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REGIONAL ENGAGEMENT PROJECT LAUNCH



Parkinson's SA is committed to support the regional and remote Parkinson's community and through the Regional Engagement Project is sharing expert information and support.

Parkinson's SA recognises that many who live in regional and remote areas are doubly disadvantaged by a lack of accessible relevant medical services, and the facility to attend education sessions which are run mostly in the metropolitan area. To address this, funding was gained to professionally film and edit sessions presented by allied health professionals on issues related to living with Parkinson's. These six video

sessions have now been produced and are available in digital format on the Parkinson's SA website at www.parkinsonssa.org.au. Seminar topics are:

- Pain and Parkinson's
- Caring for your feet: Podiatry and Parkinson's
- Driving and Parkinson's
- Speech, swallowing and oral health in Parkinson's
- When medications aren't working so well
- Diet and Parkinson's

The video sessions are an ideal tool to suit individuals, empowering them with more detailed information directly from the presenter, plus questions from attendees are also addressed at the end of the sessions. The wide variety of engaging subject matter means that these video sessions are also suitable for sharing with family members, carers and other health professionals, including General Practitioners.

They also provide an additional resource for regional Parkinson's SA Support Groups, particularly where the video subject matter prompts further investigation at a local level. For those who have any questions about the seminars, the free 1800 support line is always available for further discussions. Parkinson's SA will continue the project in 2017 and grow the library of video seminars available to the Parkinson's community. Thank you to the *John Wallis Foundation* for their contribution to the project.

STOP THE PRESS!

Parkinson's SA has been advocating for Parkinson's Nurses for SA for many years. Following its election promise in April 2014 for four Parkinson's Nurses for SA, the State Government has maintained the Parkinson's Nurse position at Flinders Medical Centre and developed a new position at Modbury Hospital. Within this newsletter you will find a copy of a letter from the Minister for Health confirming the final two positions, one at the Royal Adelaide Hospital and one within Country Health SA.

HOLIDAY SEASON WINE SPECIAL

Two South Australian suppliers have generously discounted their wines to offer the Parkinson's SA community special prices, with profits going to PSA. Please order and pay on 8357 8909. Sold on a first in, first serve basis as there are only 10 cases of each special. Available dozens are:

Ruspantino Sangiovese (Adelaide) Dominic Versace Wines
Retail price \$324 case. PSA special \$150



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qwines-australia.com

Sauvignon Blanc (Adelaide Hills) Q Wines
Retail price \$100 case. PSA special \$80



Walking along the beautiful Torrens

a walk in the park

Congratulations to all who contributed to the 2016 Walk. The Parkinson's community in SA raised a massive, and record breaking, \$54,500 this year.

Congratulations in particular to the top 10 fundraisers: Lucy Goldsmith, Olivia Nassaris, Monica Hall, Tracy Leaney, Steve Whithouse, Alison Perrott, Margie Stevens, Christine Belford, Don Gobbett and PJ Hayes. The top fundraising team was PNEC Pirates.

Over 450 people registered to walk in what was the biggest Walk to date. The event was hosted by Channel 7 News presenter, Amelia Mulcahy, who graciously volunteered her time.

The volunteer "dream team" lead by Simon Pilley, Olivia Makrid and Stan Miller ensured that the event ran smoothly and thanks to the Adelaide Lions Clubs for cooking up a storm on the BBQ for the 8th year in a row.

Kevin Weeks, Gold sponsor of the event, gave an emotional speech about his struggle with his diagnosis and how cycling and exercise has helped him to cope with his symptoms. He announced that the Weeks Group was proud to support the Parkinson's community and the event, and will continue to do so.

Thanks to the sponsors of the Walk: The Weeks Group, Medtronic, Global Kinetics, STADA, TEVA and in-kind sponsors Norwood Foodland, Torrensville Foodland and BD Farm Paris Creek.



Our fantastic host, Amelia Mulcahy, from Channel 7



Gold Sponsors Val & Kevin Weeks from The Weeks Group with PSA President, John Power, & CEO, Christine Belford



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His Excellency the Honourable
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The recent *A Walk in the Park* was an excellent day for all those that attended and it was great to see the Parkinson's community come together. The day was also a great financial success for the organisation with an increase in revenue over previous years and much of the credit goes to the Communications and Development Officer, Olivia Nassaris, and the staff of PSA for the work and effort that goes into the event.

At the most recent board meeting our CEO, Christine Belford, informed us that she is retiring from her position at the end of this year. The Board members were all a bit speechless as Christine has been at the helm of Parkinson's SA for the last ten years. Christine can be very proud of her achievements during these years.

When she began in 2006 the organisation had received a large bequest in the previous year which allowed PSA to change from a mostly volunteer-run organisation to being able to hire specialist staff members. The part-time staff included a Manager, Christine, an administrative assistant and a Client Support position. There are now seven paid staff members and seven regular office volunteers supporting the work of the Association.

Christine successfully negotiated for the organisation to receive recurrent funding from Home and Community Care (HACC) which allowed Parkinson's SA to expand its client services three-fold. She has recently negotiated to ensure that this funding is secure until 2018.

A significant legacy is the positive culture amongst staff members who enjoy working under Christine's leadership and have said that she has been a great supervisor, colleague and mentor to them.

Her achievements also include successfully lobbying the State Government to create four South Australian Parkinson's Nurse Specialists positions, organising an outstanding Parkinson's Australia National Conference in 2015, successfully obtaining Federal funding to create the National Aged Care Training package and receiving the Dr Rana International Parkinson's Community Service Award in 2014.

Christine has been an outstanding CEO for PSA, and it has been a real privilege to work with her in the 9 years that I have been involved with the organisation. We wish Christine and her husband Mike every happiness for the future.

