VIEWPOINTS

Fall 2025

Parkinson Society British Columbia

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 BC 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 Young at Heart, Maple Ridge/Pitt Meadows, Maple Ridge Caregivers, Nanaimo, New Diagnosis, New Westminster, North Shore, Parkinson's Disease Online, Parksville/Qualicum, Parksville/Qualicum Caregivers, Penticton Carepartner/Family, Powell River, Prince George, Quesnel, Richmond, Salmon Arm, Sechelt/Sunshine Coast, Solo PD, South Asian Online, South Delta, South Okanagan, Trail/Castlegar, Tri Cities/While Rock, Vancouver Carepartners, Vancouver Downtown, Vernon, Women Living with PD, Young Onset Parkinson's 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.

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Research

A chemical biology approach to uncovering modulators of a Parkinson's disease-linked protein

RESEARCHER

Dr. Nicholas See,
Simon Fraser University

FUNDING AMOUNT

Dr. Nicholas See has received a 2024 Michael Smith Health Research BC Research Trainee award, in partnership with Pacific Parkinson's Research Institute and Parkinson Society British Columbia.

$129,000 over 2 years.

As a part of Prof. David Vocadlo's research team, Dr. Nicholas See is highly interested in a Parkinson's disease-linked protein called β-glucocerebrosidase or "GCase". This protein belongs to a family of enzymes whose role in the human body is to catalyze, or "speed up," important biological processes. GCase helps the brain break down certain fatty substances, called glycolipids. This is important for keeping brain cells healthy.

Without GCase, these molecules build up and cause high toxicity. In some people, the genetic code that underpins the production of GCase is mutated or "faulty." Strikingly, mutations in this code are the highest known genetic risk factor for developing Parkinson's disease. Many patients in this risk category also experience early disease onset and rapid motor decline. However, the link between mutations in the GCase genetic code and the development of Parkinson's is not fully understood – this is what Dr. See's research is aiming to clarify. They are studying the relationship between GCase and the biological factors that affect its activity. The research team is addressing this complex problem by combining cutting-edge strategies in chemistry, cell biology, and high-throughput screening.

When the team first began work on this project, they realized that they needed a new avenue to accurately measure the activity of GCase in living human cells. As a result, they designed and synthesized a new chemical tool that fluoresces or "lights up" when processed by this enzyme. The intense signal given off by this molecule provides a powerful lens through which accurate observation of how quickly GCase operates in living human neuroblastoma (a type of cancer) cells is possible.

With this tool in hand, they have now planned a high-throughput screen – a powerful strategy which, when carefully executed, allows them to assess how individual molecules can affect the activity of a given protein. These studies would be laborious by hand, and are accelerated through automation. For this project, Dr. See and the team are going to use the state-of-the-art facilities at the Centre for High-Throughput Chemical Biology at Simon Fraser University to screen a high-quality library of ~4,500 molecules to see how they affect GCase activity. If a given molecule in the library causes an increase in fluorescence intensity over the observation period, they can infer that it is activating GCase either through direct binding or through a more complex interaction with a protein partner.

The molecules that boost the activity of GCase are most exciting to the team because they would be of high therapeutic interest for Parkinson's disease. In principle, they could be used to compensate for the undesired effects of the faulty genetic code mentioned earlier, potentially slowing or arresting the progression of Parkinson's.

Finally, should they see positive results from this study, the translation from the lab to patients would be accelerated since the molecules in the library have clinical or pre-clinical status (i.e., they are already moving through clinical trials for other diseases). The team at Simon Fraser University looks forward to sharing the results of their study as they become available.

Dr. Nicholas See is a postdoctoral research fellow at Simon Fraser University, specializing in synthetic chemistry and chemical biology. After earning his PhD from the University of Queensland and completing a short appointment in New Zealand, he joined Prof. David Vocadlo's lab, where he designs chemical tools to study neurodegenerative diseases like Parkinson's. Dr. See combines lab-based synthesis with computational methods to better understand complex chemical reactions. Passionate about addressing health-related challenges through chemistry, he values interdisciplinary collaboration and is committed to science education. His long-term goal is to lead an independent research program.

Health Research BC Research Trainee awards support health researchers in training to enable career development and support world-class health research in BC. https://healthresearchbc.ca/fundingprogram/research-trainee-program.

