

# Greater Fresno Parkinson's Support Group

"Helping to optimize the quality of the lives of *People With Parkinson's* and their *Care Partners*."

We meet the second Saturday of each month **except August** and **November** or unless otherwise notified.

## HAPPY THANKSGIVING!



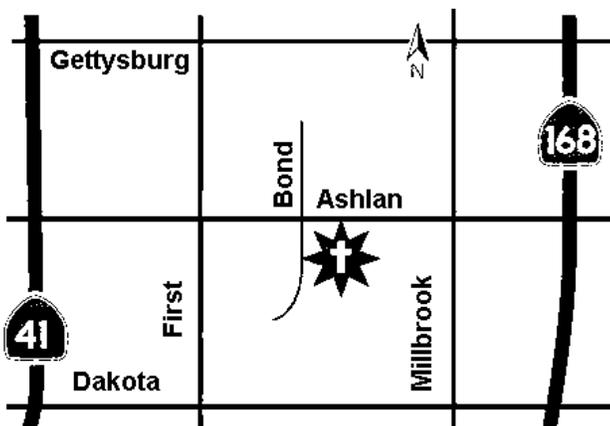
Our next meeting is:



**SATURDAY, DECEMBER 8, 2012**

**10:00 a.m. – 12:00 p.m.**  
(No meeting in November.)

at **THE BRIDGE EVANGELICAL FREE CHURCH** in Rooms 212-213 upstairs via elevator in the **Atrium** at **3438 E. Ashlan Ave., Fresno, CA 93726**, at the southeast corner of Ashlan & Bond between First & Millbrook. Enter the parking lot from Ashlan Ave.



**BRING ON THE CURE!**

## NOVEMBER IS NATIONAL FAMILY CAREGIVERS MONTH

Caring for someone with Parkinson's is a 24/7 job — one that often receives little recognition. No matter where you're from or what language you speak, these men and women are heroes, worthy of our love, respect, and unwavering support. To honor these dedicated caregivers, *National Parkinson Foundation* created a special event. The first ever "Thank a Caregiver Week" will be held November 4th through the 10th. Thanking a caregiver is easy:

1. **Pick a time during November 4-10 to celebrate.** It can be any day of the week or time that works best.
2. **Find someone who can volunteer** to help with caregiving duties so the caregiver can have a break.
3. **Plan an activity for the caregiver to enjoy** during their time off.

**Share your story and photos** to pay tribute to the amazing caregiver in your life. NPF will help you honor caregivers through a special online tribute page dedicated to *Thank a Caregiver Week*. They will display your photo and story online and on NPF's Facebook page during the month of November. You will also be entered into a raffle to win a "Beat Parkinson's" wristband and NPF lapel pin! For more information, go to <http://www.parkinson.org/Community/Personal-Stories/Share-Your-Story> or go to <http://www.parkinson.org/Caregivers/Caring-for-the-Caregiver/Caring-for-the-Caregiver>.

Please respect the *confidentiality* of personal medical information revealed to one another in our meetings. Always *check with your own doctor* before changing your medications or treatments based on what you read in this Newsletter or hear at our meetings from others, even medical experts, as Parkinson's disease is such a complex disease and our respective bodies react differently to the disease and to the medications and treatments prescribed to treat it.

## **TREASURER'S REPORT BY BARBARA BURMEISTER**

### **Greater Fresno Parkinson's Support Group (GFPSG) Checking Account Report:**

The September 27 – October 24, 2012, Wells Fargo Bank Statement shows a beginning balance of \$1,644.09. Credited to the account was \$100.00 in donations from the October meeting. The current statement ending balance is \$1,744.09. Outstanding are two checks totaling \$125.17 for October newsletter expenses. Refreshments were donated for the October meeting. Thank you Meg Bateman, Sue Jackson, and others who brought refreshments--the table decorations were beautiful and the food delicious.

*Monies donated directly to our Support Group are **not** tax deductible; however, they do help cover the cost of newsletter, refreshment, and operating expenses. Donations made to the Parkinson's Support Group fund held at the Fresno Regional Foundation **are** tax deductible (see information below).*

If you have an email account, but receive a hard-copy of the newsletter, please contact our newsletter editor Ellen Jablonski to have your newsletter delivered electronically. This would reduce the expense of printing and postage, and would also save Ellen valuable time.

