Welcome to the Summer 2019 edition of Parkinson’s Post!

Registration is OPEN for Nebraska Medicine/UNMC’s Parkinson’s disease in 2019: A Conference for Patients, Family, and Caregivers that is Monday, October 14, 2019 from 8 a.m. – 3:30 p.m. at Embassy Suites and Conference Center, La Vista, Neb. The Symposium offers an excellent opportunity for all individuals affected by Parkinson’s to network with Parkinson Disease Experts; vendors representing treatments, products, and services specific to Parkinson Disease; and others who understand the daily struggles, battles, and triumphs that patients, families, and caregivers endure daily. The curriculum includes sessions presented by our Movement Disorder Team including our Physicians, Therapy Department (Physical, Occupational, and Speech) and Nutritionist. Topics at the Conference include: Why is it Difficult to Diagnose Parkinson Disease; Problems in Worsening Parkinson Disease: Dementia and Psychosis; Non Motor Symptoms (Lightheadedness, Drooling, and Sleep Problems); Advanced Therapies in Parkinson’s disease (Chemodenervation, DBS, and Duopa); Research Update: How Can We Cure Parkinson’s disease; Impact of Therapy, Exercise, and Nutrition; and Living with Chronic Disease: Lessons from our Patients. Sponsors include UNMC, Nebraska Medicine, Acadia, Boston Scientific, Lundbeck, Abbott, Adamas, IPSEN, Lincoln Parkinson’s Disease Support Group, Merz, Sunovion, U.S. World Med, Abbvie, Acorda, AmNeal, Columbus Community Hospital, Hillcrest, Home Care Assistance, Life Care Center of Elkhorn, Medtronic, Methodist Health System, Parkinson’s Foundation, Parkinson’s Nebraska, PD Well, and VNA.

Our keynote speaker is Brian Grant, retired National Basketball Association player, and founder of Brian Grant Foundation whom was an NBA idol, known for tenacious rebounding and a fearless attitude on the court. During his 12-year career, he played for five teams and became a strong contributor to his surrounding communities. Today, Brian continues to inspire as a speaker, philanthropist, and a patient who insists on thriving with Parkinson’s disease. His mission is to help people become their best, even when it seems impossible. Brian started his career at Xavier University where he was Player of the Year twice for the Midwestern Collegiate Conference. He was drafted in the first round, eighth overall, in the 1994 NBA draft by the Sacramento Kings. His career continued with the Portland Trail Blazers, Miami Heat, Los Angeles Lakers, and Phoenix Suns. During this time, Brian also served underprivileged youth and sick families in his community. His contributions earned him the J.Walter Kennedy Citizenship Award.
In 2006, Brian retired from professional basketball. Only two years later, he was diagnosed with young-onset Parkinson’s disease at age 36. It was hard for him to believe that his athletic body couldn’t push through the pain or get better with time. He was scared and humbled, yet fiercely determined to be as healthy as possible. This motivation launched the Brian Grant Foundation, for those with Parkinson’s who want to lead active and fulfilling lives.

Since then, Brian has become a sought-after keynote speaker. Companies and organizations nationwide are drawn to his authenticity and captivated by his stories that unite us as people, regardless of age or background. Brian is also on the Trail Blazers Alumni Ambassador Corp and he loves to fish, surf, and enjoy the mountains in Oregon.

Brian learned from his coaches that you can’t always control the ball, but you can control your effort. As a father of eight, he wants to show his kids that quality of life takes sweat and determination, but the results are always worth it.

If you have any questions regarding registration, please contact: unmcneuroconf@unmc.edu | 402-559-6591

Deadline for Registration: Friday, September 27, 2019
Behavioral and Psychiatric Symptoms in PD

Erin L. Smith, MD
Movement Disorders Fellow | University of Nebraska Medical Center

If you were to ask a group of people, “What do you think of when someone mentions Parkinson’s disease?” you can expect a wide array of answers. Many associate the disease with tremor or shaking, others with “freezing” and trouble walking, and some may even think back to televised interviews of actor Michael J. Fox and associate Parkinson’s disease (PD) to the medication-related excessive movements (called dyskinesias) that he publicly experienced. But for those that live and experience PD, it can mean so much more. For many, it can mean crippling anxiety and depression, disturbing visual hallucinations, changes in personality, and memory problems. These symptoms, what we call the psychiatric and behavioral manifestations of PD, can be the most debilitating and troublesome for patients and their families alike. Here we will describe these symptoms as well as some of the treatments and interventions we commonly use to the help patients and their families who experience them.

