

# JULY 14



What did the 0 say to the 8?

*Nice belt!*

## PARKINSON'S DISEASE

“  
“Do not confuse my bad days  
as a sign of weakness. Those  
are actually the days I'm  
fighting my hardest.”  
”

## EXERCISE IS MEDICINE

Class Recordings:

HKC Strength Class

[https://youtu.be/-0Q5nGl1\\_o](https://youtu.be/-0Q5nGl1_o)

HKC Parkinson's Fitness Class

<https://youtu.be/KMq93wubgls>



## HAPPY BIRTHDAY MIKE!

To those of us who are blessed to have this man in our lives, we are so lucky and honored to call him our friend.

And to those of you who have Parkinson's and have received the gifts of Mike/ Hamil-Kerr, embrace his unconditional love and the heart he has for each and every one of you. God leads Mike's heart and his actions.



# For Your Good

## ~Differential Glide

Arm supported on lap, palm up. Starting w the pointer finger, use your other hand to restrict the movement of the other fingers to keep them flat, and then attempt to curl the pointer finger to try and tap the palm. You'll feel the stretch in the tendons throughout hand/forearm. Move on to each finger.

## ~Hospital Safety Guide

People with Parkinson's disease (PD) are at a higher risk of hospitalization and face many challenges while in the hospital. It is important for all people with Parkinson's to be aware of the risks, prepare ahead of time and know how to advocate for their needs while in the hospital.

This Hospital Safety Guide is a resource for people with Parkinson's and their care partners, filled with useful tools and information to prepare for and navigate a hospital stay.

<https://www.parkinson.org/resources-support/hospital-safety-guide>

## ~Medications

If you would take a few moments and see what the Mayo Clinic says about Parkinson's medication options. You should be educated on medications used to treat Parkinson's Disease symptoms. If you have questions, follow up with your care team.

*Medicines may help you manage problems with walking, movement and tremor. These medicines increase or substitute for dopamine.*

*People with Parkinson's disease have low levels of brain dopamine. However, dopamine can't be given directly because it can't enter the brain.*

*You may have significant improvement of your symptoms after beginning Parkinson's disease treatment. Over time, however, the benefits of medicines frequently diminish or become less consistent. You can usually still control your symptoms well.*

*Medicines your care team may prescribe include:*

**Carbidopa-levodopa (Rytary, Sinemet, Duopa, others).** Levodopa, the most effective Parkinson's disease medicine, is a natural chemical that passes into the brain and is converted to dopamine.

- *Levodopa is combined with carbidopa (Lodosyn), which protects levodopa from early conversion to dopamine outside the brain. This prevents or lessens side effects such as nausea.*

*Side effects may include nausea or lightheadedness when you stand, called orthostatic hypotension.*

*After years, as your disease progresses, the benefit from levodopa may lessen, with a tendency to wax and wane, also called "wearing off."*

*Also, you may experience involuntary movements known as dyskinesia after taking higher doses of levodopa. Your care team may lessen your dose or adjust the times of your doses to control these effects.*

***Inhaled carbidopa-levodopa. Inbrija** is a brand-name medicine delivering carbidopa-levodopa in an inhaled form. It may be helpful in managing symptoms that arise when medicines taken by mouth suddenly stop working during the day.*

- ***Carbidopa-levodopa infusion.** Duopa is a brand-name medicine combining carbidopa and levodopa. However, it's administered through a feeding tube that delivers the medicine in a gel form directly to the small intestine.*

*Duopa is for patients with more-advanced Parkinson's who still respond to carbidopa-levodopa but who have a lot of fluctuations in their response. Because Duopa is continually infused, blood levels of the two medicines remain constant.*

*Placement of the tube requires a small surgical procedure. Risks associated with having the tube include the tube falling out or infections at the infusion site.*

- ***Dopamine agonists.** Unlike levodopa, dopamine agonists don't change into dopamine. Instead, they mimic dopamine effects in the brain.*

