

VIEWPOINTS



Winter 2022

VIEWPOINTS

Quarterly Newsletter
by Parkinson Society
British Columbia

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Your support is essential.

Parkinson Society BC would not exist without the support of our members, donors, and volunteers.

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.

Here are a few of the ways you can support the 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.

PLANNED GIVING & BEQUESTS

Consider Parkinson Society British Columbia as a beneficiary in your will.

FUNDRAISING

Become a Champion for Parkinson's by organizing your own event benefiting the Society. For more information on how you can support us, visit www.parkinson.bc.ca/donate.

SUPPORT GROUPS

100 Mile House, Abbotsford, Advanced Carepartner Online, Burnaby, Campbell River, Carepartner Bereavement Online, Chilliwack, Chinese Speaking (Burnaby), Courtenay/Comox Valley, Cranbrook, Deep Brain Stimulation, Duncan/Cowichan Valley, Early-Mid Stage Carepartner Online, Gabriola Island, Kamloops, Kelowna, Kelowna Carepartners, Langley, Langley YOPD, Maple Ridge/Pitt Meadows, Maple Ridge Caregivers, Nanaimo, Nanaimo Carepartners, New Diagnosis, New Westminster, North Shore, Osoyoos/Oliver, Parkinson's Online, Parksville/Qualicum, Parksville/Qualicum Caregivers, Port Alberni, Powell River, Prince George, Princeton, Quesnel, Richmond, Richmond Carepartners, Surrey, Trail/Castlegar, Tri Cities Caregivers, Tsawwassen, Vancouver Arbutus, Vancouver Carepartners, Vancouver Downtown, Vancouver West Side, Vernon, Vernon Caregivers, Weekly Parkinson's Online, White Rock Carepartners, Williams Lake, Young Onset Parkinson's Online

EDITORIAL STATEMENT

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Ask an Expert

Dr. Jean Paul Lim discusses the benefits of medical cannabis for people with Parkinson's



Dr. Jean Paul Lim, MD, FRCPC, is an internal medicine and complex care specialist, as well as a clinical instructor at the University of British Columbia (UBC). He is also the

medical director of PerceiveMD, a multidisciplinary patient-focused clinic that provides free, comprehensive assessments for medical cannabis. Dr. Lim studied at UBC, where he earned a Bachelor of Science in Microbiology and Immunology, as well as a Doctor of Medicine. He has been in practice as a medical specialist since 2011. As part of exploring different approaches to health, Dr. Lim has become a leader in the medical cannabis space, as he believes it has numerous clinical benefits.

What is the difference between medical and conventional cannabis?

When it comes to medical and conventional cannabis, the products themselves are identical. The main difference is that if you go the medical route, the product gets delivered directly to your home and you get a receipt to claim it with your insurance company or on your taxes. On the other hand, conventional cannabis provides the convenience of being able to purchase it yourself anytime from a retail store.

What are the different forms of cannabis?

Cannabis is available through either a capsule, oil, vape pen, or dried flower for smoking.

How does medical cannabis help manage the symptoms of Parkinson's?

Cannabis can help with symptoms such as tremor, pain, insomnia, and anxiety that individuals with Parkinson's disease (PD) may experience.

Could you talk a bit about your overall philosophy on medicine and exploring different approaches to health? Where does medical cannabis fit into this approach?

I think that disease and poor health in general are not from a singular issue that happens to us and makes us unwell, but rather may be a response to an accumulation of stresses for years, possibly even decades.

As a result, I do not think that people's health conditions can be treated with just one thing. I tend to employ a variety of different approaches to help people get better. This means that I speak a lot about diet, exercise, nutrition, and supplements – along with pharmaceuticals and natural remedies.

Medical cannabis falls within the realm of natural remedies, and that is how I use it for patients with Parkinson's. Parkinson's Disease can't be treated with just medical cannabis, but cannabis can have a role in its overall treatment.

What sets medical cannabis apart from conventional medical treatments for Parkinson's?

Cannabis is more holistic, and it addresses multiple things. For instance, cannabis can help with tremor, sleep, mood disorder, and pain all at the same time, whereas the conventional Parkinson's treatments tend to only address one thing. One pill will address the tremor, another pill will help with sleep, and then another for the anxiety. Cannabis can assist with a variety of symptoms.

What are the potential side effects that an individual could experience from using medical cannabis? Would you recommend medical cannabis to all people with Parkinson's, or are there specific criteria that you look for?

