



The Parkinsonian

The Quarterly Magazine of Parkinson's New Zealand

December 2008 Vol: 11, No. 4

PARKINSON'S AWARENESS WEEK

1-7 NOVEMBER 2008

Pharmacy Guild Backs Parkinson's



PHARMACY GUILD OF NEW ZEALAND

Parkinson's New Zealand's drive to ensure that Kiwis with Parkinson's get their medication on time, every time, moved up a gear during our 2008 Awareness Week in early November.

A number of community pharmacies across the country affiliated to our Parkinson's Awareness partner – the Pharmacy Guild of New Zealand – promoted our Get It On Time message through giving out wallet-sized cards with every Parkinson's medication they dispensed.

Community pharmacists play a vital role at the coal face, providing one-on-one advice about medications to people with Parkinson's and their carers.

This information drive was complemented by events and activities held around New Zealand including street collections, information stands in public spaces and arts and crafts exhibitions.



Jennifer Rainville and Tricia Hastings from National Office and Jennifer's Partner, Mick, on the street collecting in Wellington during Awareness Week.



Central Plateau members enjoyed an Awareness Week trip to the Horse Magic educational equestrian centre near Cambridge.

The group was treated to the Horse Magic show, a fine lunch, a tour of the stable facilities, and many got the chance to ride the horses.



Parkinson's Awareness Week featured on the front page of the Greymouth Star. West Coast Field Officer Heather Creagh (left) was photographed with Russell Adams, who has Parkinson's. Heather and Russell had been discussing the importance of the Get It On Time message.

Photo: Laura Mills



Mary Searley (right) Northland Committee member, presents Patricia Haines from Kaitaia with first prize in the Division's Awareness Week raffle. The cake was made by Gail McIntyre.

NATIONAL DIRECTOR'S REPORT

Kia ora koutou

Welcome to the final edition of The Parkinsonian for 2008. We were delighted by the support we received during Parkinson's Awareness Week from the Pharmacy Guild of New Zealand and pharmacists across the country. Our thanks to them and to everyone else who supported PAW 2008.

Many New Zealanders were distracted from our Awareness Week by election fever both here and abroad. It is too early for us to know how the plans of the National-led Government will affect people living with, affected by and treating Parkinson's. We will however be working hard to build relationships with the new Ministers, and we will ensure that the voice of our members continues to be heard in the corridors of power.

The people profiled on page 3 are just a few of the inspiring people who have supported our Society this year through Get Going. It is such a positive way to raise awareness and funds. Anything you can do to help us bolster the number of participants and supporters for 2009 would be fantastic.

Our grateful thanks to all who have been part of our Society this year. We look forward to working with you in 2009.

Ka mihi o te Kirihimete me Te Tau Hou ki a koe, koutou ko to whanau.

Merry Christmas and Happy New Year to you and your family



Deirdre and the Parkinson's NZ team.

PARKINSON'S NEW ZEALAND NATIONAL BOARD MEMBERS REQUIRED

In 2009 the Parkinson's New Zealand Board will have three (3) positions available.

We are especially keen to attract people with some of the following areas of expertise:

- Medical
- Legal
- Fundraising
- Business skills/strategic planning
- Review/evaluation skills
- Knowledge/understanding of governance

If you are interested or know of someone whom you think suitable, please give this opportunity serious consideration.

For further information, please contact Deirdre O'Sullivan, National Director (04 472 2796) or let your division Council delegate know.

2009 ANNUAL GENERAL MEETING

The Parkinson's New Zealand 2009 AGM and Workshops will be held on Friday 17 April and Saturday 18 April at St John's Conference Centre, Dixon Street, Wellington.

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GET GOING FOR PARKINSON'S

Team Parkinson's is a fun and exciting way for people to get out, exercise and support people with Parkinson's. Whether you're running, walking, cycling, swimming or skipping – alone or with a group of friends or encouraging your children or grandchildren to join - you can help increase awareness of Parkinson's and raise much-needed funds for Parkinson's New Zealand.

We thought we'd take this opportunity to highlight just a few of the wonderful people who have taken up the challenge. Our grateful thanks and congratulations to everyone who Got Going during 2008.



