

## PARKINSON'S AWARENESS WEEK 1-7 NOVEMBER 2010



### AWARENESS WEEK VOLUNTEERS NEEDED

National Office and many Parkinson's New Zealand divisions will be holding collections and other events during Awareness Week this year. This is a great opportunity not only to raise funds but also to increase visibility and awareness in the community.

Your support during this time is vital, so please email [info@parkinsons.org.nz](mailto:info@parkinsons.org.nz) or call 0800 4734636 if you are able to help out by donating your time.



### THE MANY FACES OF PARKINSON'S

Parkinson's New Zealand is excited to announce the theme of Awareness Week 2010 - "The Many Faces of Parkinson's".

There are approximately 10,000 people with Parkinson's in New Zealand. For every person with Parkinson's there are also countless family members, friends, carers, Field Officers, colleagues, medical professionals and other support people whose lives are impacted by the condition.

From Awareness Week onwards we will be profiling a range of people affected by Parkinson's both on our website and in other media, showing the range of ages, roles, and walks of life these people come from, and the different ways that Parkinson's impacts their lives.

If you have a personal story of your experience with Parkinson's that you would like to contribute, please email [kate@parkinsons.org.nz](mailto:kate@parkinsons.org.nz) or call 0800 4734636

### UPBEAT WEEKEND

This year's UPBEAT weekend will be at the New Zealand Rugby Institute in Palmerston North, 5-7 November.

The UPBEAT weekend is an opportunity for people affected by early onset Parkinson's, to share ideas and support and to develop knowledge of Parkinson's.

The cost of the weekend is \$110pp inc accommodation and meals or \$55pp if no accommodation is required. Please contact us if your financial situation would prevent you from attending as we may be able to help.

Email [info@parkinsons.org.nz](mailto:info@parkinsons.org.nz) or call 0800 4734636 for more information.

## A WORD FROM THE CHIEF EXECUTIVE

### TENA KOUTOU E HOA MA

Our work on building our service best practice models has been developing at a great pace. A draft Code of Conduct and Competency Framework has been through two consultation stages already. We continue to be excited about strengthening our service and supporting the team. One thing that comes up reasonably regularly is the title –Field Officer. Many feel that it is not a title that most people would recognise or understand. If any Parkinsonian readers have any ideas about this job title I would welcome your suggestions.

During July the Field Officer team gathered in Wellington for their annual training conference. It is heartening to see how engaged with and enthusiastic the Field Officers are about their jobs and the Society. Regardless of how long ones connection with Parkinson's has been there is always much more to learn so we were fortunate to have a selection of excellent speakers.

I am looking forward to spending time with 12 administration staff from around the country at our Coordinators training at the end of August also. Most of our divisions now employ coordinators/administrators and this training will help us to ensure we are all up to date with relevant practices and legislation.

We have been delighted to welcome to the team our new Office Administrator Melissa Parkes. Melissa joins us following a number of years working for the Salvation Army in their Creative Ministries department.

Parkinson's Awareness Week, 1-7 November provides us with a focused opportunity to develop community awareness of Parkinson's and the work of our Society. People can support Awareness Week in many different ways so if you or anyone you know could help please get in touch with National Office or your local division.

Ko tau rourou kotaku rourou ka ora te iwi

If I share what I have and you share what you have then all of the people benefit.



Deirdre O'Sullivan



### PATRICIA HASTINGS (TRICIA) 17 MARCH 1941–25 JUNE 2010

*A capable, intelligent and virtuous woman, who is he who can find her? She is far more precious than jewels and her value is far above rubies or pearls."*

