

Connecticut Parkinson's Working Group Newsletter

November 2003

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Editorial

Stan Wertheimer

I surprise myself! Do you realize that this is the seventh newsletter this year!? That makes for lots of communication of information, but also for increased expense. It is not a coincidence (although I had not planned on using this realization until I actually wrote the first sentence) that it is precisely these two factors - dissemination of information and budget - that occupied the board at its last meeting on 15 November. Also, there are two reports to the membership on, you guessed it, these two items. So read the article on outreach and consider getting involved, and do the same for the funds piece. I urge you to seriously consider asking your close relatives to make a contribution in your name to the CPWG in lieu of a seasonal gift, which, let's face it, often winds up not being used or worse.

If you need to feel good, the article that Nancy sent to some of us, the VNA article, and the story about the men actually having a lunch, planned and carried out by themselves should help. There are pieces on promising alternative treatments and some on research as well. Don't miss the meditation article.

Some reminders: If you sponsor subscriptions to the newsletter, renew (\$5/year) before the anniversary month you started - contact Judy I.; the January meeting will be free format where we will be able to discuss anything we want as a group - I always look forward to these; and our perennial entreaty - submit something to the newsletter and commit yourself to something in the group. Happy New Year!

VNA of Guilford sees CPWG Again

Jackie and Stan visited the VNA in Guilford during the Summer, where they spoke to about 40 aides. The response was so positive that they were invited back to complete their discussion of how the VNA can better serve PWP in their care. There were again about 40 people, several of whom had stories of how they had already used the information they had gotten during the first visit. J & S were, to say the least, pleased.

They met at 4 P.M. in mid September for about 90 minutes. Their experience was as gratifying as the first. They suggest that this is a wonderful way to help the whole PD community, and get some good feelings yourself.

CPWG Board Policy Statement

After the November 15 meeting the board, comprising Toni DeMarcaida, Jackie Dorwin, Pat G., Pat Sullivan, Tom Sullivan, Jim R., and Stan Wertheimer with Steve Holahan present as incoming Treasurer, met to discuss policy for the future. This is a partial report, outlining the major issues decided upon.

We first discussed what, in actual fact, our group really represents. We are surely a support group; what else, if anything, are we? Some present expressed concern over the lack of global involvement of the membership: Some people are quite active, some say they want to be, while others are content to attend meetings or just receive the newsletter. This was discussed in depth; the consensus was that most people who come to meetings do so because they enjoy the dynamic atmosphere and the opportunity, not always realized, to contribute actively. We also felt that we provide outlets that are unique among other PD groups in Connecticut.

We felt that perhaps we are trying to do too many things and perhaps we should concentrate on the most important ones.

With all of the above in mind we came up with what we believe the CPWG should concentrate on over the next year or two. The two obviously successful activities, meetings and publishing the newsletter, should clearly continue. The other crucial initiatives are fundraising, community outreach, and perhaps construction of a web site.

We have been fiscally responsible; however money is being spent faster than it is coming in. Our major expenses are supplies, copying costs, and postage. I don't think anyone asks to be reimbursed for travel, telephone, and such. We judge that our yearly budget will be between \$10,000 and \$15,000. Recommendations are to seek grants from public and private sources, conduct one or two limited fundraising projects, and to suggest ways the membership can help.

Community outreach has been one of our successful endeavors so far. We have met with hospital professional staff, the VNA, groups of newly diagnosed folks, and medical residents to discuss various aspects of the PD experience over the past two years; in every case the response was extremely positive. In following this initiative we hope to involve as many of the members as possible in ways that we will discuss.

Constructing and maintaining a web site seems like a high priority; there are also some reservations. We will discuss this in a separate article as well.

This is, briefly, what we did at the meeting. In articles included in this newsletter are fuller discussions of some of the issues. If you have any questions please direct them to any member of the board - we want to hear from you!

CPWG Fundraising and One Very Nice Possibility

So far fundraising has not been a big issue; we were fortunate to get some good grants over the past two years to support our activities and personal donations have been generous. Times change.

We don't need a whole lot, but right now it is going out faster than it is coming in. Our expenses are for the newsletter, which we staunchly refuse to charge PWP for, copying documents that we use in our outreach activities, and general supplies as well as honoraria for speakers and some miscellaneous items. We estimate a yearly budget of \$10,000 - \$15,000.