The behavioral and psychiatric symptoms of PD have been well-described by patients and in research literature. Symptoms range from clinical depression to dementia, and additionally include hallucinations, psychosis, and impulse control disorders. They are known to have a substantial impact on quality of life and are associated with an increased risk for falls, earlier nursing home placement, and complications leading to severe disability and death. In some cases, these symptoms may even predate those that we more commonly associate with the disease such as tremor and gait problems.

Studies have shown that nearly 40 percent of PD patients report depression even before their motor symptoms start. They may describe feeling sad, anxious, and have decreased interest in things they used to enjoy. Family and friends may observe pessimism, apathy, and irritability. These symptoms are not always a normal reaction to coping with a chronic disease. They are caused by changes in chemicals in the brain and they are treatable with anti-depressants, anti-anxiety medications, and counseling. Exercise, physical activity, and behavioral therapy are also very effective non-pharmacological treatments for anxiety and depression for PD patients.

Many patients will experience changes in their memory over time, with some progressing to severe impairment and dementia. These symptoms may manifest as apathy and depression but can also involve problems with speaking and language, judgement, and the ability to pay attention. There is unfortunately no way to stop the progression of cognitive symptoms in PD when they develop, but psychologists and therapists can aid in developing compensatory skills, routines, and reminder systems to decrease their interference with daily living.

Visual and sometimes auditory hallucinations are described by over 50% of PD patients who have been on dopamine therapy (such as levodopa) for a long time. Hallucinations may also occur unrelated to medications, especially in patients of advanced age who have issues with sleep, an underlying illness (such as an infection), hearing or vision impairment, and baseline memory problems. Identifying any offending medications is paramount in these cases, as well as doing what we can to promote regular sleep, treat any infections, and provide sensory aids (such as glasses or hearing aids) when appropriate. For some patients we can use other approved medications (such as quetiapine or pimavanserin) to help decrease hallucinations. Coping strategies such as employing night flights, using reassurance, and calm redirection are also effective tools for families and caregivers.

Impulse control disorders are often also associated with dopamine therapy and may present as increased sexual desire (hypersexuality), binge eating, compulsive money spending, and gambling. If these symptoms develop, you may need to review your medications with your health care team. Some medications may need to be changed or stopped, and for some patients behavioral therapy and other medications can help.

PD can manifest as many psychiatric and behavioral symptoms. It is crucial that patients and their families are aware that PD can cause these changes, and that oftentimes a thorough review of medications reveals the underlying cause. It is also important for patients and their caregivers to feel comfortable reaching out for the support they need when symptoms progress despite medication changes, and to work with their health care team to find resources and build coping skills to optimize their quality of life.

Resources:
In the U.S., driving is strongly associated with independence. In this context, many people choose to continue driving for as long as they can. With Parkinson’s disease (PD), people usually can drive safely multiple years after diagnosis. However, with increased duration of PD, one may reconsider their safety on the road. Of concern, motor symptoms may negatively impact driving skills. Further, as a neurodegenerative process, PD increases one’s risk of experiencing cognitive decline/changes in thinking over time, to the extent that these changes negatively affect one’s ability to complete daily tasks (including driving). Medications for PD can have side-effects (e.g., drowsiness) as well as cause fluctuations in symptoms over the course of the day, which may also negatively impact driving.

