

A photograph of a man and a woman walking away from the camera through a snowy forest. The man is wearing a red jacket and blue pants, and the woman is wearing a red quilted jacket and blue pants. They are holding hands. The trees are heavily covered in snow, and the ground is a thick layer of white snow.

VIEWPOINTS

WINTER 2019

A QUARTERLY MAGAZINE
BY PARKINSON SOCIETY
BRITISH COLUMBIA

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PARKINSON
SUPERWALK
2019 TOTALS

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OUR MISSION

Parkinson Society British Columbia exists to empower people with Parkinson's in British Columbia through providing resources and services to enable self-management, self-reliance, and self-advocacy.

YOUR SUPPORT IS ESSENTIAL

Parkinson Society BC would not exist without the support of our members, donors, and volunteers. Here are a few of the ways you can support your Society:

Membership: For an annual fee of \$25, your household benefits from unlimited access to our education and support services, events, and resources.

Donations: Contact us to set up monthly, quarterly or annual donations, or think of us when giving through United Way.

Special Events: Ticket sales from our educational and fundraising events support the Society's programs and services.

Planned Giving & Bequests: Consider Parkinson Society BC as a beneficiary in your will.

Fundraising: Become a Champion for Parkinson's by organizing your own event benefitting the Society.

For more information on how you can support us, visit www.parkinson.bc.ca/donate.

SUPPORT GROUPS

Our network of over 50 volunteer-led support groups provide people with Parkinson's, and their caregivers and families, an opportunity to meet in a friendly, supportive setting. For our full support group listings, visit www.parkinson.bc.ca/groups.

100 Mile House, Abbotsford, Advanced Carepartner Online, Burnaby, Campbell River, Carepartner Online, Chilliwack, Chinese Speaking (Burnaby), Courtenay/Comox Valley, Cranbrook, Duncan/Cowichan Valley, Fort St. John, Kamloops, Kelowna, Kelowna Carepartners, Kelowna West, Kootenay Lake East Shore, Langley, Langley YOPD, Maple Ridge/Pitt Meadows, Maple Ridge Caregivers, Nanaimo, Nanaimo Carepartners, Nelson, New Diagnosis (Vancouver), New Westminster, North Shore, Osoyoos/Oliver, Parksville/Qualicum, Parksville/Qualicum Caregivers, Penticton, Port Alberni, Powell River, Prince George, Princeton, Quadra Island, Quesnel, Richmond, Richmond Carepartners, Shuswap/Salmon Arm, Sunshine Coast (Sechelt), Surrey, Trail/Castlegar, Tri Cities, Tri Cities Caregivers, Tsawwassen, Vancouver Arbutus, Vancouver Carepartners, Vancouver Downtown Working Professionals, Vancouver West Side, Vernon, West Vancouver Carepartners, Williams Lake, White Rock, White Rock Carepartners, YOPD Online

EDITORIAL STATEMENT

Articles contained in *Viewpoints* are for information only. Parkinson Society British Columbia does not guarantee nor endorse any product or claim made by an author. In matters of medical treatment or therapy, patients should consult their physicians.

HOLIDAY MESSAGE



This year, we reached a milestone. For 50 years, Parkinson Society British Columbia has served to empower those affected by Parkinson's disease. Through our programs, services, advocacy efforts, and research contributions, we have strengthened community bonds and offered hope to many in the most difficult of times. None of this would have been possible without the support of our members, donors, volunteers, staff, and board members. We share in the celebration of this milestone with you, as part of our community.

Reflecting on the past year, there were some key highlights. As a result of the keen support of our volunteer advocates, in February, the Ministry of Health announced it would be increasing operating time to accommodate 72 Deep Brain Stimulation (DBS) surgeries annually, instead of the current 36. DBS is an often life-changing surgery for patients whose symptoms cannot be adequately controlled with medications. While further expansion of the program is required to satisfy the increasing need for this therapy, we are hopeful that this change will bring some relief to the growing waitlist.

This October, we hosted another provincial conference, *Moving Forward, Together*, in Burnaby. We received very positive feedback about the topics, speakers, and overall event experience. We hope to offer this conference more regularly, using it as an opportunity to connect with one another and provide valuable information to the community.

As we look forward to 2020, we are making plans to expand our educational offerings, particularly by webinar, to reach those living in more remote locations and reduce the burden of travel. We will continue to actively promote awareness of the disease and invest in leading research opportunities.

Once again, thank you for placing your trust and confidence in us to serve you. Season's greetings and best wishes for a joyous holiday season.

With gratitude,

A handwritten signature in cursive script that reads "Jean Blake".

Jean Blake
Chief Executive Officer
Parkinson Society British Columbia

LIVING WELL

Managing Holiday Season Stress

For many families, the holiday season is the most important time of year. As loved ones gather – sometimes from around the country, or even the globe – there can be mounting expectations to make the season joyful, meaningful, and fun for all. But for people living with Parkinson's and their carepartners, these exciting times can also be overwhelmingly stressful.

As a progressive disease, Parkinson's disease (PD) can present new challenges every year, and make it difficult to keep up with family traditions. In order to make the most of your holidays, it is important to acknowledge and evaluate your current situation, and employ healthy coping strategies to keep stress levels low.

Plan Ahead

Be prepared for anything that PD may throw at you during your holidays. If you are travelling, pack well in advance, and schedule your trip to give you extra time at the airport, train station, or any rest stops if you are driving. Be sure to visit your doctor before your departure, so you may plan your medication schedule ahead, with regard for time changes or extra

dosage that may be required. You should also ask for an official letter explaining your PD and any notable symptoms, so you may provide a copy to an unfamiliar healthcare provider in the case of emergency.

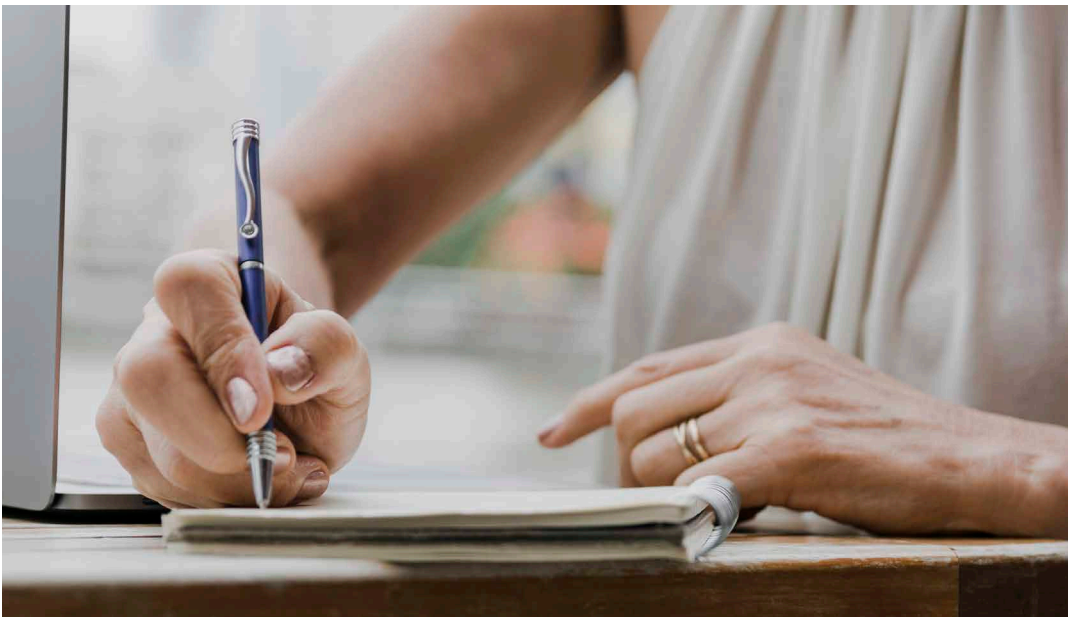
Also be prepared for your interactions with loved ones you may not have seen in a long time. It can be soothing to talk openly with a trusted group or individual about your experiences with Parkinson's, even if the prospect seems daunting at first. To help ease the conversation, prepare some answers to questions you anticipate, and consider how you will respond to questions you are not comfortable discussing.