Alan Cox put in an amazing effort to organise 15 members of Parkinson's Manawatu to participate in the Manawatu Striders 5km or 10k walk/run. With good spirits and camaraderie, they all made it through to the finish line and raised over \$4,000 for Parkinson's. Alan told us, "We were switched on by a visit from [New Zealand Olympian and Parkinson's New Zealand Ambassador] Peter Snell," who stopped by when he was at the Massey campus. According to Alan, people felt dressed for the event in their red Parkinson's New Zealand t-shirts and were greatly inspired by the 6 medals won by New Zealand athletes at the Beijing Olympics on the same day as their walk. The positive effects are ongoing with some of the money they raised being used to promote Parkinson's Awareness Week in Manawatu and members sharing high points of the experience at support group meetings.



Ruth Sutherland of Wairarapa about to embark on an impressive 50km cycle. Ruth not only successfully completed this amazing challenge, she found the energy to raise over \$500 for Parkinson's. Ruth said "I found people quite happy to sponsor me ... I was pleased to have a go and we all need a bit of a challenge now and then, it gives you something to work towards".



In Napier, 75-year-old Jeanette Barker, from Parkinson's Hawkes Bay, impressed us all when she swam 2km, cycled 20km and ran 3km on a chilly June day, raising over \$1,800. Jeanette remarked, "I don't bake cakes or those sorts of things for fundraisers, but I like to keep fit and I saw Get Going for Parkinson's as a way to contribute". Jean liked the flexibility that Team Parkinson's offered; she could choose her event and the extent to which she wanted to challenge herself. She set a goal that was "outside her comfort zone", because she wanted her sponsors to know how committed she was to this worthwhile cause.

Get Going for Parkinson's has even taken a leap onto the international stage with Hamish McMaster taking part in the Great North Run in the UK and Robin Atherton and Ian Townsend due for the adventure of a lifetime in the Mongol Rally 2009. National and international sponsorship is easy through the use of FundraiseOnline, a web service that allows people to create a webpage about their challenge which can include pictures, links and blogs and can process donations via credit cards from anywhere in the world.

So why not set yourself or someone you know a challenge for 2009 and Get Going for Parkinson's.

Contact National Office on 0800 473 463 or getgoing@parkinsons.org.nz to find out more.

🔥 Grant for Progressive Supranuclear Palsy (PSP)

The Neurological Foundation of New Zealand has recently announced a \$74,000 grant to Dr Mark Simpson, Department of Neurology, St Vincent's Hospital, Melbourne, to study the safety and efficacy of pedunculopontine nucleus (PPN) DBS in patients with progressive supranuclear palsy (PSP).

Deep brain stimulation involves delivering electricity to specific brain regions through surgically implanted electrodes. DBS is an effective treatment for carefully selected patients with Parkinson's. Evidence exists that suggests that DBS of a new target, the PPN, can improve walking and postural problems in those with Parkinson's. Walking and balance are major problems in those with PSP.

Symptoms including walking and balance will be evaluated before and after surgery. Any beneficial effects are likely to improve quality of life in patients with PSP.

Dr Simpson is an Auckland School of Medicine graduate (2001) and he will return to Auckland Hospital Neuroservices Unit on the completion of his Fellowship, which will be carried out at the Movement Disorders Center at Toronto Western Hospital, Canada, the largest Parkinson's treatment centre in North America.

Source: Neurological Foundation NZ 'Headlines' Spring 2008

🔥 People with Parkinson's low on Vitamin D, study finds

Research conducted by Emory University School of Medicine, Atlanta, USA, has examined Vitamin D blood levels of about 300 people in

their mid-60's; a third of them with Parkinson's; a third with Alzheimer's and a third with neither.

According to this latest study, people with Parkinson's are more likely to have low Vitamin D levels, illustrating that getting too little "sunshine vitamin" may be detrimental.

The study was published in the October 2008 journal Archives of Neurology, reporting that 55% of those with Parkinson's had low Vitamin D levels, compared to 36% of healthy people and 41% of those with Alzheimer's.

This finding further supports the hypothesis that inadequate Vitamin D levels may contribute to neurodegenerative disorders in general, such as Parkinson's and Alzheimer's.

