



# THE Parkinson's Source



Issue 41

American Parkinson Disease Association • Deerfield Beach, Florida • 800-825-2732

## Upcoming Events

### South Florida

April 2, 2011 (Saturday)  
Annual "Fun" Walk and Picnic  
for Parkinson's Research  
10:00am-1:30pm  
Registration begins at 9:15am  
Lake Ida Park – Heron Pavilion  
1455 Lake Ida Road  
Delray Beach

April 14, 2011 (Thursday)  
Wine Tasting Event – Benefiting APDA  
5:00pm-7:00pm  
Windward Palms,  
8440 S. Military Trail  
Boynton Beach  
(561) 499-1335

May 6, 2011 (Friday)  
Annual Parkinson's Symposium  
"Keys to Understanding & Coping"  
10:30am-2:30pm  
Registration begins at 9:45am  
Marriott Boca Center  
5150 Town Center Circle  
Boca Raton  
Contact: Gigi Gilcrease, RN, MBA  
(800) 825-2732

### West Central Florida

May 27, 2011 (Friday)  
Annual Parkinson's Symposium  
"Keys to Understanding & Coping"  
10:00am-1:00pm  
St. Luke's United Methodist Church  
4444 5th Ave North  
St. Petersburg  
Contact: Faye Kern (727) 328-6246

### Outside Florida

April 16, 2011 (Saturday)  
Parkinson's Unity Walk"  
Central Park  
New York  
[www.unitywalk.org](http://www.unitywalk.org)



Thomas C. Hammond, MD

Parkinson disease (PD) is characterized clinically by four principle features: resting tremor of the limbs, rigidity of the muscles, slowing of the bodily movements (this is particularly noticeable as diminished facial movement and eye blinking), and lastly, impaired balance. These are the principal motor manifestations of PD. The balance impairment is a later stage symptom and leads ultimately to the characteristic forward stooped posture and shuffling of gait in PD patients. Cells in the brain are dying off in PD, particularly the midbrain nucleus named the substantia nigra (SN). In this nucleus, the pigmented neurons are decimated by 70% by the time the patient exhibits their first motor symptoms, such as tremor of the hand or diminished arm swing on one side.

A noted neuropathologist, Dr. Braak, has advanced the hypothesis that PD starts as a degeneration and death of cells in the lower brainstem where Lewy Body (LB) inclusions are seen, before the motor symptoms in PD occur. LB are small intracellular structures that are full of a protein called alpha-synuclein. These abnormal protein inclusion bodies are found in the cells of the autonomic nervous system accounting for constipation and blood pressure fluctuations in PD, also LB are found in olfactory bulbs where they cause diminished sense of smell in PD. LB are also located within the brainstem nuclei that control sleep and emotional stability, leading to problems with sleep and depression in PD. These non-motor symptoms including diminished smell, constipation, bladder

## CAN IBUPROFEN PREVENT PARKINSON'S DISEASE?

## DREAM-RELATED SLEEP DISTURBANCES "RAMBLING IN THE NIGHT"

disorder, depression, and disorders of sleep, are common pre-motor symptoms in PD and they are frequently present throughout the course of the disease. What causes the cells to die off in PD and what provokes the LB formation is not well understood.

Neuro-inflammatory mechanisms may contribute to this cascade of events leading to neuronal degeneration and cell death. Studies involving animal models of PD suggest that inflammation plays a key role in cell loss. Inflammatory cells called microglia and cytokines (inflammatory modulators) are found in areas of PD brain where degeneration is occurring. These cells seem to trigger nerve degeneration by oxidative stress and also turn on a process called apoptosis (programmed cell death). Future therapeutic strategies in PD may well include immunomodulation drugs such as those used in rheumatoid arthritis and multiple sclerosis. Immunizations to prevent infections (influenza infections may predispose to developing PD) may also be part of the preventive strategy.

In the March 8, 2011, issue of *Neurology*, a group from the School of Public Health of Harvard Medical School in Boston published a report reviewing the health habits of 136,197 participants in the Nurses Health Study and Health Professionals Study. These two groups have been followed over many years. This study focused on a six-year period, with careful attention to the use of aspirin and anti-inflammatory medications as they are related to the development of

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## THE Parkinson's Source

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Disease Association  
Information & Referral Center  
South Florida Chapter**

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### **COORDINATOR AND EDITOR**

Gigi Gilcrease, RN, MBA

### **MEDICAL DIRECTOR**

Thomas C. Hammond, MD

### **SOUTH FLORIDA CHAPTER**

#### **Board of Directors**

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#### *Reminder:*

All material related to Parkinson's disease contained in this newsletter is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician. Specific articles reflect the opinion of the writer and are not necessarily the opinion of the Editor, the I&R Center, the Medical Director of the Center or the APDA.