*Dopamine agonists aren't as effective as levodopa in treating symptoms. However, they last longer and may be used with levodopa to smooth the sometimes off-and-on effect of levodopa.*

*Dopamine agonists include **pramipexole (Mirapex ER)** and **rotigotine (Neupro)**, which is given as a patch. **Apomorphine (Apokyn)** is a short-acting dopamine agonist shot used for quick relief.*

*Some of the side effects of dopamine agonists are like the side effects of carbidopa-levodopa. But they also can include hallucinations, sleepiness and compulsive behaviors such as hypersexuality, gambling and eating. If you're taking these medicines and you behave in a way that's out of character for you, talk to your health care team.*

- ***Monoamine oxidase B (MAO B) inhibitors.** These medicines include **selegiline (Zelapar)**, **rasagiline (Azilect)** and **safinamide (Xadago)**. They help prevent the breakdown of brain dopamine by inhibiting the brain enzyme monoamine oxidase B (MAO B). This enzyme breaks down brain dopamine. Selegiline given with levodopa may help prevent wearing off.*

*Side effects of MAO B inhibitors may include headaches, nausea or insomnia. When added to carbidopa-levodopa, these medicines increase the risk of hallucinations.*

*These medicines are not often used in combination with most antidepressants or certain pain medicines due to potentially serious but rare reactions. Check with your health care team before taking any additional medicines with an MAO B inhibitor.*

- These medicines are not often used in combination with most antidepressants or certain pain medicines due to potentially serious but rare reactions. Check with your health care team before taking any additional medicines with an MAO B inhibitor.
- **Catechol O-methyltransferase (COMT) inhibitors. Entacapone (Comtan) and opicapone (Ongentys)** are the primary medicines from this class. This medicine mildly prolongs the effect of levodopa therapy by blocking an enzyme that breaks down dopamine.

Side effects, including an increased risk of involuntary movements called dyskinesia, mainly result from an enhanced levodopa effect. Other side effects include diarrhea, nausea or vomiting.

**Tolcapone (Tasmar)** is another COMT inhibitor that is rarely prescribed due to a risk of serious liver damage and liver failure.

- **Anticholinergics.** These medicines were used for many years to help control the tremor associated with Parkinson's disease. Several anticholinergic medicines are available, including **benztropine (Cogentin)** or **trihexyphenidyl**.

However, their modest benefits are often offset by side effects such as impaired memory, confusion, hallucinations, constipation, dry mouth and impaired urination.

- **Amantadine.** Health care professionals may prescribe amantadine (Gocovri) alone to provide short-term relief of symptoms of mild, early-stage Parkinson's disease. It also may be given with carbidopa-levodopa therapy during the later stages of Parkinson's disease to control involuntary movements called dyskinesia induced by carbidopa-levodopa.

Side effects may include a change in skin color, ankle swelling or hallucinations.

- **Adenosine receptor antagonists (A2A receptor antagonists).** These drugs target areas in the brain that regulate the response to dopamine and allow more dopamine to be released. **Istradefylline (Nourianz)** is one of the A2A antagonist drugs.
- **Nuplazid (Pimavanserin).** This drug is used to treat hallucinations and delusions that can occur with Parkinson's disease. Experts aren't sure how it works."

There are surgical options as well. Click the links below for more information.

[https://www.michaeljfox.org/news/focused-ultrasound?gad\\_source=1&gclid=Cj0KCQjwsuSzBhCLARIsAlcdLm6NbSeEh38Rz5QVribplfMqAGUaiKarFyUw43n0wqDyMtecJlCQTMgaAsemEALw\\_wcB](https://www.michaeljfox.org/news/focused-ultrasound?gad_source=1&gclid=Cj0KCQjwsuSzBhCLARIsAlcdLm6NbSeEh38Rz5QVribplfMqAGUaiKarFyUw43n0wqDyMtecJlCQTMgaAsemEALw_wcB)

<https://www.parkinson.org/living-with-parkinsons/treatment/surgical-treatment-options/deep-brain-stimulation>

