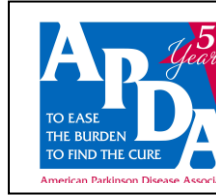


American Parkinson Disease Association, Inc
UTHSCSA – Department of Neurology
8300 Floyd Curl Dr. - MSC 7883
San Antonio, TX 78229-3900



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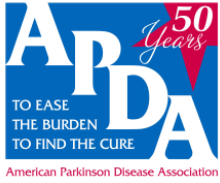
Our Web Site is located at www.aapsq.org

**PLEASE NOTIFY US OF ADDRESS/E-MAIL CHANGES OR IF YOU PREFER TO RECEIVE NEWSLETTER
BY EMAIL INSTEAD OF REGULAR MAIL.**

POC: Kim Johnson Vineyard kjv624@yahoo.com 1028 PR 1712, Mico, TX 78056.

We can't get information to you if we don't know where you are living.

See last page for support group information



American Parkinson's Disease Association, Inc
 Alamo Area Parkinson Support Groups
 UTHSCSA – Department of Neurology
 8300 Floyd Curl Dr., MSC 7883 San Antonio, TX 78229-3900
 Phone 210-450-0522, www.aapsg.org
 APDA I & R Center Phone 210-450-0551

Quarterly Newsletter, January 2012

Editors: Kim Vineyard and Dianne Johnson, R.N.

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Painful muscle spasm, a common complaint of Parkinson Disease patients

By: Dr Vikki Alvarez

Center for Neurological Care and Research 9150 Huebner RD Suite 160, SA 210 5790709

In the US, Parkinson Disease or PD is the second most common neurodegenerative disease (next to Alzheimer Disease). More than 50,000 patients are diagnosed annually. While majority of the patients are over the age of 60, about 4-10% patients are considered young onset (diagnosed prior to age 40).

While tremor is the universal sign of PD, surveys of people with PD have shown that as many as half of all PD patients experience severe and chronic (greater than 6 months) pain. Most of the patients are not sure if this pain is related to PD. Often times,

Parkinson-related pain are interpreted as pulled muscle, arthritis, or dislocation of muscle and bones.

It has been suggested that there are two major explanations for the pain.

- Rigidity- muscle stiffness and rigidity due to the disorder
- Central Pain- Pain due to central nervous system changes due to lack of dopamine.

The most common complaints are:

- 74% of PD patients report muscle cramps or tightness, typically in the neck, spinal or calf muscles
- 28% reported painful muscle contractions (dystonia) 14% nerve pain
- 14% joint pain 2% report diffuse central or generalized pain.

Interestingly, neck pain in PD is one of the most common Parkinson-related pain symptom. Most of patients complaining of neck pain have some abnormality in their head and neck examination. The most common findings on examination are turning of the head to one side, elevation of shoulder, or spasm of neck muscle, Other common pain symptoms described are stabbing, burning, shooting or searing pain which can involve the face, head, stomach, pelvis and limbs.

Pain can lead to depression and it can very quickly affect one's quality of life. There are various medications to alleviate painful symptoms in PD. If there is underlying depression, treating the depression aggressively with anti-depressants usually help to lower persistent pains.

To all the readers, I end my message with an advice. If you have PD related pain, discuss your treatment options with your physician. Don't just try to live in pain.



I ATTRIBUTE MY SUCCESS TO THIS:
I NEVER GAVE NOR TOOK AN EXCUSE
Florence Nightingale



THREE POSITIVES TO CAREGIVING:

1. Give Kindness

- Being kind increases happiness and wellness
- Have kindness days. e.g.: Take someone for an ice cream or do something special

Visit: **randomactsofkindness.org or 29gifts.org**

2. Give yourself permission to play

- Find a passion: photography, knitting, quilting, exercise, reading, music, gardening or scrapbooking. Do at least eight hours per week.

3. Connect with others:

- Social Connection: Number one predictor of happiness
- Increase positive outlook on life when we socialize; go out with a friend or just call a friend, this can increase your well being and encourage you to stay positive.