I look forward to celebrating Christine's achievements at the PSA Christmas Party on Friday 2 December, which will be both a thank you event for our volunteers and her retirement party. I hope to see many of you there.

Kind regards,

Associate Professor John Power

Parkinson's SA holiday office closure. Please note the office will be closing at 5pm Thursday 22 December and reopen on Wednesday 4 January 2017.

CEO Christine Belford announces her retirement



As you can imagine, I announced my intention to retire from Parkinson's SA at the end of this year, with very mixed feelings. The Parkinson's office is like my second home, the staff are fantastic to work with and as for the client group – you are second to none, continually inspiring and motivating me.

When I first started on 6 September 2006, Parkinson's SA was one of a number of Physical and Neurological Support groups that were housed at 23A King William Road. PSA occupied one room in the middle of the building. Rent and photocopying services were included as part of a grant for the lease of the building through what is now Dept of Communities and Social Inclusion. We later moved to the front of the building in 2008 and further expanded our office space in 2014.

I was recruited by the President at the time, Andrew Dow and Committee Member, later to become President, Irene Gibbons. This began a history of incredibly supportive Boards who have assisted the organisation to grow to where it is today. I would particularly like to acknowledge Enid Gray and Tony Harris who were on the Committee of Management (COM) from the start, representing people with Parkinson's, and both of whom have continued to support me throughout.

When I started there were two other employed staff, a Client Services Officer and an Admin Assistant. We were each three days a week and supported by two incredible volunteers, Joan Hopkins and RoseMary McNab, from whom I learned lots (maybe everything) about how to run an office. With the resignations of the two paid staff I suddenly found myself to be the only staff member and this was an excellent time for learning about everything that had to be done to keep an office operational.

Over the coming months, I was fortunate to recruit Anastasia Papas, Admin Officer, and Alexandra Hayes, Client Services, and with their excellent input we began the service that has grown into today's organisation. Since that time I have worked with many wonderful and dedicated staff and volunteers and a very supportive President, Associate Professor, John Power.

Although the previous management had been very successful in obtaining one off grants, when I started the government provided no ongoing funding to PSA. The Committee advised me that they had received a bequest of \$182,000 and this was what had allowed

them to employ extra staff with confidence. The message to me was that this should last us two years. In fact through careful management it sustained us for four years. My early intention was to gain funding through Home and Community Care (HACC) but this proved harder than expected as government policy was not to fund 'single diagnosis' organisations. It then became my goal to reverse this policy and I constantly lobbied the Department to this end. Finally a suggestion from a senior departmental executive paved the way for us to be auspiced by Helping Hand Aged Care and to receive funding via them. The support from HHAC was incredible giving us a way forward and being a mentor to us for managing larger grants. When government policy changed, we were able to apply for funding as a 'new provider'. At that time I wrote 21 separate applications with the final result that we were funded for four of them to provide services to people with Parkinson's and carers in the metropolitan area. In addition we retained the money through HHAC, finally being able to transfer this to our own auspice in 2014. Most of this funding is guaranteed until mid 2018 and will have provided a secure bottom line for the organisation for seven years.

In 2006 I worked with the peak body for GPs in SA to write the first application for a Parkinson's Nurse in SA. Even with continued lobbying it took 5 years before the first nurse, Ruth Withey, was appointed at Flinders Medical Centre. And since then as an organisation we have had to fight to see this position retained. There has been fantastic support to do this through some of our members and I particularly commend the late Jenny White and Dave and Yvonne Thorpe for their willingness to be the faces of Parkinson's to this end. I was delighted when prior to the 2014 election in SA we obtained promises from both sides of Parliament to fund PD nurses. This has seen the slow but steady rollout of three more positions by SA Health, especially remarkable as this has happened in a climate of continuous budget cuts in the area of health spending.

The value of much of this lobbying has been to raise the profile of PSA in South Australia to a point where we are recognised as the peak body for people with Parkinson's and invited to participate in events, consultations and collaborations. Two examples that stand out are the working group that lobbied to bring in the Heating and Cooling Concession for SA and participating in the SA Health Working Party to develop a rehabilitation model of care for Complex and Progressive Neurological conditions (sadly never funded).

I have been a staunch believer in and supporter of a strong national organisation, seeing this as a way to

after 10 years at Parkinson's South Australia

improve the lives of people affected by Parkinson's throughout Australia using national efforts trying to redress the different service models in different states. Receiving effective support as a person with Parkinson's should not depend on geography. In 2012 I wrote an application on behalf of Parkinson's Australia for funding to support the development of a nationally consistent training package for staff in residential care to improve the care of people with Parkinson's. This model of funding has been successful and serves as a prototype for further government funding. It has been satisfying to see the states collaborate on the development of the package and see it rolled out in all states who have the staff to do so. Training in residential care has been something that PSA has consistently done since 2009, providing a source of income for the organisation as well as upskilling the workforce.

I feel a sense of pride in the role I played in seeing the new branding of Parkinson's Australia roll out from 2014. Although this was a collaborative effort by all the state organisations, PSA took the lead once the design company, On Creative, was selected, as they were located in SA.

Being CEO of Parkinson's SA has given me many opportunities for which I am grateful. I have met and worked with three Governors who have been our Patrons over the ten years, I have met with many Members of Parliament supportive of the Parkinson's Cause. I have been to events in Parliament House, Canberra and here in SA. I have met a number of media personalities and been interviewed on radio and television. I have had the opportunity to participate in the Governor's Leadership Program, to undertake the Company Directors Course and to be part of the amazing World Parkinson Congress in Montreal in 2013. It was also a great thrill to be able to host the PA National Conference in Adelaide in 2015 and to meet delegates and our brilliant keynote



speakers.