Driving is quite a complex cognitive and motor task. Simply put, it involves navigational skills, spatial memory, rapid decision-making, and attention to changing surroundings, while simultaneously and swiftly coordinating movements (e.g., of eyes, hands, neck, head, feet, and legs) to the demands of the situation. While some people may engage in non-driving related tasks behind the wheel for granted (e.g., engaging in a conversation while driving, shifting between radio stations), this may become quite challenging for some drivers. With PD, people often experience a slowing in motor and mental speed, which may negatively impact ability to react quickly and efficiently multitask behind the wheel. PD can also negatively affect one’s visual attention and ability to adequately perceive visual information (e.g., reduced contrast sensitivity and color discrimination; increased difficulty perceiving/gauging space), all of which could affect one’s ability to park a car, remain in a lane, merge into traffic, among other tasks. Multiple research studies has shown associations between negative driving outcomes (e.g., motor vehicle accidents)/poorer performance on driving simulation tasks with cognitive impairment and increased PD severity.

There can be mild to moderate warning signs regarding changes in driving safety for people with PD (and others, of course!) over time; none of these changes should be ignored. Such signs may include incorrect signaling, hitting curbs, failing to notice traffic signs or red lights, difficulties completing turns, and making poor judgments regarding when to make left turns. A series of accidents and/or close calls in relatively close succession may be a strong signal to take immediate action, including restricting driving to certain circumstances or retiring from driving altogether. Anyone noticing changes in their driving are strongly encouraged to discuss these changes with loved ones. Families are encouraged to not push a person to drive if they are feeling less confident behind the wheel. Further, loved ones may reach out for help from medical providers if a patient has reduced insight into driving changes and are adamant about continuing driving.

If a patient, their loved ones, and/or their medical providers become concerned about driving safety, a provider can make a referral for a driving evaluation to formally assess driving skills. Such evaluations are completed by driving rehabilitation specialists who can formally evaluate safety to operate vehicles as well as complete training sessions. Following an evaluation, these specialists may report that one is safe to drive, that one is safe to drive under certain conditions that additional training/remediation may be required, or that one should retire from driving altogether. With respect to driving under certain conditions, one may be recommended to restrict driving to within a few miles of their home, avoid driving at high speeds, and drive only during daylight hours. As a neuropsychologist, I also see patients who have experienced changes in their thinking; based on their neuropsychological evaluation results and/or the patient’s report (and others’, if applicable), I may recommend that one seek a driving evaluation. Such driving evaluations may provide the person, family and their medical care team peace of mind regarding their safety, and ultimately help protect the person and others on the road.

Conversations regarding limiting or abstaining from driving are quite challenging. However, effective problem-solving, with respect to maintaining sense of freedom without driving, is extremely important. While this situation may be remediated in different ways for different people, options may include using public transportation, relying more on friends and family for transportation, using ride services such as Uber/Lyft, or walking/riding a bicycle, if feasible. Discussing with medical providers, department of motor vehicles, and loved ones regarding how to negotiate this possible transition may be quite fruitful.
Living Life in Balance

Jennifer McKune, PT
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Balance can be defined as:

1. An even distribution of weight enabling someone or something to remain upright and steady
2. A condition in which different elements are equal or in the correct proportions

When talking about balance in regard to health, there are many things to consider. Living a well-balanced life can be defined by the second definition above, in which equal amounts of time and energy are given to different facets of your life. Having balance, as in remaining upright and steady, involves focus on different aspects of your physical health. To live your best life, it is important to consider both definitions, as one can influence and impact the other. A person needs to take into account his/her spiritual, emotional, and mental health, as these things have a direct impact on your physical well-being. It is important to pay attention to good nutrition and sleep, as these have a direct impact on your overall health and may affect your performance in each area. If any one area is out of sync, an imbalanced life can result.