If you will be spending time with children or teens, consider taking time to talk to them about your condition. This will help them make sense of the disease, and the changes they see in you as your PD progresses. Provide accurate information, and share resources if they wish to learn more. It is important not to shield children from Parkinson's, as they may form their own inaccurate assumptions about the disease and those who have it. Honest conversation will help your young family members grow to become compassionate adults, and future advocates for the PD community.

Reflect and Make Resolutions

With 2020 around the corner, many will take time to think back over the last year, and set resolutions for the next. In much the same way, people with PD and their carepartners benefit from honest self-reflection as a means of coping with disease progression, and moving forward.

Just as you may track changes in your symptoms, or your progress with a new therapy, journaling your emotions, stressors, and coping strategies can be a great way to self-manage your mood during difficult times. Many find it helpful to keep a diary of their day-to-day lives, but not everyone's journaling routine needs to be so regular to be



effective. For example, you can try journaling weekly, or even monthly, to self-reflect on your accomplishments and challenges, and how each one made you feel.

Counsellors and psychologists often also recommend working positive affirmations into your routine. This can take many forms, like repeating inspiring or motivational messages to yourself to trigger positive thoughts, or thinking about the things you are grateful for in life during times you may lose sight of them. The holidays are full of positive affirmations, as families and friends will share love and gratitude with one another, along with well wishes for the year ahead. This season, collect any greeting cards you get from loved ones, and note down the highlights of your holidays together. Try to use these as affirmations to brighten your mood when you feel stressed. This can help you to not lose sight of what the holidays are all about – joy, love, and togetherness.

Extend your positive affirmations into the new year by writing out your new year resolutions, both PD-related and not. Focus on the wording, as this can help you stay motivated when you revisit your list. For example, write it as “I will exercise more regularly” rather than “I want to exercise more regularly.” Here are some examples of resolutions:

- I will devote more time to my hobbies and passions.
- I will try a new activity. (boxing, dancing, painting, and singing can all help with PD symptoms – ask a qualified healthcare professional for personalized advice)
- I will speak up more during support group meetings.
- I will go on more dates with my partner/spouse.

You may also find it helpful to develop resolutions that are more specific, and make plans that will help you stick to them. Scheduling time to work towards your resolutions is a positive step towards getting out of your comfort zone. For example, book a new workout class you want to try, print out healthy recipes and buy



ingredients for them, and make plans with friends. Even if you do not achieve your goals, it can help to make a habit out of taking these first steps, so you may reach new goals more easily in the future.

Cherish Time with Loved Ones – And Yourself

A chronic and degenerative disease like PD can change the way you view your own identity. Your roles in life will change, and sometimes it may feel like the role of ‘person with Parkinson’s’ or ‘Parkinson’s caregiver’ overshadows all else. However, spending time with loved ones, especially over the holidays, can help you get back in touch with yourself.

We tend to self-identify using our roles, because they are stable and habitual parts of our lives. When asked to describe ourselves, we may use our career, relationships, hobbies, or passions to define our identities to others. Example: “Who are you?” - “I’m a teacher/parent/amateur photographer/film enthusiast.”

When day-to-day life is occupied by Parkinson’s, whether you live with it or care for someone who does, it can shape your self-identity just like any other role. It requires taking medications, exercising, going to medical appointments, managing symptoms, and many other daily or habitual duties. With this, disease management can overwhelm your sense of self, and make it difficult to identify with other roles that better represent who you truly are.

Loved ones can help you reconnect with yourself in many ways. Spending time with family or old friends can bring to mind the ways you self-identified before

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CAREPARTNER'S CORNER

Three Pounds

Kate Wood's mother, Paddi Wood, was among the first British Columbians to gain access to life-changing Duodopa® therapy. In the story below, submitted to Parkinson Society BC shortly after Paddi received the treatment, Kate recounts her mother's small victories, now that Duodopa® kept her "on" for longer.

Three pounds. Three incredible pounds is the size of the pump that Mum will wear for the remainder of her life.



Kate Wood with her parents, Paddi and Brian Wood

Today, for the first time in I don't know how long, Mum, Dad, and I were able to sit down at a table and eat dinner together as a family. It may seem like such an insignificant victory, but after months of eating in shifts, or never having mum at the dinner table with us – largely due to her minuscule appetite, or fear of eating because of how crummy it made her feel – this was a victory. A huge victory. We ordered Chinese, and it nearly brought tears to my eyes as I watched Mum easily serve herself, enthusiastically eat her meal, and then take the entire container of ginger beef to "find the good bits of ginger," and eat

right out of the dish. She can eat without fear. This is such a wonderful and positive change for her.

Dad's favourite story of today was from this morning. He had "hooked Mum up" to the pump at about 5:00am this morning. He was quietly sitting and enjoying a cup of coffee in the hotel room while Mum dozed. Then, this tiny, giggly voice from the bedroom exclaimed, "it's working! The pump is working!"

I'm sure in years to come, I'm going to refer to today as "breakthrough day" for Mum. A far cry from Monday, or the beginning of yesterday, when there was much anxiety, fear, and uncertainty about the pump ever working. Today, we celebrated Mum having five straight hours of "on" time. To put it in context, with the pills Mum has been taking up until

Sunday of this week, she was lucky to be "on" for more than 45 minutes at a time, and even that was inconsistent.

We were only at the Movement Disorder Clinic for about 45 minutes this morning, before Mum wanted to head off for a walk to the coffee shop in the main foyer for a muffin and chai latte. Another tiny victory. It's not that I want this entire story to be about food victories, but for Mum, food had become such a bane for so long (which is evidenced by her meager 92 pound self) that having the freedom to eat, and not worry about how miserable it is going to make her feel afterwards, is such a wonderful accomplishment.

We've had a bumpy start to what I am confident will be a fundamental change

for the livelihoods of both Mum and Dad. Mum is slowly learning to trust the pump and understand that it isn't going to fail her in the same way that pills have been doing for so long.

This afternoon, when meeting with the nursing team and Dr. Tara Rastin, who was overseeing Mum's titration, we had an emotional few minutes while Mum cried tears of joy and talked about how good it felt to finally have something that worked. I can honestly say that I don't think there was a dry eye out of the group.