**Fresno Regional Foundation (FRF) Fund Report:** There was a \$100.00 donation made to the Greater Fresno Parkinson's Group Fund held at the FRF in October ~ thank you! We started 2012 with a Fund balance of \$4,758.85. Revenue to date includes \$400.00 from Gifts/donations and \$32.58 earned from Dividends and Interest. Expenses/Debits to date include \$74.97 in Foundation Administrative Fees; as well as \$2,500.00 from the FRF Support Group Fund to replenish the Wells Fargo checking account (\$1,000 in January, and \$1,500 in August). As of October 31, 2012, the FRF Parkinson's Support Fund Statement shows an ending Fund balance of \$2,616.74.

### ***OFFICERS***

#### **Co-Leaders/Emcees:**

Doug Jackson  
Bruce Medlin

#### **Treasurer**

Barbara Burmeister

#### **Hospitality:**

Megan Bateman

#### **Librarians:**

Mac & MaryAnn MacDonald

#### **Membership Committee:**

Sue & Doug Jackson  
Faye Smith

#### **Newsletter Editor:**

Ellen Jablonski

#### **Care Partners Group Leader:**

Anne Guenther

### ***STEERING COMMITTEE***

Megan Bateman

Arlene Beard

Bill & Barbara Burmeister

Winston Field

Anne Guenther

Ellen Jablonski

Doug & Sue Jackson

Riley and Linda Jones

Mac & MaryAnn MacDonald

Bruce Medlin

Faye Smith

Bob & Dorothy Starr

Jan Templeton

Martin and Marianne Weil

### ***WEBMASTER***

Frédéric "Fredo" Martin  
WorkingArts Marketing, Inc.™

### ***PEER COUNSELORS FOR OUR CARE PARTNERS***

Anne Guenther (559) 322-7076  
Sue Jackson (559) 434-7928  
Fresno-Madera Area Agency  
on Aging: (800) 510-2020  
Caring From a Distance:  
[www.cfad.org](http://www.cfad.org)  
Family Caregiver Alliance:  
[www.caregiver.org](http://www.caregiver.org)  
Natl. Family Caregivers Assoc.:  
[www.thefamilycaregiver.org](http://www.thefamilycaregiver.org)  
Well Spouse Association:  
[www.wellspouse.org](http://www.wellspouse.org)

## **GFPSG HOLIDAY POTLUCK AND WHITE ELEPHANT SALE**

2012 is quickly coming to a close – it is time to start planning for the Holidays! For our December 8, 2012, GFPSG meeting we will be having a party – lots of yummy food, fun games, and festive prizes. If you would like to contribute to the potluck – please contact Meg Bateman by email [mrmegbateman@gmail.com](mailto:mrmegbateman@gmail.com) or voice mail: (559) 917-6767.

We will also have a "White Elephant Sale" during our party to raise funds to help cover the GFPSG operating costs. Raid your cupboards and closets for new or gently used items to bring to the party and donate to the sale!

*FOR MORE INFORMATION,  
TO UPDATE OUR MAILING LIST,  
OR TO SUBMIT MATERIALS OR  
SUGGESTIONS, CONTACT:*

Ellen Jablonski  
(559) 298-4080

Ellen4curePD@att.net or  
Barbara Burmeister  
(559) 322-8076

[bburmeister@sierratel.com](mailto:bburmeister@sierratel.com)  
106 W. Paul Avenue  
Clovis, CA 93612

[www.FresnoParkinsons.org](http://www.FresnoParkinsons.org)  
**(559) 593-9953**

**SYNOPSIS OF OUR OCTOBER 13, 2012, MEETING:** About 50 people attended.

The speaker was *Marcy Johnson, Ph.D., M.A., Psychometrist (the theory or practice of measuring mental processes or functions, such as intelligence, as by psychological tests)*, from the *Alzheimer's and Memory Team Center* in Fresno, [http://cadc.ucsf.edu/cadc/centers/thecenters/ucsf\\_fresno](http://cadc.ucsf.edu/cadc/centers/thecenters/ucsf_fresno). They are connected to the University of California, San Francisco (UCSF). They work with families for diagnostics and testing, mostly with geriatrics (the branch of medicine that deals with the diseases and problems of old age). She addressed issues about dementia and memory problems.

During our break, members enjoyed talking with one another and partook of the delicious refreshments (thank you to those who provided!). They also availed themselves of our Lending Library; our Librarians MaryAnn and "Mac" MacDonald can direct you to the books, DVD's, videos, and pamphlets, that would interest you.

