BARKINSON'S UPDAGE

Understanding CAREGIVER Burnout

STRATEGIES FOR COPING AND REJUVENATION

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A MAGAZINE FOR THE PARKINSON'S COMMUNITY OF SOUTHWESTERN ONTARIO

Parkinson Society Southwestern Ontario "Cherish small victories, practice gratitude and notice positive moments"

Experience of a Resilient Carepartner Page 4

SUMMER/FALL 2023 ISSUE 78

FROM THE CEO'S DESK

It is hard to believe that summer is upon us. It has been so great to see the sunshine and feel the nice warm weather. I had the opportunity to meet with a number of clients these past few weeks at several support groups. It truly amazes me that in the face of so much adversity and everyday challenges, our clients are so resilient and do what they can to live their best life. This resilience is what inspires our PSSO team to continue to do as much as we can in support of each of you.





Shelley Rivard

We continue to provide services such as support and exercise groups, our Spring Regional Parkinson's Conference which was held in Windsor in April and two workshops on Navigating the Healthcare System, in Fergus and Owen Sound. Also, we launched our amazing April Awareness Campaign, More Than You Can See, to shed a light on the realities of PD and let people know PD is more than just a tremor. Our Fall Regional Parkinson's conference will take place in London on October 28, 2023. The Conference is a great educational opportunity for everyone and will be offered both in person and virtually.

Once again this year, in partnership with Mitacs and Equitable Life of Canada, we have provided \$120,000 of funding for five Graduate Student Scholarship Awards (see pages 20-21). Research is the key to discovering new and better treatments for those diagnosed with Parkinson's.

This September is your opportunity to come out and help us raise awareness of Parkinson's disease at your local Walk for Parkinson's. We have 14 walks throughout Southwestern Ontario. For those of you who may be new to Walk for Parkinson's, come out and enjoy a walk, some entertainment, refreshments and time with family and friends as we support each other in the fight against Parkinson's disease. All funds raised remain local in Southwestern Ontario.

I hope that you will connect and get involved in all that PSSO has to offer in your community. You are never far from HOME with Parkinson Society Southwestern Ontario.

Sully Rivard

Shelley Rivard, CEO

Parkinson Society Southwestern

MISSION STATEMENT

Parkinson Society Southwestern Ontario enhances the quality of life and care for people living with Parkinson's in Southwestern Ontario.

Regional Office: 123-4096 Meadowbrook Drive London, ON N6L 1G4 Phone519.652.9437 Toll Free......1.888.851.7376 Fax519.652.9267

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THE FUTURE OF PARKINSON'S DISEASE 6 IN POWERFUL HANDS YOURS !! OURSII

MJF: "I am the expert in Parkinbonis, Not the doctors not the researchers. ME! PATIENTS MUST BE INVOLVED THE SOLUTIONS!

FINDING HOPE AFTER **DEVASTATING DIAGNOSIS**

July 19, 2019, felt like the most horrifying day of my life. been completing them for the I had been experiencing mild right-hand tremors and my last two years. We also got family doctor referred me to a neurologist. As I sat in involved in a "blind" medication Dr. Rizek's office and I heard the words, "Your diagnosis trial for Parkinson's Dementia. is Parkinson's disease", I was in absolute shock and We have met wonderful people denial. who I'm sure will also be lifelong friends and supporters.

My supportive husband, Bob, did some research on Parkinson's support and discovered there was very little In addition to giving my time to research, I participate weekly in PSSO's "Coffee Klatch" in Brampton. He explored resources in London, Ontario (i.e., Parkinson Society Southwestern Ontario) and over Zoom on Monday mornings, which is a suggested I call, so I did. They were so compassionate great way of connecting with others in a fun way. and helpful that Bob and I both knew that London was Another "timely coincidence" was that I needed

where we needed to be in order to deal with this lifephysiotherapy because of a fall down the stairs in our changing news. We literally made the decision to sell our new home resulting in painful peripheral neuropathy. home right then and started the move from Brampton to I was referred to "Preferred Rehab Physiotherapy West London, largely because of that call!! 5" who, after they completed the physio component of Being a researcher by nature, I looked for avenues to my rehab, referred me to a "MedPoint Fitness Program", find out more from other Parkinson's agencies across which was in the same building. The two organizations the globe. One thing that changed my outlook on worked together to design a program, especially for me, Parkinson's and my resolve to do more, was a statement that my Parkinson's neurologist says was so effective, from Michael J. Fox that I wrote on a "sticky" and stuck to my motor symptoms seem to have slowed progression my computer. I read it daily and it gives me insight into and are actually getting BETTER! why "I" have Parkinson's and why I was cursed/gifted So, from the terror of the diagnosis to the "Challenge with this disease. It has given my life a CHALLENGE & & Purpose" of doing everything I can to eradicate this PURPOSE and I jumped into action!

I've participated in many studies knowing that my contribution can have a lasting effect on future Parkinson's patients. I am currently taking part in the "Parkinson's Progression Markers" study that solicits both patients and their caregivers to complete online surveys they send out to participants every three to six months. Bob and I signed up immediately and have



Although we make every effort to ensure that the information in The Parkinson's Update is accurate, we cannot take responsibility for any errors or omissic on is sometimes taken from letters to the editor, submissions from the Internet or other print material. We make an effort to acknowledge all of our sources

The information is not intended to take the place of professional medical advice. If you are a patient currently being treated and have questions, or if you think you have Parkinson's but have not been diagnosed, please seek the advice of a medical professional. This information does not replace consultation with your physician

disease for our son and others, I now feel this Challenge & Purpose were given to me. I humbly accept and I hope to add my contribution to the world, by having gone from "UTTER TERROR" to "FINDING MY LIFE'S PURPOSE" which I am pursuing with vigor and a smile on my face every day!



THE RESILIENT STRENGTH **OF CAREPARTNERS**

Words by: Stephen Owen



Nurturing Others While Nurturing Themselves: A Journey of Love and Self-Care

In a world where love and support often take center stage, there are unsung heroes who embody the essence of resilience and strength. Meet Julia, a carepartner for Jake who was diagnosed with Parkinson's in 2014.

The couple, both passionate performers, faced a steep learning curve. Their journey took an unexpected turn when Jake was also

diagnosed with throat cancer just a few months later. Despite the challenges, Julia's unwavering dedication and Jake's remarkable spirit have shone through, becoming an inspiration for carepartners everywhere.

"We have to remind ourselves to be mindful of how we connect with expectations."

Julia has become the quintessential carepartner, helping him manage daily tasks. Julia's positive attitude

and Jake's zen-like outlook have strengthened their relationship, allowing them to grow closer.

Jake's Parkinson's symptoms worsened in 2020, requiring more intensive care. Julia's resourcefulness has been instrumental in managing Jake's health. By assisting with daily tasks, she has become an indispensable carepartner.

Recognizing the importance of self-care, Julia actively seeks activities unrelated to Parkinson's disease. She has returned to dance classes, plays in an orchestra and participates in fundraisers, all while ensuring Jake's well-being. Understanding that one must have personal reserves to provide the best care possible, Julia emphasizes the need for carepartners to set intentional boundaries and take time for themselves.



Stephen Owen is a volunteer freelance contributor with vast areas of interest. He has recently started writing for PSSO. Having Degenerative Cerebral Atrophy, he feels very connected to the topics discussed in these pages.