Cannabis has different components, and can usually be separated into cannabidiol (CBD) or tetrahydrocannabinol (THC). Those are the two most common cannabinoids, but there are others. Their effects have many differences, and so the side effects someone may experience will depend on which cannabinoid is dominant. CBD-dominant strains tend to cause very minimal side effects. Some people may experience diarrhea, while others may become energized. However, THC-dominant



strains can make people feel euphoric and can lead to imbalance, heart palpitations, dizziness, and increased risk of falls. THC can also induce feelings of anxiety and paranoia.

I would not recommend cannabis to people with PD without proper supervision. Cannabis can also potentially interact with certain Parkinson's drugs, and can be hard to properly dose. As a result, any cannabis use should be monitored closely.

[If you wish to incorporate cannabis into your Parkinson's treatment, involve a healthcare professional who knows how to use it properly, ideally a medical cannabis expert.](#)

What are some misconceptions that you see or hear about medical cannabis that you would like to clear up or debunk?

There are two, the first being that it is a cure-all for everything (like Parkinson's), which is not true. Then there is the other belief that it does nothing, which is also false.

What initially sparked your interest in exploring medical cannabis?

It was the patients. I journeyed with them to see if cannabis could be useful and found that it had the potential to help. I decided to explore things further because it was something that patients were doing, regardless of whether or not physicians were involved, and I did not believe that was the right way of incorporating this powerful, yet often misunderstood, remedy.

Research

Diagnosing mild cognitive impairment early

Reproduced with permission from Parkinson Canada.

Before some people with Parkinson's disease develop dementia, they often experience minor difficulty with thinking, memory, or judgment. This state, known as mild cognitive impairment, is easy to overlook and tricky to diagnose, especially since doctors don't have any biological markers that show up in tests.

"There is a spectrum between normal cognition and dementia," says Dr. Biniyam Ayele, an assistant professor of neurology at Addis Ababa University in Ethiopia. "These are people in-between. You may not initially find profound forgetfulness or memory problems; you may find slow processing instead."

If doctors had a biomarker to identify people who have mild cognitive impairment earlier, that would benefit both people with Parkinson's and their carepartners, Ayele says.

"It will help the families with managing, as well as intervening with available pharmacological and non-pharmacological therapies," he says.

Ayele will spend the next two years of a clinical research fellowship at Toronto's University Health Network analyzing brain imaging scans and neuropsychological tests to try to find that biomarker. He'll comb through hundreds of imaging scans and test results already collected through the Ontario Brain Institute's

Ontario Neurodegenerative Disease Research Initiative's (ONDRI) online database.

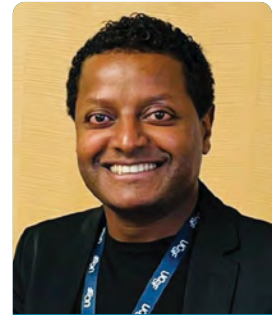
Ayele will try to match changes that show up in the brain scans with the results of the detailed neuropsychological tests that were also collected as part of the ONDRI research program. "I'm looking for parts of the brain that could be affected in people... so we can use either the clinical tests or the imaging to diagnose them," he says.

In addition to the structural brain changes he expects to find in the subcortical region of the brain, Ayele also hopes to identify which clinical tests are most accurate in identifying mild cognitive impairment. "If you have sensitive and accurate cognitive assessment parameters you can use to diagnose mild cognitive impairment earlier, clearly the patients would benefit from future major interventions based on these findings."

Cognitive rehabilitation therapy, exercise, and medications like rivastigmine, donepezil, and memantine may boost people's cognition, or prevent the progression to dementia, if given at the right time, Ayele says. As more treatments emerge, identifying people early will also be important to get them into clinical trials, he adds.

In Ethiopia, many people believe bad spirits, witchcraft, and curses cause Parkinson's and other neurodegenerative brain disorders. The more training Ayele receives during his fellowship, the easier it will be for him to address that stigma and discrimination, he says.

Ayele's grandmother, Yigebashal Ayele, had Parkinson's and he was her neurologist during the last year of her life in Ethiopia. Although most people with Parkinson's in Ethiopia don't have access to the medications that could slow progression of mild cognitive impairment, Ayele hopes his research and advanced training will contribute to efforts to change that reality.