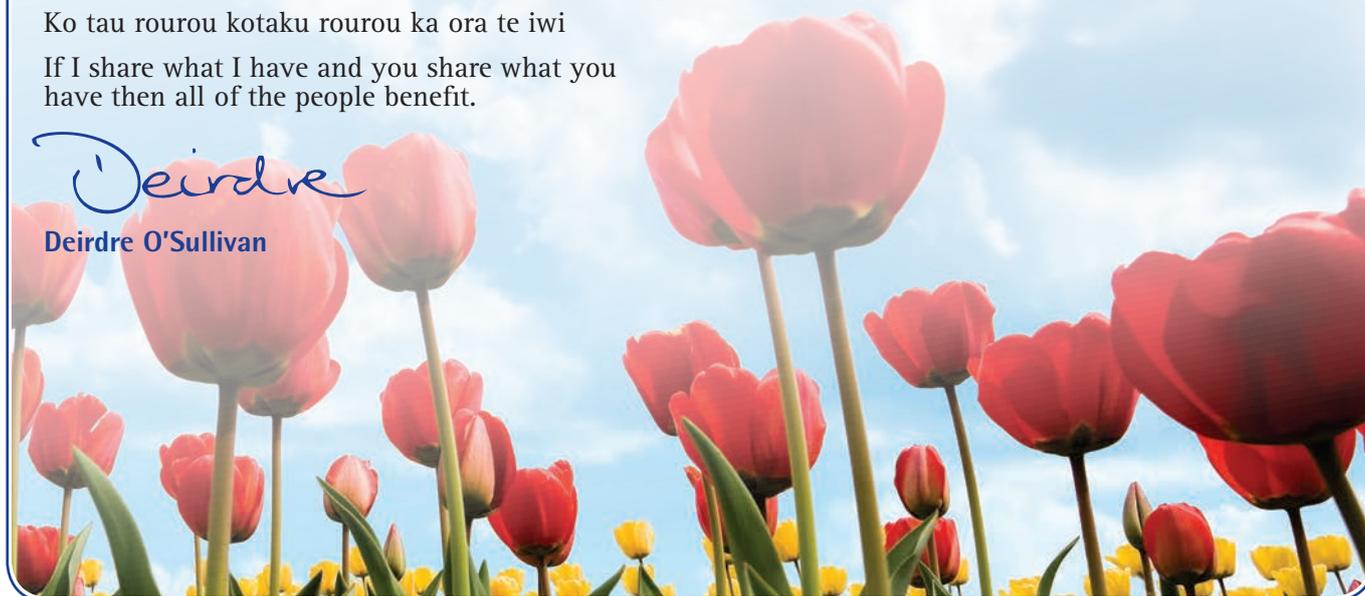
On June 25 we were greatly saddened to learn of the death of Patricia Hastings. Tricia was the Office Manager of Parkinson's New Zealand for over 13 years and was still in post at the time of her death. We miss her. Below are some excerpts from the Eulogy Deirdre gave at her funeral

*...she was unwavering in her commitment to providing the best possible service for people living with Parkinson's disease. Since her death we have been inundated with messages from Cape Reinga to Bluff... Her work made a real difference to people's lives.*

*We are a small office and all work closely together and over the years Tricia became much more than a colleague. Tricia was a loyal and generous friend. I was speaking to our colleague Jennifer yesterday and she reminded me how often she and I would turn to Tricia for advice. From where the best place to buy firewood was, what plants would grow in our gardens or how long it took to drive to Napier Tricia seemed to know the answer – and if she didn't chances are Tony would...*

*...Tricia your value is far above any precious stone – I am so glad I had the chance to know you. Thank you for your friendship, I will miss you.*

*Rest in peace*



## PEKING TO PARIS FOR PARKINSON'S



In the December 2009 issue of the Parkinsonian we featured Ben and Bruce Washington and their preparations for participating in the Peking to Paris event, a 14,000 km drive over rough terrain in painstakingly restored 1929 Chrysler Roadster.

As this issue of the Parkinsonian goes to print, the Father/Son duo are beginning their journey which retraces the steps of 11 pioneering automobile adventurers in 1907. The event starts on September 10 in China and will take them 37 days in total to reach their final destination in France.

With two members of their family affected by Parkinson's, the pair are aiming to raise awareness and funds during their journey. Please support them by visiting their website, following their progress, and donating to their cause.

<http://www.peking2paris4parkinsons.com>

# GET GOING FOR PARKINSON'S



## PSST! SUMMER'S COMING!

*And so are some great sporting events!*

Get involved and "Get Going for Parkinson's"

Go to [www.parkinsons.org.nz](http://www.parkinsons.org.nz) or email [getgoing@parkinsons.org.nz](mailto:getgoing@parkinsons.org.nz) for more information about how to become part of Team Parkinson's to raise awareness and money for Parkinson's New Zealand while getting fit and having fun.

**TRAMPING. ROLLER SKATING. SKIP-ATHON. BAKE-ATHON. IRONMAN EVENTS. SKY DIVING. 5K WALK/RUNS. CAR RALLY. 10K WALK/RUNS. OVERSEAS TREKS. HALF MARATHON. WALKS. MOUNTAIN CLIMBING. GOLFING. RUN/SWIM EVENTS.**



## "I've stopped falling!" Finally! Walking aids for Parkinson's

### Stability

The U-Step was created to increase your independence. Its ultra stable foundation braces you in every direction. Its not like pushing a walker. Instead the U-Step surrounds you and moves with you.

### Safety

The innovative braking system is easy to use and puts you in complete control. The U-Step will **not** roll unless you are ready to walk. When you lightly squeeze a hand brake, the unit will roll with you. Once you release the hand brake the unit will stop.



### Laser Light helps prevent freezing

If you suffer from freezing episodes, U-Step has a solution. Introducing LaserLight an exclusive optional feature of the U-Step. Simply press the red button on the handlebar and a **bright red laser line** is projected on the floor for you to step over. It is amazing!

