Murder on the Set...

This year the Parkinson’s and Movement Disorder Foundation is hosting a fundraiser like no other. Be among the A-list VIP guests... and take a walk on the red carpet and schmooze with Hollywood’s elite! A night of mystery where careers will be made, secrets will be revealed, scandals will be broken and as the night unfolds, it just might be you that uncovers the clues and crack the case.

This year’s fundraiser will be a thriller when compared to fundraisers of the past. The mystery untangles at the Crowne Plaza Hotel, the set of the next box office hit.

The fundraiser is set in 1955 and you are on the set shooting the director’s next box office hit, produced by Billi Smart… When the movies maker’s are dropping like flies. The hotshot Hollywood Detective is called in to solve the crime, although you will later learn there is more to him then we know. Who did it? Leading actress Jennifer Smite or just maybe the supporting actress Nicole Dunet, who is devastated for losing the leading role or just maybe it is the director’s other leading lady. Or could it possibly be the renowned Dr. Daniel Truong!

The auction items received for this fundraiser is as lavish as the A-list VIP guests attending. There is definitely something in the auction you will want to bid on and take home. Whether it is Sunpentown’s, Healthy Life Massage Chair (valued at $1789.00), VocoPro’s, DVD Soundman Karaoke Machine (valued at $539.00), or four tickets to Disneyland (valued at $388.00). Be sure to check out page nine to see other great auction items.

Tickets are $125 per person. If you purchase a table of ten, you will only have to pay $1000.00. Remember fifty percent of your ticket(s) price is tax deductible. It’s time to get into character, get your tickets, and take your seats, for the real mystery is about to begin...

Hollywood Confidential
PMDF Fundraiser
Sunday, October 10, 2010
5:30 P.M.
Crowne Plaza Hotel
17941 Von Karman Ave.
Irvine, CA 92626

1950s Attire or Dinner Jacket/Cocktail Dress
Fundraiser includes: dinner; a live show with two acts, solving a murder mystery to win a prize; silent and live auction

$125 per person
For tickets and information, please call 714-369-7426 or e-mail vtranpmdf@yahoo.com
President’s Letter

Dear Friends of PMDF,

I’d like to take this opportunity on behalf of the Parkinson’s and Movement Disorder Foundation board to acknowledge Tessa Zent, who writes on another page of this newsletter about the PMDF fundraiser she staged on behalf of her mother, PMDF board member Karen Zent. I am touched by Tessa’s first person account of how Parkinson’s has impacted not only her mother but her entire family.

As you read Tessa’s story, I’m certain that many of you will think back upon the time when you or a loved one or friend received the diagnosis of Parkinson’s or a movement disorder that would thereafter alter your daily life and the lives of your families in order to face the associated challenges. I can still clearly recall the day my Mom told me of her diagnosis and I vividly remember how I vowed I would do what I could to support the cause of research into Parkinson’s with my time and my financial resources.

Fortunately I was able to become involved with PMDF, which has provided me over the years with first-hand knowledge of Parkinson’s and movement disorder research taking place around the world and, even more importantly, to be able to play a role in raising funds to support these important research projects. Though we may feel powerless at times in trying to deal with the disabling aspects of Parkinson’s and other movement disorders on our own, our involvement in PMDF allows us a way to feel that we are making a difference in the lives of our loved ones and others.

If Tessa can go out and single handedly create a race to raise funds, the least we can do is make a donation to PMDF for the upcoming annual fundraiser on October 10. Not only will we be making a difference for a worthwhile cause, but we’ll also have an opportunity to enjoy a terrific evening of food and fun. I hope you’ll buy your ticket and another one or two for friends and family and be a part of this outstanding event.

Thank you again, Tessa, for your contribution to PMDF and for sharing your touching story with us. Karen is very fortunate to have such a special daughter and PMDF is fortunate to have you as our supporter and friend.

Sincerely,

Linda Sonnonstine Spery
PMDF President
Parkinson’s disease (PD) is a relatively common degenerative disorder of the nervous system, affecting approximately 1% of the population older than 50 years of age. The four major signs of PD are: (1) tremor; (2) rigidity (resistance to passive movements); (3) bradykinesia (slowness in movements and gait); and (4) postural instability (trouble with balance and posture). Each patient differs in the severity of each component of PD, and the pace of clinical progression of the disease.