For the purpose of this article, the focus will be on balance as it relates to physical health and remaining upright and steady. Balance is a combination of sensorimotor control systems (vision, proprioception, and the vestibular system) working together to produce motor output (movement of the extremities). A change in eye health, the ability to touch/feel due to neuropathy or sensory impairment, and impairment to the vestibular system can result in impaired balance. Having good strength and flexibility is important to combat these other potential deficits. It is essential to maintain or improve strength of the core muscles, postural muscles, and leg muscles to aide in balance. It may be helpful to work with a physical therapist to learn specific exercises tailored to each individual’s needs. There are specific treatment interventions that can be learned in working with an occupational or physical therapist to improve vision and the vestibular system. A variety of techniques can be employed to focus on balance strategies to reduce fall risk. A physical therapist will incorporate different surfaces or use different objects during an exercise session to challenge balance. It is important to learn weight shifting strategies using the ankle, knee, and hip to maintain balance and prevent falls. The physical therapist will focus on gait training (assist with walking), as well as evaluate the need for an assistive device, such as a cane or walker, to improve functional mobility. Having supportive footwear that fits properly is also important with regard to balance. Individuals may find Yoga and Tai Chi to be helpful exercise programs as well.

Having good balance physically will allow you to maintain a high level of functional independence to enjoy the fun aspects of life. Pursue recreational activities that you enjoy, spend time with family and friends, and live a “balanced” life!
Visual Complaints in PD: What are They and Why You May be Seeing a Neuro-Ophthalmologist

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Visual difficulties related to Parkinson’s disease (PD) are often overlooked but may contribute significantly to quality of life. Patients with PD or “parkinsonism” may complain of visual problems such as blurred vision, double vision or sensation that the eyes are not tracking together to name a few. While some of these visual problems may be related to the normal aging process, some are very specific to PD. The role of a neuro-ophtalmologist for patients who have PD or Parkinsonism is to help with diagnosis and prognostication of the disease process and to help manage the vision complaints. Below, we will review some of the symptoms that may be related to PD:

1. **Eyelid related problems**: Eyelid issues in Parkinsonism may be related to too much blinking, (blepharospasm), decreased blinking (decreased blink rate) or difficulty opening the eyes (eyelid opening apraxia). Decreased blink rate is the most common problem and may result in dryness of the eyes, as the lid is not coming down often enough to lubricate the eye and protect the surface of the eye. As a result, many patients may complain of blurred vision, burning of the eyes or excessive watering of the eyes. To remedy this, one may use preservative free artificial tears three to four times a day with improved visual blurring and tearing. The other issues (blepharospasm and eyelid opening apraxia) are slightly more complicated and will require a discussion with your movement disorder provider or neuro-ophthalmologist to be addressed on a case by case basis.

2. **Double vision**: Double vision is a tricky complaint as the double may be coming from an eye surface issue such as the dry eye problem described above, or it may be caused by the eyes turning slightly in or slightly out. It is possible for you to find out what kind of double vision you have by doing a simple test as home. Take your hand and cover each eye separately. If the double is still present despite covering one eye, there is likely an eye surface problem or other issue with the eyeball itself that is causing the double. If the double vision goes away when you cover each eye individually, then the double vision is a problem with the two eyes working together. If this is the case, your neuro-ophthalmologist may be able to give you some prism in your glasses to see single. If you do not wear glasses, prism may be put on glasses without prescription as well.

3. **Difficulty tracking, focusing, or reading**: PD is a disease that affects motor functioning primarily. In the same way that your extremities move slower and your walking may be slower, your eye movements may also be slowed. Slow eye movements may manifest as difficulty watching people or objects move across a big screen TV or big area, difficulty-watching sports such as golf or football, or difficulty reading due to losing your spot on the page or trouble following a line. If you are experiencing any of these problems you should discuss it with your neuro-ophthalmologist, as the remedy for each individual may be different. In general, single vision readers (as opposed to bifocals or trifocals) may be helpful for patients with PD due to the inability to move your eyes between the different prescriptions in the eyeglass lens and because patients with PD may also struggle with 3-D vision and depth perception. If you have bifocals trifocals or progressive lenses and are having visual difficulties, this may be something to discuss with your eye doctor.

Many people wonder about whether or not their PD medications help with their visual difficulties in the same way it helps with other motor difficulties. While it has been suggested in the medical literature that some visual complaints may improve with the use of carbidopa-levadopa, we do not have sufficient research to suggest exactly which complaints will improve and to what extent. We are interested in studying this question further and may request volunteers to participate in the future.