Sherry, the head nurse looking after Mum's titration, likes to refer to her as a puzzle that takes time to

work out. Dad and I like to refer to Mum as a delicate little flower... but then, aren't we all little delicate flowers sometimes?

It has been a mentally, physically, and emotionally draining week for Mum. Contrary to many Duodopa® patients, Mum was titrated only five days after having her stoma surgery, which means that her tiny, fragile body is still healing while she has been put through medication trials, and the team works hard to find her optimal dosing levels. However, in typical Mum fashion, she still expresses how she couldn't have done any of this without her family, and the nursing team. Also in Mum fashion, she's determined that a week in Hawaii

will be the ticket to her stoma healing up really fast. Dad is certain she is just angling for a tropical vacation.

Although we have a long road ahead, and there will likely be more kinks to work out, I finally feel like we are on the upswing. Mum and Dad are both so deserving of something really great finally happening to them.

As I sit and write this, Dad is snoozing on the bed, and Mum is puttering around folding clothes. For the current moment, all is right in the world, and my heart is so full and happy. Here's to a continuation of good things to come and better days ahead for the Woodpile.

Contributed by Kate Wood.

LIVING WELL: MANAGING HOLIDAY SEASON STRESS CONT'D

Parkinson's. You can also find new ways to self-identify by focusing your time together on hobbies and passions, and making plans to revisit these activities again in the future. Most importantly, joyful time spent with loved ones over the holidays can serve as a reminder of the significant roles you play in others' lives – as a family member, friend, partner, or parent.

Start Parkinson's-Friendly Traditions

Many families have holiday traditions that may be difficult to uphold with age or illness. If your family has holiday plans that you may not be able to participate in, it can be a good practice in self-advocacy to voice your concerns, so you may work together to make adaptations.

Throughout your journey with Parkinson's, there will be losses to grieve, and these may include family traditions. Rather than pushing through an activity that may be too strenuous, work with your family and friends to make traditions more inclusive. Here are some examples:

- **Snow sports:** Parkinson's may make it difficult to ski and snowboard, but many snow sports clubs have adaptive equipment like sit-skis available for rent, and guides can help you make your way down the mountain safely. If that does not work for you, make time with your loved ones to do other snow activities together, like snowshoeing or a light hike.
- **Holiday meals:** Some people with PD benefit from changing their diet as a means to self-manage symptoms and reduce medication side-effects.

If you need to manage your protein intake, or eat more plant-based foods, try working new recipes into your holiday dinner, or adapt your traditional dishes. For example, try a vegetarian roast instead of turkey, and top it with a mushroom gravy. Look online together to find recipes that can be enjoyed by everyone – most recipes can be adapted with the right ingredients.

- **Time with children:** For the youngest members of your family, the holidays can be a formative time, full of memories they will carry throughout their lives. Spend time together doing activities that keep them interested, but are not too physically demanding. Try playing board games, watching holiday movies, cooking together, doing crafts, and putting up decorations.

Make Memories

Do not let Parkinson's overwhelm you during the holidays. By making adaptations early, you can avoid stressful surprises during your time with loved ones. The most important worry of your holiday season should be *"did I take the time to make lasting memories with my family and friends?"*.

Additional Resources

Parkinson's Progression | bit.ly/pdprogression

Travelling with PD | bit.ly/travelwithpd

PD Guide for Teens | bit.ly/pdguideteens

Talking to Children about PD | bit.ly/pdguidekids

FREQUENTLY ASKED

Answering Your Questions: How Allied Healthcare Professionals Can Help You

Every day, our friendly and knowledgeable staff are proud to offer information, resources, and referrals to people with Parkinson's disease (PD) and their loved ones across the province. To help you better understand how Parkinson Society BC (PSBC) can help you, we have compiled answers to some of the most common questions we receive.

What are allied healthcare professionals?

Allied Healthcare Professionals (AHCP) are any professionals in healthcare who are not doctors, nurses, or pharmacists. For example, in a hospital, they can include paramedics, ambulance technicians, radiographers, surgical technicians, and more.



How can allied healthcare professionals help treat Parkinson's?

People with Parkinson's benefit greatly from holistic care, with support from different professionals. While your general practitioner, nurse, neurologist, and pharmacist work together to diagnose you,

prescribe medication, and manage your care, AHCP on your team can provide additional support in treating specific symptoms and issues. Below are some of the AHCP that can help people with PD.

Physiotherapists support people with Parkinson's in managing their symptoms and maintaining their health and wellbeing through movement and manual therapy. They use evidence-based kinesiology to teach and prescribe functional exercise, which is known to significantly improve the condition of people with PD.

Occupational Therapists help their patients maintain and improve their ability to perform activities of daily living, like using the shower, bath, and washroom, dressing and undressing, shaving, brushing your teeth and hair, and feeding yourself. They also provide guidance in using assistive devices, and can recommend home and workplace adaptations.

Recreational Therapists use leisure-based interventions to maintain and improve patients' symptoms, as well as social and mental wellbeing. They can use activities like sports, art, or dance as therapies, and support their patients in finding community resources.

Speech-Language Pathologists help people with PD manage their voice and swallowing challenges. They can help their patients strengthen a soft voice, or low vocal volume, and address other communication challenges. They also treat swallowing difficulties, which are the cause of aspiration pneumonia, the leading cause of death for people with PD.

Social Workers support their patients with Parkinson's – as well as their families and carepartners – in living well while coping with the disease.

Along with counselling, they provide guidance in navigating the healthcare system, support services, and relevant resources. They can also liaise with a patients' healthcare team to help manage care and advocate for their needs.

Dieticians & Nutritionists help their patients manage healthy eating, and treat issues like

disordered eating, weight, and diet-related health conditions. They can help people with PD find a diet that best works for them, taking into account any chewing and swallowing difficulties, digestive issues, medication side effects, and other PD-related concerns they may experience.

Psychologists & Counsellors provide emotional and mental health support for people with Parkinson's, and their carepartners, families, and friends. They use evidence-based therapies to treat depression, anxiety, compulsive behaviour, and other PD symptoms. They also provide support in navigating support services and resources.

Are there AHCP with Parkinson's-specific training?

There are many Parkinson's-specific programs and training opportunities available for AHCP. Here are a few common specializations:

Physiotherapists and occupational therapists can be trained in Parkinson Wellness Recovery. This program, also called PWR!, was developed by Dr. Becky Farley, using her 30 years of experience in neurorehabilitation. It uses research-based exercise programming to improve quality of life, from the point of diagnosis. The exercise moves taught as part of this regime are generalizable, customizable, assessable, and modifiable. As a result, they allow therapists to establish the program for life practice; to modify the positions and movements for varying levels of disease progression, fitness, or conditions; to progress the difficulty and complexity; and to integrate them into a comprehensive rehabilitation program with other research approaches.

Speech-language pathologists (SLPs), as well as physiotherapists and occupational therapists, can be certified in Lee Silverman Voice Treatment® (LSVT®). LSVT® has two Parkinson's-specific programs; one is LSVT® BIG, which is a behavioural treatment regimen designed to help people with PD re-train their movements. This program helps people with PD to produce larger motions, which can assist with balance and walking, freezing of gait, and activities of daily living. The other is LSVT® LOUD – used primarily by SLPs – which aims to increase vocal intensity in Parkinson's. This is an intensive program, which uses vocal exercises to increase loudness and improve articulation, intonation, and confidence while speaking.