Due to the nature of these illnesses, the populations afflicted with these conditions have many of the principle risk factors associated with low levels of Vitamin D; a lack of exposure to sunlight, being overweight, and advanced age. Despite these shared risks that both conditions present, those with Parkinson's are considerably more likely to have the lowest levels of Vitamin D.

"We found that Vitamin D insufficiency may have a unique association with Parkinson's, which is intriguing and warrants further investigation," says Marian Evatt, MD, assistant Professor of Neurology at Emory University, Atlanta, USA.

Source: Archives of Neurology, Oct 2008

🔥 USA Report finds risks of developing Parkinson's can be reduced

Environmental factors are key drivers in Alzheimer's and Parkinson's diseases, according to the authors of a new report, "Environmental Threats to Healthy Aging", released recently.

Importantly, the report demonstrates that the risk of developing Alzheimer's and Parkinson's can be dramatically reduced.

It offers the most comprehensive review of the currently available research on the lifetime influences of environmental factors on Alzheimer's and Parkinson's diseases, two of the most common degenerative diseases of the brain. These influences include common dietary patterns, toxic chemical exposures, inadequate exercise, socio-economic stress and other factors. These influences can begin in the womb and continue throughout life, setting the stage for the later development of neurodegenerative as well as other chronic diseases.

In addition, the report describes the substantial emerging evidence that, collectively, these environmental factors alter biochemical pathways at the cellular and sub-cellular levels. These alterations fuel Alzheimer's and Parkinson's diseases, as well as other chronic illnesses referred to in the report as the "Western disease cluster" – diabetes, obesity, cardiovascular disease and metabolic syndrome.

The full report, "Environmental Threats to Healthy Aging", is published jointly by Greater Boston Physicians for Social Responsibility and the Science and Environmental Health Network and is available online at: www.psr.org

Source: redOrbit

🔥 Unlocking the mystery of why Dopamine freezes Parkinson's patients

Parkinson's disease and drug addiction are not related diseases, but both are related to levels of dopamine in the brain. Parkinson's patients don't have enough of it; drug addicts get too much of it. Although the importance of dopamine in these disorders has been well known, the way it works has been a mystery.

New research from Northwestern University's Feinberg School of Medicine has revealed that dopamine strengthens and weakens the two primary circuits in the brain that control our behaviour. This provides new insight into why a flood of dopamine can lead to compulsive, addictive behavior and too little dopamine can leave Parkinson's patients frozen and unable to move.

"The study shows how dopamine shapes the two main circuits of the brain that control how we choose to act and what happens in these disease states," said Dr. James Surmeier, lead author and the Nathan Smith Davis Professor and Chair of Physiology at the Feinberg School. The paper is published in the August 8 issue of the journal Science.

These two main brain circuits help us decide whether to act out a desire or not. For example, do you get off the couch and drive to the store for an icy six-pack of beer on a hot summer night, or just lay on the couch?

One circuit is a "stop" circuit that prevents you from acting on a desire; the other is a "go" circuit that provokes you to action. These circuits are located in the striatum, the region of the brain that translates thoughts into actions.

In the study, researchers examined the strength of synapses connecting the cerebral cortex, the region of the brain involved in perceptions, feelings and thought, to the striatum, home of the stop and go circuits that select or prevent action.

Scientists electrically activated the cortical fibres to simulate movement commands and boosted the natural level of dopamine. What happened next surprised them. The cortical synapses connecting to the "go" circuit became stronger and more powerful. At the same time, dopamine weakened the cortical connections in the "stop" circuit.

"All of our actions in a healthy brain are balanced by the urge to do something and the urge to stop," Surmeier said. "Our work suggests that it is not just the strengthening of the brain circuits helping select actions that is critical to dopamine's effects, it is the weakening of the connections that enable us to stop as well."

In the second part of the experiment, scientists created an animal model of Parkinson's disease by killing dopamine neurons. Then they looked at what happened when they simulated cortical commands to move. The result: the connections in the "stop"

circuit were strengthened, and the connections in the "go" circuit were weakened.