For patients with early PD, levodopa (Sinemet) and other antiparkinsonian medications are usually effective for maintaining a good quality of life. As the disorder progresses, however, medications can produce disabling side effects. Many patients on long-term levodopa therapy can develop troublesome dyskinesias, abnormal involuntary movements that often cause the limbs and body to writhe or jump. In addition, their dose of levodopa no longer lasts as long as it once did. This may lead to “on-off fluctuations,” a condition in which the ability to control movement changes unpredictably between a mobile (“on”) state and an immobile (“off”) state. When patients no longer have an acceptable quality of life due to these shortcomings of medical therapy, surgical treatment should be considered.

The most common type of modern surgery for PD is deep brain stimulation (DBS) surgery. This involves placing a thin metal electrode into one of several possible brain targets. This electrode is then attached to a computerized pulse generator, which is implanted under the skin in the chest (much like a heart pacemaker). All parts of the DBS system are internal; there are no wires coming out through the skin. To achieve best results, stimulation is adjusted during a routine office visit by a physician or nurse using a programming computer held next to the skin over the pulse generator. DBS reversibly alters the abnormal function of the brain tissue in the region of the stimulating electrode.

There are now three possible target sites in the brain for PD: the globus pallidus internus (GPI), the subthalamic nucleus (STN), and the ventral intermediate nucleus (Vim) of the thalamus. These structures are small clusters of nerve cells that are important for control of movement. Thalamic (Vim) stimulation is only effective for tremor, not for the other signs of PD. Stimulation of the GPI or STN, in

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Deep Brain Stimulation

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contrast, may benefit not only tremor but also rigidity and bradykinesia. All three targets are now approved by the U.S. Food and Drug Administration.

DBS surgery is performed in two stages. Implantation of the DBS electrode is performed with the patient awake, under local anesthesia and sedation. Stereotaxis is used, which is a method for precisely targeting deep structures in the brain through a small skull opening. A rigid stereotactic frame (Figure 1) is attached to the patient’s head before surgery, and a brain imaging study is obtained with the frame in place. This is then used to calculate the exact trajectory to the desired brain target (Figure 2). To increase the precision of surgery, we employ brain mapping with microelectrode recording. Using this method, the neurosurgeon and neurophysiologist record and analyze brain cell activity near the target. The DBS electrode is then placed into the final target location and tested for potential side effects of stimulation. After electrode placement, the patient stays overnight for observation and then goes home the next day. The second operation, done approximately one week later, involves internalization of the pulse generator. This procedure is done with the patient completely asleep (under general anesthesia). The pulse generator (battery) is placed in the upper chest and connected to the wire coming from the brain electrode (Figure 3). The patient goes home the same day, and later returns to clinic for intensive and individualized programming to control their symptoms.

The major benefit of DBS surgery for PD is that it can improve movement and reduce drug side effects. DBS “smoothes out” the on-off fluctuations between too much and too little movement and provides better function during more of the day. DBS may also allow reduction in antiparkinsonian medications. The primary risks of DBS surgery are bleeding and infection. The most serious potential risk is bleeding in the brain, producing a stroke. This risk is approximately 3%, with about 1% of patients having a permanent disability. Infection occurs in about 4% of patients. Infection is usually not life-threatening but may require removal of the DBS system.

In summary, there are more surgical treatment options for PD than ever before. In considering patients for DBS, good candidates should have definitive diagnosis of PD, intact intellectual function and memory, history of benefit from taking levodopa (Sinemet), freedom from other severe medical diseases, the ability to remain calm and cooperative during an awake neurosurgical procedure, and sufficient motivation to participate in this form of therapy.

Figure Legends

Figure 1. Stereotactic frame (Leksell model) for targeting deep brain structures.

Figure 2. Intraoperative neuronavigation workstation allows precise trajectory planning to deep brain targets.

Figure 3. Deep brain stimulation (DBS) system with DBS electrode connected to pulse generator implanted in left upper chest.
Giving Back
by Tessa Lynn Zent

Until my mother was diagnosed with Parkinson’s, I knew very little about the disease. To be honest, when I heard the word Parkinson’s, I thought of Michael J Fox. I thought of an individual, rather than a disease that has affected millions of people. As far as I was concerned, Michael J. Fox seemed pretty healthy to the audience’s eye, but then again cameras can always be misleading.