**Understanding Dysphagia,** *Jeri Logemann, Ph.D., Charles A. Stewart, M.D., Jane Hurd, MPA*

Dysphagia is the medical term for difficulty or inability to swallow. Dysphagia can have an immediate negative impact on quality of life. A good meal satisfies more than just the appetite. This may be especially true for residents of independent or assisted living communities, for whom mealtimes are a highlight of the day. Beyond the social issues, dysphagia can also have serious health-related consequences, including malnutrition, dehydration, and aspiration pneumonia. Yet difficulties in swallowing are not a natural result of aging. They are treatable and preventable, with recognition of the problem as the first step. However, there is evidence that dysphagia is often undiagnosed or untreated: a recent study in Los Angeles County found incidence of swallowing issues in approximately 11 percent of seniors in assisted or independent living facilities. At that point, a feeding tube may become necessary. As a result, the resident may need to be transferred to a skilled care environment where appropriate support can be provided. Ignored or unidentified, dysphagia can lead to a basic loss of independence and self-sufficiency. In making the diagnosis, it's important to be aware of conditions such as Parkinson's or gastro-esophageal reflux (GERD), which can heighten vulnerability. Dysphagia may also arise as a side effect of medication often used for arthritis, Parkinson's disease, depression and other common conditions. A referral to a speech and language pathologist should be made.

**In Memoriam**

Margaret Neufeld

**Word of the Month**

Dysarthria - (dis-ahr'thre-ah) a speech disorder caused by disturbances of muscular control because of damage to the central or peripheral nervous system.

**Chuckle of the Month**

Knowledge is knowing a tomato is a fruit; wisdom is not putting it in a fruit salad.

## **"Driving and PD" - Tips and List of Resources**

***(Continued from our GFPSG October 2012 Newsletter. This is the final installment)***

(From Robin Riddle, APDA Center Coordinator <riddle@stanford.edu>, parkinsons.stanford.edu, (650) 724-6090: After the "Driving and PD" webinar hosted by the Parkinson's Disease Foundation (PDF), Steven Russell of Stanford's APDA Information & Referral Center compiled a terrific list of general resources and resources specific to Northern California.)

-Taxis/private drivers. Taxis allow you to travel when you need to without a contract or long-term commitment. You may also hire a caregiver who can drive, a professional driver, or hire friends or family members to help you get around. It is imperative for your health and safety that you check the driving record of the person doing the driving for you.

-Walking/cycling. If your neurological condition allows, walking or cycling has great benefits for your health and mobility. Be sure that you have a companion with you if needed and that others know of your route, time of travel and scheduled return. Think about a medical alert bracelet or device and bring a mobile device if you have one to alert others in case you need assistance.

-Motorized wheelchairs. If you live in a well-lighted, flat and paved area, motorized wheelchairs can give you access to stores, libraries, restaurants, entertainment venues and more.

Tip 5- How to talk to a loved one about giving up driving:

Driving safety is a sensitive issue for any driver, particularly for those who fear losing independence and mobility as their disease progresses. A driver's license is a symbol of freedom and self-sufficiency. Very few drivers will willingly cease driving. Remember that the driver's safety and the safety of others must be foremost in the discussion. If you find yourself in the position of talking to an older or disabled driver about their driving, please keep these ideas in mind:

-Be respectful. Don't be intimidated or back down if you have a serious concern.

-Find additional support. If more than one friend or family member has a concern about the driver's ability, it won't be seen as nagging. The driver may listen more closely to a "professional" (a doctor or driving specialist).

-Be specific and give recent examples. "You drove through a red light the last time I rode with you." "You seem to be having difficulty turning your head to see oncoming traffic."

-Help find alternatives to driving. The driver may never have considered other means of getting around. You can help research options and ensure that the driver doesn't feel isolated or depressed when deciding to give up driving.

-Understand that the transition will be difficult. Many people who give up driving experience a profound sense of loss. If possible, try to have the transition occur over time (perhaps have the driver stop night driving, or coordinate a shuttle for a specific appointment and then gradually expand the assistance of others until the driver is ready to stop driving completely.

There are times that the driver must be stopped from driving for his own or others' safety. If professional evaluations and recommendations have been made and the driver will not stop driving, you can make an anonymous report to the state's Department of Motor Vehicles or talk to the person's physician about your concerns. In some cases it may be necessary to sell or disable the car, remove the car keys or involve the local police to explain the importance of safe driving and the legal implications of unsafe driving.