There are several ways to raise money: personal donations, corporate grants, government grants, and

The very nice possibility referred to above is the following: If every individual member, or member couple, told all of their close relatives that they don't want THINGS this holiday season but instead would like them to contribute to the CPWG we could probably cover our yearly budget. Some members of the board already do this with charitable groups and have been for years. At first the family doesn't really believe you, or still wants to give you something; after a while, if you are sincere, they get it and there is no longer a problem. It results in good feelings for everyone, and it is tax deductible too!

fundraisers.

We need a small group of people to explore corporate and government grant possibilities. We also need commitment. We appreciate that one doesn't always feel up to the job at hand; we also know that there are times when one does, and these are the times to do the work. As for fundraisers: We were unanimous that the typical walkathon type is not our thing. One acceptable suggestion was an exhibit/sale of art/craft produced by either a PWP or a carepartner with proceeds going to the CPWG and a catalog of art/craft to order from.

So there it is - get your relatives to contribute to the CPWG, become a seeker of grants, donate yourself (in both senses), or suggest ideas for other revenue raising activities. As always, to have the group succeed we need real commitment. **Stan**

CPWG Outreach

The CPWG has been interacting with the community at large in several ways: we held information sessions for newly diagnosed PWP, an effort that has been adopted with some success by IND; we have met with health professionals at L&M Hospital in New London; we have conducted information sessions for the VNA in Guilford; we have participated in a UConn neurology resident program. All efforts have been extremely well received, leaving all concerned feeling good about the interaction. We also have spoken with many PWP and their carepartners around the state in person or on the telephone about their concerns. In general, we have gotten known as a useful contact for individuals who need what we have to offer. Referrals come from the APDA, IND, and neurologists around the state.

For at least the next year we are going to concentrate on this aspect of our mission. We urge all members to consider getting involved. Let me discuss some of the ways we can all do this; you may have ideas of your own that you want to implement which is great. In all cases there are people that one can consult about how to get started.

Ways to reach out: We realize that if you do reach out you will often put yourself in the public eye, which can be uncomfortable at the least and may give you more exposure than you want. Each person must weigh the pros and cons for her/him self. Those of us who have done it have had uniformly positive experiences. By the way, most of our efforts have been by people working as a team.

Contact local hospitals and suggest that you are willing (if you are) to meet with their nurses, doctors, health aides, and pharmacists to discuss with them how they can better serve the PD community. An oversight mechanism will be discussed in January.

Contact Marge Krawczynski at 860-793-8944. She has agreed to coordinate the program of getting information about PD and the CPWG into doctors' offices. All that is required of you is that you try to work with the office manager of your own doctors. We should all try to find time for this. We will discuss how to do it in January.

Contact local groups, such as the VNA, senior center administrators, and such to let them know you are available.

Stan

Jar of Life

Submitted by Nancy Jensen

A professor stood before his philosophy class and had some items in front of him. When the class began, wordlessly, he picked up a very large and empty mayonnaise jar and proceeded to fill it with golf balls. He then asked the students if the jar was full. They agreed that it was.

So the professor then picked up a jar of pebbles and poured them into the jar. He shook the jar lightly. The pebbles rolled into the open areas between the golf balls. He then asked the students again if the jar was full. They agreed it was.

The professor next picked up a box of sand and poured it into the jar. Of course, the sand filled up everything else. He asked once more if the jar was full. The students responded with a unanimous "yes". The professor then produced 2 cans of beer from under the table and poured the entire contents into the jar, effectively filling the empty space between the sand. The students laughed.

"Now", the professor said, as the laughter subsided, "I want you to recognize that the jar represents your life. The golf balls are the important things--your family, your health, your children, your job, your friends, your favorite passions--the things that if everything else was lost and only they remained, your life would still be full. The pebbles are the other things that matter like your job, your house, your car. The sand is everything else--the small stuff. If you put the sand into the jar first, "he continued, "there is no room for the pebbles or the golf balls. The same goes for life.

If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you. Pay attention to the things that are critical to your happiness. Play with your children. Take time to get medical check ups. Take your partner out to dinner. Play another 18. There will always be time to clean the house, and fix the disposal. Take care of the golf balls first, the things that really matter. Set your priorities. The rest is just sand."

One of the students raised her hand and inquired what the beer represented. The professor smiled. "I'm glad you asked. It just goes to show you that no matter how full your life may seem, there's always room for a couple of beers."

Gunilla Norris Conducts First Meditation Session

At 9:30 ten people started learning to meditate in the hallway on the third floor of Haviland Hall. This intrepid crew forged ahead despite the oversight, even after several calls, of security to open the meeting rooms. Security showed up soon after and they were able to use the side room after completely rearranging it first - it seemed that nothing would daunt this group!