#### **APDA National Office**

135 Parkinson Avenue

Staten Island, NY 10305-1425

800-223-2732 • 718-981-8001

[info@apdaparkinson.org](mailto:info@apdaparkinson.org)

[www.apdaparkinson.org](http://www.apdaparkinson.org)

#### **National Young Onset PD**

[www.youngparkinsons.org](http://www.youngparkinsons.org)



## Parkinson's Caregiver Respite Program

In home and adult day care respite assistance

is now available to Chapter members

in Broward and Palm Beach Counties.

To learn more about these programs contact

the APDA Chapter at 800-825-2732.

## Newly/Recently Diagnosed Parkinson's "101" Workshop

An education class for persons newly or recently diagnosed with Parkinson's disease, their care partners and family members.

For a schedule of classes call (954) 786-2305 or (800) 825-2732

## PD Quilt Raffle

The beautiful tulip quilt crafted by Janice Leonard, diagnosed seven years ago with PD, is being raffled. The quilt is beautifully complete with red tulips, the symbol for Parkinson's, on a white background, silver awareness ribbons and a yellow block in the center with the word HOPE embroidered. It is finished with red binding around the edge.

Tickets are \$5 each or five for \$20. To purchase raffle tickets call (800) 825-2732. The drawing will take place in April.

Janice also designs PD bracelets, book marks, cell phone jewelry, earrings and many other beautiful pieces. She donates a percent of her sales to the APDA.



Parkinson's quilt

# April is Parkinson's Disease Awareness Month

World Parkinson disease Awareness Day is April 11th. This day commemorates the birthday of Dr. James Parkinson, the English doctor who first described the condition in 1817. The tulip is the symbol of hope for Parkinson's.



## Saturday, April 2nd

If you cannot attend the walk, donations will be accepted throughout April and May by mail or online at [apdaparkinson.donordrive.com/event/flwalk2011](http://apdaparkinson.donordrive.com/event/flwalk2011).

- A**ttend the festivities and enjoy a leisurely day in the Park!
- P**romote Parkinson Disease Awareness to ease the burden!
- D**ine on BBQ with friends, listen to music, exercise, laugh, walk, win raffles
- A**Cure! That's what we are hoping for – please give generously!

**Lake Ida Park – Delray Beach  
Annual Parkinson's Fun Walk and Picnic  
Fundraiser for Parkinson's Research**

Your \$25 Registration Fee gives you  
1 food ticket, 1 t-shirt, 1 raffle ticket

Raise \$200 or more and you will also receive  
a \$25 restaurant certificate

## APDA Florida Presents "Keys to Understanding and Coping"

The Symposium offers a pragmatic approach to the treatment of Parkinson's disease and carepartnering for patients, caregivers, professionals and interested community. The event will be offered in both South and West Coast Florida.

*Featuring:*

Theresa Zesiewicz, MD – Movement Disorder Specialist,  
Professor of Neurology, University of South Florida, and primary Parkinson's caregiver

### **In South Florida:**

The event takes place on May 6, 2011 from 10:30am to 2:30pm.

Joining Dr. Zesiewicz are:

Thomas C. Hammond, MD, Neurologist, Associate Professor at Nova Southeastern University  
Connie Keintz, PhD, Assistant Professor, Dept. – Communication Disorders, Florida Atlantic University  
Marilyn Tait, RN, Experienced in motivation and empowerment programs for patients and caregivers

### **In West Coast Florida:**

The event takes place on May 27, 2011 from 10:00am to 1:00pm.

Joining Dr Zesiewicz are:

Carol Pappas, MD, Neurologist, APDA I&R Center Medical Director  
Marilyn Tait, RN, Experienced in motivation and empowerment programs for patients and caregivers

*Continued from page 1*

Parkinson disease.

The results revealed that aspirin use did not prevent or protect against the development of Parkinson disease. This echoed past studies on this topic. Ibuprofen (Advil, Motrin) seem to lead to a significant decrease in the occurrence of Parkinson disease over the six-year followup. Statistically, the risk was about 0.62 compared to nonusers of ibuprofen or approximately 38% lower risk of developing PD. Other anti-inflammatory agents such as naproxen (Aleve, Naprosyn) did not seem to be protective.