RESEARCHER

Dr. Biniyam
Alemayehu Ayele,
Clinical Fellow

INSTITUTE

University Health
Network (UHN),
Clinical Research
Fellowship

PROJECT GRANT

\$100,000 over
2 years, funded
in Partnership
with Parkinson
Society British
Columbia

Living Well

Men's sexual health & wellbeing



If you experience sexual difficulties as a result of your Parkinson's disease (PD), you are far from alone – research shows that approximately 50% of people with PD have similar concerns (*Bronner & Vodusek, 2011*). Moreover, men with Parkinson's may face a unique set of challenges because of an interplay of biology and social factors. While many men feel embarrassed to talk about such difficulties, there is a compelling reason to address the proverbial elephant in the bedroom: research conducted on men in the early stages of the disease suggests that those who maintained a healthy sex life were less likely to experience motor disability and depression, and had a higher quality of life overall (*Picillo et al., 2019*). It is important to note that the definition of a healthy sex life is open to interpretation, and what is considered satisfying differs widely between individuals. Sexual intercourse is just one expression of sexual intimacy, and is by no means the only way to foster an intimate connection with one's partner.

TYPES OF SEXUAL DYSFUNCTION EXPERIENCED BY MEN

Below are some of the most common sexual function concerns reported amongst men with Parkinson's. However, no two people's Parkinson's is the same, as the disease varies in both its symptoms and progression. Just because a symptom is common does not mean any one person is guaranteed to experience it.

- **Erectile dysfunction (ED):** ED occurs in 60% to 80% of men with Parkinson's (*Bronner & Korczyn, 2017*). While erectile dysfunction may be a natural consequence of aging, PD can exacerbate difficulties with erections, as the disease affects the nervous system.
- **Decrease in libido:** studies show that people of all genders with Parkinson's experience a decrease in libido. Interestingly, predominantly experiencing motor symptoms on the left side of the body is correlated with a greater loss of libido (*Kummer, et al., 2009*).

- **Difficulty with orgasms:** one study found that men with Parkinson's who experienced difficulty with orgasms were afraid of not meeting their partner's expectations; as a result, they were more likely to show avoidance in the relationship, as well as have thoughts of withdrawing from their partner (*Bronner & Korczyn, 2017*).
- **Positioning difficulties:** many people with Parkinson's report that physically positioning their bodies during intimate moments may be challenging due to the motor symptoms of the illness (*Hocaloski, 2022*). Furthermore, the societal expectation that men should take a more active role in the bedroom can be difficult to live up to for those who experience profound motor symptoms.

FACTORS CONTRIBUTING TO SEXUAL DIFFICULTY IN MEN

There are a number of reasons why a man with Parkinson's might experience sexual difficulty, including:

- **Stress, anxiety, and depression:** living with a chronic neurological condition can certainly bring about challenges, as both the person with PD and their partner deal with the day-to-day and plan for the future.
- **Hormones:** testosterone naturally decreases over one's lifetime. However, testosterone deficiency, which affects about half of men with PD, can potentially cause apathy, as well as reduced sexual desire (*Bronner & Korczyn, 2017*). Snoring, sleep apnea, and opiate use can also decrease this important male sex hormone (*Hocaloski, 2022*).
- **Parkinson's disease symptoms:** both the motor and non-motor symptoms associated with PD can pose a challenge to one's intimate life. Autonomic dysfunction, which may cause symptoms such as bladder and bowel problems, drooling, and excessive sweating, can interfere with sexual expression (*Kummer, et al., 2009*). Fatigue and pain, two very common non-motor symptoms of PD, also can present challenges.
- **Medication side effects:** one study found that the use of dopaminergic medications may contribute to erectile dysfunction and low desire (*Bronner & Vodusek, 2011*). However, levodopa may also cause the opposite effect, resulting in hypersexual and compulsive behavior. If you suspect your medication is causing unwanted sexual side effects, consult your healthcare provider.

- **Predetermined expectations:** sometimes, the expectation that all sexual advances will lead to intercourse can disrupt the emotional or physical intimacy of relationship. For example, if a man with Parkinson's experiences ED, he may hesitate to make a flirtatious remark to his partner, for fear of disappointing them later (*Hocaloski, 2022*).