"We have to remind ourselves to be mindful of how we connect with expectations. Naturally, a carepartner may feel a sense of guilt for taking time for ourselves, but it is extremely important", observes Julia. She stresses the value of support groups and one-on-one counselling. Julia's involvement in a carepartner group has been invaluable, offering a wealth of knowledge

and connections to a supportive community.

Julia emphasizes the significance of medical teams and selfadvocacy. By reaching out to healthcare professionals, carepartners can access a range of invaluable services. Julia has deep gratitude for their nurse practitioner and encourages others to seek similar support.

As a beacon of hope, Julia shares her wisdom with others

in similar situations. She encourages carepartners to cherish small victories, practice gratitude and notice positive moments as a way to combat despair and highlighting the importance of education about Parkinson's disease. Finding respite and saying yes to help are crucial aspects of self-care, enabling carepartners to replenish their own reserves.

The story of Julia and Jake is a testament to the strength and resiliency of carepartners in the Parkinson's community. Their unwavering dedication and ability to find joy in the midst of adversity are truly inspiring. By prioritizing self-care, seeking support and advocating for their loved ones, carepartners can navigate the challenges of Parkinson's disease with grace and determination.



EXPERT SPOTLIGHT TOP TIPS FROM EXPERTS

Treatment of Pain in Parkinson's

Parkinson's remains an incurable illness. The goal of any treatment intervention must be quality of life. Pain has a significant impact on quality of life. Physiotherapy may help reduce pain resulting from the motor symptoms of PD, such as rigidity and postural abnormalities. Massage therapy can also make a positive impact by physically manipulating tense muscles and trigger points.

Dr. Soania Mathur

Dr. Soania Mathur is a family physician who had to resign from her practice following a diagnosis of Young Onset Parkinson's Disease at age 27. Dr. Mathur now dedicates her time to patient education, writing and Parkinson's advocacy. For further information, go to www.unshakeablemd.com

Normalizing Low Blood Pressure with Diet

Most of the time, patients with Parkinson's disease have low blood pressure due to reduced fluid consumption. For treatment of lower blood pressure, increase water content throughout the day and take a full glass of water with every dose of Levodopa. If the blood pressure is still low, despite the adjustment of fluid consumption, then oral medications to increase blood pressure can be prescribed. This is parallel to adjusting medications that are being used for Parkinson's disease treatment.

Dr. Mandar Jog MD, FAAN

Ingredients in Food that Should be Avoided

There aren't any chemicals or ingredients in foods that are toxic for Parkinson's disease. However, Levodopa is a large neutral amino acid and you have to be very careful to not consume any proteins with the pills for about an hour or so after. Food such as beans, lentils, chicken, eggs and milk can interfere with the absorption of Levodopa. Therefore, proteins should be taken at different times from Levodopa. There is no requirement for certain chemicals or ingredients that should be avoided in Parkinson's disease.

Dr. Mandar Jog MD, FAAN

Modifying Diet to Tackle Difficulty with Swallowing

Swallowing difficulty is a well-known problem in Parkinson's disease, as evaluated by speech and language pathologists. Bedside evaluation can be done for some who are significantly disabled and non-ambulatory, but a full investigation done by a speech pathologist is ideal. A recommended step is to modify the diet for patients with mild swallowing difficulty, thereby moistening dry foods or drinking thicker liquids. If swallowing difficulty progresses, the patient needs to prepare to take more aggressive measures suggested by the speech and language pathologist after the assessment.

Dr. Mandar Jog MD, FAAN

Taking Care of Anxiety and Mental Health

Up to 50% of those living with Parkinson's have anxiety symptoms. Reaching out to your network of friends and peers (or to PSSO) can be a good way to start. They can share what worked for them if they had a similar challenge. Non-medication strategies can include exercise, mindfulness-based meditation and cognitive behavioural therapy (CBT). Some therapy can be done online (check out www.anxietycanada.com). Medications can help, such as antidepressants that have anti-anxiety activity (serotonin reuptake inhibitors, or SSRIs). Avoid benzodiazepines (like valium) if possible, as they increase the risk of falling in older adults and can cause drowsiness. Carepartners are at risk of anxiety too and should consider reaching out for help if they need it.

Dr. Didyk MD FRCP(C)

Dr. Didyk has been a geriatrician/internist in Waterloo Region since 2004. Prior to that, she worked in Calgary and Hamilton, after completing medical training and residency at McMaster University. Dr. Didyk is an associate clinical professor at McMaster University McMaster and has been involved in medical education at the Waterloo Regional Campus. Her passion for education has led to the launch of The Wrinkle, an online educational resource for older adults, their carepartners and health professionals. Catch up with her at www.TheWrinkle.ca!

JOIN US IN CAMBRIDGE FOR OUR 2023 RESEARCH CELEBRATION

Join us for a celebration of our 2023 Graduate Student Scholarship Recipients. Mix and mingle with our research students, medical community, corporate partners and learn about their investments in research.



MONDAY, OCTOBER 2

4:30pm – 7:30pm

Whistle Bear Golf Club 1316 Dickie Settlement Rd Cambridge

Cocktail Reception

Register at psso.ca

*



PICKLEBALL TOURNAMENT

The first Pickleball for Parkinson's tournament took place on Saturday, May 13 at the Flight Executive Centre in Dorchester. Pickleball players from all over the region participated and joined together to raise funds that will directly impact their friends and family members living with Parkinson's.



In total, 65 players participated and were divided into four teams of 16 players - the Parrots, Peacocks, Pelicans and Penguins. Games ran all

day from 9:00 am to 4:00 pm and four games were running simultaneously. There were plenty of other activities going on as well, including a photo booth, silent auction and vendors.

Dylan Murphy (Special Events Coordinator) attended the event as a PSSO representative and greeted participants at the opening ceremonies. Dylan noted, "I had the opportunity to speak with many of the participants throughout the day and listen to their stories. It was truly inspiring to speak with so many people who are passionate about making a difference for those living with PD. It was also awesome to see everyone having so much fun out on the pickleball court!"

t Noad, Dylan Murphy, Vicki Carrothers

This event was organized by Janet Noad, her sister Vicki Carrothers, Bernie Dunn and Ralph Hackbarth. Janet lives with Parkinson's and volunteers with PSSO. Janet said, "My biggest takeaway was how much fun everyone was having. It was great to see so many people coming together to raise funds for a great cause. We were fortunate to have so many people volunteering, including several family members."

Vicki found organizing the event to be a humbling experience and mentioned, "I was so inspired by the generosity of the players, friends and family of the players and the volunteers. I had never met most of these people until the day of the tournament."

We are thrilled to announce that \$5,568 was raised from the tournament! This includes funds raised from registration fees, event-day activities and donations. Thank you to all that contributed to making this a memorable day for all involved.



13TH ANNUAL PARKINSON GOLF CLASSIC

On May 31, PSSO held the 13th Annual Parkinson Golf Classic Presented by Velikonja Financial of CIBC Private Wealth at West Haven Golf & Country Club. We had perfect weather for golfing and enjoyed a fantastic day on the course.

Some highlights from the day included on-course contests -- notably the Highbury Ford Hole in One, Special Supporter Series Hole in One and the Putting Contest, where one participant was selected to attempt a 60-foot putt for \$5,000! We were joined by several vendors including Cobs Bread, Black Fly Beverage Company, State and Main and London Ice Cream Company. We had 15 amazing volunteers assisting with the silent auction set up, on-course contests and putting contest.