Sudoku

6		4	3		5	9		1
3	5		7		8		6	2
		1	2		6	5		
7								9
		6	1		9	7		
8	4		9		7		3	6
9		5	8		1	2		7



Swallowing Disorders in Parkinson Disease

By Beth Hannon*+, M.A., CFY-SLP

*The National Center for Voice & Speech, Denver, CO and University of Colorado, Boulder, CO

+University of Texas Health Science Center, San Antonio, TX

Research has shown that nearly 90% of individuals with Parkinson disease (PD) will develop some form of swallowing difficulty during the course of their disease. Dr. James Parkinson even mentioned difficulty initiating the swallow in his original description of the disease in 1817. The term used to describe swallowing difficulties is referred to as dysphagia and includes any problem in chewing or swallowing from the time solids, liquids or medications enter the mouth until the time they enter the esophagus.

Dysphagia is important to detect and treat to help prevent health issues such as malnutrition, unintentional weight loss, difficulty taking medications, dehydration and pneumonia. This article outlines the stages of a normal swallow, identifies symptoms of dysphagia, and provides information on how to be proactive in making swallowing as safe and easy as possible.

The normal swallow is divided into three stages: 1) oral stage, 2) pharyngeal (throat) stage, and 3) esophageal stage. The oral stage includes the lip seal (after items have entered the mouth), tongue control, and the ability to move items from the front to back

of the mouth. The pharyngeal phase includes the soft palate (soft tissue on the back of the roof of the mouth) rising, initiation of the swallowing reflex, laryngeal (voice box) elevation, and items passing into the esophagus. The esophageal phase occurs when items pass through the esophagus to the stomach, lasting anywhere from 8 to 20 seconds.

Below is a list of general dysphagia symptoms:

- Drooling
- Taking a long time to eat
- Difficulty swallowing pills
- Food or liquid collecting or spilling out of the mouth, due to poor lip closure
- Food left in the mouth after swallowing
- Difficulty chewing, forming, and/or moving food to the back of the mouth
- Taking 2-3 attempts to complete a swallow or food remaining in the mouth for several seconds after chewing is completed
- Difficulty getting the swallow reflex started
- Coughing or choking when eating, drinking, or taking pills
- Gargled or wet voice quality while talking or breathing
- Frequent throat clearing after eating or drinking
- Undigested food is coughed up
- Sudden weight loss
- Feeling of a “lump” in the throat
- Occasional fevers for unexplained reasons (could be an indicator of aspiration pneumonia)

Another common problem related to swallowing in PD is reflux, which is a problem with the muscle at the bottom of the esophagus (leads to the stomach), and may cause acid to come back up into the esophagus. If reflux is severe the acid can come up to the level of the voice box and spill over into the airway and irritate the voice box. Reflux is important to treat to help avoid damage to the tissue of the throat or voice box. Below is a list of symptoms more specific to reflux:

- Coughing, throat clearing
- Burning or sore throat
- Hoarse voice quality
- Teeth coated after napping/sleeping
- Bad breath or bitter taste in mouth
- Post nasal drip without nasal drainage

Now that the normal swallowing process and symptoms of dysphagia have been identified, the remainder of the article describes what you can do if you are noticing problems with swallowing. You should always inform your physician of any swallowing difficulties and he/she may recommend a swallow test with a speech-language pathologist (SLP). A swallow test can either be an office visit or a modified barium swallow (MBS) study, which is an x-ray to check problems with swallow function and determine why a swallowing difficulty exists. Following the swallow test, the SLP can provide an individualized swallow plan to make swallowing as safe and easy

as possible. If you are noticing swallowing problems more specific to reflux your physician may prescribe medication to reduce or control the amount of stomach acid you produce. Below is a list of swallowing strategies. These strategies are very general and are not tailored to a specific individual's needs. These guidelines are not to be used as a substitute for a personalized exam. If you are noticing swallowing difficulties you should talk to your physician as soon as possible to see if a swallow study may be needed.