TIPS FOR OPTIMIZING MALE SEXUAL HEALTH AND WELLBEING

Fortunately, there are many things men can do to improve both their attitudes about sex, as well as their sexual function. These include:

- **Focusing on responsive versus spontaneous desire:** when desire is portrayed in the media, it is frequently that of a spontaneous nature – for example, a person is suddenly struck with passion and yearning for their partner or for sexual activity. This perpetuates the myth that if desire is not spontaneous, it is nonexistent. However, in real life, desire is often a response to something. Don't feel discouraged if arousal is not instantaneous; it may build with a little bit of patience as the sexual encounter goes on (*Hocaloski, 2022*).
- **Medical treatment options:** there are numerous treatments for common concerns, such as erectile dysfunction. PDE5 inhibitors, such as Viagra and Cialis, work by affecting chemicals in the body that relax the muscles of the penis, allowing for easier erections. Because people with Parkinson's disease experience slower gastrointestinal function as a result of PD, it may take substantially longer than normal for these drugs to work. A more invasive option to treat ED is intracavernosal injections. These injections, which are administered into the penis, are often more affordable than medications for ED, and have the added benefit of not requiring sexual arousal to work, unlike PDE5 inhibitors. Additionally, apomorphine, a dopaminergic drug used for Parkinson's disease, has shown some positive effect on erections. However, at higher doses, apomorphine can cause nausea and other

unwanted side effects (*Hocaloski, 2022*). Some men find that a combination of therapies is best for treating their erectile dysfunction. Talk to your doctor to explore the options available to you.

- **Hormone therapy:** if testosterone deficiency is a concern, daily transdermal testosterone gel can quickly improve symptoms, such as loss of libido, apathy, and depression (*Bronner & Korczyn, 2017*).
- **Improving positioning, and planning sexual encounters during medication 'on' periods:** the use of common household items, like pillows, chairs, and headboards, can help to make positioning more comfortable. Planning sex around when medication is working most effectively is another way to make sure that the experience is as rewarding as possible (*Hocaloski, 2022*).
- **Shedding preconceived expectations:** narrowly defining sex as only intercourse excludes a whole world of intimate activity that can be both pleasurable and emotionally fulfilling. Remaining open and challenging yourself to expand your horizons increases the number of opportunities you have to be surprised by an outcome. Even if sexual activity looks different when compared to before a Parkinson's diagnosis, there are many ways to optimize your potential and adapt to your limitations. Explore what is best for you and your partner (*Hocaloski, 2022*).
- **Seeking the help of a counsellor or sex therapist:** the objective perspective of a professional can be invaluable, especially for sensitive topics such as sexual wellbeing. Parkinson Society BC offers free, confidential counselling for people with PD and their loved ones. For more information, visit www.parkinson.bc.ca/counselling.

ADDITIONAL RESOURCES

- **Carepartner Connect: Maintaining Sexual Intimacy**
YouTube video: bit.ly/carepartnerintimacypd
- **Sexual Intimacy and Parkinson's**
Helpsheet: bit.ly/pdintimacy

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Living Well

In-home safety checklist

November is Fall Prevention Month, a time to reflect on and raise awareness about the impact falls have in our communities. Falls are a serious concern for seniors, as they are the leading cause of injuries and hospitalizations for adults aged 65 years and older in British Columbia (HealthLink BC, 2020). Because Parkinson's disease (PD) impacts the areas of the brain that control balance and

coordination, individuals with PD are at higher risk of falling. To minimize your fall risk, ensure that your home is a safe place by reviewing the following questions carefully. For best results, correct the items you have checked off. Helpful hints to help reduce your risk of falling are included. Always remember – falls can be prevented!



Do you have...

UNSAFE STAIRS?

- Repair broken or worn steps.
- Keep steps free of clutter.

BROKEN OR MISSING RAILINGS?

- Repair or install handrails on stairs, if possible.

POOR LIGHTING?

- To help visibility in stairwells, bright strips of tape to the edge of each stair where you should not step.
- Consider adding night-lights where overhead lighting is lacking.
- A night light in the bathroom can also make night trips to the bathroom easier.
- Always keep a charged flashlight near your bed for emergencies.

THROW RUGS?

- These are a tripping hazard. If you do not wish to remove them, they should be securely fastened to the ground with an adhesive, double-stick tape.

REGULARLY USED ITEMS OUT OF REACH?

- Put regularly used items on shelves within easy reach between hip and eye level.
- A long-handled grabber can be used to reach objects that are on high shelves or on the floor.

SPILLS THAT GO UN-WIPED?

- Spills on the floor can be dangerous. It is best to wipe up spills as soon as they happen.

AN UNSAFE BATHROOM?

- If you bathe in the shower, consider installing a non-skid shower chair and hand-held shower head so you can sit while bathing.
- Avoid pulling up on the sink to get up from the toilet or bathtub. Bathroom sinks are generally not securely fastened to the wall and floor, and are not intended to support your weight.
- Install grab bars or handrails in the shower, on the walls around the bathtub, and alongside the toilet, where necessary.