Following golf, participants gathered in the clubhouse for dinner where Nick Paparella emceed the program. At dinner, we had the pleasure of welcoming guest speakers Darren Gilland and Harry Schut. Darren and Harry courageously spoke about their unique experiences living with Parkinson's disease, from diagnosis to daily life and discussed the programs and services that they have utilized at PSSO.

Thanks to the generosity of our sponsors and participants, we raised \$93,700 to support PSSO's programs, services and research initiatives. We hope to see everyone back on the course next year!



SPONSOR RECOGNITION



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It's hard to believe in a community coming together each September for a common purpose.

I met Ron a bunch of years ago and we've been together ever since. We've seen our kids move out, get married, have kids, live abroad ... lots of exciting things happening. But in the last three years, Ron has also experienced some big changes that aren't quite as exciting. It started with a small tremor in his right hand which made his job as an automotive mechanic tough. As his fine motor skills started to decrease, we started the journey into the medical world to see what was happening. Enter the pandemic. Not only does it take months to get an appointment with a neurologist, but now we can't see them in person. Everyone did their best through Zoom appointments and the diagnosis was made for Parkinson's. Now, three years later, we have had several Zoom appointments, one in-person appointment and one coming up at the end of this month.

Ron does well to keep his mind strong to keep things at the stage they are now. Anxiety can also be a big part of this disease, which only makes his tremor worse. Staying positive and active and being mindful is important.

As his partner, I try to support him in any way I can. So I've decided to be the lead for the Stratford and Area Walk

for Parkinson's this coming September. Did you know Parkinson's is leading the way for neurological diagnosis in people of his age group? That's a scary thought. The walk is on September 9 at Upper Queens Park in Stratford. I'm sure you will see lots more from me as the summer progresses. But for right now, I'm looking for a couple more committee members to help me get the day planned. My brilliant daughter, Taylor Myers Brodhagen, is also on board with me, so you'll be working with some of the best. I'll also be looking for silent auction items, donations and volunteers for the day, but if you have an extra few hours a month to share with me this summer I'd most appreciate that too. Not that I'm not afraid to tackle this on my own but a few more hands would be nice. I'd like to knock this event out of the park since it's one of the few things I can do for Ron or people in his situation.

Please don't feel sorry for Ron. Or me. Life has thrown us a curveball, but there are worse things to have. Lots of people are living with something or dying from something. We want your support and your positive vibes. No pity allowed. We need strength and optimism and all of the good things those feelings bring. Feel that for Ron. So he can feel it too.

Barb Myers, Stratford and Area Walk for Parkinson's Chair

REGISTER WALK FOR PARKINSON'S **TODAY!**

County - Knights of Columbus

Registration 1:00pm, Walk 2:00pm

Registration 10:00am, Walk 11:00am

Registration 10:30am, Walk 11:30am

Registration 1:00pm, Walk 2:00pm

Registration 9:00am, Walk 11:00am

Registration 9:30am, Walk 10:30am

Waterloo Region – Kiwanis Park

Registration 10:00am, Walk 11:00am

Registration 10:00am, Walk 11:00am

Chatham-Kent – Kingston Park

Registration 12:00pm, Walk 1:00pm

Registration 1:00pm, Walk 2:00pm

Registration 1:00pm, Walk 2:00pm

Registration 1:00pm, Walk 2:00pm

Registration 1:00pm, Walk 2:00pm

Windsor-Essex – Malden Park

Registration 12:00pm, Walk 1:00pm

Port Elgin, Kincardine and Area -

Sarnia-Lambton – Canatara Park

North Shore Park, Saugeen Shores

SUNDAY, SEPTEMBER 10, 2023

Grand Bend – The Grand Bend Legion

Oxford County – South Gate Centre

Wellington-Dufferin – Centre

Wellington Sportsplex

Stratford and Area - Upper

South Grey Bruce and Hanover -

Owen Sound – Bayshore **Community Complex**

Hanover Town Park

Queen's Park

Gardens

London and District – Springbank

Goderich - Rotary Cove Pavilion #4

walkforpd.ca | 1.888.851.7376

SATURDAY, SEPTEMBER 9, 2023 Brantford, Brant-Norfolk & Haldimand



Join us on

(various locations)



WHO ARE YOU Walking For?

September 9th and 10th at your nearest location. Come for the walk, but stay for the fun, entertainment and refreshments.

Participate

Go to walkforpd.ca and register today!

Form a Team

Form a team with family, friends and co-workers!

Collect Pledges

Collect pledges online at walkforpd.ca or in person using the pledge form. Pledge forms can be downloaded from walkforpd.ca or call 1.888.851.7376.

Volunteers Needed Walk for Parkinson's Event Day Volunteers

This position will work in conjunction with PSSO staff and the Volunteer Planning Committee to support the annual Walk for Parkinson's. The event volunteer will arrive at the designated walk location in their geographical area and will participate in various tasks that support the overall success of the event. This event will not only raise awareness about



Parkinson's, but will also strengthen the community connection to Parkinson Society Southwestern Ontario.

For more information, contact Meagan at meagan.warwick@psso.ca or 1.888.851.7376 ext. 207



UNDERSTANDING CAREPARTNER BURNOUT: STRATEGIES FOR COPING AND REJUVENATION

Carepartner's play a crucial role in supporting the physical, emotional and psychological well-being of their loved ones. However, the demanding nature of caregiving can take a toll, leading to carepartner burnout. This article explores the impact of carepartner burnout on individuals and offers effective strategies to cope with its challenges, enabling carepartners to maintain their own health and continue providing optimal care to their loved ones.

Understanding Carepartner Burnout:

Carepartner burnout is a state of physical, emotional and mental exhaustion that arises from the long-term, overwhelming demands of caregiving responsibilities. The constant stress, coupled with a lack of self-care, can lead to physical and emotional health problems, decreased quality of life and strained relationships.

Impact of Carepartner Burnout:

Carepartner burnout can manifest in various ways, including feelings of fatigue, anxiety, depression, irritability and social isolation. Physical health may also be compromised because of sleep disturbances, chronic pain or neglecting personal well-being. Moreover, the emotional strain of caregiving can strain relationships with family and friends, leading to increased feelings of guilt and resentment.

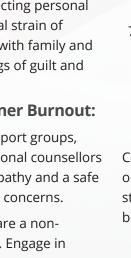
Ways to Cope with Carepartner Burnout:

- 1. Seek support: Reach out to support groups, online communities or professional counsellors who can provide guidance, empathy and a safe space to express emotions and concerns.
- 2. Prioritize self-care: Make self-care a nonnegotiable part of your routine. Engage in

activities that bring joy and relaxation, such as exercise, meditation, hobbies or spending time with friends. Taking breaks and ensuring adequate sleep is also crucial for recharging.

- 3. Delegate and accept help: It's essential to recognize that you don't have to shoulder the caregiving responsibilities alone. Seek assistance from family members, friends or professional caregivers. Delegate tasks and share the load whenever possible.
- 4. Set boundaries: Establish clear boundaries and communicate them with your loved ones. Learn to say no when necessary, focusing on your own well-being and preventing burnout.
- 5. Practise stress management techniques: Engage in stress-reducing activities like deepbreathing exercises, mindfulness or yoga. These techniques can help alleviate stress, promote relaxation and enhance overall well-being.
- 6. Stay connected: Maintain social connections with friends and family. Stay engaged in activities outside of caregiving to nurture personal relationships and prevent isolation.
- 7. Take care of your health: Prioritize your physical health by eating well-balanced meals, getting regular exercise and scheduling routine checkups. Remember to address your own health concerns promptly to ensure you can continue providing care effectively.