Thanks to everyone who has been with me on this fulfilling journey, especially the many, many clients who have shared their stories with me and those who volunteer their time to support other people with Parkinson's. You will always be in my heart.

Warmest regards,
Christine Belford

Parkinson's SA Christmas Party & Christine Belford's Retirement Party

Please join us to celebrate the work of our volunteers, the holiday season and Christine's 10 years of service to the organisation.

When: Friday 2 December, from 4:30pm - 6:30pm
Where: Motor Car Club or Fullarton Park Community Centre
RSVP: 8357 8909 by Tuesday 29 November

Please RSVP before the event due to catering. This is essential even if you only plan to drop in.

Thank you to Paul Davies



Parkinson's SA would like to pay tribute to, and acknowledge the fine work undertaken by Paul Davies as the Parkinson's SA representative to the Parkinson's Australia Board.

Paul came onto the PSA Committee of Management as it was then in November 2010. As a graduate of the Company Directors' Course and with a background as a financial planner, Paul brought excellent skills to the table. Paul became the PSA representative on the PA Board in November 2011, as onerous work commitments of the PSA President, Associate Professor John Power, meant that he was not able continue in the role. Paul soon became national Treasurer, working with the then National President, John Bird.

When Parkinson's NSW withdrew from the federation, Paul played an active part in the negotiations that eventually saw them return to the national body. When John Bird retired, Paul then became national President.

Paul also played a pivotal role in pursuing the national Advocacy agenda, recruiting the new national CEO, Steve Sant, and moving the Board to more of a skills base membership through the inclusion of three independent Board Members (ie not nominated representatives of the state organisations). One of these independents, Vince Kelly, has now become the national President and Paul has again taken on the role of Treasurer.

Paul has put in many, many hours of dedicated volunteer time to assist in the development of a strong, united national organisation and his contribution is very much appreciated.

Welcome to Simone Martin



Parkinson's SA welcomes Simone Martin to the team as a the full-time Office Administrator. She comes to the organisation with a wealth of administrative experience. The majority of Simone's working career since completing schooling in 2002 has been spent working with Not-For-Profits and she has a strong commitment to the sector.

After completing a Traineeship in Business Administration at Flinders Medical Centre, she started her Not-For-Profit journey in Mental Health at Noarlunga Health Service, leading into working in Administration in Disability Organisations - Orana Inc and Minda Inc. More recently she worked in the Administrative and Reception areas of the Julia Farr Association from 2014 - 2016.

Outside of work, Simone is a keen Cake Decorator, winning awards at the 2015 Royal Adelaide Show for her wedding cake design and her sugar flower creations. She is looking forward to creating her own cake for her upcoming wedding in September 2017.

She hopes to expand her knowledge in account keeping and looks forward to meeting everyone who is part of the Parkinson's SA community.

Living with Multiple Systems Atrophy

It is estimated that 2,500 people in Australia are afflicted by the complex Multiple Systems Atrophy (MSA). MSA causes shrinkage and deterioration of parts of the brain - the Central nervous system, the Peripheral nervous system, and the Autonomic nervous system. Similarities to Parkinson's are many, often making a definite diagnosis difficult.

Symptoms vary with each individual but fit within a broad range which means that, fortunately, support is available from organisations such as Parkinson's SA. Approximately 90% of people with MSA experience parkinsonism symptoms. My diagnosis in July 2014 was based on the observation that, unlike Parkinson's, my irregular gait and other movement and balance indicators were not one-sided. An MRI brain scan also showed evidence of shrinkage consistent with MSA. I have kept a health journal for a long time and was able to see that in 1998 I lost my sense of smell, and notes I made years ago were sometimes small and difficult to read – early micrographia!

As a public patient, I have received excellent care - at the RAH- from my neurologist, the MACS (Multidisciplinary Ambulatory Consulting Service), the Drug Maximisation Clinic, the Cardiac Clinic; from the Parkinsons Rehabilitation Clinic at the Repat; and from my GP. These people, and the staff at Parkinson's SA, make up my team, and together we navigate the ups and downs. I receive emotional and social support from family and friends, and sharing the journey with others who have movement disorders, who attend the events run by Parkinson's SA. My husband and our two little grandchildren are angels of love. As I write, I am reminded by the pricking of tears I hold back that one of the symptoms is over-reaction to emotional triggers.

“The natural course of MSA is a relentlessly progressive deterioration, with a mean survival of nine years.” Two years ago, my neurologist predicted that at this time I would be in a wheelchair; in ten years I would be dead. I am working optimistically towards a better future, by learning and implementing as much as I am able. The website www.psp-australia.org.au has a comprehensive Information kit - “Understanding MSA”.

I liken having MSA to operating my own business. I define my problem; research the problem; explore options; implement some of the options; evaluate the results; make changes and modifications, and so on towards optimum lifestyle. For example, to delay the symptom of immobility and incoordination, I have engaged in various styles of exercise. I began by doing workouts for older persons in a gym, but when my physio recommended I change to Eastern style exercise, I tried qigong, yoga and chi-ball. I have also tried aqua-exercise, dance for Parkinson's, cycling and walking. I have kept four of these going. To work on the symptom of orthostatic hypotension, our bed is elevated at the head, I carry a portable seat when I go out, have compression pantyhose (rarely wear them!), and several of my medications are prescribed to offset the effects of low blood pressure (weakness, dizziness, greying out, and possible falling). Because doctors' appointments are only six-monthly, I keep notes, and monitor my response to different medications in graph form so that I can have meaningful conversations with the team.

As the disease progresses I experience losses, and grief. There is no avoiding the expectation that eventually, “affected individuals may become confined to bed and experience life-threatening complications”. However, I have joined SAVES (South Australian Voluntary Euthanasia Society) and support the 2016 VE Bill currently being debated through Parliament. I recommend the book recently written and released by Andrew Denton - “The Damage Done” - it is available free on the internet as an ebook.