Parkinson's-specific AHCP can be found in Movement Disorder Clinics, or treatment centres that focus on neurorehabilitation. Other independent AHCP can specialize in Parkinson's through accreditation from programs such as Allied Team Training for Parkinson's (ATTP®), which is provided by the Parkinson's Foundation. ATTP® offers multi-day courses, educating AHCP on Parkinson's care, medication, and symptom management.

Other PD-specific programs, which can also be run by trained AHCP, include:

- **Dance for PD.** This program offers internationally-acclaimed dance classes for people with PD, which are accessible and customizable. Participants are empowered to explore music and movement in ways that are refreshing, enjoyable, stimulating, and creative.
- **PD Warrior.** This circuit-based exercise class focuses on high-amplitude, high-intensity, and high-effort movements to drive neuroplastic change in people with PD. The program encourages goal-setting and community support between fellow PD warriors, to help sustain long-term behaviour changes in an exercise-dominant lifestyle.
- **SongShine.** This music-based social program builds vocal ability with a holistic approach, integrating breath-awareness, body alignment, diction and articulation exercises, creative imagination, role-playing, and emotional engagement.
- **Step by Step.** This 12-week walking program is aimed at incrementally improving an individual's average number of daily steps. Community leaders organize weekly walks, in which participants are encouraged to socialize, and increase their steps based on personal goals.
- **Rock Steady Boxing.** This non-profit organization helps people with PD improve their quality of life through non-contact boxing-based fitness curriculum. Adapted largely from boxing drills, this program conditions agility, speed, muscular endurance, accuracy, hand-eye coordination, footwork, and overall strength.

What are Movement Disorder Clinics?

Movement Disorder Clinics provide multidisciplinary support for people living with Parkinson's disease

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LIVING WELL

New Canadian Clinical Guideline for Parkinson's Disease

In 2012, Parkinson Canada released the first Canadian Guidelines for Parkinson's Disease, outlining clinical standards in the diagnosis and treatment of Parkinson's disease (PD). The second edition, providing updates with input from healthcare professionals and people with PD, was released in September 2019. These guidelines are intended to be used by healthcare professionals in clinical practice to enhance care, however, they may also be useful for others wishing to expand their knowledge of Parkinson's disease.

The Guideline includes 97 recommendations for Parkinson's care, divided into five sections:

- **Communication:** outlines the best practices in effective communication between healthcare professionals and people with PD, as well as their families and carepartners
- **Diagnosis & Progression:** highlights important considerations for healthcare professionals who diagnose PD, and explains the variation in Parkinson's symptoms and disease progression from person to person
- **Treatment:** defines different treatment and symptom management options, including medications, surgical interventions, exercise, and rehabilitation
- **Non-Motor Features:** outlines non-motor symptoms like mental health problems, urinary dysfunction, weight loss, gut issues, and more, and explores treatment and management options
- **Palliative Care:** explains how palliative care can – and should – be implemented from the point of diagnosis

Developing the Guideline

The 2019 Guideline is informed by advancements in the fields of Parkinson's research and treatment practices, alongside changes in the general standards of care for life-altering, chronic, degenerative, and neurological diseases since 2012.

A multidisciplinary team of PD experts collaborated to find the best published evidence to provide the basis for this guideline's recommendations. Where research evidence was not available, the team of experts used their consensus to offer clinical advice.

This edition features a new section focusing on palliative care, and includes more information on coping with mental health and cognitive changes. It also places a significant focus on patient-informed care and decision making. The key points from this updated guideline are summarized below (Ferarri, 2019):

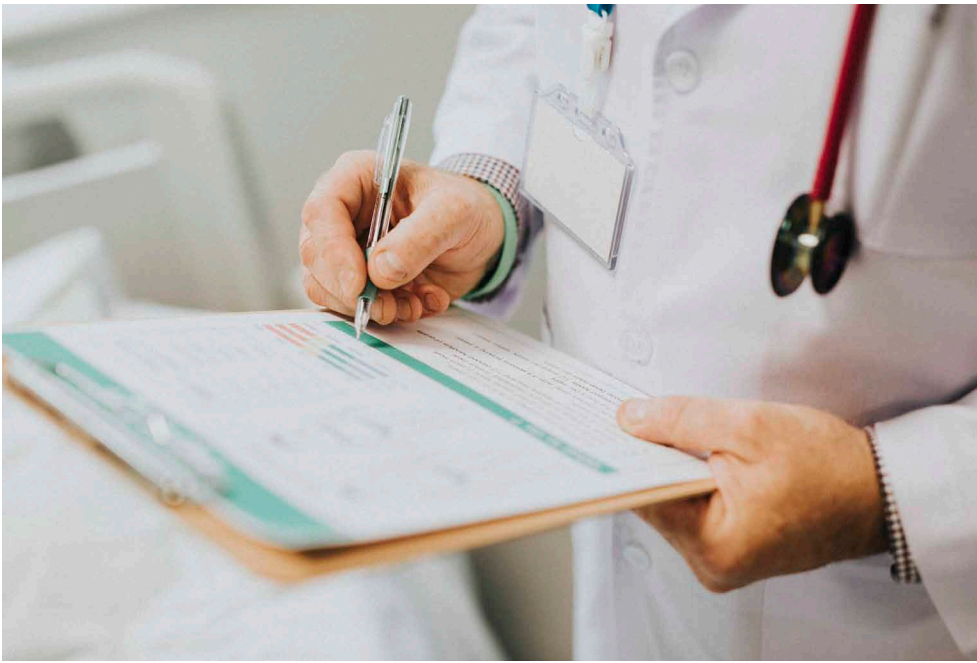
1. Impulse control disorders can develop in a person with Parkinson's on any dopaminergic therapy, at any stage – especially those taking dopamine agonists.
2. Surgical therapies like DBS and levodopa-carbidopa gel infusion (Duodopa® therapy) are being increasingly used in Parkinson's to manage motor symptoms and fluctuations.
3. Evidence exists to support early institution of exercise at the time of Parkinson's diagnosis in addition to the clear benefit now shown in those with well-established disease.
4. Palliative care requirements of people with Parkinson's should be considered throughout all phases of the disease, which includes an option of medical assistance in dying (MAiD).

Communication

For healthcare professionals, honest, clear, and empathetic conversation is the key to establishing and maintaining a good relationship with patients. Effective communication elevates the quality of care, because it allows for patients to be more involved in decision-making and self-management.

The Guideline provides recommendations that set a high standard for communicating with people with Parkinson's, and their families and carepartners. Many of these are helpful to understand as a patient, as a means of evaluating your current care, but also because they can be implemented on both ends of conversation.

To enable people with PD to be active decision-makers in their care, the Guideline advises healthcare professionals to provide useful, relevant, comprehensive, and evidence-based information. Taking into account the cognitive changes, communication challenges, and mental health issues that may be present for many people



that anyone presenting with T.R.A.P. – tremor at rest, rigidity, akinesia (impairment of voluntary movement), and postural instability – should be evaluated for a potential PD diagnosis. It recommends referring patients to a neurologist or other specialist with knowledge of differential diagnoses of Parkinson’s and other parkinsonisms, structural brain changes, or tremors resulting from drug exposure. CT (computerized tomography) and MRI (magnetic resonance imaging) scans are not used for

with PD, the Guideline also recommends that communication be accessible, timely, and provided both verbally and in written form.