FURNITURE THAT IS DIFFICULT TO GET ON AND OFF OF?

- Try to sit on furniture with good back support that you can get into and out of easily. Firm chairs with armrests are easier to get out of.
- Add pillows to the back of chairs so that your feet can touch the floor.

CLUTTER?

- Shoes, electrical cords, and magazines can be hazardous in walkways. Always keep walkways clear.

AN INACCESSIBLE PHONE?

- Use a cordless home phone, or rely on your cellphone if possible. Keep your phone near you.
- In case you trip and fall, help is only a phone call away. Keep emergency numbers readily available.

Please note that this is not an exhaustive list of potential fall risks. Please treat this checklist as a starting point. Contact your doctor or healthcare provider if you have questions, or need help making changes.

ADDITIONAL RESOURCES

- **Stay on Your Feet**
Booklet: bit.ly/pdstayonyourfeet
- **Balance and Falling**
Helpsheet: bit.ly/pdbalanceandfalling
- **Bathroom Safety**
Helpsheet: bit.ly/pdbalanceandfalling
- **Assistive Devices & Home Adaptations**
Helpsheet: bit.ly/pdhomeadaptation

SOURCES

HealthLink BC. (2020). Preventing falls in older adults. <https://www.healthlinkbc.ca/more/aging-well/preventing-falls-older-adults>

Stories

The Red Hot Chili Steppers

If you have ever attended Parkinson SuperWalk in Vancouver, you may have noticed the Red Hot Chili Steppers. Even in a crowd of hundreds, their customized t-shirts and infectious smiles are hard to miss. Every year, team captain Tracey-Lee Eddy rallies up between a dozen and 20 team members who attend the Walk in Vancouver to show support for her father, Rick Smyth. Tracey-Lee's brother, Shane, who lives in Toronto, had the idea of starting a nation-wide team after their dad was diagnosed with Parkinson's disease (PD) nearly a decade ago. When Shane suggested it to Tracey-Lee, she knew it was the perfect opportunity to bring together friends and family from all across the country, united in their love and respect for Rick. The siblings announced their plan to their dad on Father's Day in 2014, shortly before they began fundraising in his honour.

Today, the Red Hot Chili Steppers span from coast to coast, with Walks in Vancouver, Comox, Toronto, and Burlington. "It is moving, year after year, to see how many people, across many generations, want to come out and show their support for my dad," Tracey-Lee says.

"He has always put us first and sacrificed for our happiness and success, and we wanted to find a way to do the same for him."

Tracey-Lee reached out to close friends and family to grow the team, including her aunt, Deb Yeates, who is Rick Smyth's sister. Deb and her husband, Jim, became involved with Parkinson SuperWalk to support Rick, but the couple recently added one more reason to participate – Jim's brother, Ted, was also diagnosed with Parkinson's disease a few years ago. Deb and Jim have since dedicated their SuperWalk efforts in honour of both Ted and Rick, and remain unwaveringly committed to raise awareness of and funds for the disease. Every year, their friends and business associates generously support them, which has resulted in them being among the top fundraisers and top teams in all of British Columbia for many years running.



When reflecting upon their fondest memories of SuperWalk, a common theme both Tracey-Lee and Deb express is connectedness. Deb's first memory of the Walk is how it brought their family together for a united cause, and served as a reunion for family members who had not seen each other for a while. Tracey-Lee agrees, adding that she also loves the opportunity to teach her three children about selflessness and service. Those lessons have made a big impact on her nine-year-old daughter, Isla, who has been attending SuperWalk since she was an infant. Over the summer, Isla and two of her friends had a stand where they sold apple juice and ice cream sandwiches, with 100% of the proceeds going towards SuperWalk. Isla proudly handed in those funds during the Walk this year.



The family recognizes the importance of raising critically-needed funding for programs, services, advocacy efforts, and research, right here in British Columbia. Deb says that the information from Parkinson Society BC has been invaluable for their family as they've faced this uncertain challenge together. "The work the Society does to connect people with Parkinson's disease is also especially beneficial," she says. "Relationships built with others are so helpful for the mental wellbeing of the person with PD, as well as their caregivers."

Funds raised at events like Parkinson SuperWalk directly support the Society's mission to empower people with Parkinson's to live well, and to make sure that everyone touched by this illness knows they are never alone.

