARTEL**

WE DO NOT INTEND
THE PRO NEWSLETTER
AS LEGAL OR MEDICAL ADVICE NOR TO
ENDORSE ANY PRODUCT OR SERVICE.
WE INTEND IT TO SERVE AS
AN INFORMATION GUIDE.

WHAT IS COGNITIVE BEHAVIORAL THERAPY?

Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications.

It is important to emphasize that advances in CBT have been made on the basis of both research and clinical practice. Indeed, CBT is an approach for which there is ample scientific evidence that the methods that have been developed actually produce change. In this manner, CBT differs from many other forms of psychological treatment.

1. CBT is based on several core principles, including:
 - *Psychological problems are based, in part, on faulty or unhelpful ways of thinking.*
 - *Psychological problems are based, in part, on learned patterns of unhelpful behavior.*
 - *People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.*

CBT treatment usually involves efforts to change thinking patterns. These strategies might include:

- *Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.*
- *Gaining a better understanding of the behavior and motivation of others.*
- *Using problem-solving skills to cope with difficult situations.*
- *Learning to develop a greater sense of confidence in one's own abilities.*
- *CBT treatment also usually involves efforts to change behavioral patterns. These strategies might include:*
 - *Facing one's fears instead of avoiding them.*
 - *Using role playing to prepare for potentially problematic interactions with others.*
 - *Learning to calm one's mind and relax one's body.*

Not all CBT will use all of these strategies. Rather, the psychologist and patient/client work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy.

CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as "homework" exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions, and behavior.

CBT therapists emphasize what is going on in the person's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.

Source: APA Div. 12 (Society of Clinical Psychology)

ROAD TO THE CURE – cont. from page 1

ICBII is in preclinical studies for Parkinson's and Alzheimer's diseases.

*WOULD YOU LIKE TO HELP get ICBII's drugs to market faster? The joy of being a part of this historical event can be had by helping ICBI find the funds to bring these trials to fruition through your investing, and by finding others with the financial ability and humanitarian mindset to accomplish the, until now, impossible. Please contact ICBI directly through their website **ICBII.com** or by phone 858-455-9880, or contact Jo Rosen at PRO for a personal introduction to the scientists.*

IMAGINE the world without Parkinson's, MSA, or Alzheimer's disease.

JUST IMAGINE.

BITS AND PIECES

WHAT NEUROLOGICAL CAUSES EXCESSIVE SWEATING?

Generalized hyperhidrosis may also occur due to dysregulation of the autonomic nervous system, or neurological disorders such as *Parkinson's* or spinal cord injury.

What Is Generalized Hyperhidrosis? Hyperhidrosis is a condition characterized by excessive sweating; that is, the production of more sweat than is required to regulate body temperature. It is caused by non-thermoregulatory stimuli, meaning stimuli other than heat. Normally the body only sweats when it becomes hot.

Generalized hyperhidrosis refers to hyperhidrosis affecting the entire body. It is also known as secondary hyperhidrosis as it typically arises secondary to other medical conditions, predominately endocrinological (hormone-related) and infectious disorders. Generalized hyperhidrosis may also occur due to dysregulation of the autonomic nervous system, or neurological disorders such as Parkinson's or spinal cord injury.

While hyperhidrosis which manifests secondary to (because of) another medical disorder typically affects the entire body, it may also occur at distinct anatomical sites. Generalized hyperhidrosis affecting distinct sites rarely arises secondary to a disease and is usually a result of:

- *Abnormal regeneration of nerves following injury.*
- *Abnormalities in the number or distribution of sweat glands; or*
- *A defect in the blood vessels.*

From: Sydney North Neurology and Neurophysiology

CALIFORNIA DMV – cont. from page 4

Notification**Re-Examination****Hearing**

At the Notification stage, the DMV may receive notice from a variety of sources that a driver has been diagnosed with Parkinson's or some other medical disorder that may affect motor skills or cognition. The most common means by which the DMV learns a person has Parkinson's is:

Physician's report: In California, all physicians are mandated by law to report any diagnosis that may affect one's ability to drive to the California Department of Public Health. The doctor will prepare a **Confidential Morbidity Report** that briefly documents how he or she came into contact with the patient and the symptoms observed. Once the Department of Public Health receives the report, it is then mandated to pass the report onto the California Department of Motor Vehicles.

Referral from family members: In some instances, a driver may not recognize that he or she is beginning to lose proper driving skill and cognition. In other instances, the affected driver may choose to ignore obvious signs of a problem. In either case, it is not uncommon for family members to report the driver to the DMV in the interest of protecting their loved one and other drivers.

Referral from friends or neighbors: It is common for friends or neighbors to see or hear something that gives them concern that a driver no longer possesses the ability to drive as a result of Parkinson's and may report them to the DMV.

Referral from anonymous sources: Because the DMV is mandated to investigate all reports of medical disorders which effect driving, it will also initiate an investigation when it receives information from a person who wishes to remain anonymous; and will work to protect the anonymity of the reporting party.

Self-Reporting by the Driver: At times, the individual driver may be the source of the DMV's information. At times, a driver may be experiencing body tremors while testing to renew their driver license. At other times, the effected driver may enter the DMV and making inquiry regarding the effect of Parkinson's on their ability to drive. All DMV employees are empowered to report issues of concern to the Driver Safety Office.