Carepartner burnout can have profound effects on individuals. By implementing these coping strategies, caregivers can safeguard their own wellbeing and provide better care for their loved ones.





Raquel Harris-Wright is a Registered Social Worker with the Ontario College of Social Workers and Social Service Workers and has 7+ years of experience in the mental health and addictions field. Raquel is currently completing her MSW degree at King's College University in London. ON.



2023 SPRING REGIONAL PARKINSON'S CONFERENCE

The Spring Regional Parkinson's Conference on April 29th at the Fogolar Furlan Centre in Windsor was offered both in-person and virtually. Special thanks to Cody Caba, Dr. Christine McIntosh and Dr. Kristoffer Romero for sharing their expertise on Parkinson's in the areas of research, nutrition and cognition.

Foundation



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CONNECTION BETWEEN APATHY AND PARKINSON'S DISEASE

What is Apathy?

The Parkinson's Foundation notes that "Apathy describes a lack of interest, enthusiasm or motivation."1 While many individuals may experience a lack of motivation throughout their day, a person experiencing apathy finds it almost impossible to find this motivation and sustain it.² Rachel Dolhun highlights in her article that "Apathy is a non-motor symptom of Parkinson's disease,"² further indicating that it may be, or may partly be caused by the lack of dopamine in the brain.² Apathy can have a profound impact on an individual's daily life, as it could act as a barrier to managing other symptoms of Parkinson's disease.¹ To illustrate, a person experiencing apathy may be more reluctant to engage in exercise.¹ The American Parkinson Disease Association highlights the importance of an individual reporting apathy by stating, "As with any symptom, discuss it with your medical doctor and neurologist."3

Difference Between Apathy and Depression

It is important to make the distinction between apathy and depression.¹ To help differentiate between apathy and depression, the Parkinson's Foundation states, "Depression brings about feelings of worthlessness or guilt, whereas a person with apathy feels no mood or emotionally flat."¹ However, apathy and depression can occur simultaneously,⁴ or apathy can present similarly to depression.³ This is another reason why engaging in a conversation with your doctor is important to discuss feelings of apathy to ensure you receive the proper evaluation and treatment.³

Impact of Apathy

Apathy may be aggravating for individuals with Parkinson's disease, their carepartners and those close to them.³ When a person with Parkinson's disease experiences feelings of apathy, they can withdraw from physical activity and social interactions, as well as face challenges following medication regimens.² In addition, activities that once provided enjoyment for the individual may no longer offer the same emotional fulfillment.² Someone experiencing apathy may lack the energy to engage in their regular routine.² When it comes to carepartners and loved ones, it can be challenging to witness a person disregard or decline to engage in activities that they know will make the individual with Parkinson's disease feel better.¹ However, it is important to recognize that it is not that these individuals do not want to help themselves, but they are experiencing a symptom of Parkinson's disease.¹

Strategies for Individuals Living with Apathy and their Carepartners

There are many strategies for living with apathy



Sydney Bury has recently completed her undergraduate degree at Western University, studying Health Sciences with an Honours Specialization in Health and Aging. This past year she had the opportunity to join the PSSO team for her full-year practicum. In the future, Sydney hopes to pursue a career working with older adults. for both the individual experiencing it and their carepartners. The American Parkinson Disease Association proposes the following recommendations³:

- Target a small goal and gradually build upon it.
- Attempt to set up a regular routine to ensure activities are completed at specific times.
- Encourage the individual who is experiencing apathy to participate in activities or attend outings. The individual may require support in getting started but, maybe in time, will enjoy these activities.
- Engage in support groups for the individual with Parkinson's disease and for their carepartners.

It is important to understand that apathy is a nonmotor symptom of Parkinson's disease as it may help to prevent feelings of blame that carepartners and individuals experiencing apathy may have.

SMART Goals

The Parkinson's Foundation proposes SMART goals as a method to help individuals with apathy become motivated.⁵ This method includes the following components⁵:

- **Specific** the individual with Parkinson's disease should determine when, where and how frequently they engage in a certain activity;
- **Measurable** the individual should keep track of how their specific activity is progressing;
- Attainable the individual does not have to rush; however, they just need to be willing to start;
- Relevant the individual should prioritize their most crucial needs;
- **Timely** the individual should create a schedule which includes reminders.

I hope these recommendations are helpful if you or someone you care for is experiencing apathy. What is a possible SMART goal that you could incorporate into your life?

*References are included on page 31.





3 TIPS ON SELF ADVOCACY

Advocacy is the act of expressing the views, wants and needs of yourself, another individual and/or a community. Self-advocacy is then professing your own interests and communicating in an effective way to try to receive them. In healthcare, self-advocacy skills are incredibly important to ensure you receive the best care, that your healthcare provider is fully aware of the questions and concerns you may have and to help increase a sense of control over your health. Self-advocacy is considered a skill, given that it is something built over time. It incorporates various other abilities such as communication, confidence and negotiation. Since Parkinson's disease (PD) is an ever-changing condition and the symptoms are not always visible, it is important for those with PD and the people around them, to be skilled in advocating to strive for better care.

Self-advocacy is not an easy trait to acquire and is equally as difficult to perform when the situation arises. This is largely due to the power imbalance one feels between the healthcare provider and the patient. Feelings of nervousness and self-doubt over your own symptoms may occur, thus limiting your ability to express yourself. Additionally, you may feel as though the healthcare provider is too busy and does not have time to hear your messages. Either way, it is important to remember that without saying anything at all, plans.

Going to a meeting with a healthcare professional wellprepared can help the communication between both parties, your needs will most definitely not be met and that important leading to more opportunities for increased confidence details may be missed, which may impact future healthcare and self-advocacy. This may include keeping a journal of recent symptoms, medication schedules, notes from other Below are some tips to increase your skills in self-advocacy, healthcare providers, etc. Having it all available for meetings hopefully leading to improved care and reduced medical can help the professional make better-informed decisions anxiety when speaking with healthcare professionals. and allow your own thoughts to be conveyed, if not verbally, then at least through the notes. Write Down Your Questions Ahead of Time

Between visits with any healthcare professional, writing down Self-Advocacy is an important skill to have not only when questions or concerns will help you to remember them once interacting with healthcare professionals, but also in other you actually meet. Additionally, having a physical copy of your areas of your life. However, using such abilities is not questions in front of you can help combat any forgetfulness always easy and takes time to build up. When beginning to that may happen once you face the healthcare provider. implement self-advocacy into meetings, remember to not be too hard on yourself if you are unable to completely get your Tracking your notes between appointments also allows you to write down not only your recent concerns but also ones message across. Every small bit matters and will count as that occurred months ago, that you may have forgotten growth in this skill! about. This could also be beneficial for the healthcare



Meghan Foster is finishing the first year of her Master's of Occupational Therapy at Western University! While at PSSO, Meghan hopes to increase her understandings of Parkinson Disease and use an OT lens to tackle different areas within the field. A fun fact about Meghan is that she has never had coffee!

provider as they will be able to see a list of questions and if they do not have time in the appointment to answer them, they could keep a copy of the list and follow up with you at a different time.