Ask an Expert

Dr. Ali Salahpour discusses new cannabinoid-based strategies to enhance L-DOPA therapy and delay dyskinesias

Dr. Ali Salahpour obtained his B.Sc (1996) and PhD (2002) at the University of Montreal. He then was a post-doctoral fellow at Duke University (2002-2009), where he focused on dopamine neurotransmission. He started his independent career in 2009 in the Department of Pharmacology and Toxicology at the University of Toronto (UofT). In 2023, he was appointed Chair of the Department of Pharmacology and Toxicology at UofT. Research in his lab is focused on dopamine neurotransmission with major emphasis on Parkinson's and Parkinson's-related diseases.

The research discussed below was co-funded through a partnership between Parkinson Society British Columbia and the Parkinson Canada Research Program for a total of $75,000 over 2 years.

Can you tell us a little bit about your latest study, titled *'Cannabinoid compounds to augment L-DOPA treatment and prevent L-DOPA induced dyskinesia'*?

For many years our lab has been interested in two aspects of Parkinson's disease. Firstly, we have been interested in the role of oxidative stress and how this could represent a vulnerability for degeneration of dopamine neurons, which is one of the main hallmarks of Parkinson's disease. Secondly, we have been interested in identifying new drugs that could improve motor symptoms mostly by enhancing levodopa (L-DOPA) responses.

What inspired you to look at cannabis compounds for Parkinson's?

My colleague, Dr. Ruth Ross, is a cannabis expert. Over the last five to eight years, we have collaborated with her towards finding drugs that act via the cannabinoid system for reducing psychosis observed in schizophrenia, which results mainly from excess dopamine function. We successfully found some cannabis drugs that can potentially improve psychosis in schizophrenia, and published those results several years ago. At that time, Dr. Ross also asked me whether we could consider the reverse and find compounds that would enhance dopamine actions, which would be very beneficial in Parkinson's.

Interestingly, Dr. Ross' lab already had some preliminary observations that this might work. Since our lab had the expertise in Parkinson's animal models, we started a new collaboration towards finding compounds that act on the cannabinoid system that could improve L-DOPA responses.

What have you learned about levodopa-induced dyskinesia (LID) through your study?

Our study, per se, is not focused on investigating the pathophysiology of levodopa-induced dyskinesia. We know from many years of work in the field that LID development is linked to the dose and duration of L-DOPA usage, meaning that higher doses and longer duration of L-DOPA treatment are associated with higher LID development.

As such, it has been known for a long time that drugs that could enhance L-DOPA response or reduce the dose of L-DOPA could potentially delay the onset of LID, simply by reducing the doses of L-DOPA. I'm happy to report that two of the cannabinoid drugs we have identified can improve motor symptoms in mice, where we can get the same level of motor improvement with half the dose of L-DOPA when combining it with our cannabinoid compounds.

This is quite exciting because it might be possible to achieve similar motor symptom relief in patients by combining the cannabinoid drug and half the regular dose of L-DOPA. In theory, this could delay development of LID simply because the patients will be using lower doses of L-DOPA.

Of course, these are studies in mice, and we need to corroborate our observations in other models, but these are quite exciting and encouraging results.

Have any results surprised you? If so, what?
I have to admit that I was surprised by how much we could enhance L-DOPA response in our model. I originally thought that we might be able to find a drug that gives us a 20% enhancement, for example, but the results we get with our cannabinoid compounds are much higher and, as I said, we can see the same benefit on motor activity with half the dose of L-DOPA. Essentially, we are doubling the effect of L-DOPA, and this is quite surprising to me. I haven't seen many drugs that can increase L-DOPA activity to this level.

Please explain the relationship between the cannabinoid system and dopamine. How do they impact each other?
This is a great question and not as simple as it sounds. The best and easiest way I can answer this is to say that the cannabinoid system can modulate the dopamine system and, depending on how we affect the cannabinoid system, we can either increase or decrease dopamine function.

As I mentioned earlier, we have data showing that some cannabinoid-modulating compounds that decrease endogenous (produced naturally within the body) cannabinoid activity can decrease dopamine function and could be useful for schizophrenia or bipolar disorder, both of which are associated with increased dopamine function.

And now, we have data that by increasing endogenous cannabinoid function, we can increase dopamine function and L-DOPA response. So, in essence, the cannabinoid system can act as a break or 'accelerator' of the dopamine system, depending on whether we increase or decrease the cannabinoid system activity.

Could this research eventually lead to new treatments for Parkinson's? If so, how long might that take?

One exciting part of our project is that one of the drugs we are testing, ABX 1431, is already in clinical trials for Tourette syndrome, which means that the compound has good safety and can be used for clinical use in humans. This helps us overcome a major hurdle in drug development.