Our laser offers an entirely safe, obstacle-free visual cue that helps you break the freezing episode and walk normally

Also available from U-Step - the Lasercane - a cane that projects a bright red laser line on the floor for you to step over to help break freezing episodes. Ideal for those who do not need a walker as yet but require the obstacle-free visual cue to get you moving freely again



Order your U-Step now!  
Web [www.ustep.co.nz](http://www.ustep.co.nz)  
Mobility Manawatu, 222 Ruahine St, Palmerston North

Call **0800 882 884**  
Email [info@ustep.co.nz](mailto:info@ustep.co.nz)

## 🔥 Parkinson's hope as scientists ease symptoms in mice

Research shows that switching on particular cells in the brain could ease symptoms of Parkinson's.

The discovery could also be used to develop treatments and drugs to improve the day-to-day lives of people with similar disorders including Huntington's disease and Tourette's syndrome, according to academics.

In the latest study by the Gladstone Institute of Neurological Disease (GIND) and Stanford University in the US, scientists used genetic techniques to make certain "pathways" – or circuits – in the brains of mice responsive to light.

The cells in these pathways could then be turned on and off by illuminating a laser shined through a hair-thin fibre optic cable inserted into the rodents.

It has long been believed, but never proven, that our movement is controlled by balancing the activity of two distinct circuits in the brain – the so-called "stop" and "go" pathways.

Dr Anatol Kreitzer of the GIND, who led the study, said: "Scientists had identified and diagrammed these circuits in the late 1980s and early 1990s, but there had been no way to test their function in animal models."

The researchers found that by stimulating the "stop" cells in the mice's brains, they could mimic the affects of Parkinson's disease. Conversely, switching on the "go" cells in mice with Parkinson's-like symptoms had an instant positive impact on their condition.

Dr Kreitzer said: "We generated mice that lacked dopamine, and these mice showed many of the same symptoms found in humans with Parkinson's disease. But when we activated the 'go' pathway in these mice, they began to move around normally again.

"We restored all of their motor deficits with this treatment, even though the mice still lacked dopamine."

Dr Kreitzer added: "It's not something we can do for just a second. We can do this for as long as the laser is on."

The results of the study were published in *Nature*, the science journal.

*Source: Telegraph.co.uk*

## 🔥 Vitamin D levels linked to Parkinson's disease risk

Greater levels of vitamin D have been linked to a lower risk of Parkinson's in a study in Finland where low sunlight leads to a chronic lack of the nutrient, researchers said Monday.

Scientists from the National Institute for Health and Welfare, Helsinki, Finland, first hypothesized that Parkinson's "may be caused by a continuously inadequate vitamin D status leading to a chronic loss of dopaminergic neurons in the brain."

Vitamin D, supplied chiefly by the sun's ultraviolet rays and a small range of foods, is known to play a role in bone health and may also be linked to cancer, heart disease and type 2 diabetes, the researchers said.

The Finnish study, published in the July issue of *Archives of Neurology*, followed 3,173 Parkinson's-free Finnish men and women aged 50-79 over a 29-year period from 1978-2007.

At the end of the study 50 participants had developed the disease.

After adjusting for potentially related factors, including physical activity and body mass index, those with the highest levels of vitamin D (top 25 percent of the group) were found to have a 67 percent lower risk of developing Parkinson's disease than those with the lowest level of the vitamin (bottom 25 percent), the study said.

The researchers could not explain how vitamin D levels may affect Parkinson's risk, but said the nutrient "has been shown to exert a protective effect on the brain through antioxidant activities,

regulation of calcium levels, detoxification, modulation of the immune system and enhanced conduction of electricity through neurons."

"In intervention trials focusing on effects of vitamin D supplements, the incidence of Parkinson disease merits follow up," they added.

"This study was carried out in Finland, an area with restricted sunlight exposure, and is thus based on a population with a continuously low vitamin D status," about half of the suggested optimal level, researchers said.

*Source: AFP*

## 🔥 Class Action Lawsuit in Canada Alleging Mirapex Compulsion

Mirapex, a dopamine agonist used for the treatment of Parkinson's and Restless Leg Syndrome, has been the subject of numerous **Mirapex gambling** lawsuits and settlements in the US. In Canada, a number of people are joining a class action lawsuit alleging that sudden and unusual compulsive behaviors are triggered by the drug, which is manufactured by Boehringer Ingelheim Ltd. but is also available in generic form as pramipexole.

Evidence presented in a 2008 US trial that awarded \$8.2 million to a Mirapex patient revealed the manufacturer knew as early as 1995 that Mirapex can trigger compulsive behavior.

Meanwhile, an investigation revealed that Health Canada, the Canadian health regulator, had been alerted to potential problems with Mirapex in 2003. The Mirapex label was updated in Canada in 2004 to confirm the possibility of "increased or decreased libido." However, warnings about pathological gambling did not appear until 2005—and only after Health Canada learned of pending lawsuits.