For further reading and information you may go to the California Drivers Advocates site.

THINGS TO THINKS ABOUT RIGHT NOW**INVOLUNTARY, ERRATIC MOVEMENTS OF THE BODY (DYSKINESIA)**

David Verdery. a PROadvocate

*I have always pumped my knees up and down,
especially when I'm watching a game.*

*And when my team gets another first down,
I nearly go insane.*

*But lately, my knees and now fingers
are starting to twitch when I'm reading.*

*The TV is off, but the tension lingers
and I wonder where all this is leading.*

*I went to my primary doctor
and told him what was happening.*

*He said it might be essential tremors or
maybe Parkinson's is advancing.*

*He continued, I hope that it's not P.D.,
Because that's something you live with*

*for the rest of your life. Let's see,
I'll write a referral to Dr. Smith.*

*He's a Movement Disorder Specialist who
has had special training in-residence
and has the remarkable ability to
know if you have Parkinson's.*

*Another source of information and support
is Parkinson's Resource Organization.*

*Jo Rosen founded her group in 1990 to report
all the information from across the nation.*

Their Mission:

"Working so no one is isolated because of Parkinson's."

SAVE THE DATE

PRO was 30 years old last year, but we didn't get to celebrate its milestone, so we're going to create that celebration this year on December 11, 2021 both physically at the Renaissance Esmeralda in Indian Wells, California and virtually, so that anyone that cannot make it to Indian Wells can share the evening with us.

Mark your calendars and watch your different mailboxes for updated information.

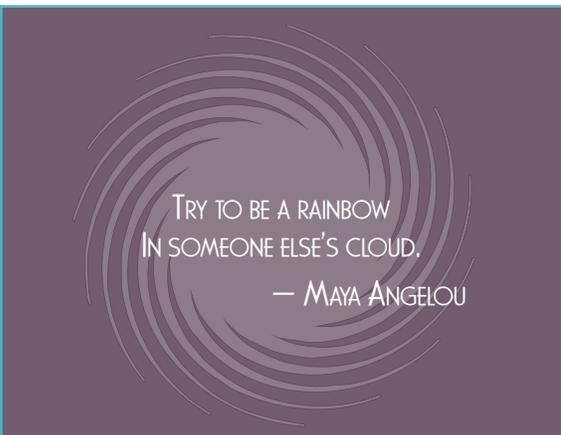
We are so **PROUD!**

Parkinson's Resource Organization (PRO), through its WELLNESS VILLAGE (ParkinsonsResource.org/the-wellness-village) has begun its campaign to populate all categories of professionals that provide services or products to people with Parkinson's or their caregivers. If you refer a professional into the WELLNESS VILLAGE that has helped you or your family gain "quality of life," alleviate symptoms, helped you through the Parkinson's Journey in some fashion and therefore wants to and can help others, and if that professional becomes a subscriber, we will thank you with tokens of our gratitude.

PRO CALENDAR FOR SEPTEMBER 2021

The current, **VIRTUAL ONLY**, support group meetings are listed below. **ALL MEETINGS CLOSE 15 MINUTES AFTER START TIME!**
For any information regarding any of these meetings, please contact the PRO Office at 877-775-4111.

			1 Round Table 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	2	3	4	
5 INTERNATIONAL CHARITY DAY	6 LABOR DAY ROSH HASHANAH BEGINS	7 MOVEMENT: Use It or Lose It 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	8 ROSH HASHANAH ENDS Village Meeting 1:00 PM PDT 3:00 PM CDT 4:00 PM EDT 10:00 AM HST 2:00 PM MT	9 PRO Grief Group 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	10	11 PATRIOT DAY	
12	13 Round Table 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	14 Mindfulness Focused Group 1:30 PM PDT 3:30 PM EDT 4:30 PM CDT 10:30 AM HST 2:30 PM MT	15 YOM KIPPUR BEGINS Partner in Care 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	16 YOM KIPPUR ENDS	17	18	
19	20	21 MOVEMENT: Use It or Lose It 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT	22 FALL EQUINOX	23 Grief Group 10:00 AM PDT 12:00 PM CDT 1:00 PM EDT 7:00 AM HST 11:00 AM MT Round Table 1:00 PM PDT 3:00 PM CDT 4:00 PM EDT 10:00 AM HST 2:00 PM MT		24	25
26	27 Village Meeting 6:00 PM PDT 8:00 PM CDT 9:00 PM EDT 3:00 PM HST 7:00 PM MT	28	29	30			



NEWSWORTHY NOTES
September 2021 / Issue No. 346 / Published Monthly

PARKINSON'S RESOURCE ORGANIZATION
Working so no one is isolated because of Parkinson's
74785 Highway 111, Suite 208 • Indian Wells, CA 92210
760-773-5628 • 310-476-7030 • 877-775-4111 • fax: 760-773-9803
eMail: info@ParkinsonsResource.org • web: ParkinsonsResource.org
501(C)(3)#95-4304276

We do not intend the PRO Newsletter as legal or medical advice, nor to endorse any product or service; we intend it to serve as an information guide.