Gunilla started again by briefly explaining what meditation is about, and got the group right into trying it for five minutes. It was amazing that even though no one had ever practiced this technique, the room became peaceful for the five minutes and there was not a tremor visible whereas that was not previously the case. After a few more words by Gunilla and her stating that in the future once the meditation starts the room will be closed to newcomers, a practice carried out in all meditation groups, they adjourned.

Meditation instruction will be available at 9:15 before every meeting and last for 30 minutes. The door to the room will be closed promptly at 9:15. Gunilla plans to add one or two new components each meeting and Peter Oltheten will make available tapes that she makes specifically for the CPWG. All are welcome.

Stan

Can Celebrex and Vioxx Treat Parkinson's?

By Jennifer Thomas, HealthDay Reporter

TUESDAY, April 8 (HealthDayNews) -- Researchers have identified a brain enzyme that might contribute to the progression of PD. The good news is that arthritis drugs already on the market can block the activity of the enzyme, which means the finding could lead relatively quickly to a new PD treatment. "As a clinician, I find the results very exciting," says Dr. Jay Van Gerpen, a neurologist and specialist in movement disorders at the Ochsner Clinic Foundation who was not involved with the research. "I am cautiously optimistic this could open up real treatment options in staving off the progression of PD." The study appears in this week's issue of the Proceedings of the National Academy of Sciences.

Certain drugs, including levodopa, can reduce symptoms of Parkinson's disease by restoring dopamine levels. But no treatment has been proven to slow the progressive cell death, Van Gerpen says. As the cells continue to die, levodopa loses its effectiveness. "Lots of people have been looking for something that could actually slow the progression of the cell death," he says. In the current study, researchers may be getting closer. Researchers went looking for a particular enzyme, cyclooxygenase-2 (cox-2), in the brains of post-mortem Parkinson's patients and mice with a disease similar to Parkinson's.

Cox-2 is known to play a role in triggering the inflammation of osteoarthritis. Osteoarthritis can be effectively treated with a relatively new class of drugs called cox-2 inhibitors, which help reduce the pain and swelling. These drugs include Celebrex and Vioxx, which are prescribed to people who can't tolerate aspirin or other painkillers. Previous research had also implicated cox-2 in other neurodegenerative diseases, including Alzheimer's and amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), although the role in those diseases is not as well understood.

"Because we knew of the cox-2 inhibitors' effectiveness in treating other diseases where inflammation was a factor, and because we knew that cox-2 could somehow be involved in these other neurodegenerative

diseases, we put two and two together," says Serge Przedborski, senior author of the study and a professor of neurobiology and pathology at Columbia University. "We thought it was a natural study to assess what could be the role of cox-2 in Parkinson's."

Researchers found elevated levels of cox-2 in human brains with Parkinson's, and in mice brains with a MPTP, a condition that mimics Parkinson's. Next, researchers gave the mice cox-2 inhibitors. They found more dopaminergic neurons survived -- about 88 percent of the neurons endured while on the drug, compared to 41 percent without the drug. But Przedborski and his colleagues were surprised when they delved further into the mechanism. They'd expected to find that cox-2 was involved with inflammation in the Parkinson's patients. When the mice were give cox-2 inhibitors, they saw no reduction in inflammation. Instead, researchers believe the cox-2 enzyme may hasten cell death by causing oxidative stress, a process that causes the production of free radicals that damage surrounding cells. After enough damage, the cells die.

Previous researchers had linked Parkinson's with oxidative stress. "There is a large body of literature supporting the idea that oxidative stress plays a role in Parkinson's, but there was nothing that showed the mechanism," Przedborski says. "Cox-2 may be involved." The next step will be trying the cox-2 inhibitors in human trials with Parkinson's patients.

"We can argue about the intimate mechanism, but that is an issue for researchers rather than patients," he says. "The beauty of the study is that many cox-2 inhibitors are already on the market. They have a track record; they are known to be reasonably safe."

While the cox-2 inhibitors seem very promising, Przedborski said it would not be a cure. "We've started to realize that the death of neurons is probably not the result of a single factor, but probably of multiple factors that interact with each other to ultimately kill the cell," he says.

Men Launch Lunch

Ten men from the Southeast CT support group recently got together over lunch just to talk. This is the second time that this has happened; there are two more meetings planned for December and January. The first lunch was this past Summer at Stan Wertheimer's house, and Roger B. hosted the recent one. Those in attendance were Chick F., John W. (John I, or Uno), John G. (John II, or Due pronounced due-eh), Frank G., Harry M., Richard S., Albert W., Stan, Lou S., and Roger. The first group was slightly different in composition.

