



# CAPITAL AREA PARKINSON'S SOCIETY

(512) 371-3373

[www.capitalareaparkinsons.org](http://www.capitalareaparkinsons.org)

NOVEMBER 2009

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## NOVEMBER 21<sup>st</sup> MONTHLY MEETING

CAPS is pleased to invite Dr. Robert Izor M.D., M.S., Board Certified Neurologist and Movement Disorders Specialist at Neurology Solutions Consultants, to our November 21<sup>st</sup> meeting. As always, Dr. Izor will be providing updated information in research and/or new developments of Parkinson's disease.

CAPS monthly meetings take place at Seton Main Hospital in the McFadden Auditorium, located at 1201 W. 38<sup>th</sup> St., 78705 from 2-4p.m. Access to the auditorium is on the ground floor, east of the Emergency Room entrance. Parking is FREE and parking tickets can be validated inside the auditorium.

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## CELEBRATE DAILY VICTORIES WITH DAVIS PHINNEY

Attend a FREE seminar on how to live well with Parkinson's disease. The seminar will provide three professional speakers that will give tools in treatment options, physical therapy and Davis Phinney's personal experience. It will be held on Saturday, November 14<sup>th</sup>, from 8am -12pm at the Renaissance Austin. You must register to attend. To register, call 1-877-438-3574.

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## NOVEMBER ELECTIONS

CAPS is always looking for new members, Board members and volunteers. If you have an interest in being on the Board, or becoming more involved in another aspect of CAPS, please contact the CAPS office at 512-371-3373. We can use some assistance in a wide range of areas. Currently, we are targeting outreach, computer assistance and fundraising.

Remember, in November, the membership will be voting on the Officer's elect. This is an open election; therefore, other members may be nominated for a position. Currently slated:  
President: Shirley Uzzell; Vice President: Jaime Eyer;  
Secretary: Lydia Blanchard; Treasurer: Claudette Porter.

### CAPS ADVISORS

Kitty Hoskins  
Lois Rice  
Lorraine Chammah  
Maxine Jenks  
Sam Anderson  
Susie Lightfoot Scherr

### 2009 OFFICERS

President  
Shirley Uzzell  
Vice President  
Jaime Eyer  
Secretary  
Lydia Blanchard  
Treasurer  
Claudette Porter

### BOARD MEMBERS

A.J. Hernandez  
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Betty Mailloux  
Deborah Bryson  
Fran Gerling  
Herman Caviel  
Jack Gerling  
Jenny Bankston  
Maggie Glazener  
Mark Lamkin  
Patricia Bordie  
Wynnette Harris  
Yulah Sisler

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## DON'T FORGET YOUR DUES...

You can pay your annual dues of \$15 at the table in front of McFadden Auditorium, where you pick up your name tag. You can make checks out to:

**Capital Area  
Parkinson's Society**

*OR mail to:*

PO Box 27565  
Austin, TX 78755-2565



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## Is DBS Right For You?

by Mary Ellen Quiceno, M.D.

Department of Neurology, UT SW Medical

Source: [www.daps.com](http://www.daps.com)

Deep brain stimulation (DBS) has been studied for approximately 20 years as a treatment for Parkinson's disease. In addition to PD, essential tremor and dystonia can be treated with DBS. DBS can help ameliorate the tremor, slowness, and stiffness that are caused by PD. Motor fluctuations (turning "off" periods) and dyskinesias (excessive movements caused by levodopa and dopamine agonists) can also be helped by DBS. In the past, ablative surgical procedures were performed to treat PD when medications failed. These procedures were irreversible and invasive.

DBS, although a surgical procedure, is less invasive; it can be adjusted and reversed, if necessary. Small wire leads are placed into both sides of the brain and they are tunneled under the skin and connected to a neurostimulator, that is similar to a heart pacemaker, that is placed under the skin of the upper chest. The stimulators can be adjusted or turned on or off, as necessary.

Batteries last for many years and the status of the battery can be checked using the probe. After surgery, the patient will visit with the neurologist over time to adjust medications and stimulation to achieve the desired effects: better motor function, fewer or no turning "off," and less or no dyskinesias.

Research studies have proven that DBS is effective for at least 5 years after surgery. The need for dopaminergic medications may be reduced after surgery. Dyskinesias are typically improved. Quality of life and motor function improved after DBS in short-term study comparing DBS to best medical therapy. Speech, balance, and gait "freezing" may not improve or be responsive to treatment. Cognitive impairment and psychiatric problems are not improved after DBS and they may

worsen. Talk with your neurologist about DBS if you are interested. At that time you can discuss what benefits you might derive and what complications could occur from DBS placement.

## Tips To Get Family Members To Help

Source: [www.daps.com](http://www.daps.com)

It's the rare individual who can shoulder the complete elder-caregiving burden without needing help, especially from family members who are invested in the loved one being cared for. Still, many caregivers are reluctant to reach out for help - and sometimes don't accept it when offered. If you are a loved one's primary caregiver in this position, you should remember that people tend to respond to positive approaches. So, keep these principles in mind to improve your chances of getting family members to lend a caregiving hand:

### 1. **Ask them. Be honest and direct.**

Say, "I need your help." Then accept any and all offers of assistance.

### 2. **Give them assignments.**

Be assertive. Say, "I need you to pick up Mom's prescriptions."

### 3. **Inform them.**

Be proactive about keeping family in the loop.

### 4. **Make it easy for them.**

Be creative about removing obstacles that keep people from helping, such as reimbursing them for expenses.

### 5. **Accept them.**

Be tolerant of the differences in how people respond to change.

### 6. **Thank them.**

Be grateful for any and all help given, and express it.