"There isn't a lot we can do to alleviate my dad's symptoms or the struggles of PD," Tracey-Lee says. "However, what we can do is walk and raise funds to let him know that we have his back and are here for him."

Newsworthy

Upcoming Education & Exercise Events

Dance the Holidays

Tuesdays, November 15 – December 13

Megan Walker-Straight, Dance for PD® certified instructor

SongShine with Joani

Thursdays, November 17 – December 15

Joani Bye

Debriefing the Caregiver Role

December 15

Elaine Book, social worker & Courtney Doherty, counsellor



Did you know?

We welcome photo submissions from the Parkinson's community to be considered for our Viewpoints covers! Photos can be emailed to Alicia Wrobel at awrobel@parkinson.bc.ca

Thank you to our fundraisers and donors!



GRIT DAY

Thank you so much to everyone who participated in and donated to the fourth annual Grit Day this August, **helping raise a total of \$34,590!** The resilience shown at this event was absolutely inspiring. Thank you so much to the Plumb family and the entire Grit Day community for your dedicated efforts in planning and executing this event. We can't wait to see you again next year!

A&W FUNDRAISING

An enormous thank you to Holly and Chris Parrish from A&W! With the help of their staff from in Newton, Strawberry Hill, and Cloverdale in Surrey, as well as Glenlyon in Burnaby, they put on two successful fundraisers in support of the Society by collecting donations in stores, and holding a Root Beer Float Day at Nat Bailey Stadium. **In total, they raised \$15,000!**

UBC PATHS

UBC PATHS Alma Mater Society club **generously donated \$530** to the Society from fundraising initiatives organized throughout the year.

BORDEN LADNER GERVAIS

Thank you to the staff at Borden Ladner Gervais, who **donated their \$500 in winnings** from a recent volleyball tournament.



PARKINSON SUPERWALK®

Parkinson SuperWalk in British Columbia was **back in person this year**, after being hosted virtually for the past two years!

We were delighted to welcome participants back in 2022 and to see so many smiling faces again. Everyone's incredible support has helped raise **\$381,257.43** – and counting!

These funds directly support Parkinson Society BC's mission to empower people with Parkinson's by providing resources and services to enable self-management, self-reliance, and self-advocacy.

Thank you to everyone who participated, donated, and volunteered!

[Thank You to Our Media Sponsors](#)



Total Raised by Community¹

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

100 MILE HOUSE	\$2,530.00
ABBOTSFORD	\$20,105.00
BURNABY	\$3,725.00
CHILLIWACK	\$4,375.00
COMOX VALLEY (VIRTUAL WALK)	\$1,325.00
CRANBROOK	\$1,470.00
GENERAL DONATIONS	\$7,480.00
KAMLOOPS	\$26,415.00
KELOWNA	\$51,673.05
NEW WESTMINSTER	\$4,730.00
OLIVER (VIRTUAL WALK)	\$3,075.00
PARKSVILLE/QUALICUM BEACH	\$48,896.65
PITT MEADOWS/MAPLE RIDGE	\$12,157.00
POWELL RIVER	\$490.00
PRINCE GEORGE	\$9,747.00
VANCOUVER	\$111,732.73
VERNON	\$31,481.00
VICTORIA	\$6,715.00
VIRTUAL WALKERS	\$16,695.00
WHITE ROCK	\$16,440.00

\$381,257
...and counting!

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.



Top Fundraising Individuals

SUPERB SUPERSTAR WALKERS (RAISED \$5,000+)

Abbotsford: Carol Boschman

Kamloops: Jane Osterloh

Kelowna: Deborah Hartley, Wendy Olinger, Garry Toop

Parksville/Qualicum Beach: Doug Pickard,
TOP FUNDRAISERS Duncan & Maire Watson

Vancouver: Janet Maybury, Eva Moser, Margaret Mutch, Holly Parrish, Deb and Jim Yeates, Valerie Zilinski

Vernon: Rob Tedham, Colleen Vollan

Virtual Walker: Wendy Murray

SUPERSTAR SUPREME WALKERS (RAISED \$2,500 – \$4,999)

Abbotsford: Carolyn Krahn, Arlene Thygesen

Kamloops: Rendy Olthuis, Bryan White

New Westminster: Kathy Lynn

Parksville/Qualicum Beach: Clifford and Carol Anderson, Raymond Nicklin, Allen Sundvall

Vancouver: Elspeth Banerd, Tracey-Lee Eddy, Jeanette Fisher Pynn, Sally Pollock, Nancy Pow