The next limiting step for us is to test this compound for Parkinson's disease in one or two other preclinical animal models. If those results are also promising, then a pilot clinical study could be considered. Having said that, we all know that drug discovery has a lot of uncertainty, and many drugs that work in mice unfortunately don't show clinical benefits in humans.

Nonetheless, I remain quite optimistic about the prospect of ABX 1431, but before proving the efficacy of this compound in a couple of other models, it is hard to know whether it can potentially translate to humans or not.

Are there any risks or concerns with combining L-DOPA and cannabinoid-based drugs?
I'm not a clinician, but from my understanding, enhancing L-DOPA too much could lead to some undesired side effects, such as anxiety, excess libido, and even perhaps hallucinations, which are related to increased dopamine signaling.

As such, it would be important to properly titer the dosing for the combined regimen (cannabinoid + L-DOPA) in order to get maximal motor relief with no or limited side effects associated with too much dopamine transmission.

How might these findings change the way doctors treat Parkinson's in the future?
If ABX 1431 is indeed able to increase L-DOPA response in humans, it would become an additional pharmacotherapy available for physicians to consider for their patients. I essentially think that the treatment of patients would remain the same, but now doctors would have an additional drug therapy that they could use.

What are you most excited or hopeful about going forward?
There is a lot of exciting research in the field of Parkinson's disease, from new drug treatments (like our study), to neuroprotective treatments, to cell replacement therapies – to just name a few. Science is continuously making strides, and standard of care and therapies are improving each year.

So, what excites me the most for Parkinson's (but really, for all diseases), is that we are continuously finding better and newer therapies, which have great and meaningful impact on the patients and their quality of life. I'm therefore very optimistic that we will continue to see new improvements and treatments that will be great for patients.

Anything else you would like to add?
I think it is important for me to mention the importance of Parkinson Society BC and Parkinson Canada, and their crucial role for the community, but also for scientists. I have been the recipient of two grants from the Parkinson Canada Research Program, which were the seed funds to get our projects going early on, where traditional routes of funding (for example, CIHR - Canadian Institutes of Health Research) would have not been possible.

For this project, the funds we received from the partnership between Parkinson Society BC and the Parkinson Canada Research Program allowed us to get critical preliminary results, which we then used to get a five-year, $1 million grant from CIHR. This is a great return on investment where a small grant from the Parkinson Canada Research Program ($50-100K) can turn into a much bigger ($1 million or so) grant from CIHR.

Therefore, the funding from the partnership between Parkinson Society BC and the Parkinson Canada Research Program is crucial to help the scientific community, and is made possible with the help of volunteers, fundraisers, and the broader Parkinson's community. All these efforts are truly helping and contributing to moving the scientific field around Parkinson's disease forward, which, as I said earlier, will ultimately lead to better treatments and quality of life for Parkinson's disease patients.

Living Well

Smell and taste loss in Parkinson's

Loss of smell and taste are a deeply impactful aspect of Parkinson's disease (PD), often emerging years before more visible, classic PD symptoms appear. These subtle sensory changes can go unnoticed or be dismissed entirely, yet growing research suggests they may offer valuable clues about the earliest stages of the disease. Understanding how and why smell and taste are affected in Parkinson's not only helps paint a fuller picture of the illness, but also opens the door to earlier detection and, potentially, intervention. While there is still much to learn, there are some strategies that may help people with PD manage these sensory changes and improve their quality of life.

WHAT IS LOSS OF SMELL AND TASTE?

Smell and taste, while being two different senses, are closely connected. When we chew food in our mouths, odour molecules draft backwards into the nose through a process called retronasal olfaction. Our tongues tell us if something is sweet or salty, but our nose helps differentiate precisely what it is we are eating – is the sweetness a grape or an apple? This is why the loss of smell can lead people to believe their sense of taste is also gone, even if it itself is not reduced *(Bonvissuto, 2024)*.

Loss of smell and taste, known medically as hyposmia and ageusia, can occur as a result of various conditions, and often present slowly. While some individuals lose their sense of smell and taste entirely, others experience only a partial loss, detecting certain odors or flavours but not others.

