



Capital Area Parkinson's Society

Newsletter/July 2018

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capitalareaparkinsons.org

The Future of Freezing of Gait in Parkinson's: Exploring Potential Treatments

Steph Finucane, Neurology Advisor, June 12, 2018 – partial reprinting due to space limitations

More than half of patients diagnosed with **Parkinson's disease** (PD) experience freezing of gait (FOG). FOG symptoms vary, with some experiencing alternating trembling of the legs or a shortening of step length to a shuffle, whereas others describe their feet as "stuck to the floor" as their upper body continues to move. Episodic in nature, FOG can be triggered by various situational (e.g., cognitive, emotional) and environmental factors, such as dual tasking, approaching or passing through a narrow passageway or doorway, turning, crowds, distractions, approaching one's destination (such as a couch), and simply being in a hurry. Ultimately, FOG increases risk of falling. The pathophysiology of FOG is not well understood. What is known is that comorbidities of PD, such as anxiety and cognitive decline, do aggravate FOG. Current pharmacologic and surgical treatments for FOG, such as conventional oral dopaminergic medication and deep brain stimulation (DBS), are only partially effective at best in many patients, according to the authors of a review published in *Parkinsonism and Related Disorders*.

Neurology Advisor discussed current treatment challenges and potential new treatments for FOG with two of the contributing authors, Moran Gilat, PhD, a postdoctoral researcher in the Department of Rehabilitation, University of Leuven in Flanders, Belgium, and Simon J. G. Lewis, MBBCh, BSc, FRCP, FRACP, MD, a professor at the Parkinson's Disease Research Clinic, Brain and Mind Centre, The University of Sydney in Australia.

Neurology Advisor: *What upcoming treatments do you think offer the most promise for patients?*

Dr Gilat: The complex and heterogeneous nature of FOG likely requires a multidisciplinary approach to treatment, including pharmacologic (dopaminergic and nondopaminergic) and behavioral (e.g., physiotherapy, occupational therapy, rehabilitation) interventions that can be tailored to each patient's clinical and environmental characteristics that affect FOG severity. For instance, intelligent cueing may prove more effective than commonly applied continuous cueing devices, as intelligent systems can offer the cues only during situations of imminent FOG, thereby prolonging the effectiveness of the cues and preventing distraction of the cues during successful walking. Similar on-demand strategies could be employed for other behavioral techniques, and even deep brain or noninvasive stimulation techniques. Indeed, high-frequency DBS is commonly used in eligible patients, as it often offers substantial relief of cardinal motor symptoms, such as rigidity and tremor. However, at present, these DBS devices continuously stimulate on a single high frequency that does not satisfactorily alleviate the paroxysmal symptom of FOG, which may also benefit from lowering the frequency of stimulation. Novel closed-loop DBS systems are, therefore, being developed that can modulate the stimulation frequency on the basis of some kind of external input, such as ongoing direct cell recording at the stimulation site or data from wearable sensors (e.g., accelerometers) that can detect upcoming FOG episodes. Such closed-loop DBS systems could temporarily lower the stimulation frequency during periods of imminent FOG and switch back to the high-frequency setting that is more favorable to ameliorate other symptoms such as tremor during times when FOG does not pose a threat. ■



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Texas State Physical Therapy Clinic Offering New Exercise Program for People Living with Parkinson's Disease

Jessica Semaan, PT, DPT, June, 2018

Research shows that **early and intensive** exercise/physical activity has neuroprotective effects and can improve the function of people living with Parkinson's disease. The TX State Physical Therapy Clinic is offering a new program specifically designed for those who are newly diagnosed or in the early stages of PD in order to promote long-term self-management of the disease. Each participant will receive a comprehensive evaluation by a Board-Certified Specialist in Neurologic Physical Therapy. Physical Therapists will develop an individualized plan of care and re-evaluate participants every 6 months (at minimum). The program will be held at the TX State University Round Rock Campus, Willow Hall, Lower Level, Room #033, 200 Bobcat Way, Round Rock. **Cost:** \$50 per visit (*cash only; they do not accept insurance*). For more information, please call: **512-716-2638** to set up an evaluation (*please leave a voicemail*) or email Dr. Jennifer Hale at jhale@txstate.edu. ■

Area Outreach Support Groups

**Brookdale, Northwest Hills –
3rd Thursday @ 3pm**
5715 Mesa Drive
Austin, TX 78731

Burnet – 2nd Wednesday @ 2pm
Seton Highland Lakes Hospital,
Conference Room
309 Industrial Blvd. (Behind Hospital)
Burnet, TX 78611

**Deep Brain Stimulation (DBS) –
3rd Friday @ 2pm**
Neurology Solutions Office
12345 N. Lamar Blvd.
Austin, TX 78753

Lakeway – 1st Tuesday @ 2pm
Vibra Rehabilitation Hospital of Lake Travis
2000 Medical Drive
Lakeway, TX 78734

**Simultaneous Care Partner and Patient –
2nd Tuesday @ 10:15am**
Covenant Presbyterian Church
3003 Northland Drive
Austin TX 78757

**Young Onset Parkinson's Disease (under 55)
Dates and Locations Will Vary**
Austin TX 78756
Contact: Bob Sahm at 512-914-2132
or rsahm99@gmail.com

For more information, visit www.capitalareaparkinsons.org.

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July Membership Meeting

Improving Your Quality of Life with Occupational Therapy

Presented by Kate Grevera, MS, OT, CAPS

After earning her Master's in Occupational Therapy at Texas Woman's University, Kate spent the last 20 years working in orthopedics, pain management, industrial rehab and hand therapy, along with developing senior and youth wellness programs. She has also had the good fortune of teaching at two prestigious universities: USC and California State University. Kate spent years as a clinical specialist assessing patients at the V.A. and military bases in south Texas which included educating therapists, physicians and patients on non-invasive alternatives to opioids for pain reduction in the rehab setting. She is certified in Senior Fitness, Parkinson's Wellness Recovery and Aging in Place. She currently lives in Lakeway with her husband, two children, three dogs and has recently opened her own practice in the Lake Travis area serving patients in the comfort of their own home.

Saturday, July 21 • 2:00-4:00 p.m.
Medical Office Building, St. David's Medical Center
3000 N. IH-35, 5th Floor Conference Room

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