Vernon: Beverly Russell

Victoria: Wayne Benning

Virtual Walker: Sylvia Bull

White Rock: Elizabeth Campbell Holroyd

SUPERSTAR WALKERS (RAISED \$1,000 – \$2,499)

100 Mile House: Philip Konrad

Abbotsford: Angela Hutchinson, Gary Schroeder

Burnaby: Linda Dawson

Chilliwack: Clifford Roulston

Comox Valley (Virtual): James Stevenson

Cranbrook: Laird Siemens

Kamloops: Daryle Arden, Janice Hobbs, Ruth Konrad

Kelowna: Marie Josée Dionne, Jean Flintoft, John Hallam, Lloyd Peterson, Carole Taylor

Oliver (Virtual): Deborah Lang

Parksville/Qualicum Beach: PJ and Kim Burns, Holly Meadows, William Reid, Veronica Williamson

Pitt Meadows/Maple Ridge: Edith Elliott, Richard Maki

Prince George: Crystal Beddome, Frank Bruder, Lisa Fitzsimmons, Carol Lamb, Barbara Robin, Kristi Wintemute

Vancouver: Viola Chan, Peter Chappell, Larry Gifford, Henry Gifford, Rebecca Gifford, Kelly-Ann Haslauer, Patricia Mauch, Richard Mayede, Alan Mayede, Naomi Mayede, Chris Parrish, Sandra Robertson, Barbara Robertson, Patricia Rupper, David Van den Kerkhof, Courtney Vasquez, Amit Venugopal, Kenji Watanabe, Wendy Winkler, May Wong

Vernon: Lori George, Albert Hiebert, Sam Kerton, Wray McDonnell, Gordon Nuyens, Gary Tancock, Ralph Whittle, Laura Wilson

Victoria: Janet Fayjean, Terry Gorsuch

Virtual Walker: Rheanna Corpuz, Barbara Johnson, Zachery Longboy, Bente Svendsen, Kim Van Haren

White Rock: Shelley Jackson, Leanne Mah

Top Teams

BC TEAMS (RAISED \$1,000+)

Abbotsford: Angehoya Team, M&C Boschman, ParKrahn, Schroeder Team, Team Thygesen

Burnaby: Manuel Resendes

Kamloops: Parkinson Scooter Riders, Shake, Rattle & Roll

Kelowna: Good Vibrations Kelowna, Team Lloyd

New Westminster: Century House Parkinson Group

Oliver (Virtual): Oliver/Osoyoos Online Steppers

Parksville/Qualicum Beach:

TOP TEAM

Parksville Qualicum Beach SuperWalk, PD Warriors

Pitt Meadows/Maple Ridge: Determined for Diane, Elliott Walkers, Grams Gang, Pop's Posse

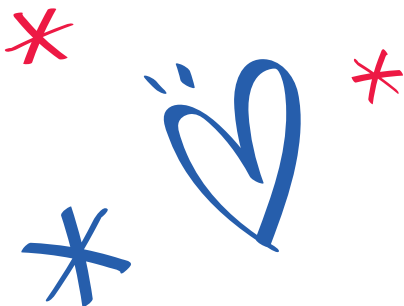
Prince George: Bets is boss, Grandpa Frank, Seven Robins Team, Team Uncle Barry

Vancouver: 8 Arbutus Team, A&W Cruisers, Go Viola Go, Red Hot Chili Steppers, Remembering Bryan, Shake Señora, Team Ecenta, Team Gran, Team Mauch, Team Mojo, Team PD Avengers, The Mayede's Never Give Up

Vernon: In Memory of Karen Whittle, Tancock, Team Kerton, Team McDonnell, Tedham Shakers & Movers

Virtual Teams: Stan the Man, Victor's Striders

White Rock: Buena Vista Massage, Remembering The Dude, Rock'n'Mama and the Followers, Team Elizabeth





2023 at a Glance

Parkinson Society British Columbia (PSBC) 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

ONLINE WORKSHOPS

- **New Diagnosis Series:**
February
- **Intimacy & Parkinson's:**
February
- **Debriefing the Caregiver Role:**
December

ONLINE EXERCISE CLASSES

- **Boxing with Doug:**
January/February
- **Hand & Dexterity Exercise Series:**
January/February
- **April Challenger:**
April
- **Punch Out Parkinson's:**
May
- **Balance Exercise Class:**
June
- **September Challenger:**
September
- **Move with Martial Arts:**
TBD