Boehringer Ingelheim is said to have settled out of court with nearly 300 patients in the US for Mirapex side effects,

but with none so far in Canada. The manufacturer issued a statement to the investigative team in April in defense of its product: “Patient health and safety are of the utmost importance to Boehringer Ingelheim and that Pramipexole has a prominent role in the therapy of Parkinson’s disease and has brought significant and meaningful symptoms relief to millions of people living with this disease.

“Boehringer Ingelheim has fulfilled its regulatory obligations and has met all of its legal and ethical obligations,” the statement went on to say. “Healthcare professionals are advised to inform patients to seek help from their doctor if they, their family, or their care giver notice that their behavior is unusual.”

Source: [Lawyersandsettlements.com](http://Lawyersandsettlements.com)

## Sleep Behavior Disorder May Precede Neurodegenerative Disorders by Decades

Idiopathic rapid eye movement sleep behavior disorder (RBD) may be the initial manifestation of the synucleinopathies Parkinson’s dementia with Lewy bodies (DLB), and multiple system atrophy (MSA), occurring some 50 years before the neurodegenerative syndrome clinically manifests, a new study suggests.

This finding has “important implications for epidemiologic studies and future interventions designed to slow or halt the neurodegenerative process,” write Bradley F. Boeve, MD, and colleagues from the Department of Neurology at the Mayo Clinic College of Medicine in Rochester, Minnesota.

Their results are published online July 28 in the journal *Neurology*.

### “Astonishing” Findings

In an interview with *Medscape Medical News*, Mark W. Mahowald, MD, coauthor of an accompanying editorial called the findings

“astonishing; you can have the symptoms of RBD as a harbinger of underlying neurodegenerative disease that will take 50 years to declare itself.”

“It is certainly our clinical impression now that virtually all people who have RBD that is not drug induced will likely eventually go on to develop one of the neurodegenerative disorders if they live long enough,” added Dr. Mahowald, of the Sleep Disorders Center, Hennepin County Medical Center, in Minneapolis, Minnesota.

“If a neuroprotective medication is identified,” he added, “the data to date are so great that as soon as RBD became apparent you would place that person on that neuroprotective medication.”

Using the Mayo Clinic Medical Records Linkage System, the researchers identified 550 patients with idiopathic RBD and a synucleinopathy. Twenty-seven (4.9%) of these patients met the study criterion of isolated RBD predating by more than 15 years the onset of PD, PD dementia (PDD), DLB, or MSA. Twenty-four (89%) of the 27 patients were male.

According to the Mayo Clinic team, the interval between RBD and subsequent neurodegenerative syndrome ranged up to 50 years, with a median interval of 25 years. The median age at onset of RBD was 49 years (range, 21 – 60 years), and the median age at onset of neurologic symptoms was 72 years (range, 51 – 80 years).

At initial onset, primary motor symptoms were seen in 13 patients – 9 with PD, 3 with PD and mild cognitive impairment (MCI), and 1 with PDD, whereas

primary cognitive symptoms occurred in 13 patients – 10 with probable DLB and 3 with MCI. One patient presented with primary autonomic symptoms and was diagnosed as having MSA.

At the most recent follow-up, 63% of study subjects had progressed to dementia (PDD or DLB), and concomitant autonomic dysfunction was confirmed in 74% of all patients.

The study authors note in their report that the 27 cases of RBD predating clinically manifest neurodegeneration were collected over only 5 years, “suggesting that these long intervals of RBD preceding motor/cognitive/autonomic symptoms are not rare.” They emphasize, however, that nothing can be inferred about true incidence or prevalence because this was a convenience sample from a referral database.

### RBD and Neurodegeneration: A Brief History

“Initially, RBD was just felt to be kind of a curious clinical observation,” Dr. Mahowald told *Medscape Medical News*. “Then it became apparent that the majority of people who develop RBD will eventually go on to develop one of the synucleinopathies, particularly Parkinson’s or dementia with Lewy bodies.”

Dr. Mahowald and colleagues were the first to document the relationship of RBD and these neurodegenerative disorders. They reported that nearly 40% of patients with isolated, idiopathic RBD later went on to develop a parkinsonian disorder after a mean of about 13 years (*Neurology* 1996;46:388-393).

“What’s really astonishing about this [new] study from the Mayo Clinic, which I think is very credible, is that the interval has been extended to 50 years,” Dr. Mahowald said.

Please do not interpret anything in this magazine as medical advice. Always check with your Doctor. The appearance of any article or other material in this publication does not imply the agreement of Parkinson's New Zealand with the opinions expressed therein.

The Mayo Clinic study, he and colleagues note in their editorial, confirms “one of the most interesting mysteries – the overwhelming male predominance (89% in this study) of those with RBD who develop a neurodegenerative process, which is not male-predominant.”

The reasons for this are unknown. Hormonal studies have not implicated androgenic hormones.

## *Idiopathic RBD an Extremely Early Marker of PD*

The finding that RBD may be a very early warning sign of neurodegenerative disease has important implications for treatment, Dr. Mahowald said, given “exciting new treatments” for PD that are on the horizon, such as gene therapy and cell replacement therapy.