A personal account, written by Judith King

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Parkinson's Disease stem cell research comes to fruition for Victorian patient

In global collaboration with the United States, experimental surgery has just been completed at the Royal Melbourne Hospital, a world first trial to treat Parkinson's disease.

Months of planning, which involved designing the operation from scratch, winning regulatory approval, and importing a machine that has never been used in Australia, was required. Millions of stem cells which can metamorphose into brain cells, were injected at 14 injection sites via just two 1.5cm holes in the skull of the first patient. It is hoped the cells will boost levels of the neurotransmitter dopamine, a lack of which causes tremors, rigidity and slowness.

Using a three-dimensional model of the patient's brain, neurologist Andrew Evans and neurosurgeon Girish Nair spent weeks doing "dummy runs", devising a way to enter the brain. Even how quickly the cells would be injected was calculated and recalculated until they were confident they had the rate of delivery just right. Doctors travelled deep into the brain, making tiny tracks in the delicate tissue with cannulas to reach seven target sites on each side of the brain.

The surgery used pluripotent stem cells, which can change into any cell in the body. But being highly susceptible to their environment, "peer pressure" influences their transformation. Only 1-2 per cent of the transplanted cells will become dopamine, but preclinical studies show that only 10,000 cells need to change to make a meaningful difference so their dosage factored this in. The amount injected was minuscule: one millionth of a litre is a micro litre and the patient received 300 micro litres of the cells.

Dr Evans, the trial leader, said: "The idea with cellular replacement therapy is to be able to implant cells that will differentiate or change from stem cells into cells that either produce dopamine or provide other forms of support to remaining neurons. Despite the long and complex surgery, we left a very small surgical footprint."

It is hoped that this therapy will replace or boost levels of the neurotransmitter dopamine, a lack of which causes tremors, rigidity and slowness in patients. "The idea with cellular replacement therapy is to be able to implant cells that will differentiate or change from stem cells into cells that either produce dopamine or provide other forms of support to remaining neurons," Mr Evans said.

But there is always an element of the unknown: what would occur when they injected the stem cells into the brain? If the cells escaped into the spinal fluid they risked losing them all. If they were delivered too slowly they could become stuck and never reach their target. Or they could grow unchecked in the brain, turning into a tumour.

Although people afflicted with Parkinson's are desperate for new treatments because all existing medications eventually lose their effectiveness, the duo needed to make sure that the patient knew the experimental nature of the trial.

It was with enormous relief when the team scanned the man's brain the day after surgery and discovered they had reached all their target sites.

"Despite the long and complex surgery, we left a very small surgical footprint," Mr Evans said. While they won't know if the stem cell transplant has been a success for some time, the patient recovered quickly and was discharged within 72 hours. He will undergo scans at 6 and 12 months to check how the cells have settled in.

The therapy is unique because it uses parthenogenetic neural stem cells, which are derived from unfertilised eggs and manufactured in the lab by the International Stem Cell Corporation, a biotech company in California. This type of stem cell avoids the ethical dilemma that often surrounds these types of endeavours. Keen to avoid disappointing Parkinson's disease patients, Mr Evans pointed out that this trial is to determine if the treatment is safe. Over the next year 11 more patients from around Australia will have the surgery at Parkville hospital, but the results will not be known for at least two years.

Source: <http://www.heraldsun.com.au/news/victoria/stem-cells-injected-into-brain-of-victorian-patient-in-world-first-parkinsons-disease-treatment/news-story/6be10fedc7f615c3c25b8f1a5cc2818>

Message to readers:

There is shared hope that all research can improve the lives of people with Parkinson's and will slow, stop, reverse or ultimately cure Parkinson's.

These pages often feature stories to highlight research, treatments and products that are in trial phases in Australia and around the world.

However, in the case of reports of early trials it often means that the medication, treatment or product in question is not yet available for public use.

Walking in Parkinson's disease

Walking can be adversely affected in Parkinson's disease in many ways. The most common causes are slowing of movement, poor balance, freezing of gait, dizziness, tremor etc. A person with Parkinson's disease can also experience foot dystonia. Foot dystonia is involuntary, sustained or intermittently sustained contractions of the muscles of the foot and ankle causing abnormal posturing or movements. Several foot and ankle muscles can be affected. The most common presentation is upgoing of the big toe (also known as "hitchhiker's toe"). The other presentations are foot going downwards (dystonia of the calf muscles, i.e. Achilles), the foot going downwards and turning inwards also known as equinovarus deformity. One may experience clawing or upgoing of other toes as well. In extreme cases, the affected foot may not come in contact with the ground causing the loss of balance and difficulty in walking. The dystonic foot may cause inadequate ground support, hinder early and mid-stance or lifting of the foot. This results in difficulty in standing on the leg (known as stance phase of gait), which is shortened as well as difficulty in clearing the foot and the push-off. Some may suffer falls and fractures.

This can be triggered by a voluntary action or some specific tasks. Foot dystonia can be unpleasant, painful and can cause other impairments such as poor balance, standing, difficulty in wearing shoes. Most importantly the gait (the way we walk) is affected which results in restricted mobility and poor quality of life.

The dystonia in Parkinson's disease is often called striatal deformities and this can involve hands or feet. About 10 % of the individuals with PD can experience focal dystonia. The patient can experience foot dystonia at the beginning of their illness or during their journey. For patients with PD who are treated with levodopa and have motor fluctuations, dystonia, such as painful fixed inversion of the foot and flexion of the toes, can be part of the wearing-off process. If untreated, dystonia can develop into a fixed contracture, although the fixed posture is generally different from that of striatal hand or foot. The actual occurrence of dystonia or striatal deformity is not known but reported to be 10% of patients with untreated, advanced Parkinson's disease.