"The study illuminates why Parkinson's patients have trouble performing everyday tasks like reaching across a table to pick up a glass of water when they are thirsty," Surmeier said.

Surmeier explained the phenomenon using the analogy of a car. "Our study suggests that the inability to move in Parkinson's disease is not a passive process like a car running out of gas," he said. "Rather, the car doesn't move because your foot is jammed down on the brake. Dopamine normally helps you adjust the pressure on the brake and gas pedals. It helps you learn that when you see a red light at an intersection, you brake and when the green light comes on, you take your foot off the brake and depress the gas pedal to go. Parkinson's disease patients, who have lost the neurons that release dopamine, have their foot perpetually stuck on the brake."

Understanding the basis for these changes in brain circuitry moves scientists closer to new therapeutic strategies for controlling these brain disorders and other's involving dopamine like Schizophrenia, Tourette's Syndrome and Dystonia.

Source: Northwestern University

Article: www.medicalnewstoday.com/articles/117797php

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.

OCCUPATIONAL THERAPY

What is Occupational Therapy?

Occupational Therapy is a health profession which helps people to independently engage in occupations of meaning to them, maintain their interests and adapt to changes in their abilities as they may occur.

Some physical or mental health conditions will have impact on a person's day to day activities within their family life, work and leisure. Occupational Therapy seeks to reduce this impact and regards occupations as all activities that people engage in during every day life.



OT can help people to maintain interests such as gardening.

Occupational Therapists are registered practitioners who work with individuals, families, whanau and communities, of all ages and backgrounds to promote health and wellness through occupation.

What can Occupational Therapy offer?

For many people with Parkinson's, simple tasks and daily activities that could previously be done with ease and without any great thought can become slower and more difficult to do. Occupational Therapists have a role to play in helping people work through these difficulties to carry out such tasks effectively.

Occupational Therapists can assist people with Parkinson's to learn new techniques to enable them to continue with every day tasks such as grooming, dressing and meal preparation. Other occupations that Occupational Therapists can address are those based around the home, community or workplace. This can include activities such as handwriting, managing

paperwork, using the telephone, gardening, managing work duties and organising familiar routines. Essentially the focus is on enabling the individual to maintain involvement in activities that are important to them.

In addition, Occupational Therapists can encourage ways to increase being active within the home environment or to access buildings and activities in the community.

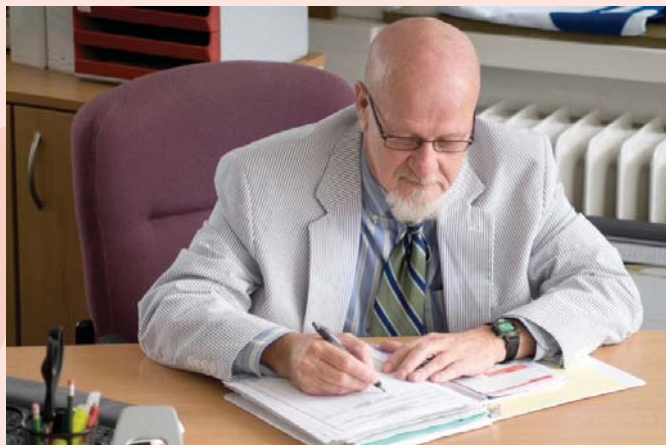
What happens when someone is referred to an Occupational Therapist?

During the first meeting, an Occupational Therapist will engage with the person to gather information about their home circumstances, family roles, responsibilities and the types of day-to-day occupations that they need and want to do. The person with Parkinson's may agree to also include discussion with family/whanau or friends. The Occupational Therapist may ask if they can observe the performance of difficult actions and consider the impact of other health issues if Parkinson's is not the only problem.

The Occupational Therapist will assess and identify the person's main priorities for improvements and find out what is preventing them from carrying out their daily routines and usual lifestyle. Next, an individually tailored action plan will be devised, including goals to be addressed over a course of one or more sessions. This will be done in partnership with the person with Parkinson's.