Education

During some appointments, the healthcare provider may overuse unfamiliar medical terms. This could cause further confusion and decrease your confidence in self-advocacy if you feel you do not understand the situation well enough. Although you cannot know everything, taking time to

research PD and the many aspects of the disease could help you better follow along with the healthcare professional. Having a better understanding of the condition can also increase your own confidence, therefore making you feel more comfortable. Having a strong foundational knowledge of PD can help form your questions and lead to better communication with the healthcare provider. It is important to be knowledgeable about not only the disease but also your own needs. Identify what your needs and wants actually are and look into different ways that they could be fulfilled by your healthcare provider.

Be Prepared



SELECTING AN APPROPRIATE CHAIR AND CHAIR SAFETY TIPS

When getting out of a chair, a person must lean forward and change their center of gravity, relying heavily on their leg muscle strength and balance. With Parkinson's disease, however, leg muscle strength and balance are typically reduced, leading to difficulties safely rising out of a chair (Inkster et al., 2002). These difficulties create a risk of falling forward, which is common in Parkinson's disease because of postural impairments. In addition, such postural impairments, along with the reduced trunk control typical of the disease, may make sitting comfortably in a chair challenging (Burg et al., 2006). These challenges may impact daily activities such as watching TV, reading, socializing, eating or anything that involves the ability to transfer into and out of a chair and to sit comfortably. An occupational therapist is able to make personalized recommendations for an appropriate chair that reduces the risk of falls and facilitates a good, comfortable seated posture. When selecting a chair, the therapist might make the following general recommendations:

• Look for a chair height that allows you to sit with your knees bent at a 90-degree angle and your feet flat on the floor. This will allow for an even distribution of pressure through the legs and will reduce unnecessary hip flexion and strain. It also provides the optimal position for transfers in and out of the chair.

- Look for a seat width that provides comfortable support to the hips and prevents substantial slumping to either side. The chair should not be so snug that it causes unwanted pressure, nor so wide that it does not offer this postural support.
- Look for a seat cushion that provides ample support and does not cause you to sink too far into the chair, making it harder to transfer out of the chair.

Select a chair that has an appropriate seat depth. This is the length of the chair cushion from the backrest to the edge of the chair. This cushion should support the length of the upper leg, but should not place unwanted pressure on the back of the knee.

Select a chair with armrests that allow you to maintain a natural, neutral resting position with limited shoulder elevation. This will facilitate a comfortable sitting position and will assist with rising out of the chair by providing optimal support through the arms and hands while pushing off.

Select a chair back that is high enough that it supports the upper body and avoids pressure on larger body parts or joints.

Select fabrics that are comfortable but facilitate movement. For example, velvet fabrics may resist movement and make transferring and positioning



PARKINSON'S

Courtney Demond is finishing her first year of the Occupational Therapy program at Western University. She is interested in the personalized, client-centered nature of the profession and is excited to learn about the amazing work being done at PSSO and the OT role within such an organization. A fun fact about Courtney is that she has a German Shepard named Zuri!



harder, so you'll want to test out fabrics beforehand and see which one is best for you.

The therapist may also recommend alterations to a chair you currently own in order to make it more suitable, including adding cushions to the backrest to facilitate a good posture and reduce pressure, or adjusting the height of the chair to facilitate an effective seated position. Once the chair is suitable for an optimal, comfortable seated position and seated transfers, the therapist may make several recommendations for safely rising out of the chair. These recommendations may include:

- Placing your feet flat on the floor, about shoulderwidth apart in order to create a firm base of support
- Moving to the edge of the chair and bracing your hands on the armrests
- Leaning forward slightly, with your eyes aimed downwards in between your feet
- Using your hands to push off the chair and keeping

- your nose over your toes as you lean forward and then come up into a standing position
 - Using cueing methods if you have trouble initiating the movement out of the chair. You may find it helpful to have someone cue you to begin the motion or you may cue yourself, by saying a phrase such as "1, 2, 3, up"
 - · Rocking back and forth to gain momentum before initiating the movement if you have trouble generating the force and strength required to do SO
 - Marching your feet in place prior to transferring out of the chair in order to help initiate the movement

An appropriate chair and safe seated transfers both reduce the risk of falls and also increase postural support. Test out your favorite chair and consider implementing these tips in order to improve safety and comfort within your home!



CONGRATULATIONS **2023 Graduate Student Scholarship Recipients**

RESEARCHER: Brooke Shepley. University of Windsor



PROJECT TITLE: Integrative Vascular **Effects of Photobiomodulation** on Cognitive, Physical and **Cerebral Neurovascular Function** in Parkinson's Disease

Parkinson's disease (PD) is increasingly prevalent, affecting ~170 per 100,000 Canadians annually. Currently, there is no cure for PD, warranting the investigation of potential new therapeutics. Photobiomodulation (PBM) is a low-level light therapy that has been proposed as an alternative treatment for neurodegenerative diseases, such as PD. PBM tenably operates through improvements in cerebral mitochondrial function thereby targeting physiological detriments, as opposed to dopamine replacement which operates primarily through symptom management. A pilot study investigating the implications of PBM on non-specific dementia demonstrated improvements in cognitive function and motor control compared to the placebo group. However, no study to date has examined the functional cerebrovascular and neurovascular outcomes of PBM in humans. Ultimately, there is a lack of data regarding the efficacy of PBM, particularly for the use of treating PD. Accordingly, our study aims to attain pilot data to complete a full randomized control trial. The objectives of the study are to determine the effects of PBM in patients with PD on (1) cognitive function; (2) motor function; and (3) cerebrovascular function. In our double-blind cross-over study, participants will be assigned to both the treatment and placebo groups. To determine whether there is a difference in receiving PBM compared to placebo, participants will undergo a series of cognitive, neurovascular, cerebrovascular and physical assessments to determine their respective functional status. These data will provide insight on the potential use of PBM as an alternative therapy for PD.

RESEARCHER: Olivia Crozier. Western University

PROJECT TITLE: Enhancing **Participation:** Parkinson's Education **Program Evaluation**

Parkinson's disease (PD) is a neurodegenerative condition affecting thousands of individuals each year. Due to the diverse set of symptoms and the progressive nature of the disease, individuals with PD may require ample support from local healthcare facilities, healthcare providers and informal carepartners (e.g., a family member or close friend). Because of the demands of the informal carepartners role, it is common for the carepartner to experience a variety of negative health impacts, including high levels of stress, anxiety and depression. Throughout the COVID-19 pandemic, many support programs for individuals with PD and their carepartners were put on hold or shifted to an online format. Although pivoting to an online format may serve as a viable solution, it may not meet the personalized needs of all participants and may result in diminished participant engagement. Thus, in an effort to enhance the efficacy of support available for individuals with PD and their carepartners, we will conduct a two-phase research study involving an evaluation of educational programming currently being delivered at a local hospital. Phase 1 will explore gaps in programming through interviews with service providers, individuals with PD and their carepartners. Phase 2 will utilize the interview data to improve current programming as a means to address the emergent gaps. Ultimately, this research will aim to enhance current support for this population by providing new approaches to educational programming tailored to support both individuals with PD and their carepartners, to decrease burden and to increase resiliency.