A report several years ago in *Neurology* determined that the occurrence of PD in patients with rheumatoid arthritis was decreased. That provoked speculation that the use of anti-inflammatory drugs by patients with rheumatoid arthritis had decreased PD development by suppressing inflammation. This study refines that understanding by showing that the reduction is due to ibuprofen use (Not all anti-inflammatory drugs are equal!).

Ibuprofen acts as a ligand in brain tissue, which is a molecule that binds to another molecule. It has been shown that ibuprofen binds to a brain substance called PPAR-gamma. This binding PPAR-gamma protects and stabilizes this molecule, which in turn acts to lessen the oxidative stress and apoptosis, thereby protecting SN brain cells. In a recent animal study, ibuprofen lessened microglial inflammation in a PD model. Other agents, which favorably affect PPAR-gamma, are being looked at as novel potential targets in PD treatment.

The current study does not specifically address exercise as it related to ibuprofen use. Some critics have offered the opinion that increased exercise has already been shown to be neuroprotective and lessens the likelihood of patients developing PD. If some patients have increased exercise, they may increase their use of ibuprofen simply for muscle aches and joint pains and thereby the lessening PD in these patients may simply be reflection of their increased exercise and not a benefit from using ibuprofen. This argument would not explain why those who exercise but used naproxen (Aleve) for muscle aches did not seem to experience the same benefit. Furthermore, the author of this

study stated that exercise was looked at (but was not mentioned in the published report) and exercise did not alter the results. The benefit appears to be specific to ibuprofen and possibly through its unique effect on PPAR-gamma.

At this time, it is uncertain what role ibuprofen may have for patients who are actively affected by PD. This study actually showed primary prevention of PD, not secondary prevention or slowing of disease once it is underway. The study of how ibuprofen affects patients with active PD still needs to be done. Ibuprofen carries some risk of peptic ulcer disease, gastrointestinal bleeding, and renal or liver disease, so it should not be used in a cavalier fashion. Currently, it is not recommended by any of the experts that PD patients should take ibuprofen. However, this recommendation may change with time, and continued vigilance regarding this topic is recommended. Ibuprofen joins other possible but unproven neuroprotective agents such as Coenzyme Q 10, Creatine, and Minocycline.

**Disorder of sleep** is a significant problem in PD. Many patients have difficulty initiating sleep and need medications to assist them to fall asleep. During sleep, problems occurring during rapid eye movement epochs of sleep (REM-sleep) are the most common and problematic complaint in PD. This includes nocturnal vocalizations or shouting in sleep, vivid dreams, nightmares, night terrors, as well as physical activities such as sleep walking (somnambulism).

REM sleep occurs as a normal part of the sleep cycle architecture. Drowsiness progresses into light sleep followed by a slow wave and deep sleep (stages III and IV). REM appears at the end of this cycle, with a first REM epoch occurring about 90 to 120 minutes into the sleep cycle. REM epochs last 15 to 20 minutes and occur more frequently during the early morning hours.

During REM sleep, there is hypotonia or paralysis of the limb muscles while the diaphragm moves normally to maintain breathing. The eyes dart from side to side (thus the name rapid eye movement sleep) and brain wave activity on polysomnography recordings using electroencephalogram show

fast rhythms resembling wakefulness. The fact that the patient appears to be awake on EEG leads to the other name for these sleep epochs as "paradoxical sleep." Dreaming occurs during REM sleep.

Parasomnias occur during REM sleep that is dysregulated. If the brainstem sleep centers are damaged by Lewy Body degenerative processes, then the normal switches that "turn off" motor tone during dreams do not work. This allows the patient to walk about (sleep walk) or act out on dream content. Acting on dream content may include striking out at the bed partner or running away from frightening imagery in the dream. Pronounced motor activity during dreams is called REM behavior disorder (RBD). About 40% of patients with RBD will develop over time either PD or Lewy Body dementia, or a rare Parkinson-like variant called multiple system atrophy. Many patients with PD have dream related sleep disturbance and they will frequently improve with medication. Clonazepam (Klonopin) in the doses of 0.5 to 2 mg are effective in 75 to 90% of cases of RBD.