However, not all changes in smell and taste result in the loss of the senses – some people experience distortions, known as parosmia or dysgeusia, where things smell or taste differently than they should – for example, a normally pleasant odour, like coffee, can smell rotten or chemical-like *(Johns Hopkins Medicine, n.d.).* In general, loss of smell can occur due to blocked airflow to the odour-detecting nerves, damage to those nerves themselves, or injury to the brain regions responsible for processing smell *(Mass Eye and Ear, n.d.).*

HOW THEY RELATE TO PARKINSON'S

Loss of smell may be one of the earliest signs of Parkinson's disease, predating the diagnosis by several years in many instances. The very first double-blind, controlled study on the topic took place in Minnesota in 1975 by two researchers named Ansari and Johnson. They were the first to show that people with PD had significantly reduced smell acuity (the ability to detect and distinguish between odours), when compared to age and sex matched control groups *(Ansari & Johnson, 1975).*

More recently, a study followed 474 people with idiopathic (meaning the cause was unknown) smell loss for 15 years and found that nearly 10% went on to be diagnosed with PD, about 11 years after the smell problems began. However, 29% of those with both smell and taste loss developed Parkinson's *(Haehner et al., 2018).* The American Academy of Family Physicians (AAFP) looked at the findings from multiple large cohorts and clinical studies on the topic and found that up to 90% of people with PD presented with smell loss in the early to moderate stages of the illness *(Malaty & Malaty, 2013).*

NEUROLOGICAL CHANGES IN PD

The link between the loss of smell and Parkinson's was not always understood. Scientists now believe that the disease may actually begin in parts of the brain involved in smell, specifically the olfactory bulb and lower brainstem, before it spreads to other areas. Changes linked to PD are also found in several other parts of the brain that help process smell. These include regions involved in recognizing and reacting to different scents, such as the amygdala (which also handles emotions), and parts of the brain that connect memory and decision-making with smell. One of these areas, called the anterior olfactory nucleus (AON), is located near the olfactory bulb and shows damage in people with Parkinson's, which is tied to loss of nerve cells there *(Fullard et al., 2017).*

A BIOMARKER FOR PD

In fact, the loss of smell is such a significant symptom that researchers are now using it as a biomarker to identify individuals at high risk of developing Parkinson's, even before they develop other symptoms. The Parkinson Associated Risk Syndrome study (PARS), published in 2017, looked at whether smell identification testing, followed by a special brain scan called dopamine transporter imaging (DaTscan), a type of scan that shows the dopamine system in the brain, can help correctly identify those at highest risk of Parkinson's.

The researchers mailed smell tests to people in the community and then invited those with a reduced sense of smell for a DaTscan. They followed up annually for four years to see if anyone developed Parkinson's. Of the individuals who had both a loss of sense of smell and low dopamine on the DaTscan, 67% developed PD within the four-year study period *(Jennings et al., 2017).*

Unfortunately, as of now, there are no disease-modifying therapies for Parkinson's, but scientists hope that breakthroughs are on the horizon. When such therapies emerge, the screening approaches like the one demonstrated in the PARS study will be critical – they offer a way to identify individuals in the earliest, pre-motor stages of the disease, opening the door to early intervention with neuroprotective treatments. Perhaps one day science will be so advanced as to prevent the onset of motor symptoms entirely – but that won't be possible unless we can identify those at risk before the symptoms appear *(Jennings et al., 2017).*

STRATEGIES TO IMPROVE QUALITY OF LIFE

Losing one's sense of smell and taste can be very difficult, both emotionally and practically. So many pleasurable activities in life – from sharing a delicious meal with loved ones, to enjoying the smell of fresh, spring flowers – are dependent on our sense of smell. Not surprisingly, studies find that those with smell loss are more likely to suffer from mental health conditions, such as anxiety and depression *(Marin et al., 2023)*.

Fortunately, there are ways to improve quality of life with smell and taste loss. Some strategies include:

