



pd

PARKINSON'S DISEASE

# NEWS



## A MESSAGE FROM DR. MURPHY:

**I** *In this edition of PD News, you will find an update on the research we are conducting for patients with PD. Other topics include a discussion of the role of Joan Ellen Gereg, our nurse practitioner, who has extensive experience in PD, and a listing of interesting websites devoted to Parkinson's disease. Lastly, there is an update on the latest methods of neuroimaging in PD.*

## Research

**F**ortunately we are busier than ever in our research activity hoping to improve the treatment of patients with PD and bring us closer to a cure. Here are the trials we are now conducting:

**Rotigotine CDS** is a new dopamine agonist that is delivered by way of a skin patch. The continuous delivery of a small amount of medication through the skin may result in fewer side effects. It is also possible that delivering the medication this way may provide more stable and predictable blood levels which may be of benefit in the long term as well as more convenient in the short term. We are presently conducting two trials with this medication, both of which are placebo-controlled. This means that some patients may get an inactive substance. The first trial is open to patients with early disease who are not on Sinemet (carbidopa/levodopa). The second trial involves individuals with PD who are taking Sinemet and have begun to experience motor fluctuations. This means there are periods of time during the day when the symptoms of PD return, often an hour or two before the next dose of Sinemet is due. This time is referred to as "off" time. This study involves individuals who are not currently on a dopamine agonist or Comtan and experience at least two hours of "off" time a day.

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NEWS

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*The information and reference material contained herein are solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician.*



## PD Support Groups in Connecticut

Caregivers/CT,  
American PD Association CT:

Gladys Tiedemann  
203 288-0546

East Hartford: Marci Dwyer  
860 568-6820

Greenwich: Dee Coover  
203 863-3881

Rita Guinta 203 863-3786

Milford: Terry Swan  
203 874-5070

New Britain: Sheila Therriault  
860 827-4772

New Canaan: Sally Driscoll  
203 966-7125

New Haven: Donna Diaz  
203 789-3936

Ridgefield: Irene Weck  
203 431-0674

Shoreline/CT PD Working  
Group/ Statewide:

Jackie Dorwin  
203 453-2655

Stan Wertheimer  
860 439-2026

Southeast CT/Waterford:

Kit Wyper  
860 535-1576

Joyce Beaudoin  
860 437-8649

Southbury: Margaret Clark  
203 426-5534

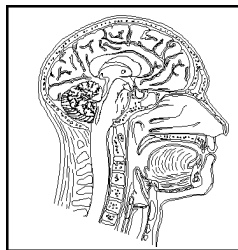
Waterbury/Cheshire:

Joan LaRose  
860 620-0130

Norma Patandrea  
203 272-5815

## RESEARCH UPDATE

### Neuroimaging



**M**ost of you have heard of MRI (magnetic resonance image) scans but these are not terribly helpful in making the diagnosis of Parkinson's disease or in assessing its progression. Neurologists will sometimes order an MRI scan or a CT scan to look for other causes of a patient's symptoms that might mimic PD.

Recently, we have begun to image the brain differently and look less at the anatomy- since there is nothing anatomically wrong with a PD patient's brain- and more at the neurochemistry of a patient's brain. The chemical changes that take place are largely due to a reduction in dopamine, one of the brain's neurotransmitters. There are two ways to image the brain and get a glimpse of the chemical changes that are taking place; namely, PET scans and SPECT scans. With these scanning techniques we have a new window into the workings of the brain.

PET (positron emission tomography) imaging begins with the injection of a metabolically active tracer, a biological molecule that carries with it a positron-

emitting isotope. Within minutes, the isotope accumulates in an area of the body for which the molecule has an affinity. The radioactive nuclei then decay by positron emission. PET scans provide three-dimensional color-coded images that are created based upon the detection of these positrons. PET scans can help identify certain biochemical abnormalities such as the dopamine deficiency in PD. Up until recently PET scanning has largely been a research tool because of the need for a cyclotron, a very complex and costly apparatus, to make the radioactive tracers. Within the next few weeks we will have routine access to a PET scan in Danbury.

Different radionuclides are used for SPECT imaging that emit a single photon rather than positron emission as in PET. SPECT imaging involves the rotation of a photon detector array around the body to acquire data from multiple angles. While it doesn't provide the same resolution as PET, SPECT is less expensive and more widely available.

Some of the most exciting research in PD takes advantage of these molecular neuroimaging techniques. The upcoming neuroprotective trial, which we will be conducting, will use SPECT to evaluate the effectiveness of the compound on modifying the rate of disease progression. ■

## Research

*Continued from front*

**Apomorphine** is a dopamine agonist that is given by injection similar to the way insulin is administered. This drug is useful for reversing "off" periods that begin abruptly and last for at least an hour. Individuals who are on Sinemet and a dopamine agonist are potential candidates for this trial.