Little did I know that many years of therapy and medication had deterred and slowed down the onset of his symptoms. I ignorantly labeled this illness as the “shaking” disease. I really had no idea that this disorder tremendously affected the nervous system, until the doctor had finally come up with a diagnosis to her unusual behavior.

It didn’t really hit me until the doctor told my mom “I am sorry… it is over. You will not be able to ride your bike ever again.” Now, I know that this does not seem like a “big deal”, but in reality this seemed like a death sentence to my family and I. Bike Riding. It was her passion. Despite, the fact that my mom seemed to slip into a more isolated and apathetic state; probably due to some preexisting symptoms; that never deterred her from her daily bike rides to the beach.

It was quite disheartening to hear those words from the doctor, and from that moment, I decided to research all the symptoms and signs of Parkinson’s Disease. To my dismay, she seemed to have possessed all of the early warning signs of Parkinson’s- slow movement, rigidity, masked facial expressions, instability, speech problems, depression, gaited posture, loss of smell, and the list could go on. The signs and symptoms were great, but it was comforting to know that my mom was in good hands, as not only is my dad a physician and was first to detect “early signs”, but also Dr. Daniel Truong had been supportive and extremely vigilant over her during her initial diagnosis. I can honestly say that the medications my mom began taking, noticeably improved both her mental and physical state. It was relatively discomforting to accept the fact that she may have been struggling with many symptoms throughout her life; which were clearly left undetected for years.

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I am honestly grateful, for the research that Dr. Truong and the Parkinson’s Movement and Disorder Foundation has done for my mother along with many other patients. In gratitude, I wanted to do something for the institute. Yes, I could have written a simple thank you letter, or I could have donated some of my own money. As much as I wanted to donate tons of money, it did not seem feasible, due to the fact that I had just graduated college and did not have thousands of dollars to donate for further research. Therefore, I had an idea. Why not ask my friends (specifically college friends) and close family to join me in my first half marathon to raise money for Parkinson’s disease awareness and research. A lot of my friends were interested, and the marathon was quite affordable, due to the fact that I catered to the “starving” college student. The participation fee was only $30, which generated many fellow students to participate. We had runners and we had walkers. Let's just say I have never been a runner, and I managed to finish the race eventually. Overall, we raised nearly $2,800 dollars. It was great to see young people, like myself, so enthusiastic about this special cause. It was definitely refreshing to see people that had no affiliation to the disease donating and participating. That was my ultimate goal- to get the community involved in awareness and fundraising - not solely the patients of Dr. Truong and the Parkinson’s Movement and Disorder Institute.

I definitely plan on throwing another marathon or fundraiser in the future, but my goal is to expand it further, as I did not realize how successful it could have been. For me, this was merely a “trial run” - both in my own personal endurance and in my ability to give back to a great cause. Certainly, I am not done raising money or spreading awareness; not until there is a cure… not until I see my mom once again riding her bike along the beach, with a big “recognizable” smile on her face. That once familiar smile that I have missed so much.
Tessa Zent and PMDF would like to thank the following for their participation in the Half-Marathon

Jennifer Bui
Joe Carroll
Jason Carver
Salmeh Dehghan
Alisha Gilbert
Dana Hagist
Kevin Harmon
Brian Harmon
Kristina Kong
Corey Lehman
Britney Marshman
Ryan Mascoli
Nima Mohtashami
Wilma Norman
Leyla Rezvani
Joan Rosenberg
Joyce Smith
Tynetta Springer
Cambria Steel
Alexander Stehle
Susie Torres
Monica Trigoso
Shane Westbrook
Gary Zent
Mike Zent
Ron Zent
Sean Zent
Tessa Zent