When you see a neuro-ophthalmologist, they will perform a detailed evaluation of your eyes and visual functioning, including eye movement testing, color vision testing, 3-D vision testing, and visual acuity testing to name a few. Using this extensive evaluation, the neuro-ophthalmologist will better understand what your visual difficulties are and how we can help you. The examination will also allow for us to establish a baseline for your visual function and by following with repeat exams, we may be also able to assist your movement disorder provider with information about prognostication and progression of your disease course. Eye and visual involvement may vary across patients with PD or Parkinson’s plus syndromes. Seeing a neuro-ophthalmologist can provide helpful insight into your level of visual impairment and how to cope with this.
In the previous newsletters, carbohydrates and protein were discussed as two important macronutrients in our diet. The last nutrient to explore is fat.

In the past, all types of dietary fat have gotten a bad reputation. That is not the case anymore as research-based evidence shows many health benefits for certain types of fat. Healthy fats are polyunsaturated and monounsaturated fats. Less healthy fats are saturated and Trans fats.

Types of fat:

- Polyunsaturated fats: sunflower, corn, soybean and cottonseed oils; walnuts; pine nuts; sesame, sunflower, pumpkin and flax seeds
- Omega-3 fatty acids: salmon, trout, herring, tuna, mackerel, flax seeds, walnuts
- Monounsaturated fats: olive, canola, peanut, sunflower and safflower oils; avocado; peanut butter; most nuts
- Saturated fats: coconut and palm kernel oils, butter, lard, cream, animal fats in meat
- Trans fats: hydrogenated vegetable oils and foods containing these oils (often times processed foods, packaged foods, fast food and margarine)

Health benefits of polyunsaturated and monounsaturated fats include promoting good brain and nervous system health, lowering cholesterol levels and reducing inflammation in the body. These benefits can be especially helping for people with Parkinson’s disease. The Dietary Reference Intakes and 2015-2020 Dietary Guidelines recommendations are to consume between 20 to 35 percent of calories from fat.

Losing weight without trying can be an issue in Parkinson’s disease. Fat is the most nutrient-dense macronutrient and has about 9 calories per gram, while a gram of carbohydrate or protein has about 4 calories.

Adding some of the fat sources listed above can easily add extra calories without adding volume or extra portions. Focus on choosing the polyunsaturated and monounsaturated fats first.

For someone trying to lose weight or maintain weight, changing the types of fat in your diet can promote healthier habits. Use salad dressings with oils. Add fish as the main entrée once a week. Sprinkle some walnuts on oatmeal. Enjoy a small handful of nuts instead of chips, crackers or cookies. Put avocados on toast, sandwiches, salads, eggs and burritos. Find one change that suites your taste preferences and you will be on your way to improving your nutrition for Parkinson’s disease.
The UNMC Department of Neurological Sciences provides a patient-centered Comprehensive Movement Disorders Clinic every Monday to serve the complex needs of new or advanced Parkinson’s disease (PD) patients. Patients and their families remain in one room and caregivers including Movement Disorders specialists Danish Bhatti, MD and John M. Bertoni, MD, PhD, Movement Disorders fellows, our Movement Disorders nurse, Bobbi Roeder RN, speech therapist, occupational therapist, physical therapist, dietician, and social worker take turns doing formal standardized examinations. The referring physicians and the patients all receive written or electronic evaluations—some of which can be provided before they leave the clinic!

This is especially valuable to the patients and families early in the course of PD: valuable information is provided, and the now proactive patient is well equipped to manage their PD for the rest of their lives!

Patients and their families in later stages of PD with multiple issues benefit enormously from the expertise and experience from each member of the team in handling very complicated and challenging cases. The Comprehensive Movement Disorders Clinic then outlines a comprehensive plan of care tailored for the patient to emphasize wellness and a better quality of life.

In a typical morning six patients are evaluated in this clinic with all specialists involved in discussions and planning. The feedback from patients and families is excellent. This Comprehensive Movement Disorders Clinic streamlines what would otherwise require several trips to several different providers—and delivers a unified coherent plan toward wellness for the patients, families, and referring physicians.