Regarding Parkinson's:

“

**It is everywhere. It is growing and it is something we should pay attention to.**

Dr. Michael Okun MD  
Movement Disorder Neurologist  
Director Fixel Institute  
Medical Advisor Parkinson's Foundation

# COMMUNITY CONNECTIONS

~Monday, 11am Hamil-Kerr Strength class (zoom)

<https://us02web.zoom.us/j/81028088770>

~Saturday 11am Hamil-Kerr Parkinson's Fitness with RSB Certified Coach, Betsy (zoom)

<https://us02web.zoom.us/j/81028088770>

~Thursday, 3pm Zoom PD Spin, Ragsdale YMCA

<https://us02web.zoom.us/j/81028088770>

~Thursday, 12pm In Person PD Spin, Spears YMCA

~**YWCA of Highpoint - In-person Parkinson's Spin Class**

Tuesday and Thursday - 12:00-1:00

Contact Betsy Richter, Aquatics and Wellness Director, with questions, 336.882.4126

~**Ragsdale YMCA- In-person Parkinson's Spin Class**

Tuesday and Thursday- 10:15

~ [Rock Steady Boxing - Greensboro \(in person\)](#)

~[Rock Steady Boxing of Archdale \(in person\)](#)

~[A.C.T. By Prince Deese](#)

~For information on in-person 1:1 training in your home, contact Alesia Pendleton

[pendleton.alesia@gmail.com](mailto:pendleton.alesia@gmail.com)

~Parkinson's Stretch Class at Rock Steady Boxing, Greensboro (spouses welcome)-

Friday at 11:30am

~Will Powell- 336-706-0271

# ONLINE RESOURCES

~Michael J Fox Foundation: [www.michaeljfox.org](http://www.michaeljfox.org)

~Davis Phinney Foundation: [Live Well with Parkinson's TODAY - Davis Phinney Foundation](http://Live Well with Parkinson's TODAY - Davis Phinney Foundation)

~Parkinson's & Movement Disorders Alliance: [www.pmdalliance.org](http://www.pmdalliance.org)

~Parkinson's Association of the Carolinas: [www.parkinsonassociation.org](http://www.parkinsonassociation.org)

And of course, reach out to me anytime.

Yours, Coach B



**Rock Steady Boxing Certified Coach**

**Certified Parkinson's Disease Fitness Specialist**

**ISSA Certified Personal Trainer**

## HEY! You're Invited!



*Join us for lunch, fun, and classes for both you and your caregiver at our 14th PD Gathering*

**Saturday, July 20, 2024**

9:30 am to 1:00 pm

Jamestown Presbyterian Church  
1804 Guilford College Rd  
Jamestown, NC 27282

RSVP by Wednesday, July 17, 2024

Call Alesia at 336-365-2745 or email [alesia@hamilkerrchallenge.com](mailto:alesia@hamilkerrchallenge.com)

### AGENDA

- |               |                                                                                                                                                                                                                             |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9:30 - 10:00  | <b>Registration</b>                                                                                                                                                                                                         |
| 10:00 - 11:00 | <b>Tai Chi Qi Gong for Balance!</b><br><i>Michael Gagliano, OT/L,<br/>Tai Chi Instructor - Rehab Without Walls</i>                                                                                                          |
| 10:00 - 11:00 | <b>Caregiver's Class</b><br><i>Nancy Courts and Micki Fischer</i>                                                                                                                                                           |
| 11:00 - 12:00 | <b>Maximizing your ABILITIES - Stand Tall, Walk Mindfully, and Dine with Ease</b><br><i>Audra Potter, PT and Rehab Without Walls Director;<br/>Michael Gagliano, OT/L; Shaun Arbaugh, Community Relations Manager (RWW)</i> |
| 12:00 - 12:45 | <b>Lunch</b><br><i>Provided by HKC Foundation for Parkinson's</i>                                                                                                                                                           |
| 12:45 - 1:00  | <b>Announcements and Evaluations</b>                                                                                                                                                                                        |