Hollywood Premier Night & Silent Film Gala Gala Fundraiser

On Sunday, October 25, 2015, The Parkinson’s & Movement Disorder Foundation will host the Hollywood Premier Night & Silent Film Gala to raise funds for research in movement disorders. This year’s event will consist of two activities PMDF has hosted at past fundraisers. The first activity consists of the dinner and silent auction that so many people have come to enjoy. The second part is a silent film screening accompanied with live music. Two fundraiser activities in one evening! This is a fundraiser you do not want to miss.

To add to the fun-filled evening, attendees of this event who dress up are automatically entered in the costume contest. Come dressed as your favorite movie star or character in a movie... let your imagination soar with this theme. The winner for best male and female costumes will be announced after dinner. Each winner will receive a gift certificate valued at $75 from Katella Deli located in Los Alamitos.

Our fundraiser will have a dinner buffet catered by Colette’s Catering Extraordinaire. Dinner will start with a garden salad, followed by the entrées. The choices available are slow roast savory beef with Dijon BBQ Au Jus, and pan seared Tilapia with Citrus Beurre Blanc and Fresh Citrus Salsa. Accompanying the beef and fish are seasonal vegetable sauté and new potatoes with butter and parsley. Dinner will conclude with a delicious slice of mini carrot cake.

While you are enjoying dinner and the company of family, friends, celebrities, and TV and movie characters, a silent auction will take place. We have so many great items up for auction including a 3d Innovations desk cycle, $150 gift certificate from Anaheim White House Restaurant, Knott's Berry farm tickets for four people, Disneyland tickets for four people and many more. Please see page 6 for more auction items.

After the dinner, attendees will head to the Curtis Theater, (one floor down) to enjoy the entertainment. If you still have room after dinner, grab a bag of popcorn before entering the theater. The first part of the entertainment for the evening (other than seeing what Dr. Daniel Truong dressed up as this year) will be performances by Will Ryan and the Cactus County Cowboys with the Saguaro Sisters. The second part of the entertainment will be a screening of Shy Girl, a silent film from 1924 starring Harold Lloyd. The film will have live musical accompaniment by the celebrated Los Angeles big band leader and pianist Mr. Dean Mora.

Tickets for the fun-filled evening are $130 and half of your ticket price is tax-deductible. All proceeds support basic and clinical research into the causes, treatments, and cures for Parkinson’s disease, dystonia, and other movement disorders.

For more information, or to purchase tickets, call 714-369-7426 or online at: http://www.pmdf.org/events.php
Dear Friends of PMDF,

Exercise: Here we go again!

We all know that exercise is important, and that it’s especially important for people with Parkinson’s (like me). Yet many of us fail to exercise regularly. I was doing pretty well until my exercise group disbanded. But I didn’t keep up with it on my own. This past September, my wife and I embarked on an ambitious exercise regimen in which we would be active for most of the day, every day. We walked from two to fifteen miles each day, with some brisk walking and some strolling and standing. Many days we climbed up and down several flights of stairs, sometimes carrying as much as forty extra pounds. We stood on rocking platforms for twenty-minute periods, while supporting ourselves by hanging onto poles. I lifted a 2½-pound weight from chest to head about 200 times a day. This program is called “Vacation in Great Britain.”

After about a week of riding the Underground, exploring London and taking pictures, I realized that I was feeling quite a bit better than I had when we left home. After two weeks, my wife, impressed with the improvement, asked how we would keep this going when we got home. I replied that I had no intention of spending all my waking hours walking around town and hauling luggage up and down stairs. And yet, after a day of idleness (riding on buses and trains to our next stop) I could feel the difference, and it was clear that I need more activity than I’d been getting at home. We’ve been home a few days now, and although we haven’t quite adjusted to the time change yet, I can see that sitting for long periods, reading or using the computer, saps my energy in a way that walking didn’t. It looks like I’ll be walking after all.

(As always, check with your doctor before undertaking any exercise program. I’ve described my experience; your mileage may vary.)

In PMDF news, we now have a Facebook page. Look for “The Parkinson’s and Movement Disorder Foundation,” and Like us. We hope to have much more content soon. The PMDF Fall Fundraiser is coming up (see page 1). It should be a lot of fun, so mark your calendar (October 25) and make your reservations. I hope to see you there!

Sincerely,

Mark Wadsworth
President
More Reasons to Make Healthy Food Choices
by April Ingram

We all know that a healthy diet promotes better overall physical health, but research also shows that the nutritional choices we make can have an impact on our neurological health. Good nutrition is essential for a healthy brain, and making the decision to eat better is one way to actively take control of our health.