The main ways an Occupational Therapist can help

Solving problems – working together to find easier ways of doing particular tasks. Sometimes, an Occupational Therapist may advise on a different method that can be used. Advice about using gadgets, equipment, housing modifications and new technologies may be given where suitable. Suggestions may sometimes be made about practical changes, such as re-organising the furniture at home to allow easier movement around an awkward area. In other situations, an Occupational Therapist may advise about using a suitable service within your current contacts, in the community, or other forms of support.



OT's can advise on strategies to help with symptoms such as handwriting changes.

Providing information and support - Occupational Therapists can help people with Parkinson's make informed choices, by providing information and explaining the various resources, services and benefits that are available to help maintain family life, work and leisure interests. Advice can be given about issues such as driving and accessing other forms of transport, or how to get practical assistance to allow someone to continue to meet work or family commitments.

Occupational Therapists can also advise on coping strategies to help with Parkinson's symptoms such as fatigue, handwriting changes, and communication difficulties. Depending on the nature and length of the programme, treatment may take place in a clinic, hospital ward, residential care centre or at the client's home, school or workplace.

To become an Occupational Therapist takes a minimum of three years tertiary level training. The degree work covers occupational science, neurology, anatomy, physiology and a range of physical and mental health conditions. Occupational Therapy students learn about different treatment methods to empower people within their everyday activities.

Acknowledgements:

Our thanks to Elizabeth Rowland MHSOT, NZOTReg, Ad Teach Cert, MNZAOT Lecturer - Certificate in Health Leadership Wellington Institute of Technology and her colleagues for helping produce this factsheet.

BOOK LAUNCH

Parkinson's New Zealand and Parkinson's Wairarapa were thrilled to arrange the hosting of a book launch for a world renowned Kiwi record producer with Parkinson's recently.

Peter Dawkin's autobiography "The Icecream Boy" is a ripping yarn about growing up in Timaru, his musical career and coping with Parkinson's. Peter was diagnosed 20 years ago when he was 42 and was one of the first patients in Australia to undergo Deep Brain Stimulation.



Field Officer Keren Williams, and Coordinator Lindy Daniell with Peter and Penny Dawkins

The 80 people at the launch of his autobiography in the Wairarapa included many who had been influenced by Peter's skill as a record producer. He is an inductee and now Director of the New Zealand Hall of Fame.

Peter spoke on his perspective as a patient at the very first Multi Disciplinary Conference on Parkinson's Disease in Wellington in 1997.

He produced many of New Zealand's early hits from the 60's and 70's and worked with Dragon, Air Supply, Slim Dusty, Russell Morris, John Farnham, Mi-Sex to name a few and was once General Manager of EMI Records.

THE ICE CREAM BOY, WHICH IS ACCOMPANIED BY A CD CONTAINING SOME OF PETER'S GREATEST HITS, IS AVAILABLE FOR \$29 THROUGH PARKINSON'S NEW ZEALAND: 0800 473 463 OR OUR ONLINE SHOP AT WWW.PARKINSONS.ORG.NZ

CARING ROLES AND RESPONSIBILITIES

A Families Commission poll conducted in May and June of this year found that about two thirds of carers were in paid employment, in addition to their caring role.

The Caring Roles and Responsibilities questionnaire that was launched together with the Government Carers' Strategy also found that:

- More than 50% of respondents had adjusted their work schedules to fit in their caring role
- About 33% of carers had stopped working altogether, due to the difficulty of balancing work and care responsibilities
- Most carers responding were a close relation of the person requiring support, and most of the care was long term
- Carers said that because of their close relationship to the person needing care, they felt a duty to look after them. Many also expressed a willingness to make these sacrifices to give the person they support the best quality of life
- Emotional support was the most common duty reported by carers who participated in the poll. Other tasks included providing financial support, help with everyday tasks, transport and physical support
- Less than 33% of the 296 carers had received some sort of formal learning about how to care safely and just over 50% had received some information on the subject
- A high number of carers said they were either dissatisfied or very dissatisfied with the level of support available. Many said that extra financial support would be of help and that available respite options were not enough or simply not available to give carers a break from their duties. Some carers commented on the lack of financial help available for extra costs incurred by families with health and disability needs
- 84% of the Couch poll respondents were female, living in an urban area and between 20 and 79 years old.