Anyone experiencing dystonia should do the following things - get in touch with your neurologist for a diagnosis. Your specialist will search for an underlying cause and will advise the appropriate investigation and will initiate the treatment. In

Parkinson's disease, foot dystonia can be a part of motor fluctuations. Besides the Parkinson's disease, other causes are a structural lesion in the brain, spinal stenosis, Wilson's disease, tardive dystonia, hypoparathyroidism, and psychogenic dystonia, spinocerebellar ataxia etc. People may experience dystonia without any obvious cause (some runners have reported to experience this).

You may need referral to a Rehabilitation Medicine specialist for an assessment and treatment such as botulinum toxin injection. The treatment is multidisciplinary and will include other allied health professionals such as physiotherapists, occupational therapists or an orthotist.

The treatment of choice in focal (localised to a body part) dystonia is botulinum toxin injection. Botulinum toxin works by selectively weakening the dystonic foot muscles. The injection is effective for 4-6 months and may need to be repeated. The other measures may include stretching and strengthening the opposing muscle groups and the proximal muscle groups. You may also benefit from gait training by a physiotherapist (such as walking with heel toe rhythm).

The orthotist can design an orthosis (custom made) which may help you stand and walk better.

About 2,400 years ago Hippocrates wrote 'walking is a man's best exercise'. Several studies showed that walking is beneficial for humans. Thomas Jefferson lived up to 83 years when the average life expectancy was 43 years. He ascribed his good health for walking up to 4 miles of walking every day. If you think your walking is impaired due to any reason such as pain, weakness, freezing and dystonia do not hesitate to seek appropriate help.

*Contributed by Dr Anupam Datta Gupta -
Rehabilitation Medicine Consultant, The Memorial
Hospital & Senior Lecturer, University of Adelaide.*



Thank God it's Friday! It is indeed a glorious feeling when the end of your working week is in sight. In some way, the anticipation can be almost as satisfying as the weekend itself. Even shift-workers or weekend workers celebrate some type of weekend experience, whether it happens to fall on a weekday, or for a longer period of time after several weeks of non-stop work. In various ways, we all enjoy the "TGIF" feeling when that down time gloriously approaches. But this is not so for the carer. A carer's time off is mostly occasional, irregular and measured in half hour brackets. The TGIF feeling is not usually shared by them. The best carers can say is, *TGIF? I wish!*

It is true that caring has many rewards and it can be the most fulfilling role a person could ever take on, particularly if the care recipient is a loved one. But rarely is it a role that one chooses let alone prepares for, and more often than not it is one that is seldom recognised by others as one of any great importance.

A study from the Journal of the Royal Society of Medicine, "Quality of life: impact of chronic illness on the partner," JRSM, v. 94 (11) Nov. 2001, noted that '...the most striking research finding is a tendency for the partner's quality of life to be worse than that of the patient'. Several studies have also discovered that spouses who are also caregivers are six times more likely to be depressed than spouses who do not act as caregivers.

Just like in other vocations and careers, taking regular breaks, or respite, from work is necessary for a carer's personal wellbeing. Eventually it may come down to this ultimatum: Either take a break or risk suffering a breakdown!

Carers need respite. Carers of people diagnosed Parkinson's are able to access respite care, or short-term care. This support provides the carer with the opportunity to attend to everyday activities, take breaks from their caring work, or go on holidays. Respite care may be given informally by family, friends or neighbours, or by formal respite services.

Respite care can range from a few hours or longer periods of time, depending on the needs of the carer and care recipient, their eligibility to receive particular care packages and the availability of services in their area. The respite can be provided in the home of the person being cared for, or at facilities such as an overnight respite cottage, a day centre or residential care facility.

It is common to hear and discover that despite carers

knowing the importance of taking respite, they often feel that they cannot take the time, or time slips away from them and opportunities pass by. Some common reasons preventing carers from receiving respite include:

- **The person being cared for will not go:** The prospect of residential short stays and even day programs can be confronting for the care recipient. Some patients may believe that they are quite capable of staying home alone. Carers often resolve that they do not want the conflict and emotional distress planning respite can cause, decide to forget the matter for the time being and delay respite for some time. **Solution:** Carers and patients should talk the issue through openly and honestly. It is in both person's benefit to see that carers are also looked after to ensure a long-lasting care relationship.

- **Unpaid carers cannot bear the cost of respite:** Often the option to employ another party to attend to your care recipient seems costly and difficult. It might even appear unaffordable and the paperwork and correspondence too overwhelming. **Solution:** Commonwealth Respite and Carelink Centres (CRCCs) and the support team at Parkinson's SA are available to help carers navigate the difficult application process, and support you along the way. The cost of respite can vary greatly depending on the type of respite being accessed.

- **Although it is planned, the patient's health seems to be declining and respite appears to come at a bad time:** While it may seem easier for a carer to postpone or pause their plans to take respite, there is no guarantee that things will get better for the person receiving the care. **Solution:** Again, it is important to openly communicate these issues with the available supporting agencies and the care recipient, and maintain any respite that has been scheduled.

- **The carer seems indispensable:** At times it can seem like no-one can provide the same care that particular and long-standing carers can, so calling in a substitute carer could prove to be a negative experience for the care recipient. Furthermore, if the person receiving care is a loved one of the carer, seeing someone else direct their care can leave the carer feeling less important and devalued in some way. **Solution:** Carers should speak openly with support agencies, and if they feel that they can, with the care recipient. Talking through these issues will undoubtedly reassure carers that their time away will not equate to a less important role in the lives of their care recipients.