Important for building a strong relationship between patients and their healthcare providers, the Guideline also reinforces the standard of optimistic, encouraging communication. It calls for a “person-centred” approach to care, which includes communication that is tailored to the individual patient and their evolving medical needs through each stage of disease progression. Also advised is the inclusion of family and carepartners in conversations about care, so that they may effectively support their loved one in self-management and self-advocacy.

As a chronic and progressive disease, Parkinson’s can be difficult to talk about candidly. It is important for your healthcare team to ensure you feel comfortable and empowered, while being well-informed and educated on all aspects of your medical condition. In return, it is valuable to be candid with your healthcare team, and share updates on your condition, ask questions, and voice your opinion on potential treatment options.

Diagnosis and Progression

Since Parkinson’s can sometimes be mistaken for other conditions like essential tremor or dystonia, diagnostic criteria are crucial in helping healthcare professionals make an accurate and informed diagnosis. The Guideline maintains

PD diagnosis; instead, the Guideline recommends testing the diagnosis with a medication trial of dopamine replacement therapy, through prescribed dopamine agonists.

Genetic testing for Parkinson’s is not recommended by the Guideline at this time, because there is insufficient research linking PD genes to disease onset, and as such, there is no established treatment or therapy that can be used to delay or prevent PD.

Treatment

Parkinson’s treatment can include drug therapy, surgical interventions (Deep Brain Stimulation, Duodopa®), physiotherapy, occupational therapy, psychology, and other support services. According to the Guideline, Levodopa remains the “gold standard” in Parkinson’s treatment (Ferrari). Alongside the drug, exercise has been shown to have the greatest benefit to people with PD, and rehabilitative therapy is now recommended from the point of diagnosis, as a means to instituting a regular exercise routine and healthy habits. The Guideline recommends therapies focused on balance, walking, flexibility, strength, aerobics, and functional independence, and notes benefits not only for the patient’s health and wellbeing, but also their overall mobility and performance of activities of daily living.

Non-Motor Features

People with Parkinson’s can experience cardiovascular, gastrointestinal, urogenital,

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GIVING

The Leslie Family

Mary Isabella Leslie was born in 1906 to Angus and Mary Anne Kerr. The Kerrs were immigrants from the parish of Assynt in Scotland, who after a brief stint living in New York, moved from Toronto, ON to MacNutt, SK to be closer to family.

In the early 1920's, Mary was diagnosed with tuberculosis, forcing her to spend a few years in a sanatorium in Saskatchewan until a doctor recommended the family move to a warmer climate to facilitate Mary's healing process. It was then that they relocated to Penticton, BC.

As a young woman, Mary was very active, spending her days skiing with friends, horseback riding, hiking, and camping. In 1942, she married A. Cliff Leslie, and together they had three children, Linda, Marna, and Angus. Described as the "ultimate" parent, Mary took great pride in motherhood, giving her children all her love and devotion. She was an accomplished seamstress (sewing all her children's clothes), a knitter (producing intricate patterned sweaters), a costume maker (including papier-mâché rabbits and elephants), and a jam maker (enticing everyone with the sweet smells of fruit in the summertime). As her children grew older, she encouraged her husband to fulfill his dream of obtaining his pilot's license, and when he did, she joined him on many excursions.

Things began to change for Mary in her early seventies when she started noticing that her "brain was sending messages to [her] muscles, but [her] muscles [were] not paying any attention to those messages." In 1981/82, after many visits to her family doctor, who told her the symptoms were likely a result of aging, she was diagnosed with Parkinson's disease. Her daughter Marna recalls, "I was living in Vancouver when I found out my mom had Parkinson's disease, and at the time, I really had no idea what it was. I thought it was some form of cancer. I called my sister Linda, stationed in Germany at the time as a nurse with the Armed Forces, and she explained a bit about what it was. It



Left to right from top: Mary skiing at White Lake; Mary horseback riding at Yellow Lake; Cliff & Mary on their wedding day; an Easter costume handmade by Mary; Jean-Paul & Mary riding a motorbike; the Leslies celebrating 40 years of marriage.

really was a learning experience for the whole family.”

Living far from their mother gave Marna and Linda a great deal of anxiety. They were fearful that her shaking may become so severe that daily activities such as eating, drinking, and watching TV would become difficult, if not impossible. Luckily, her tremor never became so severe; however, she did experience impaired posture and balance, slowed movement, and constipation. Mary’s ability to communicate also became a challenge, with her voice coming and going. Reflecting on her mother’s experience, Marna noted how it was so “very, very difficult when [she could not] clearly communicate at will.”

Through a colleague at Marna’s work, the family was introduced to the Movement Disorder Clinic at the University of British Columbia, where renowned neurologist, Dr. Donald Calne, was serving as Director at the time. This proved to be a tremendous benefit to Mary, who was given many strategies to cope with her symptoms. While she did maintain a consistently positive attitude, her visits to the clinic “made her feel that she wasn’t being forgotten and that she was valued. This really helped her to continue on.”

When asked what Mary’s message to others with Parkinson’s would’ve been, Marna says, “I think my mom would tell others to live in the most positive, relentless, and determined way that you possibly can. We honestly never heard her complain – not even once. She lived her life as normally as she possibly could, and did everything she had once done, even if it had to be to a lesser degree.” To caregivers/carepartners, Mary would’ve offered the following food for thought: “Let your loved one experience some of the things that they’re no longer ‘supposed’ to do. Don’t tell them they cannot do it. Just let them try.” Marna recalls her mother living this advice. Over a particularly memorable



Top to bottom: Mary & Cliff in 1986; Mary with Jean-Paul & Jerome; Mary & Cliff at Lands’ End in Cornwall, England.

summer, Marna’s friends Jean-Paul and Jerome, both chefs from France, came to visit. Hair blowing in the wind and a smile as wide as an ocean, Mary went for a ride on the back of a motorbike with Jean-Paul.

Marna remembers her mother as caring, creative, optimistic, and determined. “We miss her so much,” she says. Mary gave purpose and meaning to her life through her hobbies and connections with family and friends. Even until the end, she was thinking of others. On December 24, 1989, three years to the day after her sister died, Mary passed away, with her last words to her daughter being, “I am so sorry to spoil everyone’s Christmas.”

In memory of their resolute and compassionate mother, Mary’s children donate to Parkinson Society BC through securities. More recently, through a family connection, Marna and Leslie have begun supporting Kelowna resident, Garry Toop, in his fundraising efforts for Parkinson SuperWalk. “We are so impressed by Garry’s dedication and determination to make a difference to people with this debilitating disease [...], so now to show our appreciation for all that he is doing [as an advocate], our contribution is made to his SuperWalk efforts,” says Marna. Supporting Parkinson Society BC is important to the Leslie family as it was “so heartbreaking to watch our mother, whom we loved dearly, struggle on a daily basis. We do not want anyone to have to go through those challenges, and we believe

that making [more therapies and supports available] will help to lessen the suffering.”