Some PD sleep disorders can be medication related and stopping anticholinergic drugs such as trihexyphenidyl (Artane) or Benadryl, or stopping the selegiline (Eldepryl), or rasagiline (Azilect), or opioids, or caffeine may eliminate the vivid dreams and animated sleep behaviors. Atypical antipsychotic drugs, particularly quetiapine (Seroquel) have been useful in quieting vivid dreams and nighttime hallucinations ("the other people in the room"). Patients and caregivers should discuss sleep issues with their doctor. Poor sleep at night is the most common cause for excessive sleepiness during the daytime.

In this newsletter we have discussed a recent study showing that ibuprofen seems to lessen the likelihood of developing PD. Its role at this time in PD therapy remains unclear. Sleep issues should be discussed as outlined above with your physician since there are some effective treatments. As always, I encourage daily exercise; it is our simplest and most readily available way to slow the disease!!

*Thomas C. Hammond, M.D.*

*Medical Director – APDA I&R Center*

## Parkinson's Update and Recognition Awards Luncheon

On December 6, 2010, the Annual Parkinson's Update & Recognition Awards was held in Deerfield Beach. This signature year end event celebrates persons with Parkinson's disease, care partners and corporate sponsors with special recognition to individuals who have made a notable contribution to the Parkinson Community helping the American Parkinson Disease Association meet our mission to *Find the Cure and Ease the Burden*.

Guest speaker, Joyce Saltman, EdD, Professor, public speaker, comedian and author spoke on "RX for Survival." Thomas C. Hammond, MD, neurologist and APDA Information & Referral Center Medical Director, provided a Parkinson's update followed by a Q&A session. Many, many thanks Dr. Saltman and Dr Hammond for their wonderful presentations.

The event was sponsored in part by James and Sandra Porter through a grant from the Community Foundation of Ft. Lauderdale, the North Broward Medical Center and the APDA South Florida Chapter. Much appreciation to Village Home Care of the Palm Beaches for providing giveaways to the

honorees and to Tangela Thompson and her catering staff at North Broward Medical Center for the serving a delicious lunch that helped everyone get into the holiday spirit.



Joyce Saltman, EdD



Thomas C. Hammond, MD



Honorees James Porter, Abbi Bentz, RN, Seymour Olchak, Rhoda Olchak, Janice Leonard, Sheila Finkelstein, Gail Baldwin and Agnes Porzio flanked by Linda Gilchrist APDA Chapter President and Gigi Gilcrease, RN, APDA Chapter Executive Director and I&R Program Director. The support group leaders who were unable to attend the event were also recognized for their outstanding commitment and dedication to the Parkinson's community.

# SUPPORT GROUP & EXERCISE CALENDAR • 1-800-825-2732

## SOUTH FLORIDA

### Deerfield Beach APDA I & R Center & South Florida Chapter

NORTH BROWARD MEDICAL CENTER  
201 East Sample Road  
Deerfield Beach, FL 33064  
800-825-2732; 954-786-2305  
FAX 954-786-7349

Gigi Smith Gilcrease, RN, MBA, Coordinator  
E-Mail: ggilcrease@browardhealth.org  
Web site: www.apdaflorida.org  
Thomas C. Hammond, MD, Director.

### MIAMI-DADE COUNTY

#### Coral Gables

TEMPLE JUDIAH, 5500 Granada Boulevard  
2nd Thursday/month 11:00AM-12:30PM  
Contact: Carol Goldman 305-476-8782

#### MIAMI VAHCS – Veterans Only

1201 NW 16th Street  
7th Floor, Pain Clinic Psych Office, Rm. D707  
Every Thursday 10:45AM  
Contact: Paul Hartman, PhD 305-575-3215

### BROWARD COUNTY

#### Coral Springs

CORAL SPRINGS MEDICAL OFFICE  
3100 Coral Hills Drive (next to hospital)  
Support Group and Exercise  
3rd Monday/month 2:00-3:30PM  
Contact: APDA 800-825-2732

#### Davie

NOVA SOUTHEASTERN UNIVERSITY  
University Park Plaza – Rm 515  
3530 S University Drive  
1st Wednesday/month 10:45-12:00NOON  
Contact: Dr. Blodgett 954-262-5611

#### Deerfield Beach

NORTH BROWARD MEDICAL CENTER  
201 E. Sample Road, Neuro Center (off lobby)  
Support Group and Tai Chi Exercise  
2nd Tuesday/month 1:00-3:00PM  
Contact: APDA 800-825-2732