The format was potluck; there was everything from bruschetta to smoked salmon, tropical fruit tray to brownies. If there was anything that was more abundant than the food it was the conversation. The topics included: PD and sexuality, Vioxx and its seemingly amazing positive effect on symptoms, Due's comments on feeling better after having a three month treatment by a chiropractor who manipulated his two cervical vertebrae, Roger's DBS, Chick's finding an excellent exercise bike for ten dollars at a yard sale, Richard attaching a two cycle engine to a bike, the merits of Comtan and Tasmar. This is by no means a complete list.

Roger was a terrific host. He also said that it has been a long time since he has had friends over and he truly enjoyed it. Some good ideas were generated, but mostly it was the good feelings that dominated. We seem to have started something that will continue simply because it makes everyone feel better to do it.

Stan

Upper Cervical Chiropractic Management of a Patient with Parkinson's Disease: A Case Report

Frank M. Painter, D.C, maintains this section.

FROM: J Manip Physiol Ther 2000 (Oct); 23 (8): 573-577

OBJECTIVE: To discuss the use of upper cervical chiropractic management in managing a single patient with Parkinson's disease and to describe the clinical picture of the disease. Clinical Features: A 60-year-old man was diagnosed with Parkinson's disease at age 53 after a twitch developed in his left fifth finger. He later developed rigidity in his left leg, body tremor, slurring of speech, and memory loss among other findings.

Intervention and Outcome: This subject was managed with upper cervical chiropractic care for 9 months. Analysis of precision upper cervical radiographs determined upper cervical mis-alignment. Neurophysiology was monitored with paraspinal digital infrared imaging. This patient was placed on a specially designed knee-chest table for adjustment, which was delivered by hand to the first cervical vertebrae, according to radiographic findings. Evaluation of Parkinson's symptoms occurred by doctor's observation, the patient's subjective description of symptoms, and use of the Unified Parkinson's Disease Rating Scale. Reevaluations demonstrated a marked improvement in both subjective and objective findings.

CONCLUSION: Upper cervical chiropractic care aided by cervical radiographs and thermal imaging had a successful outcome for a patient with Parkinson's disease. Further investigation into upper cervical injury as a contributing factor to Parkinson's disease should be considered.

Gene Therapy Used to Treat Patients With PD August 19, 2003

By DENISE GRADY and GINA KOLATA

"Do I have a hard head?" asked Nathan Klein. "My wife always says I have a hard head." "No, it's pretty average," said Dr. Michael G. Kaplitt. "This is one of the few situations in life where you want to be average."

Dr. Kaplitt had just bored a hole the size of a quarter through the top of Mr. Klein's skull, in preparation for an ambitious experiment: the infusion deep into the brain of 3.5 billion viral particles, each bearing a copy of a human gene meant to help relieve the tremors, shuffling gait and other abnormal movements caused by PD.

Yesterday at NY-Presbyterian Hospital, Mr. Klein, 55, became the first person to undergo gene therapy (GT) for PD. Despite the checkered history of GT experiments, the FDA approved this procedure for 12 people with severe PD. The experiment is a Phase 1 trial - its goal is to determine safety, not efficacy. But the researchers and their subjects will also be looking for signs that the treatment works. That should become clear within three months, said Dr. Kaplitt, who is a professor at Weill Cornell Medical Center and director of stereotactic and functional neurosurgery at New York-Presbyterian Hospital. "My goal is not to try to cure PD," Dr. Kaplitt said. "It's to provide a better treatment that we can build on to make the next advance."

But some leading experts in GT and PD expressed concern. They said the experiment was going forward without evidence in monkeys that it could work and that it held the possibility of harm: viruses spreading in the brain, or gene-treated cells churning out huge quantities of proteins that inhibit brain cells from firing. "This is a crazy experiment," said Dr. C. Walter Olanow, who is the chairman of the department of neurology at Mount Sinai School of Medicine.

In an interview before the operation, Mr. Klein said he had been informed of potential risks. "I hope that it does something, whether it will be 10 percent better, 25 percent, 50 percent or more, I hope that this will work," he said. "But I'm the first and I'm their monkey." Dr. Kaplitt and Dr. Michael During, a professor of molecular medicine at the University of Auckland, in New Zealand, with whom he has been collaborating for 10 years, saw plenty of room for improvement in treating PD. They and their colleagues suspected that dopamine was not the best target for GT, because patients would have been taking dopamine for years and might be resistant to it.