Parkinson Society BC would like to thank the Leslie family for their generous ongoing support. Donations from individuals and families, like the Leslies, are critical to our operations. If you would like to help empower the Parkinson’s community in British Columbia, please consider making a donation at www.parkinson.bc.ca/donate or 1-800-668-3330.

In loving memory of Mary Isabella Leslie (1906-1989).

NEWSWORTHY

UPCOMING EDUCATION EVENTS

Communication & Swallow Workshop, Nanaimo & Abbotsford

This full-day interactive and participatory workshop, led by Registered Speech Language Pathologist Sherri Zelazny, will focus on the communication and swallowing challenges faced by people with Parkinson's. This event is open to those already experiencing communication and swallowing challenges, as well as those who wish to be proactive in their treatment.

Date: Saturday, January 25
Time: 10:00am - 2:30pm
Location: Vancouver Island Conference Centre
Dodd Narrows Room A/B
101 Gordon St, **Nanaimo**
Cost: Member \$25 | Pair \$40
Non-member \$35 | Pair \$60

Date: Saturday, March 14
Time: 10:00am - 2:30pm
Location: Quality Hotel & Conference Centre
36035 N Parallel Rd, **Abbotsford**
Cost: Member \$25 | Pair \$40
Non-member \$35 | Pair \$60

TO VIEW OUR FULL EDUCATION EVENT LISTINGS & REGISTER ONLINE, VISIT WWW.PARKINSON.BC.CA/EVENTS

"Before the *Communication and Swallow* training exercises, I had stopped talking to people because conversations and socialization became difficult. The workshop came at just the right time, and was full of useful information.

I feel empowered by the training I received. Its benefits, and those of the Society's online resources, are something that I regularly speak of at my support group."

- *Patti Gunning*

UPCOMING WEBINARS

Ask the Expert: Mindfulness

What does it mean to be mindful? How does one practice mindfulness, and why is it beneficial?

Join us on January 29, as Parkinson Society British Columbia's own clinical counsellor, Judy Zhu, discusses mindfulness, and leads a meditation practice via webinar. Judy is a registered doctor of Traditional Chinese Medicine and has been practicing Zen meditation for over 10 years. In this webinar, she will share the researched benefits of mindfulness on our body and mind, from reducing anxieties, stress, and pain, to improving cognitive function, emotional regulation, and overall quality of life. She will also talk about how mindfulness can be applied to daily life to help manage the many stressors that people with Parkinson's disease, their families, and carepartners face.

Date: Wednesday, January 29
Time: 10:00am - 11:00am
Cost: Free

Ask the Expert: Intimacy & Parkinson's

Approximately half of all men and women with Parkinson's disease will experience problems with intimacy and sexual functioning. These symptoms can be difficult to talk about, but are important to address. The sexual functioning and wellbeing of people with Parkinson's and their partners can be affected by many factors, including motor symptoms, non-motor symptoms, medication effects and relationship issues.

This webinar, led by Elaine Book, Social Worker at the Pacific Parkinson's Research Centre, and Tricia Wallace, Clinical Counsellor at Parkinson Society BC, will discuss challenges with sexual intimacy and will explore options for addressing emotional distance as well as physical limitations brought on by PD.

Registrants are encouraged to participate with their partners. The content of this webinar is focused on relationships, sharing, and communication, so exercises will be geared toward couples. Registrants will have the opportunity to be anonymous during the webinar.

Date: Thursday, February 13
Time: 7:00pm - 8:30pm
Cost: Free

Spread the holiday joy!

Here are just a few ways you can support Parkinson Society British Columbia this holiday season:

- In lieu of gifts, collect donations in support of the Parkinson's community across BC, or donate on behalf of a loved one.
- Participate in a local holiday fair by selling baked goods, crafts, and other seasonal treats.
- Share your story or testimonial with the Society to help us spread the word about our programs.
- Sign up or renew your household membership with the Society for just \$25.
- Donate to Parkinson SuperWalk online through December 31st, and mark your calendar for next year's event, taking place September 12 & 13.

To learn more about how you can help, contact us at info@parkinson.bc.ca or call 1-800-668-3330.

Thank you to our fundraisers & donors!

Golf Classic

The BC Sheet Metal Association held their 36th Annual Golf Classic this past September. This year, Parkinson Society BC was selected as the beneficiary of funds raised at the tournament totalling \$8,090. Thank you for your generous contribution!

An Afternoon of Song and Opera

This concert featuring the musical talents of Diana Oros, totalled over \$2,700. Many thanks to organizer Dan Wilder!

Canucks Memorabilia

Brock Boeser of the Vancouver Canucks donated funds from an auctioned cap and toque to the Society which raised \$1,293.67. Thank you Brock for your ongoing support!

Dinner Party for PD

Special thanks to the Harasym family for hosting a dinner party that raised \$1,200!

Craft Fair Contributions

Thank you to Chris Olsen, who lives with Parkinson's, for raising \$65 at a local craft fair! Chris sold handmade greeting cards featuring her very own artwork.

FAQ: ALLIED HEALTHCARE PROFESSIONALS CONT'D

and related disorders, including dystonia and essential tremor. These clinics often give patients access to a team of PD-trained specialists, including neurologists, nurses, physiotherapists, occupational therapists, social workers, and SLPs.

The Movement Disorder Clinics located in British Columbia include:

- the Pacific Parkinson's Research Centre, located at the University of British Columbia Vancouver Point Grey campus, at the Djavad Mowafaghian Centre for Brain Health.
- the Jim Pattison Outpatient Care & Surgery Centre, located beside the campus of the Surrey Memorial Hospital.
- the Parkinson's and Movement Disorders Clinic, located in the Richmond Pavilion at Royal Jubilee Hospital in Victoria.
- the Okanagan Movement Disorder Program, located in the Walter Anderson Building at Kelowna General Hospital.

To access a Movement Disorder Clinic, you must have a referral from your general practitioner or neurologist.

Additional Resources

PD Programs | www.parkinson.bc.ca/active-living
HealthLink BC Directory | bit.ly/healthlinkbcservices
Your HealthCare Team | bit.ly/pdhealthcareteam

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PSBC refers people to programs that are held specifically for people with PD – we do not endorse specific trainers and/or fitness professionals. Any listing in the aforementioned documentation should not be considered an endorsement of the third-party event(s). As such, the Society cannot be held responsible or liable for any loss or damage suffered as a result of participation.

PSBC practices referring individuals to qualified health professionals with sufficient educational training. Health professionals such as a registered physiotherapist, can include exercises or interventions such as boxing that she or he as a health professional, judges are an advantage to her or his patients. These individuals have professional practice insurance and make judgements based on their professional training.

We will not refer to programs by name which require appropriate credentials such as Parkinson Wellness Recovery! (PWR!), Rock Steady Boxing, Dance for PD, or SongShine unless proof of credentials is provided to the Society.

thermoregulatory, and other autonomic functioning problems as non-motor symptoms. Although there is insufficient research available to guide recommendations on the management of many of these symptoms, the Guideline offers the following advice for healthcare professionals:

- Botox (Botulinum Toxin) injections can help control drooling.
- Drug therapy using domperidone can help low blood pressure.
- Depression, anxiety, and other mental health challenges can be managed through counselling and support services.
- Drug therapy using clonazepam and/or melatonin can suppress sleep disorders.
- Cholinesterase inhibitors may be effective in treating cognitive decline in PD, though more research is needed to introduce these drugs as a standard.