Joan B. Hogan, RD, CSR, CD is a Registered Dietitian with more than 30 years’ experience and a special interest in movement disorders. She is a frequent lecturer and has published numerous articles and books related to the important connection between nutritional choices and movement disorders such as Parkinson’s disease and dystonia. Joan explains, “Foods high in anti-oxidants and phytonutrients fuel a better-functioning brain,” and thus are essential for people with dystonia or Parkinson’s disease. She adds, “Phytonutrients from plant based foods work in harmony with anti-inflammatory action, antioxidant protection and detoxification pathways to help improve neurological disease.” Joan suggests increasing the amount of plant based proteins in your diet, by trying to eat meatless at least one day per week. Plant based proteins include dried cooked beans, such as lentils, pinto beans, and chick peas. Other plant based proteins include soy products such as tofu, edamame, and soy milk. Nuts can also be a good source of plant protein.

Researcher Dr. Gene Bowman has long studied the relationship between neurological health, nutrition, aging, and the brain. His recommendations align with Joan’s, suggesting that individuals with dystonia adopt a “Clean Eating” practice, focusing on more plants—preferably those that contain raw, healthy fats such as omega 3 fatty acids. Omega 3 fatty acids can be found in nuts like walnuts, pumpkins seeds, fatty fish like salmon or tuna, flax oil, canola oil, olive oil, kidney beans, soy milk and tofu. Other research has indicated that increased milk consumption is associated with a higher rate of neurological diseases such as Alzheimer’s and Parkinson’s, suggesting that, although calcium is very important, milk intake could be limited to less than two cups per day while adding foods fortified with calcium.

Even though nutritional supplements have demonstrated promising results in movement disorders, dietary experts agree that nutrition from whole, fresh foods is the best choice. An optimal daily diet would be one that includes lots of vegetables and fresh fruit, plant based proteins, herbs, and healthy oils. Joan Hogan suggests to her clients, “Fueling your body and brain with real food will reap immense rewards for your long term health and disease prevention.” Unsure how to implement plant protein or a meatless day into your meal plan? See Joan Hogan’s website for helpful information and recipe ideas like this bell pepper and chickpea salad (www.food4lifecounseling.com).

Bell Pepper and Chickpea Salad - ~4 servings
Ingredients:

1. Place all ingredients in a large bowl and mix well.
2. Store leftovers in fridge for up to 3 days

Nutrients per serving (approx.):
Calories: 379
Protein: 12 g
Fat: 20 g
Carbohydrate: 44 g
Fiber: 8 g
Sodium: 584 mg
Potassium: 707 mg
Multiple System Atrophy and Prions
by Mary Ann Chapman, PhD

Multiple system atrophy is a progressive disease characterized by neurological problems. People may experience disordered movements like those in Parkinson’s disease, as well as difficulty speaking, regulating blood pressure, and controlling bladder function. Multiple system atrophy affects fewer than 50,000 Americans, making it a rare disease.

For many years, researchers have known that people with multiple system atrophy have clumps of the protein alpha-synuclein in certain brain cells. The alpha-synuclein in these clumps is folded abnormally. This abnormal folding is critically important because it can act like a trigger for normally folded alpha-synuclein to take on the abnormal folding pattern. What has been unclear is whether these abnormally folded proteins can be passed from one person or animal to another and whether this protein transmission can cause disease.

These questions are the subject of a recent article published in the Proceedings of the New York Academy of Sciences written by an international group of authors from California, Boston, London, and Australia. These researchers reported that mis-folded alpha-synuclein could be transmitted to mice, which developed neurological symptoms over the course of several months. Importantly, the transmission of disease occurred only if the alpha-synuclein already present in the mice and human cells was genetically altered. This genetic alteration, known as a mutation, somehow permitted the propagation of misfolded protein and caused disease in the mice.

Infectious proteins like the alpha-synuclein in multiple system atrophy are known as prions. Some prions perform normal functions in the body, whereas others cause disease. Prions were first discovered to cause a rare and fatal neurological disease known as variant Creutzfeldt-Jakob disease. Humans can sometimes contract variant Creutzfeldt-Jakob disease by ingesting prion-infected tissue from other animals such as cows. In contrast, no one yet knows how humans contract multiple system atrophy. However, the researchers emphasize that prions found in multiple system atrophy are unlikely to infect people outside of specialized medical or research settings.

Now that researchers have identified prions as the likely cause of multiple system atrophy, they can begin to develop treatments. Until now, treatments for multiple system atrophy have been relatively ineffective. The current treatments target the symptoms instead of the underlying cause and do not help cure the disease. Armed with this new knowledge, researchers may be able to find a treatment that disrupts the abnormal protein folding or helps prevent prion transmission from one cell to another.
Listen to the Sound of My Voice

by April Ingram

Have you ever spoken to someone and wondered why their voice seemed to sound tight, breathy, whispery, broken, or maybe just a little different? Perhaps it is someone you have spoken with many times before and now you hardly recognize their voice; possibly it is even your own voice that sounds different. This “new” voice may be a condition known as spasmodic dysphonia.