We have been paying special attention to nutrition and PD in regards to diet, vitamin deficiencies and nutritional status and progression of PD. We have an ongoing quality research in the Comprehensive clinic where our Nutritionist performs a Harvard food preference questionnaire and we screen for vitamin deficiencies that have been recently described as linked with rapid progression of Parkinson Disease. We also take the opportunity of the comprehensive clinic to educate about other ongoing relevant studies and answer any questions patient might have. We are part of a strong network of researchers in PD that includes teams at UNO and UNL in addition to various departments in UNMC.

Emphasis on combining optimizing quality of life, quality of care with trained specialists, and efficiency makes this clinic a real winner for the patients and their referring physicians!
Every driver or passenger has unique needs for their safety and comfort in any vehicle. Getting in the seat of a standard vehicle may not be the most secure or comfortable option for someone with a neurological diagnosis including Parkinson’s disease (PD).

An adaptive vehicle or adaptive equipment for your vehicle can completely simplify your transportation needs in your commute and providing a solution that’s customized to your traveling needs. Occupational therapists are resourceful when it comes to determine what adaptive equipment would be appropriate for your needs.

There are a variety of tools (assistive devices) that can be helpful in performing essential steps for safety like getting in and out of the car or buckling your safety belt. If you or your loved one has trouble transferring in and out of the car, something you may consider is a swivel seat cushion. It has a 360 degree swivel allowing the ease and smooth movement of turning. A leg lifter could be handy to help lift your legs in and out of the car as well. If you also need assistance lifting up from the car seat or lowering onto the car seat, you may consider a Handybar. This tool locks into the car door striker plate for the extra support you need. If you are a passenger in the backseat of the car and have trouble entering and exiting the car, the Car Butler may be useful. This device is an ergonomical handle that hooks onto the post of the front seat head rest to provide the grip you need to lift into the car. Someone with limited arm mobility may experience a challenge with reaching for and attaching your seatbelt. The Seat Belt Helper allows for effortless reaching for the seat belt and attaching to the clip. An occupational therapist can help determine the most appropriate adaptive equipment to allow for the ease of being in a vehicle.

Additionally, when it comes to automobiles, most individuals with a mobility issue has individual requirements and will need specific features to make them feel confident and comfortable when they drive or ride as a passenger. Today, most vehicles can be modified and adapted for a range of physical disabilities. New technology has introduced opportunities for people with disabilities to drive vehicles with things such as, raised foot pedals, steering wheel spinner knobs, hand controls and wheelchair lifts and altered operating vehicle control systems like the shift gears.

Vehicle modifications can be costly. So whether you are looking to add complex modifications or assistive devices, it would be worth investigating public and private opportunities for financial assistance. Below is a list of a few companies who either sell modified vehicles or who can provide the adaptations your vehicle may need either as a driver or a passenger. Also included are a few contacts who could provide some funding assistance for your car modifications or adaptations.

**Modified/Adapted Vehicles:**

1. Mobility Motoring  
   www.mobilitymotoring.com
2. Superior Van and Mobility  
   www.superiorvan.com
3. Kohl’s Pharmacy  
   http://wheelchairvansofkohls.com
4. Mobility Works  
   www.mobilityworks.com
5. VMI Vehicle Conversions  
   www.siebertmobility.com
6. Vantage Mobility Wheelchair Accessible Vehicles  
   www.vantagemobility.com

**Funding Assistance:**

1. Easter Seals  
   www.easterseals.com/ne/our-programs
2. Nebraska Department of Health and Human Services  
   http://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Based-Services
3. U.S. Department of Veteran Affairs  
   www.veterans.nebraska.gov
4. Nebraska Assistive Technology Partnership (ATP)  
   https://atp.nebraska.gov
Walk & Run the Park for Parkinson’s featuring the “Shake-a-Leg 5K”

Back by popular demand, Parkinson’s Nebraska will be taking over beautiful Elmwood Park Pavilion for a fun event for the whole family!