Palliative Care

Since the last edition of the Guideline, “palliative care” has been redefined. Across all chronic, progressive, and degenerative illnesses – otherwise known as life-altering conditions – palliative care is now being introduced as a standard part of disease management.

Palliative care can refer to two things: supportive therapy, and the philosophy of person-centred care. Previously, this term was most often used to describe end-of-life care, which is centred around making the patient feel comfortable and stable. However, more recently, healthcare professionals have shifted towards an approach to care that takes into account these same values in the treatment of people with conditions like neurodegenerative diseases, cancers, and terminal illnesses.

For people with Parkinson’s, adopting a palliative philosophy on care involves a holistic approach to disease management. Alongside a healthcare team treating motor and non-motor symptoms, people with PD benefit greatly from the aid of social workers, home care staff, support groups, counsellors, and others in their support network. This is why the Guideline recommends all healthcare professionals take a palliative approach with their patients with PD, particularly by adapting their communication style, and readily providing information on disease progression, possible

medication or treatment side effects, advance care planning, and support services. These discussions should also closely involve trusted family members, friends, and carepartners who help the person with PD feel heard, supported, and comfortable in their care. With regard to end-of-life care, the Guideline also recommends healthcare professionals discuss the option of Medical Assistance in Dying with patients and their loved ones.

Implementation & Next Steps

Parkinson Canada has worked to disseminate their Guideline across Canada, also making it easily accessible online. A noted barrier to the implementation of these standards of care is access to healthcare professionals who are either specialists in Parkinson’s management, treatment, and/or diagnosis. As a result, the Guideline is intended also to be a tool for future advocacy efforts on a federal level.

Additional Resources

PD Guideline | www.parkinsonclinicalguidelines.ca
Ask an Expert: Palliative Care | bit.ly/vptspalliativecare
Talking to Your Healthcare Team | bit.ly/paceframework

Sources

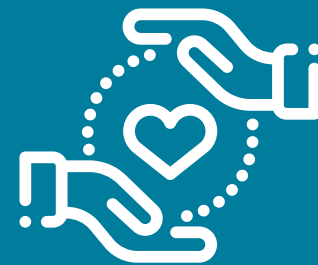
David Grimes et al. (2019) Canadian Guideline for Parkinson Disease. Canadian Medical Association Journal 191(36). Retrieved from: doi.org/10.1503/cmaj.181504
Ferrari, Grace (2019). Canadian Guideline for Parkinson Disease 2nd Ed. - Parkinson Canada. Presentation, Moving Forward, Together Conference.

MOVING FORWARD, TOGETHER PRESENTATIONS ONLINE NOW!

To learn more about the topics discussed at our provincial conference this year, check out the presentation slides from our expert guest speakers! Sessions covered include motor and non-motor symptoms, physiotherapy and functional exercise, advanced stages, nutrition, caregiver grief, allied healthcare, and sleep disorders.

Visit bit.ly/psbcpresentations to view the slides.

2020 PROGRAMS & SERVICES AT A GLANCE



Parkinson Society BC is pleased to announce our tentative education and support services plan for the upcoming year. More details will be provided on our website as they become available. Schedule is subject to change.

Upcoming Events

Provincial Conference

- Information Coming Soon!

Regional Conferences

- Victoria: Spring
- Kelowna: Summer

Communication & Swallow

- Nanaimo: January 25th
- Abbotsford: March 14th
- Kamloops: Fall
- Tri-Cities: Fall

Webinars

- Webinar Wednesdays (dates TBD)
- Caregiver Series: TBD
- Exercise Series: Winter & Fall

Time Out for Carepartners

- Richmond: Winter
- Kelowna: Fall

New Diagnosis Workshop

- Vancouver: February 22nd

Community Talks

- North Shore: Winter
- Duncan: Spring
- Courtenay: Spring
- Nanaimo: Spring
- Cranbrook: Spring
- Prince George: Summer
- Salmon Arm: Summer
- Vernon: Summer

Step by Step: 12 week walking program in communities across the province in April 2020.

Support Groups: We will continue with our visits to support groups throughout the year, as well as our calls and webinars with facilitators to ensure ongoing support. GroupLink will be published monthly to provide relevant information to group participants. We will also work to strengthen our online support groups through regular assessment of their needs.

Counselling: We will continue to offer free and confidential short-term counselling services to people affected by Parkinson's disease. These services are currently available in-person or over the phone. Due to increasing demand, we will be extending the availability of this service from two days per week to four days per week.

Information and Referrals: Ongoing service is available in-person, by telephone, or online. If we are unable to answer your questions or concerns immediately, we will research your inquiry and get back to you.

PD Connect: Continue to increase awareness of PD Connect, a referral program intended to help healthcare professionals connect individuals affected by Parkinson's disease with services available through Parkinson Society BC.

Scholarship Programs:

- Continuing Education Scholarships for healthcare professionals (6 scholarships of \$1000 each)
- Provincial Conference Scholarships (more information to come)

Online resources:

We will continue to produce up-to-date resources for people with Parkinson's and their carepartners, as well as produce resources specific to healthcare professionals. We will distribute recordings of presentations and webinars through our publications (e.g, Good News, GroupLink, Pathways).

For up-to-date listings of our education events, please visit www.parkinson.bc.ca/events.

SUPERWALK TOTALS

Thank you to everyone for your enthusiastic participation in, and generous donations to, the 29th annual Parkinson SuperWalk. This year, your incredible support has helped to raise over \$436,006 and counting. These funds will allow the Society to extend its reach, providing advocacy, programming, support services, and contributions to research for the 13,000 British Columbians living with Parkinson's disease, and their carepartners and families.

TOTAL RAISED BY COMMUNITY ¹

100 Mile House	\$ 2,737.00
Abbotsford	\$ 12,650.00
Burnaby	\$ 4,867.20
Castlegar	\$ 1,050.00
Chilliwack	\$ 5,043.00
Comox Valley	\$ 13,078.00
Cranbrook (Virtual Walk)	\$ 325.00
Kamloops	\$ 32,380.00
Kelowna ²	\$ 69,668.00
Langley	\$ 13,220.00
Nanaimo	\$ 19,042.00
New Westminster	\$ 2,980.00
Oliver	\$ 1,557.45
Parksville	\$ 4,345.00
Pitt Meadows/Maple Ridge	\$ 12,656.39
Port Alberni	\$ 4,827.00
Powell River	\$ 9,081.45
Prince George	\$ 13,360.00
Richmond (Virtual Walk)	\$ 1,440.00
Salmon Arm	\$ 2,765.00
Sechelt (Virtual Walk)	\$ 6,065.00
Vancouver	\$ 143,035.45
Vernon	\$ 18,560.00
Victoria (Virtual Walk)	\$ 7,383.00
White Rock	\$ 23,735.00
Virtual Walkers	\$ 7,605.00

Total: **\$436,006**

...AND COUNTING!