Spasmodic dysphonia belongs to a family of neurological disorders called dystonias, which cause muscles to involuntarily spasm and contract. Dystonias can be generalized, affecting the entire body, or focal, affecting only a specific area of the body or group of muscles. A task-specific dystonia is when particular muscles spasm only when they are used for certain actions and not when the muscles are at rest. Spasmodic dysphonia is a focal, task-specific dystonia that occurs when someone attempts to speak and the tiny muscles of the larynx begin to involuntarily spasm. The larynx is the hollow muscular organ that forms the air passage to the lungs and contains the vocal cords. The spasms often interrupt the sound, squeezing the voice to nothing in the middle of a sentence or dropping it to a whisper. However, during other activities, such as breathing and swallowing, the larynx functions normally.

Spasmodic dysphonia can occur at any age or stage of life, although it seems to begin more often when people reach middle age. Women are affected more often than men and the onset is typically gradual, but can be sudden with no obvious explanation. Often the very first symptom that people notice is that they have difficulty speaking or hear breaks or pauses in their voice. Many note that their voices sound as if they “have a cold or laryngitis.” People usually describe symptoms that worsen over a period of a year or two and then remain quite severe and stable. Brief periods of remission have been described, but this is very rare and the symptoms usually return. Stress does not cause spasmodic dystonia, but it can worsen the spasms.

Spasmodic dysphonia affects nearly 50,000 people in North America, although that this figure may be higher due to undiagnosed and misdiagnosed cases. In fact, diagnosis can be challenging because symptoms usually occur in the absence of any structural abnormality of the larynx, such as nodules, polyps, carcinogens, or inflammation. Spasmodic dysphonia is usually diagnosed by an otolaryngologist—a physician who specializes in diseases of the ears, nose, and throat. Some otolaryngologists, called laryngologists, have additional postgraduate training and specialize in voice disorders. Many otolaryngologists work with a speech pathologist, a clinician who has expertise in the evaluation and non-medical treatment of voice disorders. A neurologist may also be part of the diagnostic team to evaluate a patient for other forms of dystonia or other neurological conditions.

Spasmodic dysphonia is generally categorized into two primary forms: adductor and abductor. Adductor spasmodic dysphonia (AdSD) is the most common form (affecting ~80-90%), where the spasms force the vocal folds together. It causes problems with “voiced” sounds, including the vowel sounds in the words “eat,” “back,” “in,” “I,” “olives,” or “nest.” Example: the word “lawn” would come out as “la---awn.”

Abductor spasmodic dysphonia (AbSD) is less common, and involves spasms that force the vocal cords open, causing the production of “voiceless” speech sounds, which normally sound “airy” or “breathy” when produced. Examples of “voiceless” speech sounds are: “f” as in funny, “k” as in kite or cat, “th” as in than you, and “s” as in master.

People with AdSD will have more difficult with sentences with voiced sound such as these:
- Albert eats eggs every Easter
- We mow our lawn all year long
- Early one morning a man and a woman were ambling along a one mile lane

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**my voice**

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People with AbSD will find these sentences with voiceless sounds more challenging:
- Harry hit the hammer hard
- She sells seashells by the seashore
- The puppy bit the tape

Treatments for spasmodic dysphonia include local botulinum toxin injections, which are often effective for adductor spasmodic dysphonia. The treatment reduces muscular contractions, typically resulting in improved speech. Speech therapy may be useful as an additional treatment. For patients who don’t respond to botulinum toxin therapy, surgery may be an option.

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**Auction Items**

*Because of limited space we are not able to list all the auction items.*

- WD Portable Hard Drive
- $150 Gift Card
- Spider Monkey Tablet Stand
- Adaptive Sound and Sleep Therapy System
- Lemon Verbena Air Essence by Agraria
- Sanitas Premium Gift Basket
Gift Certificate to Bradford Renaissance Portraits Studio

Shade Tech Canopy

3 Days/Two Nights Stay at Miracle Springs Resort and Spa

3 Days/Two Nights Stay at Riverside Resort Hotel and Casino

Gift Certificate to Rowley Portraits Studio

Desk Cycle

Gift Certificate to Rowley Portraits Studio

Joseph Joseph's Hands On Salad Bowl

Kai Gift Box

monkey glass diffuser and candle

Two Night Stay at Harrah’s in Lake Tahoe

$100 Gift Card

4 Tickets to Disneyland

$100 Gift Card
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.