#### Margate

NORTHWEST REGIONAL MEDICAL CENTER  
2801 N. State Road 7  
Support Group and Exercise  
1st Friday 1:00-3:00PM  
Contact: Agnes Porzio 954-972-2221

### PALM BEACH COUNTY

#### Delray Beach

SOUTH COUNTY CIVIC CENTER  
16700 Jog Road  
Support Group and Exercise  
1st Wednesday/month 2:00-4:00PM  
Caregiver group – call for dates  
Contact: APDA 800-825-2732

#### Palm Beach Gardens

CHRIST FELLOWSHIP LIFE CENTER-RM 206  
5343 Northlake Blvd  
Support Group  
2nd Wednesday/month 2:00-3:30PM  
Contact: Alicia Roman 561-626-5880  
or APDA at 800-825-2732

#### Royal Palm Beach

CULTURAL CENTER  
Royal Palm Beach Cultural Center  
151 Civic Center Way  
Support Group and Exercise  
Monday and Wednesday 10:00AM-12:00PM  
Contact: Mr./Mrs. Rodgers 561-791-9885

### EXERCISE ONLY

#### Boca Raton

#### Sugar Sand Park Field House

300 S. Military Trail  
Monday 11:30AM-12:30PM  
Wednesday 2:00PM-3:00PM  
First class is free, just stop by the park  
Contact APDA: 800-825-2732

#### Davie

#### Nova Southeastern University

Physical Therapy PD Exercise  
Sanford L. Ziff Health Center  
3200 S University Drive  
Monday and Wednesday 12:30PM  
Call: 954-262-4149  
Speech Therapy PD Exercise  
Wednesday 1:30-2:30PM  
Call: Dr. DiCarlo 954-262-7726

### MARTIN COUNTY

#### Stuart

GRACE PLACE COMMUNITY CHURCH  
1550 SE Salerno Road  
Support Group  
2nd Monday/month 1:00-3:30PM  
Contact: Aileen Stiehle 772-286-3268

### ST. LUCIE COUNTY

#### Port St Lucie

HARBOR PLACE, 3700 SE Jennings Road  
3rd Tuesday/month 2:00-3:30PM  
Contact: Cathy 772-201-6007 or  
Laura 561-209-6124

## CENTRAL FLORIDA

#### Holly Hill

BISHOP'S GLEN RETIREMENT CENTER  
900 LPGA Boulevard  
4th Wednesday/month 2:00-3:30PM  
Contact: Bruce Kozak 386-226-9000

#### Kissimmee

Osceola County, Good Samaritan Village  
Orange Blossom Trail  
2nd & 4th Thursday -10:00AM – 11:00AM  
Contact: 407-944-3362

#### Melbourne

SOUTH BREVARD PARKINSON'S  
SUPPORT GROUP  
Eau Galle Public Library  
1521 Pineapple Avenue  
4th Thursday/month 1:30PM  
Contact: Deb Ridell 321-751-0444

#### Titusville

NORTH BREVARD PARKINSON'S  
DISEASE AND CAREGIVERS  
SUPPORT GROUP  
c/o Parrish Medical Center  
951 N. Washington Avenue  
3rd Saturday/month 11:00AM  
Contact: Mary McDowell 321-268-2363

## NORTHEAST FLORIDA

Deland  
Jacksonville  
Jacksonville – Young Onset

Orange City  
St. Augustine

For information on the groups  
in these cities contact either the South  
or West Coast Florida Centers:

## WEST COAST FLORIDA

Avon Park  
Bradenton  
Clermont  
Dunedin (new)  
Englewood  
Fort Walton  
Lady Lake  
Leesburg  
North Port

Ocala  
Orlando  
Palms of Largo  
Pensacola  
Springhill  
St. Petersburg  
Sun City Center  
Tampa  
West Pasco

For information on the groups  
in these cities contact:

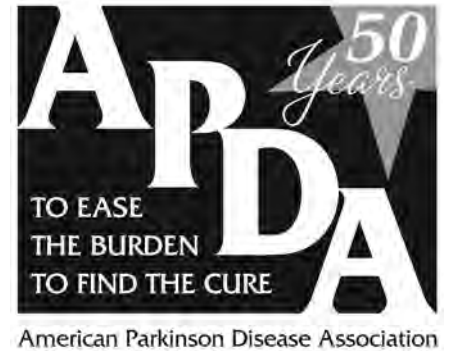
### St. Petersburg APDA I & R Center

EDWARD WHITE MEDICAL ARTS BUILDING  
2191 9th Avenue, North  
St. Petersburg, FL 33713  
Faye Kern, LPN, Coordinator  
727-328-6246; Fax: 727-895-5213  
E-Mail: afkapda@aol.com  
Carol Pappas, MD, Director

**NOTE:** Support Group day  
and time may change periodically.

For current updates on  
Support Groups and Exercise  
call the APDA Information  
and Referral Centers.