The full results of the poll can be found at www.thecouch.org.nz

TIPS FOR CARERS

1 Talk candidly about Parkinson's with each other. It is important to know each other's feelings, so that when those bad days come along, you understand what they are going through and make allowances. Discuss how Parkinson's is impacting each of your lives and how both of you plan to handle it.

2 Do not allow Parkinson's to define who you and your loved one are. Place your personal relationship first, whether it's husband and wife, sister and brother or you are friends. Your individuality is important as well, so keep up with each other's personal interests for as long as possible and find alternate ways to enjoy them if the one you care for can no longer be active in some of them.

3 Respect each other's journey with Parkinson's, as the caregiver and patient role is quite different. If your loved one wishes to wait to share the news of being diagnosed with Parkinson's with others, respect that decision. If they are not ready to learn more about the condition and delve into alternate treatments, respect that option but feel free to look on your own. When they are ready to venture further, you will be ready at hand with more information.

4 Don't be afraid to ask for second or third opinions and respect your loved one if they are not quite ready to go down that route. Find a good doctor that listens to your shared and individual problems and can answer questions to satisfy your needs.

5 Don't be afraid to ask for help for yourself or the person with Parkinson's. Look to family and friends and Parkinson's support groups in your area.

Source: Lynn Doxley, author, www.buzzle.com

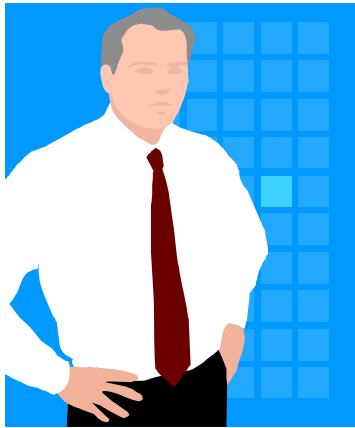
Being your best everyday.

A number of tips to help people with Parkinson's in their everyday lives were provided by Dr Abe Lieberman at Parkinson's Australia's annual conference last month in Sydney.

Dr. Lieberman said that posture is very important in helping, to some extent, slow the progression of some symptoms and perhaps even avoid others.

Stand and walk tall

He told his audience that one of the most effective and easiest things they could do is put their hands on their hips. When you do this you will feel your spine straighten, which leads to better coordination between your upper and lower body. Your



chest also opens up. This means more oxygen gets into your lungs and oxidises your blood, resulting in more energy at a cellular level and this makes you feel better.

Dr. Lieberman suggests that if you put your hands on your hips at every opportunity, within about six weeks your body can relearn good posture with the many benefits that brings.

Eat well



Another practical tip was aimed at making swallowing and managing food easier.

People with Parkinson's can forget the table manners they learned as a child. They can sit up at the table and put both elbows on the table when chewing. This helps to straighten

the spine, lift the chest and bring your head and chin up. This is a better position for chewing and provides a clear pathway to your throat.

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Lawrence Heath, Owner Claridges Organic Ltd

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🔥 South Canterbury

During Awareness Week, South Canterbury ran a raffle, as well as displays at the local hospital and Ballantynes department store, among other activities.



A display of members' hobbies.

🔥 Taranaki

The Taranaki division held a mini seminar during Awareness Week. Speakers included Dr Eleni Nikalau who spoke about depression, Jane McPherson who covered relationships, and massage therapist Cheryl Skelton and Gaylene from Sport Taranaki also spoke.

🔥 Hawke's Bay

The Hawke's Bay Division hosted An Evening with Ruth Pretty. The evening was held at the elegant Ormlie Lodge just outside Napier and it was a warm Hawke's Bay evening. Ruth Pretty was there to launch her fifth book *Ruth Pretty Entertains*, published by Penguin.

Ruth is a well known caterer and cookery teacher, based at Te Horo on the Kapiti Coast, and she entertained the 200 people present with a cooking demonstration and her tales and hints.

Ruth also signed copies of her book and everyone enjoyed a supper sponsored by Kaimai Cheeses, Ruth Pretty and Hawthorne Coffee.