General Swallowing Strategies:

- Sit upright when eating, drinking, or taking pills, and then remain upright for 20-30 minutes
- Swallow twice for each mouthful
- Squeeze your throat tight while swallowing
- Take bites and sips one at a time - Make sure all food is cleared from your mouth before taking another bite
- Think "Swallow"
- Concentrate and limit distractions
- Do not talk while eating
- Be cautious of straws; they can shoot liquid to the back of your throat where you have the least control, making it easier for liquid to spill over into your throat before you are ready
- Eat smaller, more frequent meals
- Make the most of the time you spend eating by eating nutritious foods
- Swallow frequently (to help with drooling)
- For nighttime choking on saliva: Elevate the head of your bed (blocks underneath bed legs). Lie on your side with a towel on your pillow.
- Avoid phlegm-producing foods
- Maintain liquid intake – Thick saliva is more difficult to manage than thin saliva
- Take pills (one at a time) with pudding, yogurt, or applesauce instead of water
- Be cautious of cereals and stews that contain a liquid and a solid

This article demonstrates that dysphagia is multifaceted and complex. There are a variety of ways to manage swallowing problems and a unique solution for each person. Be proactive in managing swallowing difficulties – and stay healthy!

If you have any questions regarding the content of this article please contact the author, Beth Hannon, at 210-567-8016 or hannone@uthscsa.edu. You may also contact Beth Hannon if you are interested in participating in an NIH-funded voice and speech research study for people with PD, taking place at the UTHSCSA. More information on the study can be obtained from the study flyer distributed with this newsletter.

Information taken from presentation slides from the National Center for Voice & Speech-Denver. For a reference list on voice and speech in Parkinson disease and other neurological disorders please visit: www.lsvtglobal.com and click on the "News and Video" link, followed by the "Publications" link.



CHEF'S CORNER

STICKY BREAD

NOT HEALTHY BUT VERY YUMMY!!!

Evening Before:

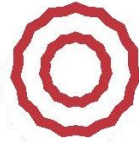
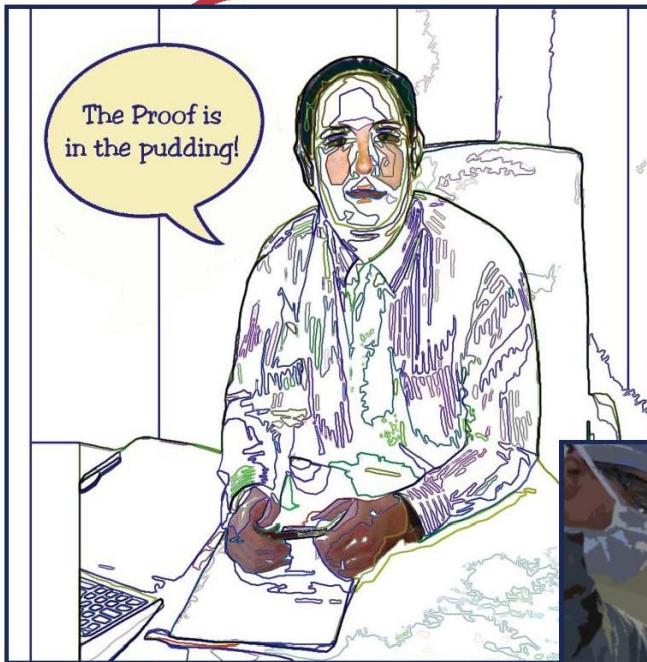
Spray Bundt pan with Pam spray then place the following in order:

1. Cover bottom of pan with $\frac{1}{2}$ cup chopped walnuts
2. Place frozen Rhodes dough rolls(18-20) in single layer
3. Sprinkle with one package Butterscotch Pudding (Cook and Serve not Instant) over frozen rolls
4. Melt $\frac{1}{2}$ cup brown sugar, one stick butter, and 1 tsp cinnamon; pour over rolls
5. Sprinkle with additional nuts

Let stand covered with towel overnight

Morning of:

1. Preheat oven to 350 degrees, Bake 25-30 minutes
2. Remove from oven, run knife around pan. Invert on serving dish
3. Let set for 5 minutes before removing from Bundt pan



"Dr. A. Vardiman Keeps his Word"

When we first met with Dr. Vardiman, who did Mary's Deep Brain Stimulation surgery, we asked about prognosis and he kept repeating, "The proof is in the pudding." I knew I'd make a cartoon. In between the hinges on her head is actual rice pudding. For the real surgery, she was seated and awake and the holes in her head were small.



Rhoda Auerbach
© 2010



Current News:

We are now on Facebook www.facebook.com. Join our group to get current news, upcoming events, support group information, etc.