A neuroprotective trial will begin soon and will be available to individuals with PD who have been diagnosed within the past 5 years and

who are currently on a dopamine agonist and are not yet receiving Sinemet. This trial will also be placebo-controlled and will involve periodic SPECT imaging to determine whether the compound actually does slow the rate of disease progression. SPECT scans are discussed in more detail above.

If you are interested in any of these trials or have any questions, please discuss them with your physician. ■

## PERSONNEL SPOTLIGHT

### *The Role of a Nurse Practitioner*



Joan Ellen Gereg, APRN

In 1994 we were fortunate to have Joan Ellen Gereg, APRN join our staff. She has brought along her extensive geriatric nursing experience and over the past 8 years she has developed considerable expertise in the management of Parkinson's disease. She has been a nurse practitioner for over 20 years and in addition to being a warm and friendly person, she is an exceptionally capable clinician. She has also been a key participant in all of the PD research trials that we have conducted. As a nurse practitioner, she has several years of additional training beyond her RN degree, including a Master's Degree.

In our practice she sees many of our PD patients in conjunction with the treating physician. She will frequently see PD patients between their scheduled MD visits. This enables patients whose problems are more complex to be seen more often. Since she is quite familiar with all of the medications used in the treatment of PD and their side effects, she is particularly skilled in overseeing the slow titration that is often involved in adding or eliminating medication. She also can spend the time necessary for educating patients about the many facets of the illness and provide ongoing emotional support. In addition, once Joan Ellen becomes familiar with your history she is available to answer questions if your treating physician is away from the office. We are very fortunate to have someone with her varied and impressive skills and patients should not hesitate to schedule appointments with her. ■

## WEBSITES

**For those of you who have access to the Internet, here a few sites that may be of interest:**

[www.parkinson.org](http://www.parkinson.org) is the website of the National Parkinson's Foundation.

[www.apdaparkinson.com](http://www.apdaparkinson.com) is the website of the American Parkinson's Disease Association.

[www.parkinsonsinfo.com](http://www.parkinsonsinfo.com) contains many useful tips for activities of daily living.

[www.michaeljfox.org](http://www.michaeljfox.org) is the website for info about Michael J. Fox and his work to fund research on Parkinson's disease.

[www.parkinsonscontrol.com](http://www.parkinsonscontrol.com) includes information about deep brain stimulation.

[www.pdf.org](http://www.pdf.org) is the address for the Parkinson's Disease Foundation.

[www.pdring.com](http://www.pdring.com) is a simple and efficient way to find Parkinson's related content on the Internet.

<http://pdweb.mgh.harvard.edu> contains links to almost all national PD organizations, federal government resources, as well as private institutes and foundations.

[www.nlm.nih.gov/medlineplus/parkinsonsdisease.html](http://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html) I know it's an incredibly long address to type but it contains an extensive listing of ongoing research into PD compiled by the National Library of Medicine.

[www.parkinsonscare.com](http://www.parkinsonscare.com) This website is designed exclusively for caregivers.

[www.braintalk.org](http://www.braintalk.org) While I generally tend to steer patients away from online patient support groups, this one seems pretty reasonable. Click on Parkinson's and you can communicate with other PD patients or simply read the various questions and answers patients share about their illness. ■

## ANSWERING YOUR QUESTIONS

**Q** When I first get up in the morning, I get a painful cramp in my foot. Is it related to my PD?

**A** Yes. You are experiencing early morning foot dystonia. The foot may also turn in at the ankle or the big toe may stick up. This typically results from the medicine wearing off from the night before. A dose of Sinemet will often provide prompt relief from this symptom. There are a number of other strategies that can be employed to help prevent this so it is advisable to discuss this further with your physician.

**Q** I get lightheaded when I stand up. Is this from my medicines?

**A** Possibly. Almost all of the medications used in the treatment of Parkinson's disease can be associated with lightheadedness upon standing. This is due to a drop in blood pressure. Levodopa (Sinemet) and all of the dopamine agonists can lower blood pressure, particularly when standing. This is due to blood pooling in the legs. Adding extra salt to your diet and wearing elastic stockings may solve the problem. If they don't, there are a number of medications that can be used to correct the problem so you may want to discuss this with your physician if the problem persists.

**Q** Why do I get anxious all of the time? Does this have something to do with PD?

**A** After several years of treatment with medications, many PD patients begin to experience symptoms that fluctuate during the day. During a patient's "off" state anxiety and irritability are frequently noted. Other symptoms that are commonly encountered — during off periods — include drenching sweats, slowness of thinking, and fatigue.