They decided that it made more sense to provide a gene that would enable cells in an overactive region of the brain, the subthalamic nucleus, to make a different messenger chemical, one that would calm the cells themselves and other overstimulated brain regions. The gene they chose is called GAD, an enzyme that helps produce a messenger called GABA, for gamma aminobutyric acid.

Genes alone cannot get into cells, but viruses can, and in GT experiments viruses are commonly used to carry genes to their destination. In experiments in mice with a disorder that is intended to mimic PD, the GT helped all the animals somewhat and helped about half of them a great deal, Dr. Kaplitt and Dr. During reported last October in the journal *Science*. They have also tested the treatment in monkeys but have declined to discuss the results, as they have not been published. Dr. Kaplitt and Dr. During founded a company, Neurologix, to

produce the GT. The company is paying for the study. Dr. During is a paid consultant to the company. Dr. Kaplitt is not, though he was in the past. He and Dr. During do not recruit patients for GT. Patients are referred by - and followed by - Dr. David Eidelberg and Dr. Andrew Feigin from North Shore-Long Island Jewish Hospital. Neither has any connection to Neurologix.

Many researchers have had qualms about GT since 1999, when a teenage boy died in a GT experiment at the University of Pennsylvania. More recently, several children in France who were successfully treated with GT for an immune disorder later developed a leukemia-like disease. In this case, some experts say a GT experiment is questionable because PD patients could have brain stimulators implanted instead. "You don't have to take the risk of putting in a virus and you don't have to take the risk that it's uncontrollable," Dr. Olanow said. "The danger is that if you inhibit too much you can induce wild, flinging movements which people have been reported to die from." Once the virus is in the brain, there is no way to get it out or turn it off. But Dr. Kaplitt said the study was being limited to patients who did not like the idea of having DBS

Another potential danger is that the virus could spread to other areas of the brain, wreaking destruction, said Dr. Inder Verma, a GT researcher at the Salk Institute, in San Diego, and past president of the American Society of GT. Animal studies indicate that the virus can spread from nerve to nerve, said Dr. Howard Federoff, the director of the Center for Aging and Developmental Biology at the University of Rochester School of Medicine and Dentistry. "That's one thing I felt needed to be examined to make sure there weren't going to be any adverse effects," he said. Even if the virus does not spread in the brain, it could elicit an immune reaction. "You may get a brain inflammation and swelling," Dr. Verma said. "You may lose some neurons." Dr. Kaplitt said there was no evidence of adverse effects in animal studies except a few transient fevers - no inflammation, and no signs of overproduction of brain chemicals.

Other experts not involved in the trial doubted that the GT would do anything. Dr. Ole Isacson, professor of neuroscience at Harvard Medical School, said he was not convinced that changing just a single enzyme, with GT, could fundamentally change a nerve cell's nature. Dr. Isacson said he was ambivalent about the experiment. "I agree about the many questions," he said. But, he added, "one can say that unless you try bold things in clinical trials it will be difficult to find the most useful paths in the clinical world." Others said flatly that the experiment was ill advised. "As a careful and rigorous person approaching clinical trials, I'd like to see a great deal more data in a nonhuman primate model that the treatment is efficacious and very safe," Dr. Federoff said. He worried that an experiment gone awry could set back GT for years. So do others.

"I have real theoretical concerns," said Dr. J. William Langston, director of the PD Institute in Sunnyvale, Calif. "This is really terra incognita, and I'm not sure we're ready to go there yet, particularly with this strategy."

Mr. Klein did not see it that way. As soon as his doctor told him about the study, he said, he wanted to participate. He found the side effects of drugs intolerable, his PD was worsening and a deep brain stimulator did not appeal to him because he did not like the idea of hardware being left in his brain. He called his doctor every few weeks to check on the project, and did not give up until he was in. During the procedure yesterday, he was wide awake and in good spirits, joking with doctors and nurses despite having had a metal scaffolding screwed into his head and bolted to the operating table to keep him still and aid in the mapping of his brain. The procedure took about five hours, including an hour and a half to pump the genes into his brain.

Soon after it was over, Mr. Klein was settled into a regular hospital room, eating fruit salad, asking for ice cream and getting ready to stroll the corridors. And hoping for results in the months ahead. "If it helps me out that's great," Mr. Klein said. "If it helps other people with PD that's even better."

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**DISCLAIMER: Articles in this newsletter are for information only.
Any questions of treatment should be discussed with your physician.**

WRITE! your representatives in congress.

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