“But the sad fact is that by the time Parkinson’s becomes clinically apparent there has been widespread damage in the central nervous system that has probably been going on for decades,” Dr. Mahowald said. “We have to come up with an extremely early marker for Parkinson’s disease if these new therapies are going to work, otherwise the horse is out of the barn.”

“Idiopathic RBD may absolutely be such a marker,” he predicted.

## *To Tell or Not to Tell*

In an interview with *Medscape Medical News*, Dr. Boeve acknowledged that there is some debate among neurologists about what to tell patients with RBD. “When you make a diagnosis of RBD,” he noted, “should you talk with them about the potential development [of neurodegenerative disease] down the road?”

Dr. Boeve thinks you should, in most cases. “Patients are not

dumb,” he said. “They are going to Google RBD and it just makes sense to say, ‘this is what has been observed by a number of investigators, we don’t have prediction abilities at the moment, but a lot of research programs around the world are intensely looking at this.’

“A lot of them want to participate in this research,” he noted.

*Source: Medscape Medical News*

## **Study Identifies Molecular Mechanism Triggering Parkinson’s Disease**

Stanford scientists have identified a molecular pathway responsible for the death of key cells that causes Parkinson’s, a discovery that could open the door to new treatments.

A genetic mutation linked to the disease causes a malfunction in molecules called microRNAs, resulting in the overproduction of proteins that can cause brain cells to die.

“The clinical impact of our findings may be five to 10 years down the road,” said pathology professor Bingwei Lu, senior author of the study published in the journal *Nature*. “But their impact on our understanding of the disease process is immediate.”

“This study represents a truly new and potentially important piece of information for Parkinson’s researchers,” said Dr. Michael S. Okun of the University of Florida Movement Disorders Center in Gainesville, who is not affiliated with the team.

“The finding of a potential microRNA problem may help us to better understand specific mutations that may result directly, or indirectly, in the symptoms of Parkinson’s,” said Okun, a spokesman for the National Parkinson Foundation.

Working with fruit flies, the Stanford School of Medicine team studied a common mutation that’s been implicated in many, although not all, cases of Parkinson’s. This mutation, LRRK2, increases the likelihood of contracting the disease.

Fruit flies with the Parkinson’s mutation were found to have faulty microRNAs, whose job it is to fine-tune protein production in cells. The result was death of cells that make the brain chemical dopamine – a hallmark of Parkinson’s.

The mutated flies lost the dopamine-producing brain cells, so they couldn’t move like normal flies. When tapped to the bottom of their plastic cage, normal flies quickly climb back up; the sick flies climbed up slowly, or simply sat at the bottom, said Lu.

Already, Lu’s team has explored avenues of therapy. They found that reducing the levels of two overproduced proteins prevented the death of flies’ nerve cells. Many pharmaceutical companies are already making compounds that act on these two proteins, which play roles in other diseases, as well.

“The flies no longer got symptoms of Parkinson’s,” said Lu. “This alone has immediate therapeutic implications.”

This newly discovered link between the common Parkinson’s-producing mutation and consequent microRNA malfunction is an exciting new finding – but its broader relevance must still be proven, said Okun.

“One issue moving forward,” he said, “is how applicable this finding will be to all genetic and nongenetic causes of Parkinson’s disease.”

*Source: San Jose Mercury News*

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## COMPLEMENTARY THERAPIES

### WHAT DO COMPLEMENTARY THERAPIES AIM TO DO?

Complementary therapies aim to treat some, or all of the symptoms that people with Parkinson's and other conditions experience: loss of balance and flexibility, muscle tension and diminishing muscle strength, memory loss and pain. Some therapies seek to relieve depression that can affect people dealing with those challenges.

### WHAT IS A COMPLEMENTARY THERAPY?

Complementary therapies differ from mainstream interventions and from alternative therapies. It is important to know why.

Mainstream therapies are the product of theories based on scientific knowledge. They are subjected to rigorous trials to find out if they have beneficial effects and any side effects they may have before they are released.

Complementary and alternative therapies on the other hand arise from ideas not currently accepted by the scientific community. That is either because there is no proof, insufficient proof or contradictory evidence that they work.

There is one crucial difference between alternative and complementary therapies. The promoters of alternative therapies want their followers to abandon treatments doctors have prescribed. Parkinson's New Zealand cannot emphasize enough this is most unwise. *If a therapist suggests you should abandon your usual medication you should end the consultation immediately.*

Practitioners of complementary therapies on the other hand offer therapies for use alongside your usual treatment. Though their benefits have not been proved, in most cases they have not been disproved either and many people have found them beneficial.