**Sunday, September 29**
802 S. 60th Street, Omaha, Neb.

The Walk & Run the Park for Parkinson’s featuring the “Shake-a-Leg 5K” has something for everyone—a short loop (0.3 mile) through Elmwood Park is a great work out (or a leisurely stroll) for walkers, the park setting offers plenty of space for the kids to run around, entertaining performances from the LOCAL Parkinson’s exercise Community, awesome t-shirts, and donuts sponsored by Anderson Convenience Market in the beautiful Elmwood Pavilion.

If you’re looking for a change of pace, sign up for our professionally timed 5K Race—The “Shake-a-Leg 5K”! Locally owned Peak Performance is teaming up with us to offer runners of all ages and abilities a refreshing 5K (3.1 miles) course through scenic Elmwood Park!

You know that the people who bring you the Skate-a-Thon every year know how to throw a great party, and 96.1 Kiss FM’s own DJ Joey Dee will show you that we know how to have fun even without ice skates!!

As always – all of the funds raised at this event will stay right here in Nebraska to support the LOCAL Parkinson’s Community.

Additional information can be found at https://parkinsonsnebraska.org/walk-run-the-park-for-parkinsons/
Or contact Katrina at walktheparkne@gmail.com
Upcoming 2019 Events

Nebraska Medicine/UNMC Parkinson’s Disease Support Group

Every Third Friday at 10 a.m.
Fred & Pamela Buffett Cancer Center, 505 S. 45th St., Omaha, NE

October 18
NO PD SUPPORT GROUP
(due to PD Conference for Patients, Families, and Caregivers on October 14).

November 15
Aviva Abosch, M.D., PhD
Professor, Nancy A. Keegan and Donald R. Voelte, Jr. Chair and Inaugural Chair of the Department of Neurosurgery, University Of Nebraska Medical Center.

December 20
NO PD SUPPORT GROUP
(due to Holidays)

After entering the front of the Fred & Pamela Buffett Cancer Center, walk to the left of the registration desk and you will be directed to the appropriate meeting room which is on the MAIN FLOOR (Conference Room 0.12.103). Available parking will be in GREEN PARKING, across the street from the Fred & Pamela Buffett Cancer Center – there also is a circle driveway in front of the Cancer Center that can be utilized for dropping off and picking up.

If you are unable to attend the support group, but would like to watch the meeting from your computer, please utilize the following link to watch the meeting live:
http://www.unmc.edu/livevideo/unmc_live2.html

Please contact Julie Pavelka, Facilitator, with any questions/concerns and RSVP (one week prior to meeting): parkinson.network@nebraskamed.com

Parkinson Disease in 2019: A Conference for Patients, Family, and Caregivers

October 14 | 8 a.m. – 3:30 p.m.
Embassy Suites Convention Center, 12520 Westport Pkwy, La Vista, NE
Reliable Parkinson Resources

NOTE: This list is not complete, nor is it endorsed by UNMC or Nebraska Medicine

American Parkinson Disease Association
www.apda.org

Davis Phinney Foundation for Parkinson's
www.davisphinneyfoundation.org

International Parkinson and Movement Disorders Society (WE MOVE)
www.movementdisorders.org

Michael J. Fox Foundation for Parkinson's Research
www.michaeljfox.org

Movement Disorder Society
www.movementdisorders.org

National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov

Parkinson's Action Network
www.parkinsonaction.org

Parkinson's Foundation
www.parkinson.org

Parkinson's Foundation Heartland Chapter
www.parkinson.org/heartland

Parkinson's Nebraska
www.parkinsonsnebraska.org

Parkinson's Resource Organization
www.parkinsonsresource.org

The Parkinson Alliance
www.parkinsonalliance.org

The Parkinson's Disease Foundation
www.pdf.org

The Parkinson's Resource Organization
www.parkinsonsresource.org

To download a copy of ALL Parkinson's Post newsletters, please visit:
www.unmc.edu/neurologicalsciences/news/newsletters