RESEARCHER: Yusheng Zhao, University of Waterloo

PROJECT TITLE: Investigating the Mechanisms of Parkinson's Disease

Parkinson's disease (PD) is a complex brain disorder that generally affects the elderly population. It is a debilitating disorder which affects the daily lives and routines of patients as they experience challenges in walking and talking, coupled with muscle stiffness, impaired balance and behavioural changes. More than 100,000 Canadians are affected by PD and these numbers are expected to rise in the coming years. Current therapies to treat PD provide symptomatic relief and are not effective as long-term therapies. This suggests that there are other factors involved in PD. One of them is a protein called alpha-synuclein. This protein is known to accumulate and form gluelike aggregates in the brain. These alpha-synuclein aggregates are known to be neurotoxic and are known to promote degeneration of brain cells. Recent evidence suggests that preventing the formation of these neurotoxic protein aggregates has the potential to treat PD. However, the mechanisms that lead to the formation of alpha-synuclein protein aggregates are complex. My research aims to fill this knowledge gap by discovering novel tools that will be used to study and understand the mechanisms of protein aggregation. My research uses a combination of computational modeling, chemistry, biochemistry and cell culture-based studies to identify new molecules that can prevent the aggregation of alpha-synuclein protein aggregates and reduce their toxicity to brain cells. It is anticipated that my research will lead to the development of a novel class of molecules that can be used to study the mechanisms of PD and discover innovative treatment strategies.

Volunteers Needed - Support Group Facilitators Looking for Support Group Facilitators in various locations across Southwestern Ontario

This position will work in conjunction with PSSO staff to provide education and support at monthly support group meetings to clients living with Parkinson's, their carepartners and family members. The Support Group Facilitator will provide leadership and create a safe and empathetic space for clients to share experiences, ideas and feelings. This role will also help address challenges, encourage the development of supportive relationships and provide an overall inclusive atmosphere where people can be themselves.

For more information, contact Meagan at meagan.warwick@psso.ca or 1.888.851.7376 ext. 207

RESEARCHER: Tian lp. Wilfrid Laurier University

PROJECT TITLE:



A Study of the Efficacy of IAMT as an Assessment Tool for **Prediction of Progression of** Parkinson's Disease

This research project will examine the efficacy of Improvised Active Music Therapy (IAMT) as an early novel tool for cognitive and motor assessment for individuals with Parkinson's disease (PD) in neurological rehabilitation. There are no mixed method comparative studies done in music therapy, on clinically meaningful predictors of the progression of PD into Parkinson's Disease Dementia (PDD), or Dementia with Lewy Bodies (DLB), in terms of motor phenotype as Tremor Dominant (PDTD), Mixed (PDM), or Postural Instability and Gait Disturbances (PIGD). A dynamic musical assessment of individuals with PD can potentially link the motor coordination, cognitive abilities and the intent required for the playing of musical instruments. In IAMT methodological system in neurological rehabilitation, participants play on an electronic drum set, following the music played by the music therapist. The music content is digitally recorded via Musical Instrument Digital Interface (MIDI) as numerical binary code capturing specific parameters, such as note count, striking force and synchronicity for statistical and visual analysis. We propose that variations in how participants play music can be used as a reliable and feasible cognitive and motor assessment tool to detect the early stage progression of PD to PDD or LBD and distinguish motor phenotype as PDTD, PDM, or PIGD. We will utilize a mixed-method to analyze the quantitative data from MIDI and conduct qualitative debriefing interviews measuring the participants' music-making experiences. Ultimately, music measures correlating to an individual's cognitive and motor outcome will enable us to detect those at higher risk of further mobility and cognitive decline.



RESEARCHER: Sarah Kearsley, Western University

PROJECT TITLE: Temporal Interference Stimulation in the Rhesus Macaque



Deep brain stimulation is a useful technique for clinicians and can be used to help improve symptoms of various neurological diseases, including Parkinson's disease. Deep brain stimulation involves implanting an electrode deep into the brain. This procedure has a small but serious risk of complications. Recently, a new stimulation technique, called temporal interference stimulation, has been developed. In mice, temporal interference stimulation was found to target deep brain structures without activating the overlying brain regions. This technique involves using two electric fields that on their own do not affect brain activity. However, within a small region of the brain, where the two fields interact in an ideal way, the interaction of these fields can influence brain activity. While the work in mice is promising, whether it will work in humans is unclear, given differences in brain size and skull thickness. A new variation of this technique called multipolar temporal interference stimulation, uses additional pairs of electric fields to increase the strength of stimulation, which may overcome the differences in brain size and skull thickness. Using a combination of computational and experimental techniques, my research aims to investigate whether multipolar temporal interference stimulation will be feasible in humans. If so, this new stimulation technique may hold promise as a new treatment technique for people living with Parkinson's disease.

Research and Drug Approval in Canada

.....

Why does drug discovery take so long? We want a cure already! It may feel discouraging or even frustrating when it looks as though there is no scientific progress occurring for a disease that affects you personally. Here, we explain the behind-the-scenes of the lengthy but rewarding journey of drug discovery.





2-3 years

Drug discovery begins when curious minds work together to test their hypothesis derived fro observations and past experiments within th scientific literature.

Chemists, engineers, doctors, and researchers work together to bring their novel idea in theory to real life. By the end of this stage, you will have a drug ready to be tested for safety and efficiency.





PRE-CLINICAL **CLINICAL TRAILS** 2-3 years 6-7 years

Once Health Canada proves, a 4 phase clinical It wouldn't be safe to use drug on a human before trial begins: testing it on cells in a dis (in vitro) or animals (in

Phase 1: 20-100 healt If the drug is both safe and Phase 2: 100-500 Phase 3: 1000-5000 4. Phase 4: monitoring drug safety in the market



A New Drug Submission (NDS) is submitted to Health Canada for review

AFTER APPROVAL 6 months-2 year: It seems like we've made it to the end, but this last phase may be

> Here, we are monitoring drug safety and efficiency, coupled with reporting these pdates to Health

> > If Health Canada ects that the dru ses a threat to the alth of individuals the drug is removed from the market.

Forever

the most important!

Designed and Written by Sanaz Lordfard (University of Western Ontario, urs Specialization in Physiology, 2025)





A NON-INVASIVE FORM OF **DEEP BRAIN STIMULATION?**

Author: Sarah Kearslev

One of the major treatment options in two electric fields that on their own do not Parkinson's disease is deep brain stimulation. affect brain activity. The interaction of these This technique involves inserting an electrode two fields in the brain can result in a small deep into the brain, into an area that has region of activation. Where this region of been affected by the disease. The electrode activation is located depends on the position of the electrodes and characteristics of the produces an electric field that can change how the targeted brain area is functioning. electric fields applied. Using this technique, For many patients, this treatment relieves researchers have been able to target deep some of the most debilitating motor brain regions safely and precisely in small symptoms of the disease, although, for animals, like mice and rats, but whether various reasons, not all patients respond to this will work in larger brains, like in human the stimulation. Unfortunately, there is no brains, needs to be explored. My research way to test whether a patient will respond to aims at using both computational and deep brain stimulation before undergoing experimental techniques to figure out the surgery to implant the electrode. Other whether this technique could allow for skinstimulation techniques use skin-based based deep brain stimulation in large brains. electrodes and do not require a surgery, Ultimately, I hope my research helps us in but they cannot safely target deep brain understanding how this new stimulation regions. However, in 2017 a new stimulation technique can be used and whether this may one day be feasible to improve the lives of technique was developed called temporal interference stimulation, which may allow patients. If this new stimulation technique specific targeting of deep brain regions works in humans, it could give doctors a way to test whether deep brain stimulation would using only skin-based electrodes. Temporal be a successful treatment prior to surgery. interference stimulation works by using