### THINKING OF TRYING A COMPLEMENTARY THERAPY?

If you are thinking of trying a complementary therapy you should consult your doctor first. A therapy may be harmful for people with particular conditions or on certain medications. Your doctor can discuss the benefits and risks with you and may even be able to recommend a reliable therapist. You need to ensure that the treatments recommended do not interfere with the treatments recommended by your doctor.

A therapy carried out by someone who does not know what they are doing can be dangerous. Find out what training a therapist has before trusting them.

Remember just because a person uses the term 'doctor' doesn't necessarily mean they are a doctor of medicine. It could be a PhD in marketing and not relevant at all! The same goes for lots of impressive looking letters beside someone's name.

### WHAT COMPLEMENTARY THERAPIES ARE AVAILABLE IN NEW ZEALAND?

Complementary therapies available in New Zealand are listed below with a brief description of what is involved, their aims, and the theory behind their approach.

#### ALEXANDER TECHNIQUE

The Alexander technique applies simple and practical methods for improving poise, balance, vitality and co-ordination in every day situations. It teaches postures that relieve tension and place less strain on joints, muscles and the spine.

A trial in Britain showed improvements continued for people with Parkinson's six months after the trial ended.

*Find out more at: <http://www.alexandertechnique.org.nz>*

#### AROMATHERAPY

In Aromatherapy essential oils are inhaled, dropped into your bath or massaged into your skin. Aromatherapists believe they have chemical properties that exercise positive effects on mind and body.

Some evidence exists to suggest aromatherapy can have a calming effect and be useful in combating stress, pain, insomnia, depression and infections.

However essential oils can create an allergic reaction or may interact with medicines. They can also be questionable if you have heart problems, high blood pressure, asthma or diabetes. Check with your doctor first.

*Find out more at: <http://www.aromatherapy.org.nz>*

#### MEDITATION

Traditionally meditation has been a part of religious practices. More recently it has been used therapeutically to reduce pain, stress, depression and insomnia. There are numerous techniques for producing this state of restful alertness.

Though well designed studies of meditation have yet to take place, there is some evidence meditation can help with pain and anxiety. Studies that included people with Parkinson's and other neurological disorders indicate the technique creates a sense of well being in people with chronic illness.

*Each of the various techniques has their own websites.*

## CHIROPRACTIC

Chiropractors manipulate the spine but also work on joints, muscles and soft tissue and advise on diet and exercise.

People with neck and back pain or headaches often find it helpful. Some scientific evidence suggests chiropractic relieves lower back pain.

However people with weak bones or fractures should not try this treatment and nor should anyone taking anti-clotting or steroid medications.

Chiropractors must be registered by the NZ Chiropractors Board, a regulatory authority set up under the Health Practitioners (Competency) Assurance Act 2003.

*Find out more at:*  
<http://www.chiropracticeboard.org.nz>

## CONDUCTIVE EDUCATION

Conductive education approaches motor disorders from an educational rather than a biological angle. The brain is known to relearn skills when neurological pathways are damaged. Conductive educationists think motor skills can be relearned that way.

The therapy aims to give you a stable core to improve balance and the dexterity you need for things like writing and doing up buttons. It also uses techniques to improve clarity of speech and expression.

A British study found conductive education had some benefits for people with Parkinson's.

*Find out more at:*  
<http://www.conductive-education.org.nz>

## MASSAGE THERAPY

Massage has been practiced in many societies since ancient times. Techniques involve rubbing, stroking, kneading and pressing to relax the body. Studies indicate it eases pain, helps with depression and constipation and in people with Parkinson's may improve motor movement. However further studies are needed to verify these benefits.

*Find out more at:* [www.massagenewzealand.org](http://www.massagenewzealand.org)

## FELDENKAIS

This method uses slow, precise movements to increase your awareness of movement and make them easier. Feldenkais seeks to relieve tension and pain and to improve breathing.

*Find out more at:* <http://www.feldenkrause.org.nz>

## ACUPUNCTURE

Practiced in China for over 2000 years, acupuncture is based on a belief the body has pathways of energy. Inserting fine needles along those pathways restores balance and harmony to the body.

British research shows 60% of people with Parkinson's experience short term relief after acupuncture.

*Find out more at:* <http://www.acupuncture.org.nz>

## REFLEXOLOGY

Reflexologists believe all parts of the body are connected to the reflexes of the feet. Applying certain massage techniques on the feet will restore balance to the body.

While there are no studies to support the theory or practice of reflexology, it does have an effect. Some people report increased bowel movements, itchy skin and cold like symptoms when they begin the treatment.

If you have diabetes, foot problems, epilepsy, thyroid problems, depression or a blood disorder reflexology may not be for you. Discuss with your doctor first.

*Find out more at:* <http://www.reflexology.org.nz>

## OSTEOPATHY

Osteopaths believe balance is the key to minimizing damage or wear and tear to the body. They identify problems with ligaments, nerves and joints through questions, observation and touch before mobilizing and manipulating the body to restore balance. They also treat insomnia and digestive problems.