🔥 Gisborne

The Gisborne division took full advantage of Awareness Week 2008. The Street Appeal received a great response from the public and a lunch was also held to celebrate the 25 years of the Parkinson's Society. Few people know that Parkinson's Gisborne was the first Parkinson's Society to be registered in New Zealand, thanks to Nancy Adye.

Andrew Dunn, Parkinson's NZ Board Chairperson, presented division Life Membership Certificates to Nancy Adye and Tup Beattie. They are the only remaining members of the first formed Gisborne Society. Also, to Tam Muir, a Certificate of Appreciation for all her sterling efforts to the Gisborne Division. The new office was also opened.



Left-Right: Andrew Dunn, Tup Beattie, Nancy Adye and Tam Muir.

🔥 Waikato

During Labour weekend Parkinson's Waikato sizzled their way to a scorching \$600, whilst cooking and serving over 400 sausages to Bunnings Warehouse customers. This gave the Division excellent exposure at a very busy time.

🔥 Tauranga

Parkinson's Tauranga members spent a fabulous day in the gardens at the Owl Anchorage, Pukehina – a private home, and museum with lots of yesteryear's things of interest. The members spent a lovely day wandering and reminiscing, The marvellous bus driver cooked the BBQ lunch – meats, salads and then fresh fruit salad and ice-cream.

Also the Owl Anchorage is a B and B for those wanting a break and all with panoramic rural and sea views and set in a 2 acre garden. Wow what a fabulous place to visit. Details are on www.owlanchorage.co.nz

🍀 Mark Morris Dancers

It was a privilege to take part in two sessions led by David Leventhal and John Heginbotham from the Mark Morris Dance group when they were visiting Auckland recently. These professional modern dance exponents run regular sessions with Parkinson's patients in Brooklyn, New York. (These were initiated by a New York Parkinson's Chairperson who had seen the group dancing.) The group was formed in 1980 by Mark Morris, both a performer himself and a very popular ballet choreographer.



Accompanied by live piano, our group was led carefully through breathing and relaxation, warm-up exercises while seated, progressing to simple dance routines – similar to line dancing but not as energetic. The emphasis was on doing what you could and enjoying the experience.

The first pianist played classical music while the second pianist used songs our generation were familiar with and we sang along. When directed, individuals were encouraged to use improvised movements. This provided scope for stretching muscles in a relaxed way, moving arms and legs independently or together – sometimes in opposite directions – remembering the routines, and moving along with other Parkinson's people in harmony. The combination of music and movement enhanced the ability of participants to improve and extend their range of movements.

Social interaction was also a big draw card. Everyone felt enthusiastic and hoped that further sessions could be arranged.

Report by Dave and Anne Murrell

CHRISTMAS COOKBOOK



The Parkinson's Christmas Cookbook is selling out fast with over 1000 copies sold by mid November!! Thank you very much to all our members who contributed.

We are also extremely grateful to the following restaurants who provided recipes.

À Deco, Whangarei

Adriana's, Hamilton

Backbencher, Wellington

Bay House, Westport

Bell Pepper Blues, Dunedin

Bouterey's, Richmond

Bracu, Auckland

Dejeuner, Palmerston North

Edgewater, Taupo

Emberz at Ascot, Invercargill

Ginger and Garlic, Timaru

Ginger Peach, Raumati Beach

Harbourside, Tauranga

Herzog, Blenheim

Impressions, New Plymouth

Kingsgate Hotel The Avenue, Wanganui

Martin Bosley's, Wellington

Pescatore, Christchurch

Terrôir at Craggy Range, Havelock North

Wendy Campbell's French Bistro, Martinborough

Wharf, Gisborne



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Office Manager:
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effects are nausea or vomiting, diarrhoea, constipation, pain in the stomach, dry mouth, dizziness, vertigo, shakiness, headache, increased sweating, difficulty sleeping, unusual dreams, feeling depressed, reddish-brown urine. Rarely sudden onset sleepiness. If symptoms persist or you have side effects see your doctor. Always read the label and use strictly as directed. Comtan is the registered trademark of Novartis AG, Novartis New Zealand Limited, Auckland. For further information check the Consumer Medicine Information [CMI] at www.medsafe.govt.nz

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