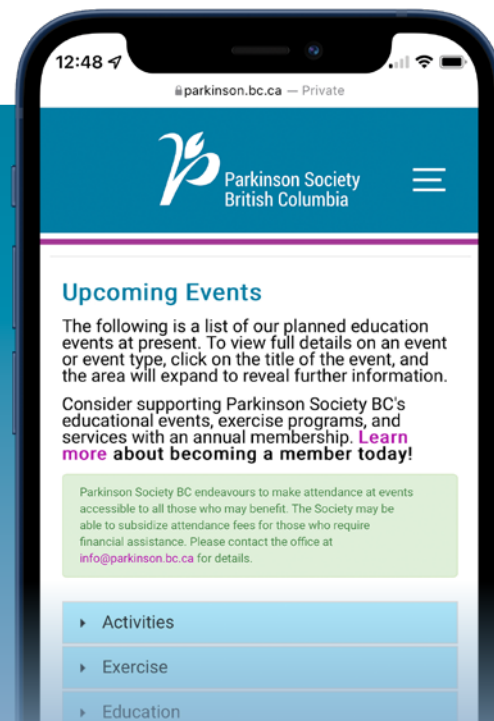
ACTIVITIES

- **Voice Class:**
February/March
- **Voice Aerobics:**
May
- **Improv for Parkinson's:**
TBD
- **SongShine with Joani:**
TBD
- **Drumming for Parkinson's:**
TBD
- **Gardening Group:** TBD
- **Writing Workshop:** TBD

Online Calendar

To follow our 2023 event listings & register online, please visit:

parkinson.bc.ca/events



PARKINSON SOCIETY BC RESOURCES

Information and Referrals:

Ongoing service is available by telephone or email. If we are unable to answer your questions or concerns immediately, we will research your inquiry and get back to you. We are also pleased to offer a Healthcare Navigator service, to help people with Parkinson's and their loved ones navigate the healthcare system with confidence.

Counselling:

We continue to offer free, confidential short-term counselling to people affected by Parkinson's. These services are available in person, over the phone, and via video conferencing. Due to increased demand, we extended the availability of this service from two days per week to four days per week.

Support Groups:

We will continue to check in by phone and virtually with our support groups throughout the year, to maintain regular contact with group facilitators and ensure ongoing support; to write the GroupLink monthly publication; and to schedule facilitator webinars/teleconferences as needed. We will also continue to foster our support group needs and participation. We welcome all invitations to visit, however please connect with PSBC for updated details of each support group.

Virtual Physiotherapy:

We believe every person with Parkinson's disease should have access to a physiotherapist who is experienced in treating movement disorders and neurodegenerative diseases. However, geographic and/or financial barriers may make this inaccessible for many individuals. To increase access to Parkinson's-specific therapies, we launched a virtual physiotherapy service in 2021. Our own neuro physiotherapist, Shelly Yu, provides phone or video-conferencing sessions free of charge for people meeting certain criteria.

Step by Step:

12-week walking program in communities across British Columbia.

PD Connect®:

We will continue to increase awareness of PD Connect®, a referral program intended to help healthcare professionals connect individuals diagnosed with Parkinson's disease and their carepartners to PSBC's support services at the time of diagnosis or at any point in the disease progression.

PDLink:

We will continue with this peer program that connects persons living with Parkinson's and carepartners on a one-to-one basis for support. Individuals will be connected based on similar experiences. Connections are maintained through phone and email only.

Healthcare Professional Scholarship Program:

Continuing Education Scholarships (6 x \$1000.00).

Online Resources:

We will continue to produce up-to-date resources for people affected by Parkinson's, as well as healthcare professionals. In addition to making recordings of presentations available on our website and YouTube channel, we will distribute them through our publications, like Good News, GroupLink, and Pathways.

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, 2023.

REASONS TO RENEW YOUR MEMBERSHIP

1

Get Discounts

Your membership provides you with great discounts on events that are not to be missed!

2

Be Heard

Vote at our Annual General Meeting and add your voice to the community to garner support from donors, sponsors, and politicians.

3

Stay Informed

Get the latest information on research, medication, caregiving, exercise, wellbeing, and nutrition when you receive our quarterly newsletter, *Viewpoints*, and other publications.

4

Gain Support

Link to our provincial network of over 50 support groups, and speak with our knowledgeable and compassionate staff.



Questions? Contact Susan Atkinson, Donor & Member Services Coordinator at 604-662-3240 (ext 263) or 1-800-668-3330 (ext 263) or satkinson@parkinson.bc.ca



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