Vancouver



Kamloops



Kelowna



Castlegar



Castlegar



Pitt Meadows/Maple Ridge



Parksville



Port Alberni

THANK YOU, BRITISH COLUMBIA!

TOP FUNDRAISING INDIVIDUALS

Superb SuperStar Walkers (Raised \$5,000+)

Kamloops: Jane Osterloh, Bryan White
Kelowna: **Deborah Hartley**, Wendy Olinger, Shelley Schreyer, Garry Toop
Nanaimo: Robert McIntyre
Vancouver: Holly Parrish, Valerie Swannell, Deborah Yeates
Vernon: Colleen Volland

SuperStar Supreme Walkers (Raised \$2,500 - \$4,999)

Comox Valley: Margaret Elson
Kamloops: Case Van Diemen,
Kelowna: John Hallam, Vreni Morel, Carole Taylor
Pitt Meadows/Maple Ridge: Edith Elliott
Powell River: Henry Cummings
Prince George: John Corbett
Vancouver: Elspeth Banerd, Peter Chappell, Tracey-Lee Eddy, Deana Grinnell-Smerdon, Janet Maybury, Margaret Mutch, Nancy Pow, Grant Sheinin, Janet Stuehmer, May Wong, Valerie Zilinski
Victoria: Terence Gorsuch
White Rock: Elizabeth Holroyd, John Manuel

PRIZE WINNERS

Top Fundraising Team:
Red Hot Chili Steppers, Vancouver
\$300 gift card, donated by IGA

Top Fundraising Individual:
Deborah Yeates, Vancouver
iPhone X 64GB, donated by TELUS

SuperStar Walker Draw:
Barry Pynn, Vancouver
Fitbit Inspire, donated by SportChek

Provincial Team Draw:
Team Lloyd, Kelowna
\$200 gift card, donated by IGA

SuperStar Walkers (Raised \$1,000 - \$2,499)

100 Mile House: Philip Konrad
Abbotsford: David Giesbrecht, Carolyn Krahn, Anna Oenema
Burnaby: Linda Dawson, Michael Dawson
Chilliwack: Darell Miton
Comox Valley: Wayne Benning, Barry Bowen, David Musgrave, James Stevenson
Kamloops: Daryle Arden, Rodney Hobbs, Ruth Konrad, John McCurrach, Rendy Olthuis, Brianna Senner, Wesley Stephens
Kelowna: William Arkinstall, Ralph Ayers, Peter Baigent, Deanna Begrand, Jean Flintoft, Ingrid Kahl, Kevin McDowell, Lloyd Peterson, John Thor, Judith Van Dyke
Langley: William Cowan, Gail Macadam, John Patterson
Nanaimo: Maureen Erasmus, Tanya Lesstrange, Wendy Murray, Allan Sundvall
New Westminster: Harry Oda
Parksville: Ken Hemmerling
Pitt Meadows/Maple Ridge: Rheanna Corpuz, Richard Maki
Port Alberni: Raymond Nicklin
Powell River: Dennis Dyer, David Fisher
Prince George: Pierre Ducharme, Caroline Lamb
Sechelt: Steven Beyrouy, Sandra Peake
Vancouver: Stephen Bates, Teagan Cartwright, Hugh Crosthwait, Irina Gavala, Jill Goertzen, Kai Youn Hui, Diane Janzen, John Johnson, Charlotte Kennedy, Madeline Kennedy, Bena Luxton, Katsuji Mayede, Eva Maria Moser, Chris Parrish, Sally Pollock, Barry Pynn, Sandra Robertson, Patricia Rupper, Kim Van Haren, Courtney Vasquez
Vernon: Lois Hales, Wray McDonnell, Judith Nelson, Tina Whiting, Karen Whittle
Victoria: Patricia Wood
Virtual: Sylvia Bull, Katharine Hennebery, Margaux Hennebery, Alan Reynolds
White Rock: Leanne Mah, Rachel Stewart

TOP TEAMS

BC Teams (Raised \$1,000+)

100 Mile House: Cariboo Konrads
Abbotsford: ParKrahn, Team Betty, Walk 4 Pake
Burnaby: Folkdancers, Green Thumb
Comox Valley: Stir It Up
Kamloops: Arden, Sandy's Walkers, Shake, Rattle & Roll, Rhonda Hendry
Kelowna: Good Vibrations, Group Therapy, KenV's Team, PERCS for Parks, Team Lloyd, Team Thor
Langley: Aldor Acres Family, JP's Warriors, Pop's Posse, The Dewsters
Nanaimo: Papa Bear, ProPacific DKI, Team Aronson
New Westminster: Century House Parkinson's Group
Pitt Meadows/Maple Ridge: Elliott Walkers, Victor's Striders, Team Whonnock
Port Alberni: Port Alberni Support Group
Prince George: Team Bill Corbett
Sechelt: Sunshine Coast Crusaders
Vancouver: A&W Cruisers, Air Hole, Classic Goaldiggers, Dash for Kash, Granni Di, Gran's Team, Hope For A Cure, Mayede.com: Never Give Up, Piers VanZiffle, Pollock Power, **Red Hot Chili Steppers**, Remembering Bryan, Rock Shake 'n Bake, Steady Boxing Vancouver, Saskatchewan Roots, Shake Señora, Shrimp, Stan the Man, Team Chapow, Team DITO, Team Janet, Team Mojo, Team Ralph, The Nag and the Tough One, Val's Team, UBC Pacific Parkinson's Research Centre, When Life Gives You Parkinson's
Vernon: Colin's Crusaders, Whiting Walkers
Victoria: Keep Moving Never Give Up
Virtual: Team Mayne, Team Tras
White Rock: Manuel Walkers, Rock 'n' Mama and the Followers, Team Elizabeth, Team Barry, The Hustlers, The Jones, The Stragglers



Nanaimo



Nanaimo



100 Mile House



Vancouver

Thank you to our
Provincial Sponsor



For the most up-to-date walk totals and photos,
visit parkinson.bc.ca/sw-totals.

¹ We endeavour to provide accurate listings using the information available at the time of publishing. If there is information you are aware of that has been overlooked, please contact us.

² Includes \$2,500 sponsorship from RONA Inc.

STAY CONNECTED TO THE PARKINSON'S COMMUNITY

It's that time of year again! Renew your membership with Parkinson Society British Columbia and continue to be part of our friendly, caring, and supportive community.

For only \$25, you will receive an annual membership for you and your household, valid until December 31, 2020. Reasons to renew your membership:

- **Get discounts.** Your membership provides you with great discounts on events that are not to be missed!
- **Stay informed.** Get the latest information on research, medication, caregiving, exercise, wellbeing, and nutrition when you receive our quarterly magazine, Viewpoints, and other publications.
- **Be heard.** Vote at our Annual General Meeting and add your voice to the community to garner support from donors, sponsors, and politicians.
- **Gain support.** Link to our provincial network of over 50 support groups, and speak with our knowledgeable and compassionate staff.

Get an annual membership for only

\$25

Questions? Call or email Susan Atkinson, Donor & Member Services Coordinator
604-662-3240 | 1-800-668-3330 | satkinson@parkinson.bc.ca



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