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For more information, visit: www.health.gov.on.ca

ESEARCH NEWS

PARKINSON'S UPDATE



COMBATING DEPRESSION IN PARKINSON'S DISEASE

Author: Samantha Marshall

Do you experience overwhelming feelings of Nutrition There is no one diet recommended for everyone, but sadness, hopelessness or loss of interest in activities generally, your diet should include fruits and vegetables, that you used to enjoy? If so, you may be living with whole grains, lean proteins such as fish and yogurt, depression; a common mood disorder that affects nuts, seeds and beans. Foods with added sugars and fat, many people with Parkinson's disease (PD). A recent such as butter, bread, cereal and processed meats may study by Cong and Colleagues (2022) found that negatively impact depressive symptoms if consumed based on over 38,000 participants, 38% of people regularly. Drinking lots of water and limiting consumption with PD were living with depression.¹ Other research of alcohol may also reduce depressive symptoms. estimates that this number may be even larger, **Psychotherapy** with up to 50% of people with PD experiencing Psychotherapy involves a variety of talk therapy and depression.^{2,3} Needless to say, if you have been counselling. For example, cognitive behavioral therapy diagnosed with depression or think that you may be (CBT) has been shown to reduce depressive symptoms depressed, you are not alone! by changing negative behaviours and thinking patterns.⁶

Although depression is common in PD, many do not seek help for it. Individuals may believe that depression is unavoidable with their diagnosis, or symptoms may go unrecognized. If left untreated, depression can worsen PD symptoms by slowing movement, speech and cognition even further.⁴ By identifying and treating depression as soon as possible, this can help improve your PD symptoms and quality of life.

Finding Relief from Depression

There is no one-size-fits-all approach for managing depression. Some people find relief through lifestyle changes, therapy, medications or a combination of methods. You should always consult your healthcare provider to discuss which interventions may work best for you and your treatment plan.

Exercise

Under general anesthesia, small electric currents are Research has shown repeatedly that exercise can transferred through the brain, which has shown to improve depressive symptoms in PD.⁵ Various forms of be effective in reducing depression in PD.⁸ ECT is only exercise have shown to have positive effects, including recommended when other treatment options do not work. aerobic exercise, boxing, yoga and dance, for example.

ADDITIONAL TIPS FOR COPING WITH DEPRESSION

- 1. Connect with others in the PD community at PSSO support groups. New members are always welcome!
- 2. Plan small goals that you can achieve every day to boost feelings of accomplishment, such as calling a friend or doing a chore.
- 3. Take part in social activities to avoid feeling isolated, such as volunteering in the community.

Medication

Medication, such as selective serotonin reuptake inhibitors (SSRIs) are often used to treat depression. Serotonin is a chemical in our brain that contributes to our mood and happiness. It may take some trial and error to find the right medication that works right for you.

Complementary Therapies

Meditation, music therapy, aromatherapy, pet therapy and massage therapy are a few examples of complementary therapies that may assist in reducing symptoms of depression in PD.

Transcranial Magnetic Stimulation (TMS)

A painless procedure that has been shown to reduce depressive symptoms through magnetic pulses in the brain. TMS may be an effective way to reduce depressive symptoms in PD.⁷

Electroconvulsive Therapy (ECT)





VOLUNTEER SPOTLIGHT



2023 SGF Training - Darlene Lauzon, Igho Ogbobine, Marnie Moody, & Hans Langerbeins

SUPPORT GROUP FACILITATOR TRAINING

PSSO hosts a number of PD support groups across Southwestern Ontario every month. These groups would not be possible without the ongoing commitment of our volunteer facilitators and their dedication to serving those impacted by PD. In April 2023, PSSO had the opportunity to host a full-day training session designed specifically for facilitators. This in-person event allowed for knowledge building, sharing and most importantly connection! By bringing facilitators and PSSO staff together, it was recognized how powerful it is to nurture the relationships among those serving clients and carepartners and feeling a sense of interconnectedness in the purpose of this work. A special thank-you goes out to all our volunteers and community partners who make these groups possible for clients and their loved ones. You are such an integral piece of the PSSO team and we are excited to continue to collaborate with you in the coming months!

AGENTS OF HOPE – A VOLUNTEER RECOGNITION EVENT – WINDSOR, ON

PSSO had the opportunity to host an event to recognize volunteerism in the Windsor-Essex region on April 28, 2023! The theme of this event was "Agents of Hope," as we feel the volunteer team at PSSO are truly bringing hope close to home to those impacted by PD in their communities. This event hosted approximately 30 attendees and was an evening full of celebrating volunteers and the meaningful work they are doing in their community (i.e., support groups, Walk for Parkinson's, advocacy and fundraising work, etc.) The night allowed volunteers and staff to connect over dinner and led to some friendly competition and lots of laughter during the trivia hour. This event allowed for a light to shine on the incredible work of the volunteer team. Thank you for all that you do for our organization!



2023 Agents of Hope Celebration- Alexia Macri, Chad Blythe, Julia Kaf-Alghazal, Alan Tomlinson, Joe Renaud, Kassie Harker, Meagan Warwick, Michael Chadwick, Shelley Rivard, Brad Needham, Rica Esguerra, Trudi Townsend, Lynn Tomlinson, Mandy McDonagh, Igho Ogbobine, Marnie Moody, Zulmira Rocha, Karen Leslie, & Linda Wilson



EDUCATION VOLUNTEERS

This year PSSO hosted our Spring Regional Parkinson's Conference in Windsor on Saturday, April 29, 2023. A small group of volunteers supported the Education Coordinator in the months leading up to the conference with some of the behind-the-scenes planning in bringing the event to life. Their local perspective and professional expertise proved to be a great asset to

THANK YOU PARKINSON GOLF CLASSIC VOLUNTEERS

PSSO hosted the annual Parkinson Golf Classic fundraising event on May 31 in London. This event was fully supported by the volunteer team. A planning committee made up of 7 volunteers supported the Special Events Coordinator with overseeing all logistics with the planning of the tournament (i.e., sponsorship, silent auction, etc.). In addition to the committee, 13 volunteers supported on the day of the event to ensure that things ran smoothly for all participants. These volunteers took on roles such as hole competitions, photos, putting contest, silent auction prep, etc. A big shout out to our volunteers who spent the day with us soaking up the sun and fundraising for PD!

VOLUNTEER SPOTLIGHT

- the event. This volunteer team are students studying at the University of Windsor Nursing & Kinesiology. Not only did these volunteers support the planning of the
- ce conference, but most were also present on the day of the event to support sponsors, community partners and attendees. They helped to ensure that attendees overall experience was enjoyable.



2023 Golf Classic - Courtney Demond, Meghan Foster, Meagan Warwick, & Olivia Crozier





MEANINGFUL WAYS TO GIVE BACK

Today, we would like to delve into a powerful method of philanthropy: the donation of publicly listed shares in-kind. By leveraging the value of your investments, you have the opportunity to make a lasting impact on the causes you care about, while also experiencing potential tax benefits and fostering financial well-being. Join us as we explore the world of donating shares in-kind and discover how you can create positive change with your financial resources.