- **Carers may feel guilty about leaving the cared for person with someone unknown:** Some carers feel that they will not enjoy their respite because of the guilt that they feel in abandoning their care recipient. **Solution:** Again, carers need to take the time to talk through these issues with support agencies and their care recipients where it is appropriate.

- **Carers have tried it before, with no or limited success, and are feeling defeated:** Sometimes carers who have previously taken respite and have returned to discover that the person required care did not receive the assistance that they had hoped for while they were gone. This can understandably place doubt and reluctance into the mind of a carer when considering another opportunity for respite. **Solution:** Rather than giving up, carers should discuss with an agency their concerns, indicate what was not as they had hoped with the last respite, and plan for a more successful replacement which addresses those particular (and any new) issues.

Carers cannot be effective care givers if they do not take the time to look after themselves. It is no surprise that ignoring their own physical and mental health can negatively impact both the carer and the care recipient. Whether it is for a couple of hours, a few days or a number of weeks, respite care can give the carer the time to maintain their own wellbeing while knowing that the one they care for is well looked after.

Types of respite care available

- **In-home respite:** A care worker will come to the home of the care-recipient and either assume the caring responsibilities there and/or take the care recipient out for social excursions. This type of respite is available during the day or overnight.

- **Centre based day respite:** People with a Parkinson's diagnosis can attend social and recreational activities in a centre for several hours during the day without their carer. The centre is staffed by trained respite workers.

- **Overnight or weekend respite:** In this situation, either a respite care worker will stay overnight at the care recipient's house or the care recipient can spend the night away from home in a respite house or cottage.

- **Community access respite:** Provided either individually or in a group, a care worker will accompany the care recipient to a community based

activity, social event or outing. This has the added benefit of providing the care recipient with the opportunity to enjoy social experiences and build relationships with others beyond their care network.

- **Consumer Directed Respite Care:** This is a particular package of respite services tailored to individuals' personal situations. A package may include some residential respite combined with in-home respite and allocation for emergency respite. Consumer Directed Respite Care allows people to have more influence during the decision making process in regard to the respite services provided.

- **Residential respite:** Short term accommodation within a residential Aged Care facility is available for up to 63 days each year. To access respite within an Aged Care facility, an assessment by an Aged Care Assessment Team (ACAT) will be conducted in order to decide the level of care that is required.

- **Emergency respite:** If respite is required urgently, the local Commonwealth Respite and Carelink Centre can be contacted on 1800 052 222 during business hours, or 1800 059 059 after hours. Emergency situations could include an injury suffered by the carer limiting or preventing them from providing adequate care to their care recipient, or personal dilemmas that may require the care giver's immediate attention.

When to arrange respite

There is no fixed time, scheduled allowance, or legislated holiday period for carers. Accordingly, carers, their care recipients and their corresponding support networks should plan and prepare for regular periods of respite. It is important that carers do not wait for an emergency situation to take this respite.

How to access the preferred respite care

For those over 65 years of age and registered with My Aged Care subsidised respite care in an in-home or community care setting is available through the Commonwealth Home Support Programme (CHSP). An assessment will need to be conducted by the Regional Assessment Service (RAS) to determine what type of care suits the care recipient's particular needs and situation. The assessors will discuss the options available to the carer and care recipient and how to access the type of respite that best suits their needs.

The Parkinson's SA Support Team is willing to help. The staff at Parkinson's SA are equipped and prepared to work with carers of people diagnosed with Parkinson's to establish an effective respite plan.



Understanding Parkinson's Seminars

For people with Parkinson's, their family members and the wider local community.

Unley

Wednesday, 9 November 1.30 pm – 3.00 pm
Parkinson's SA, 23a King William Rd, Unley

Learn Now Live Well Seminars

For those who have received a diagnosis of Parkinson's or another movement disorder within the last 5 years, and their family members.

Non motor symptoms of Parkinson's

Monday, 21 November 10.30 am – 12.00 pm
Venue: Fullarton Park Community Centre, 411 Fullarton Road, Fullarton
Sue Sharrad, Parkinson's Specialist Nurse

Panel discussion – Speaking from experience

Monday, 12 December 10.30 am – 12.00 pm
Venue: Fullarton Park Community Centre, 411 Fullarton Road, Fullarton

Moving Ahead with Parkinson's Seminars

For those who have had a diagnosis of Parkinson's for several years, and their family members.

Sleep, fatigue and Parkinson's

Tuesday, 8 November, 10.30 am – 12.00 pm
Venue: Parkview Room
Fullarton Park Community Centre
411 Fullarton Road
Fullarton

As seating may be limited, please RSVP to attend any of these seminars by phoning 8357 8909 or emailing info@parkinsonssa.org.au

New Speech Therapy Group in the North: Helping Hand has just commenced Loud Voice Group Therapy sessions for people with Parkinson's and Parkinson's Plus conditions twice weekly in 10 week blocks, at Parafield Gardens run by a speech therapist, at discounted prices for pensioners. Inquire on 1300 444 663.

Finding Calm Courses in 2017

Finding Calm courses for 2017 will be scheduled soon. Previous participants have found the course useful with positive feedback such as, "I've realised that trying to dismiss or avoid my painful thoughts and feelings is not helpful to anyone...accepting them calmly is better for my well-being";

Cost is \$30 for the 4 sessions, to cover materials and training. Bookings are essential as places are limited. Call 8357 8909 to register your interest.

Dance in the South East

Wendy Merrett, facilitator of the Mount Gambier Parkinson's group has just completed a Dance with Parkinson's pilot program. Wendy works as a Therapy Aide for Boandik Lodge and has had a lifelong interest in dance and teaching. She started dancing at the age of 6 and progressed to teaching as an adult.