A small study showed improvements to gait in people with Parkinson's and it may help with back pain.

If you decide to try osteopathy it is very important you are treated by a trained therapist. An untrained person could hurt you. The Osteopath Society New Zealand has a system of certification to set standards in training and practice for therapists.

Osteopathy is not suitable for people with bone problems, bleeding disorders or some other conditions so again it is important to talk first to your doctor.

*Find out more at:* <http://www.osnz.org/go/>

## BOWEN TECHNIQUE

This technique is for patients who have decreased mobility, are in pain or stressed. It involves gently manipulating the soft tissues to restore balance.

*Find out more at:*  
<http://www.bowentherapy.homestead.com>

## PHYSIOTHERAPY

After assessing the patient's condition physiotherapists use exercise programmes, manipulation and mobilization, massage, lifestyle advice and hydrotherapy to treat pain and restricted movement.

Physiotherapists must be registered under the Health Practitioners Competency Assurance Act.

*Find out more at: <http://www.physiotherapy.org.nz>*

## SHIATSU

Shiatsu is another Japanese therapy for digestive problems, pain, muscle stiffness and depression.

It is based on the belief that energy called Chi travels along lines in the body and when illness blocks the energy, light finger pressure will remove blockages.

You should not try shiatsu if you have weak bones or certain blood conditions.

*Find out more at: <http://www.spaanz.org.nz>*

## HOMEOPATHY

Homeopaths match extremely diluted doses of substances to the combination of symptoms you may have in the belief the solution will assist the body to regain its natural balance.

Recently a noted scientist suggested molecular formations may change when in contact with other types of molecules and not revert to their former structures when the second compound is removed. This could explain how homeopathy might work but the evidence to date is unconvincing.

*Find out more at: <http://www.homeopathy.co.nz>*

## KINESIOLOGY

This is another practice that focuses on equilibrium and movement. The therapist applies pressure to various parts of the body to identify imbalances and diagnose the problem. From this 'muscle testing' the therapist creates a program of treatment that may include other complementary therapies and special diets. Consult your doctor especially if you intend to adopt a new diet.

*Find out more at: <http://www.nzck.co.nz>*

A more complete list of Complementary Therapies can be found on our website: [www.parkinsons.org.nz](http://www.parkinsons.org.nz)

## NEWS FROM AROUND THE COUNTRY

### 🔥 Auckland

Parkinson's Auckland recently welcomed Julie Mendoza to the Field Officer Team. Julie has taken over the South Auckland position, and the division is thrilled to have her on board.

In June, Field Officers organised a very successful early morning breakfast seminar for our newly diagnosed early onset clients. Dr James Cleland from the Movement Disorder Team, and senior Speech Language Therapist, Kate Milford discussed the challenges faced by these members.

In July, the whole team attended the Field Officer Conference in Wellington. All found the programme and opportunity to network with colleagues around the country extremely valuable.

Currently Parkinson's Auckland are gearing up for their seminar, "Taking Control", to be held at Alexandra Park on Wednesday 3rd November. This is open to both Health Professionals and clients and their families. Registration forms are available from the Auckland office, phone Bev on 09 278 6918.



*Auckland field officers*

### 🔥 Kapiti/Horowhenua

The division held a very successful Mid-Year Christmas Luncheon at the Plateau Center at Parkwood Lodge in July. 36 Members attended and the food and atmosphere were both superb, looking out over a setting of native trees and bird life. Additionally Charlie Tribe provided entertainment with his range of instruments and vocal skills, encouraging a "sing along". A nice time to come together despite a wet blustery day and good cheer prevailed.

## Taranaki

The Taranaki Division Games Day was once again a big success. 41 members came along and played lots of different games - cards, bucket and balls, skittles, badminton, darts and then for the mental challenge, the quiz. Judging by the amount of laughter and chatter everyone enjoyed the opportunity to have a bit of fun trying the different games. The day is always highly anticipated and the weather certainly worked out well.



## Central Plateau

Recently the Rotorua Chamber of Commerce launched Women in Business a network for Women involved in local businesses.

As part of the opening of this Parkinson's Central Plateau Division Field Officer, Cheryl Bogun was selected to receive a personnel and professional make over! This involved a complete personal appearance make over. The professional side of the make over saw the division receive an I.T support package, valued at \$5000.00 from Aaron Wong-Sang who owns and runs the company The I.T Guy. Donna Morrison from Material Girl, gave our office the most amazing face lift with purpose built desk, storage cupboards book case and display units. Along with this they received advertising on the Radio Network, complementary registration into the New Zealand Business Mentors group and membership with the Rotorua Chamber of Commerce, along with a percentage of the ticket sales from the night.

Of course along with this it was a wonderful opportunity to raise awareness for Parkinson's, with two hundred people attending the launch night, which was rather daunting for unveiling of the "transformed" Field Officer, with several different looks to model on stage! But thankfully this went off smoothly without and trips or stumbles.