The government encourages the donation of publicly traded securities (including mutual funds and segregated funds) to charitable organizations and public foundations by completely eliminating the tax on any accrued capital gains arising from the disposition to charity. Your donation not only entitles you to a tax receipt for the fair

market value of the security being donated, but it also eliminates the capital gains tax. In other words, this style of giving has benefits for both the donor, as well as the charity of choice.

It is important to note that this donation strategy is not just exclusive to assets that have appreciated, but also those that may have depreciated. You can donate these shares and claim the capital loss to be used against either capital gains realized in the current year or carried back and used against any gains you may have realized in the prior three years.

Below is an example scenario, which highlights the net tax benefit of donations of securities in-kind, rather than a cash donation.



Mutual benefit

Comparison of tax savings from cash donation vs. in-kind donation

Description	Cash donation, In dollars (A)	Value of in-kind donation, in dollars (B)
Fair market value of donation	100,000	\$100,000
Adjusted cost base (assumed)	(20,000)	(20,000)
Capital gain	80,000	80,000
Taxable gain (50% vs. 0%)	40,000	0
Tax on capital gain (at 45%) (A)	(18,000)	0
Tax benefit of gift (at 45%) (B)	45,000	45,000
Net tax benefit (A) + (B)	27,000	45,000
Tax savings from donating in-kind instead of cash	_	18,000

Source: CIBC

¹Under proposed amendments to the Income Tax Act, commencing in 2024 30% of the capital gain is included in income for purposes of the calculation of alternative minimum tax.

 2 Under proposed amendments to the Income Tax Act, commencing in 2024, only 50% of the charitable donation tax credit will be available for the calculation of alternative minimum tax



We encourage you to consider the possibility of donating shares in-kind, as well as other meaningful giving options, as a way to give back. However, it is crucial to consult your financial and tax advisors to understand the specific implications of your unique situation. Their expertise will provide valuable insights into maximizing the benefits of your philanthropic endeavours while aligning with your financial goals.

Wishing you purposeful giving and financial well-being, Connor Velikonja, CFA, Associate Wealth Advisor, Velikonja Financial, CIBC Private Wealth

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OTHER CHARITABLE GIVING **OPTIONS AVAILABLE TO YOU:**

- A gift by will
- Designate a charity as a beneficiary of a registered account
- Donate a Life Insurance Policy
- Charitable gift annuity

Ted Velikonja, Senior Portfolio Manager, Senior Wealth Advisor, Velikonja Financial, CIBC Private Wealth



IN MEMORIAM

Joan Aarts Jerry Abbitt Susan Adams Jimmy Agathos Gay Allman Marjorie Atkin Thomas Awad Dorothy Badregon Joan Baker Mike Bennett Michael Berry Glen Bickle John Braithwaite Bill Brown Robert Burns Mairi Byrne Phil Calcott lan Cameron Dick Cassidy Joyce Chandler Jackie Chevrier Alan Clark Doug Clarkson Danee Class Brent Connelly Gerry Coppens Jim Cox Anna Dagri Heinz Dapp Georges Depont Nicola Di Salvo Bruce Disney Ali Dogan Jack Doherty Marcella Dorie Lvdia Dorion Gilbert Dow

John Dowdall John Druar Marie Engel Joan Evanko Martin Fabi Lionel Fernandes Gary Ferrier Pat Feryn Edith Foden Jack Forrester Ed Freeman Sharon Gillings Lynn Gilmore Joan Gilroy Al Girard Alan Gordon Robert Govier Tom Gramlich Alan Gray **Brian Grebow** Raymond Hanson Mel Harvey **Rob Hastings** David Hodge Annie Hough Victoria Howell Stan Jenner Norma Johns Cecil Johnson Doug Johnston Elizabeth Keeling Norma Kempers Ed Kikot Peter Kirys Fred Koehlmann Helen Koop Victor Krueger

We offer our sympathy to the families whose loved ones have passed away between January 1st, 2023 and June 30th, 2023.

> Horst Kreuzer Dorothy Lake Lois Lantz Jud Lee Robert Loop Gerard Lorentz John Lynn Bill MacDonnell John MacPhail George Malatches Lloyd Masters David McKay Clark Mifflin Gordon Miller Len Miller Marco Modesti Edward Monkhouse Maxine Moore Marjorie Mullins Dean Murray John Murray Giulio Musso Serafim Noqueira Jacoba Nydam Michael O'Mahony Oliver Pace George Palmer Ted Patterson Jim Patterson Ken Peck Beth Perrin Kim Potter JoAnne Powers **Connie Prevett** Tom Price Nori Price Marilyn Quinn

Fred Rastel Harriet Reinhart **Bill Renaud** Ed Ridler Kevin Rice Harriet Robertson Emily Rodgers Bryan Rodie Luciano Rossi Marilynne Ryan Teresa Ryan Joseph Salamon Bill Sayer Michael Schiller Joan Schnarr Pat Service Jeffrey Shirk David Siddall Michael Spadafore Cheryl Stockmann Tim Taylor Don Thompson David Thomson Rudy Tiessen John Urschel Brian Usher Cecilia Van Manen Joanne Vandenheuvel Katherine Wardell Cathy Wells Freda Wesselson Peter Williams Ed Williamson Eileen Woods Jim Yantz

A GIFT **TODAY IS HOPE FOR** TOMORROW...

To leave a legacy is to sew seeds for the future. To leave a legacy is to ensure that access to support services and educational opportunities remain available. To leave a legacy is to ensure that others that come after you have the opportunity to fight well.

We all want a world without Parkinson's, but until that day comes, we remain ready, able and willing to support the needs of today. A legacy gift makes that work possible.

Call 1.888.851.7376 for more information on leaving your legacy.

EXERCISE IS ONE WAY TO HELP IMPROVE SYMPTOMS OF PARKINSON'S DISEASE. STAY ACTIVE WITH PROGRAMS THROUGH PSSO!

Dancing with Parkinson's Program - Woodstock

NEW

In partnership with Dance in Style Studio Inc., PSSO is excited to announce that Dancing with Parkinson's will be offered in Woodstock come September. Participate in 12 dance lessons specifically designed for people living with Parkinson's disease (PD).

Dance classes for people with PD are designed to be safe, accessible and beneficial. Physical and cognitive limitations are not barriers to participation.

Beyond the therapeutic benefits of dance for people with PD, this dance program will provide the community with an opportunity to experience the joy of dancing.

Some of the many benefits of dance include physical and cognitive exercise, balance, rhythmic motor co-ordination, memory, social interactions, and...it's fun!

For more information, please email info@psso.ca or call 1.888.851.7376

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Combating Depression in Parkinson's Disease- Page 24-25

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Boxing Programs

We are learning every day that there are ways in which people with Parkinson's can enhance their daily quality of life and even build impressive power, strength, flexibility and speed! By exercising with coaches who know the ropes, you can fight your way out of the corner and start to feel and function better. Boxing works by moving your body in all planes of motion while continuously changing the routine as you progress through the workout. These classes have proven that anyone, at any level of Parkinson's, can actually lessen their symptoms and lead a healthier/happier life.

Programs are available in Brantford, London, Owen Sound, Sarnia, Waterloo Region and Windsor.

For more information, please email info@psso.ca or call 1.888.851.7376





SEPTEMBER 9TH & 10TH

Find a walk near you at **walkforpd.ca**

Parkinson Society Southwestern ONTARIO