The American Parkinson Disease Association is celebrating its 50th year of dedication and commitment to the Parkinson's community. Known as the largest grassroots organization in the Country, the APDA has held true to its mission *To Ease the Burden, To Find the Cure* for Parkinson's disease. Some of the "firsts" of our great organization are:



- 1961:** American Parkinson Disease Association (APDA) is established
- 1963:** Chapters – The first APDA Chapter forms in Staten Island, N.Y.
- 1979:** Information & Referral Centers – The first Center opens at Boston University
- 1979:** Support Group Program begins
- 1992:** National Young Onset Center – APDA establishes the country's first Center
- 1995:** Scientific Advisory Board established with Roger C. Duvoisin, MD as Chair
- 1998:** World Parkinson Disease Association – APDA co-sponsors WPDA
- 2007:** Research Funding\* – APDA reaches \$30 million mark
- 2010:** National Rehabilitation Resource Center- the first rehab information center established

\*APDA funding efforts have resulted in partnering in major scientific research that has answered questions about the causes of PD and provided the seed-money for scientists to apply for and receive major grants from the National Institutes of Health. Additionally, APDA funds research through nine Advanced Research Centers across the nation, and provides funding for post-doctoral fellowships and medical student summer fellowships through the APDA George C. Cotzias, MD Memorial Fellowships and Roger C. Duvoisin, MD, Research Grants. Among the breakthroughs that APDA grants have supported throughout the years are:

- establishing the effectiveness of high dose oral levodopa in treating PD
- the role of carbohydrates on levodopa
- the roles of heredity and environment in PD
- the role of dopamine agonists
- the discovery of alpha-synuclein
- brain cell transplantation

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## Merck & Co. – Update on supply of SINEMET® (carbidopa-levodopa)

*The following is excerpted from the March 4, 2011 letter to Amy Comstock Rick, JD, CEO of the Parkinson's Action Network from Dr. Sethu Reddy, Vice President of US Medical Affairs for Merck & Co, Inc.*

"...I am pleased to inform you that on February 1, 2011 Merck (known as MSD outside the United States and Canada) received approval from the FDA to change the manufacturing supply source of SINEMET® (carbidopa-levodopa) and SINEMET® CR (carbidopalevodopa) sustained-release tablets from Merck to Mylan Pharmaceuticals Inc.

As a result of this transition to a new manufacturing source, a

temporary supply shortage on the SINEMET 25 mg/100 mg tablets (immediate release formulation) occurred in January and this information was posted to the FDA Drug Shortages web site. As a result of the FDA approval, this *supply shortage has been resolved* and all doses of SINEMET and SINEMET CR are available to patients in the U.S.

I would also like to take this opportunity to inform you of some changes that have been made to the shape, color, and markings of the SINEMET and SINEMET CR tablets. While the medicine has not changed, the tablets are no longer scored and some tablets are now a different color and different shape..."

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American Parkinson Disease Association  
 201 East Sample Road  
 Deerfield Beach, FL 33064  
 800-825-2732

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## PLEASE READ – WE NEED YOUR HELP IN UPDATING OUR MAILING LIST

If you have a permanent address change, or know of someone who would like to be added to, or removed from our list, please complete the information indicated, and return this form to the address below. If we have not heard from you or received a donation from you in some time, your name may be removed from our mailing list.

- New Address
- Add to our List
- Delete From Our List

Are you a:

- Patient
- Caregiver
- Other \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_

Please send your tax deductible donation payable to: **APDA South Florida Chapter, 201 East Sample Road, Deerfield Beach, FL 33064**

PLEASE PRINT CLEARLY

### Contribution Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Enclosed is my check for:  \$1000  \$500  \$250  \$100  \$75  \$50  \$35 (membership)  Other \_\_\_\_\_

Include membership with my donation of \$50 or more.

### Tribute Information

In Memory of  In Honor of  \_\_\_\_\_ Send Acknowledgement to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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