*Congratulations to Sheryl and a big thank you goes out to the team from The Chamber of Commerce and also to all the supporting businesses.*



Central Plateau Woman in Business Launch



## INVOLVING FAMILY & FRIENDS

Sharing the care with family and friends can reduce the physical and emotional impacts from the challenges of caring. It can also give your family members and friends an opportunity to enjoy the rewards of caring.

## ASKING FOR HELP

Sometimes carers are afraid to ask family and friends for help because they:

- do not want to impose on them
- want to protect them from the challenges of caring
- fear they do not want to help
- are afraid they will be seen as a failure or not coping
- want to protect the dignity or privacy of the person being supported
- were asked by the person being supported to not to involve others

It is ok to ask for help. Family members and friends are often willing to help when they understand the impacts on you. They may not be aware of these impacts until you tell them.

Sometimes family and friends notice the impacts of caring but not know what to say or do or do not want you to think they are interfering. They may find it easier if you bring up the topic of caring and any stress you are experiencing.

## INVOLVING FAMILY & FRIENDS IN CARING

### WHAT ARE THE BENEFITS OF INVOLVING FAMILY AND FRIENDS IN CARING?

Sharing the care with family and friends benefits them as well as you.

The benefits of sharing the care with family and friends **for you** include:

- less load and responsibilities for you
- less emotional stress when you know someone is supporting you
- peace of mind that another carer is available if you are not
- time for you and your own needs
- increased mental and physical health and wellbeing

The benefits of sharing the care with family and friends **for them** include:

- understanding of the challenges and rewards of caring
- developing care skills for when you are unavailable to provide care
- knowing when to help without interfering
- contributing to decision-making

Involving family and friends in caring can also benefit the person you are caring for. It gives the person you support:

- the opportunity to spend time with other people
- more people to rely on and a sense of being well supported
- different ideas, sources of information and advice
- more people to assist with problem solving
- relief as they may feel responsible for your care of them and are concerned that you are not getting a break

### WHAT IF OTHER PEOPLE ARE RELUCTANT TO HELP?

It can be difficult to ask for help when family members or friends seem reluctant.

Family members or friends may be reluctant to help because they:

- have other commitments such as work or children to look after
- do not know how to help
- are afraid they will do something wrong
- do not know what to say or do when around the person being supported

- do not have a good relationship with the person being supported
- do not feel they can cope with the emotional challenges of caring
- have different ideas about caring

If you know why they are reluctant, you may be able to work out a way of sharing the care that is suitable for them as well as you. It is ok to talk to them about the rewards and challenges of caring.

Sometimes other people see things differently to you. They may feel the person being supported can receive good care in a residential facility. They may feel that less care is needed than provided. It can be easy to become frustrated at these times when it does not seem that they understand.

Try to be calm. Show them a practical list of the tasks involved in caring. Let them know where you could do with some help. It could be helping out a couple of evenings a week or taking the person on weekend outings.

### WHAT IF THE PERSON BEING CARED FOR IS RELUCTANT TO INVOLVE OTHER CARERS?

It is important to ensure that the person you care for is well informed, and included in any decision making around including others in their care. They may be anxious about change, or worried about new people being involved in their day to day routines. Make sure you involve them in any planning and work to allay any fears or concerns they may have.

### SHARING THE CARE

When your family members and friends do become involved they may do things differently to you. It is ok to help them out and make suggestions especially when they first begin to help. However, trust their way of doing things if the required outcome is achieved and it is beneficial and suitable for the person being supported.

# CARERS' CORNER

## FAMILY MEETINGS

Family meetings provide an opportunity for carers, families and sometimes the person being supported to discuss any issues and make decisions about now and the future.

Family decisions help everyone feel involved in decision making, provide opportunities for support and ensure everyone knows what is happening.

If you hold a family meeting:

- Consider who should attend. This can include health professionals and service providers
- Make it at a time that is suitable for most people
- Choose a quiet and private place where issues can be discussed freely
- Provide information about what will be discussed in the meeting
- Aim for outcomes
- Let everyone have a chance to put their point of view across
- Accept that you may not all agree

- Allow time for decision making. You may need to arrange a follow up meeting after allowing them a week or so to consider the decision
- Debrief with someone afterwards
- Set guidelines for discussion

Conflict can arise during meetings especially if there are any unresolved family issues. Families can have patterns of communication or behaviour towards each other that may need to be managed during a meeting.

You can minimise conflict by setting guidelines that everyone is aware of. These include:

- no blaming words
- everyone has their say
- listen actively to others
- stick to the issues, not to past issues
- accept that you may not all agree
- taking a break if the situation becomes heightened

You may need an objective person to mediate. Consider a person who is least likely to be affected emotionally by the discussion.

## THANK YOU



If you or your company can support the work we do for people living with Parkinson's locally or nationally please get in touch with your local division or National Office.



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