- **Safety first – always:** Because our sense of smell and taste provide information about the world around us, individuals with this sensory loss are at greater risk from environmental hazards, such as fires, gas leaks, and spoiled foods. Always make sure your smoke detectors are regularly checked, keep a functioning carbon monoxide detector in the home if you use natural gas, and pay close attention to expiry dates on food. If you have loved ones who live with you, enlist their help in meal preparation.
- **Smell retraining:** One way to improve your smell may be to train the parts of the brain responsible for the sense through smell retraining. This usually involves regularly sniffing a range of scent-producing items (for example, citrus fruits, eucalyptus, peanut butter, etc) while remembering times in the past you have smelled the item, which will help trigger odour particle recognition in the brain. Try to do this once or twice a day, sniffing each scent for 30 seconds to two minutes, for four weeks. Affordable smell retraining kits are available through many retailers *(Godman, 2023)*.
- **Ensure a healthy diet despite appetite reduction:** While no diet has been proven to bring back a diminished or lost sense of smell, a healthy diet is vital for overall health and wellbeing. Understandably, not being able to smell and taste your food may lead to lower appetite and intake. If you need help with dietary concerns, seek the advice of a registered dietician. The BC Brain Wellness Program offers several resources at bcbrainwellness.ca/resources/nutrition-resources.
- **Ask your doctor about medication:** While there are no pharmacological treatments for smell loss in PD, in one study of 224 people with Parkinson's, those taking the medication rasagiline for less than eight years had better odour discrimination compared to those not taking it. However, this benefit did not persist in those with longer disease duration. The results suggest rasagiline may help with smell function in the early stages of Parkinson's. Always be sure to discuss what medications are right for you with your healthcare team *(Haehner et al., 2015)*.
- **Take care of your mental health:** The sense of smell might not seem that important to individuals who have never experienced losing it. In fact, one shocking study surveyed 407 participants (college students and adults), asking them to compare the value of smell, hearing, and vision against each other and against common items like phones, pets, and money. Results showed that smell was consistently rated as the least valuable sense, with many participants willing to give it up in exchange for everyday items (for example, to be able to keep their phone) *(Herz & Bajec, 2022)*. However, people who have experienced smell loss know firsthand the devastating impact it can have on daily life and enjoyment, which is why caring for one's mental health is so important. Parkinson Society BC offers free clinical counselling for those touched by PD, offering a safe space to process difficult emotions. Learn more at www.parkinson.bc.ca/counselling.

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Individual Registration/Check-In


PARKINSON
SUPERWALK
Global BC
Parkinson Society British Columbia
Parkinson Society British Columbia


PARKINSON SUPERWALK

Parkinson SuperWalk

Join us for Parkinson Society British Columbia's (PSBC) largest fundraising event of the year, Parkinson SuperWalk!

Beginning the weekend of September 6 and 7, incredible British Columbians throughout the province will walk together to help give hope to approximately 17,500 people in BC living with Parkinson's disease. Funds raised in BC through this event help PSBC continue to grow programs and services, expand advocacy efforts, and increase investment in innovative research.

100 MILE HOUSE
Centennial Park
Saturday, September 6

ABBOTSFORD
Yale Secondary School Track
Sunday, September 7

BURNABY
Virtual Walk
September 6 or 7

CASTLEGAR/SALMO
Millennium Park / *Virtual Walk*
Saturday, September 6

CHILLIWACK
The Landing Sports Centre
Saturday, September 6

COMOX VALLEY
Courtenay River Walkway
Saturday, September 6

KAMLOOPS
Riverside Park
Saturday, September 6

KELOWNA
Waterfront Park
Saturday, September 6

MAPLE RIDGE/PITT MEADOWS
Hammond Community Centre
Saturday, September 6

MID ISLAND (NANAIMO & PARKSVILLE)
Rathtrevor Beach Provincial Park
Sunday, September 7

NEW WESTMINSTER
Moody Park
Saturday, September 6

OLIVER
Virtual Walk
September 6 or 7

PRINCE GEORGE
Lheidli T'enneh Memorial Park
Saturday, September 6

RICHMOND
Virtual Walk
September 6 or 7

VANCOUVER
Stanley Park, Ceperley Park Playground
Sunday, September 7

VERNON
Virtual Walk
September 6 or 7

VICTORIA
Virtual Walk
September 6 or 7

WHITE ROCK/SURREY
Crescent Park
Sunday, September 7

To register or donate, visit parkinson.bc.ca/superwalk

Newsworthy

Upcoming Education & Exercise Events

Events Hosted in Person Online Events

Mondays, August 11 – September 29 from 9:30 – 10:30am (no session on September 1)

30-Minute Monday Morning Stretch - Level 1

Online

Begin your day the right way by warming up your body through gentle stretches and movement, all done within 30 minutes! Movements will be tailored for both standing and seated versions.

Thursdays, September 4 – 25 from 10:00 – 11:00am

September Challenger - Level 3

Online

Kick-start autumn with the annual September Challenger! Join PSBC's physiotherapist, Shelly Yu, as she leads you through a fast-paced circuit-style exercise class aimed at challenging your strength, balance, coordination, and stamina.