Check out our new blog page at: <http://aapsg.blogspot.com/>

Check out our new and improved website at www.aapsg.org You can now make donations and pay your dues online.



Upcoming AAPSG Events:

4/11/12

Dr. James Parkinson's Birthday
April is Parkinson's Awareness Month

4/14/12

Annual 5 K Run/alk
Breckinridge Park
Details to follow

7/14/12

Annual Symposium
Details to follow



If you are willing to receive the quarterly Newsletter via email and not through mail, please email Kim Vineyard at kjv624@yahoo.com to be added to our email distribution list.



AAPSG ANNUAL MEMBERSHIP DUES

Please remember to send in your annual AAPSG membership dues
\$12 per person or \$20 per family



AAPSG SUPPORT GROUPS

All Support Group Meetings are for PD Patients, their Caregivers, Family and Supportive Friends.

Alamo Area PD Support Group San Antonio

Second Monday every month except in October, 1 PM. Sunset Ridge Church of Christ, 95 Brees Blvd.

Young-Onset PD Support Group San Antonio (2 groups)

1. Fourth Saturday every month 10 AM Global Rehab, 19126 Stone Hue, San Antonio, TX 78258
Starting on 9/24/11
2. Second Saturday every month 10 AM Medical Arts Research Center 8300 Floyd curl Dr, 8th floor
conference room

DBS Support Group “Live Wires”

Third Saturday of the month Global Rehab, 19126 Stone Hue, SAT 78258 1000 AM-1200 PM

Caregivers Only Support Group, San Antonio

Third Tuesday every month, 10 AM. Bob Ross Senior Ctr, 2219 Babcock Rd. POC: Dianne Johnson, RN 210-450-0551, diannejohnsonrn@aol.com .

Fredericksburg PD Support Group

First Monday every month, 10 AM. Fredericksburg United Methodist Church in a room off the Fellowship Hall, 1800 North Llano Hwy. Coffee, juice and snacks are served. POC Judy Hoopman 830-997-7705 or ralanh@beecreek.net

Other Support Groups:

HOTPACS (Heart of Texas Parkinson and Caregiver Support group), Waco

Every Tuesday and Thursday, 3-4pm for seated exercise sessions. Second and fourth Thursdays, guest speakers and/or special programs. Community Fellowship Church, 2001 N. Valley Mills Dr., POC Martha Black marthanb1937@att.net or Dave Verdery (254) 848-4553

Austin Young Onset PD

Third Sunday 3PM rotating locations. A. J. Hernandez: austinaj@grandecom.net, Contact 512-671-0605 (cell) for info.

Austin Parsons House

Every third Tuesday 6PM, Parsons House Independent & Assisted Living Community, 1130 Camino La Costa, Austin, TX 78752, (I-35 & 290E, behind Pappadeaux Restaurant). Contact: Deborah Bryson: 512.238.6000 Deborah.Bryson@FMS-Regional.com

Bastrop Argent Court

Forth Thursday, 2:00 to 3:00 p.m.—Argent Court Assisted Living Center, 508 Old Austin Highway, 78602. Contact Shasta Martini: 512.321.9500, SCMartini@gmail.com, Susie Scherr 512-345-1380 lightfoot_78759@yahoo.com

Cedar Park (Ranch Retirement Living) PD Educational Support

First Friday/CALL first, 1 PM. 1301 Whitestone Blvd, Call 512-996-0700 for info, POC: Ms Deborah Bryson, 512-238-6000, Deborah.Bryson@FMS-Regional.com

Comal County Support Group

Second and Fourth Saturday every month, 10 AM. 801 W San Antonio St, New Braunfels (McKenna Event Ctr Children's Museum). POC: Tommy Dubuque tommydubuque@yahoo.com or call 830-227-5303

Lockhart Support Group

People with Parkinson's Disease and other movement disorders.

Second Thursday, Parkview Nursing and Rehab Center at 1501 S. Main St. at Hwy.183, in the Robuck Room. POC: Cindy Henrikson 512-779-0959.

This newsletter is provided for informational purposes only. The material should not be used for treatment purposes without discussing it with your Doctor. Products, businesses, services, or websites are not endorsed by APDA, or AAPSG.