The feedback from this program has been very positive and plans are now underway to organise and ongoing program. These dance programs continue to inspire and motivate people to move more freely and confidently as expressed in these comments. 'Invigorated.' 'Something to look forward to.' 'I was surprised how coordinated we all were after a few classes. The music is very motivating and helps to keep us moving.'

For information about the upcoming Dance program in the South East, contact Wendy on 8725 7377. For details about other Dance programs for people with Parkinson's in the metropolitan and regional areas please contact Parkinson's SA.

Need Support?

1800 644 189

You are encouraged to use the free, confidential telephone information and support services provided by Parkinson's South Australia.

The Support Line does not provide medical advice but aims to provide information and support to assist people to understand and live well with Parkinson's.

The Support Line is for people with Parkinson's disease and any other movement disorder, their families, carers and friends, teachers, students and healthcare professionals.

PSA visits the Eyre Peninsula



During August, Margie Stevens and Anne Heard travelled to the Eyre Peninsula to meet with the Tumby Bay Parkinson's Support Group; to present and host Community information seminars for the local community and health professionals, and meet with individuals with Parkinson's and their family members.

Seminars for members of the local community and health professionals on *Treatments and Parkinson's* were presented by visiting neurologist Associate Professor Robert Wilcox. Overall these seminars were attended by 32 health professionals including local GP's, nurses, Allied Health staff, paramedics and 55 members of the local community including people with Parkinson's, their family members and friends.

PSA staff conducted training sessions for 30 staff working in residential care in the Tumby Bay and Port Lincoln areas, and held a seminar on *Cognitive Issues and Parkinson's*.

The local Lions' Club and Bendigo Bank sponsored the Parkinson's SA staff activities. This funding was gained through the efforts of Natasha Clark, a young woman living with Parkinson's and facilitator of the Tumby Bay Parkinson's Support Group. Natasha and the Tumby Bay Parkinson's group continue to raise awareness about the needs of people with Parkinson's on the Eyre Peninsula. Major support was provided by Medronic.



Pictured (from L to R): Rebecca Kroukamp, Medtronic, Assoc. Prof Rob Wilcox, Judy Arbery, Bendigo Bank & Natasha Clark, Tumby Bay Parkinson's Support Group Leader



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In the library

The Parkinson's SA library is stocked with books relevant to living with, the treatment of, research and the science of Parkinson's and other movement disorders. There is a range of DVDs for people regarding exercise, nutrition and other topics. As well as the scientific and non-fiction range there are also various fictional and biographical stories. Membership of PSA is required to borrow from the library. Rural and regional members can borrow and return books by post.

The two book reviews in this Issue illustrate the differences in approach that are necessary when considering Parkinson's Disease, because of the wide-ranging needs of different readers.

A Soft Voice in a Noisy World: A Guide to Dealing and Healing with Parkinson's Disease

By Karl Robb

This is the second book on Parkinson's that I have reviewed, and it has opened my eyes to the widely differing ways in which the topic can be approached. My previous review, 'Navigating Life with Parkinson Disease', was written from a medical viewpoint. In contrast Karl Robb, the author of 'A Soft Voice ...' was diagnosed with Parkinson's disease over 20 years ago, and writes from this viewpoint for the benefit of people with Parkinson's and those close to them.

His approach is perhaps best described in the publisher's words: 'a compilation of hundreds of insights and practical tools intended to add inspiration and ease to your daily life. It includes suggestions and resources for improving your patient-doctor experience, living a productive and happy life, staying fit and active, participating in support groups, improving your mind-body connection, and empowering yourself to heal.'

Its effect on many readers is described by reviewers' comments such as: 'It truly captures the essence of what it is like to have Parkinson's Disease and offers practical, no-nonsense advice and tips to living a better quality of life for those with an intimate familiarity with Parkinson's or just a casual observer'. Its potential usefulness is also reflected by another comment: 'This book has given me a great tool kit to use in my challenging new life'.

Karl Robb's advice is practical and down-to-earth; he appreciates the benefits and necessity of conventional medicine, but also utilises a wide variety of techniques from complementary fields which he and others have found useful. These range widely, including visualization techniques, structuring of life, stress management, Reiki - and many others. Each is strongly based on thinking positively. What makes it especially useful is that these techniques are

described in 59 fairly short chapters, each covering a specific topic.

Reviewers' comments show how many of them have appreciated positive help from someone who can empathise with them, as well as explaining their situation and providing a variety of possible strategies to cope with life, and to move forward.

Different types of people relate to different types of books. However, my background in medical science, as well as having a wife with Parkinson's disease, makes me feel that this book could help many people to comprehend its far-reaching effects; together with the importance and various means of retaining (or regaining) control of life.

The book is in the Parkinson's SA library. Alternatively, it can be purchased in book form (\$23) from bookdepository.com; as an e-book (\$11) from amazon.com.au; or as an audiobook (\$15) from audible.com.au

Medifocus Guidebook: Parkinson's Disease. A comprehensive guide to symptoms, treatment, research, and support.

Medifocus.com, Inc

Parkinson's disease can have a serious impact on both patients and families, who will need to participate in making informed health care decisions. Some knowledge of the illness and available treatment options can be very useful. This Guidebook, although very medical in its approach, is written with patients' needs in mind.

It aims to provide 'a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals', for those who need 'more advanced, in-depth medical information than is ... generally available from other resources'.

For many readers, the most useful Section will be the 'The Intelligent Patient Overview', designed for those who, confronting the illness, will face challenging choices. Its wide-ranging information is presented in sub-Sections covering 'Causes of the Disease', 'Signs and Symptoms' and 'How the Condition is

In the library (cont'd)

Diagnosed'. It also covers 'Treatment Options', 'Quality of Life issues', 'New Developments' and 'Questions to Ask your Doctor'.