Monday, September 22 from 11:00am – 12:00pm

Understanding Smell Loss in Parkinson's Disease

Online

Loss of smell is a common but often overlooked symptom of Parkinson's disease. In this informative webinar, Dr. Zara Patel, Professor of Otolaryngology (Head & Neck Surgery), shares groundbreaking research on the link between olfactory dysfunction and Parkinson's. Discover how smell loss develops, its potential as an early warning sign, and what this could mean for earlier diagnosis and treatment. Emerging therapies and innovative technologies aimed at restoring the sense of smell will also be highlighted.

Wednesdays, September 23 – October 21 from 11:30am – 12:30pm

Voice Aerobics®

Online

Voice Aerobics® was developed as a three-part program with focus on posture, breathing, and voice. Time will be available at the end of each class for questions regarding motor speech and swallowing symptoms associated with Parkinson's disease.

Thursdays, October 2 – 23 from 2:00 – 3:00pm

Rock Step Swing Dance - Level 1

Online

Join us for a lively and fun-filled swing dance class designed to boost your mental health! These classes focus on enjoyable, low-impact movements set to lively music that helps improve balance, coordination, and mood. A partner is highly encouraged for the class, so get your spouse, children, grandchildren, friends, or neighbours involved! Modifications for individual dance will be given if no partner is available.

Mondays, October 6 – 27 from 12:00 – 1:00pm

Chair Yoga - Level 1

Online

These sessions of gentle chair yoga are designed to warm your body and encourage movement in stiff joints and muscles. The fully seated class will bring awareness to all your limbs, providing you with valuable skills to integrate into your daily routines and morning practices.

Tuesdays, October 7 – November 11 from 12:30 – 1:30pm

Mime Over Mind

Online

Mime Over Mind is a therapeutic program that uses mime techniques to retrain the brain for people with Parkinson's disease. It is designed to support mindfulness, movement, and self-expression.

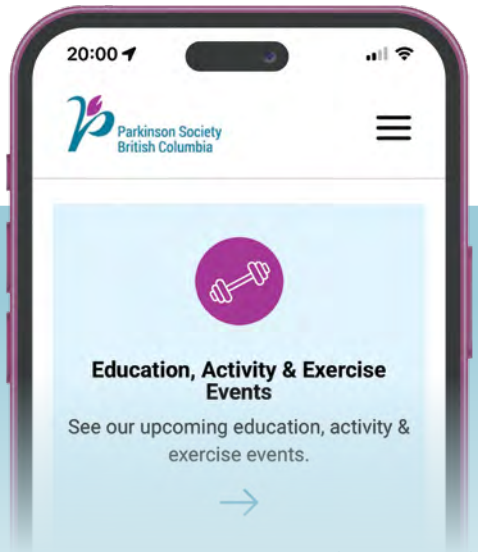
Saturday, October 18 from 10:00am – 2:30pm

Communication and Swallowing Workshop Surrey – Location TBD

In-Person

Join us for this interactive workshop, led by registered speech-language pathologist Jasmine Cload, focusing on the communication and swallowing challenges often faced by people with Parkinson's. The workshop utilizes methods from the Lee Silverman Voice Treatment® (LSVT), which have been clinically proven to improve communication for individuals with Parkinson's and other neurological conditions. Even if you are not currently experiencing communication or swallowing difficulties, participating in this workshop can help you reduce stress, frustration, and potential complications in the future. Member pricing available.

For registration and a full list of upcoming events, visit us online at
www.parkinson.bc.ca/events



For registration and a full list of upcoming events, visit us online at

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Thank You to Our Fundraisers & Donors

A huge thank you to Full Throttle – a Show & Shine event now in its 9th incredible year – for raising $11,755 in support of Parkinson Society BC! This passionate and dedicated group of motorcyclists and car enthusiasts may be small, but their impact is mighty. To date, they've raised an outstanding $118,000 to help fund vital services and research for people living with Parkinson's. We're so grateful for your continued support and drive to make a difference!

Leave a **Lasting Legacy** for Those Affected with Parkinson's Disease in British Columbia

A legacy gift is a powerful way to create long-term impact for individuals living with Parkinson's disease, ensuring vital programs and services continue well into the future. A legacy gift also helps us to continue to support research into Parkinson's disease. By including a planned gift in your estate or making a current gift of securities, you demonstrate a deep and lasting commitment to those affected—patients, caregivers, and their families.

There are several ways to make a planned gift, each tailored to your financial goals and philanthropic wishes. To explore your options, we encourage you to speak with your financial advisor or contact our team directly—we're here to help.

parkinson.bc.ca/ways-to-give

Questions? Contact Michelle Sewell at 1-800-668-3330 ext 262 or msewell@parkinson.bc.ca

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