Tessa Zent and PMDF would also like to thank the following for their donations

Orville & Marlys Asman
Terry Badger
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Jason Carver
Salmeh Dehghan
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Leslie Gatlin
Alisha Gilbert
Dana Hagist
Travis Hargrave
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Kevin Harmon
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Dana & Kim Kittle
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Corey Lehman
Brittney Marshman
Ryan Mascoli
Nima Mohstesami
Ralph Neal
Wilma Norman
Chloe Reid
Sharon Reynolds
Leyla Rezvani
Joan Rosenberg
Joyce Smith
Tynetta Springer
Cambria Steel
Alex Stehle
Susana Torres
Silvia Trigoso
David Underhill
Sylvia Underhill
Elizabeth Veon
Glen & Roxanne Vonrhein
Shane Westbrook
Gary Zent
Mike Zent
Ron Zent
P. Zubiate
Many individuals who have suffered a stroke will develop a disabling complication known as spasticity. This occurs when involuntary muscle contractions cause abnormal positioning of the arms, wrists, fingers, legs or feet. These involuntary contractions can make it very difficult to use the arm, hand, fingers or feet. In fact, spasticity is one of the main sources of disability after a stroke. Fortunately, there are new treatment options for individuals who suffer from spasticity. The most notable of these is a local injection that can relax the muscles to allow for more normal joint position – and this often improves function. The medication used in these injections is known as botulinum, and the various commercial products include Botox, Dysport, Xeomin or Myobloc. The manufacturer of Botox recently got approval from the FDA to use Botox in the treatment of patients who develop spasticity of their arms, wrists or fingers after a stroke.

Clinical experience with botulinum injections for stroke patients is varied. Some patients are quite happy with the results, feeling they have become more functional. For example, after having his left arm injected, one of my patients is now able to use it with sufficient range of motion to go swimming. Another patient of mine has received injections in her lower leg, and is able to better place her heel on the ground and walk better, and with better balance, as a result.

Selecting the right muscles and right dose of botulinum toxin to inject is an art. Every patient is relatively unique in their presentation and each requires an individualized approach. The treating physician needs to have a detailed knowledge of the anatomy, knowing which muscles move which particular joints, and more experienced injectors will use confirmatory techniques to ensure they are injecting the correct muscles. One such method is electrically stimulating the muscle with a specialized injecting needle to confirm a particular muscle is causing the movements that are to be treated.

It takes several weeks for the treatment to take effect, and most people will begin to see effects after two to three weeks. The effect of the injections lasts for approximately three months. If patients find the treatment effective, they are genuinely enthusiastic about continuing the injections every three months. Often, the first set of injections will give a general idea about how effective the treatment may be and the sites that are treated and doses can then be adjusted. It is important to continue physical therapy while receiving these injections, and various hand and wrist splints can be helpful to further correct joint positioning.

If you or someone you know is suffering from spasticity after a stroke, it is often helpful to be evaluated by a physician with expertise in this method of treating spasticity.
Auction Items
Because of space reason we are not able to list all the auction items.
To view more items visit www.pmdf.org

Healthy Life Massage Chair
- MP3 dock and speaker
- 10 part body massage
- 3 automated programs
- 3 width adjustments
- 3 wave speed adjustments
- Seat vibration
- Foot tapping massage
- Made of soft Italian leather
- Ergonomically designed: S-shaped backrest
- Kneading, tapping and rolling massage
Retail Value $1789.00

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The DVD-SOUNDMAN
A portable mini P.A. system that combines a disc player and instrument mixer with a high quality speaker cabinet. Stereo RCA and digital audio outputs allow you to connect your external speakers or recording system. Use the multi-format disc player or the Mp3 device input for playing your favorite music to practice and perform
Retail Value $539.00

Beauty Product
Retail Value $280.00

Beverage Product
Retail Value $69.99

Beauty Product
Retail Value $100.00

Exercise Product
Retail Value $144.80

Exercise Product
Retail Value $174.99

Kitchen Product
Retail Value $40.00

Kitchen Product
Retail Value $99.95

Art Work
Retail Value $174.99

Technology Product
Retail Value $100.00

Technology Product
Retail Value $100.00

Technology Product
Retail Value $100.00

Beverage Product
Retail Value $37.99

Beauty Product
Retail Value $100.00

Exercise Product
Retail Value $69.99

Kitchen Product
Retail Value $40.00

Kitchen Product
Retail Value $99.95

Art Work
Retail Value $174.99

Technology Product
Retail Value $100.00

Technology Product
Retail Value $100.00
OUR MISSION

To support basic and clinical research into the causes, treatments and cures for Parkinson’s disease and other movement disorders such as dystonia, myoclonus, spasticity, and tremor.

The Parkinson’s and Movement Disorder Foundation is committed to working with other organizations that have similar philosophies in an effort to bring together expertise from both basic and clinical science perspectives.

We are dedicated to enhancing the quality of life for those who suffer from movement disorders and their families, through research, education, and community outreach.