Each section contains sufficient medical detail for those who need a basic straightforward understanding of the disease and its possible treatments. For example, the 'Treatment Options' sub-Section describes the many different types of treatment, discussing why and when each may be considered. It also includes aspects such as side-effects and how they might be controlled. Details such as the probability of different issues occurring are given, where possible; for example, 'Fatigue in Parkinson's includes an overwhelming sense of tiredness and lack of energy that may occur in up to 75% of individuals diagnosed with Parkinson's. It appears to intensify as Parkinson's progresses'.

For those interested in the scientific basis of treatment, a 'Guide to the Medical Literature' provides links to abstracts (summaries) of articles recently published in leading medical journals. There are Review and General Interest articles, as well as sections specifically covering Drug Therapy, Surgical Therapy, and Clinical Trials.

This is a practical and thorough Guidebook, certainly valuable for those with some medical knowledge who seek an accurate, accessible source of information. Its value for others will depend very much on their desire to understand much more detailed aspects of the disease.

NOTE: This book may not be suitable for some, because so many facets of Parkinson's and its treatments are described in detail, even though you personally may never experience many of them. It would be worthwhile searching 'www.amazon.com.au' for Medifocus Guidebook: Parkinson's Disease', and clicking on the picture of the book to read a lengthy sample of the book including some of the 'The Intelligent Patient Overview' section. Alternatively drop into Parkinson's SA and sample the book itself.

Reviews by Dr Paul Gresham (Medical Biochemistry and Pharmacology), Carer.

University of Queensland Parkinson's survey on Communication, Swallowing, Speech Therapy services and Telehealth

The University of Queensland is seeking participants who feel their communication or swallowing has changed because of Parkinson's disease.

If so, you are invited to complete a 20-25 minute survey on communication and swallowing changes. You will be asked questions on speech therapy services and the use of technology for health care.

The only criteria for participating is a diagnosis of Parkinson's disease, and that you feel your communication and/or swallowing has changed because of PD. You do not have to have any experience with speech therapy services or technology-based health care to take part in this study.

This will be a national survey across Australia to find out more on these topics. Your contribution will help to better understand the changes people with Parkinson's disease experience, the services available and views on the idea of using technology for therapy.

You can complete the survey either online or on paper.

<https://survey.its.uq.edu.au/Checkbox/Communication-and-Swallowing-Changes-in-People-with-Parkinsons-and-Views-on-the-use-of-Technology-in-Therapy.aspx>

If you would like a paper copy of the survey, please contact the lead researcher Megan Swales either by email (megan.swales@uqconnect.edu.au) or by phone (0430 513 414).

If you have any questions about the study, please also contact Megan Swales, School of Health and Rehabilitation Sciences, University of Queensland.

Deep Brain Stimulation: A Personal Account



For Beryn Petersen, the early signs of Parkinson's were a tremor in her right hand and her handwriting becoming tiny and illegible. It was in October 1997. She spoke with her GP early and was referred to a Neurologist. The initial diagnosis was essential tremor - which shares similar symptoms to Parkinson's – but wasn't quite right.

Beryn recalls; "In retrospect, I didn't mind being diagnosed with essential tremor because it allowed a period with a less

threatening diagnosis. However, in the two years following my diagnosis, the tremor became more prevalent. My arm looked wasted and was a different shape. No one, including me, could decipher my handwriting. I returned to my Neurologist two years later and this time his advice was to treat as Parkinson's."

Four years after her diagnosis, Beryn worked on a part-time basis and became interested and involved in Parkinson's research programs. "I volunteered for research programs whenever possible, particularly those with a focus on exercise. They provided me with the motivation I sometimes had difficulty maintaining on my own. It also gave me the impetus to get out and do things that often had a social component. I met dedicated and wonderful people devoted to the Parkinson's cause." It was around this time that Beryn changed her Doctor and began seeing a Movement Disorder Specialist closer to her home. The Specialist discussed what the future might look like including treatment options. It was the first time she heard about deep brain stimulation.

In 2012, life for Beryn became more complicated. "I had a bad fall, tripping over my feet at a camp site and landing heavily on my face. Although close by, my family weren't near enough to break my fall. I also had a medication-related micro black-out while driving - my first 'at fault' accident in 53 years. Fortunately no one else was hurt. In 2013 I again tripped over my feet, this time on our concrete driveway. I landed on my knee – probably preventing more facial damage, though I broke my right patella. Meanwhile, my slowness and stiffness continued to worsen and dyskinesia's were becoming more of a problem."

Beryn's doctor recommended alternative treatment options. "In May 2014 it was suggested I try Botox injections to aid my clawing foot. This assisted, but not much, and needed to be repeated regularly. I was ready for my Doctor's much earlier suggestion – to consider deep brain stimulation surgery.

"At my next visit in June 2014 I told my doctor I was ready to proceed. From then, things moved quickly and started with a series of pre-surgery assessments."

"When the day of my procedure arrived, the surgery went with clocklike precision from my point of view. The anaesthetist delivered the right level of sedation, such that I was aware of the much dreaded, but not troubling, drilling through my skull. I barely remember it now. The procedure was completed and I think the worst part was being in Intensive Care afterwards attached to so much monitoring equipment. Although it seemed like an eternity at the time, it was only overnight."

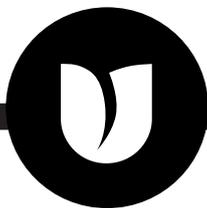
In the two days following Beryn's procedure, doctors visited to make adjustments to the device and help tailor settings including stimulation levels. They also provided some training on how to use the device. "I had no tremor, no dyskinesias and improvement in sleeping patterns, mood, balance, walking and more confidence in general, almost straight away.

"After six weeks, I was able to drive without the rigidity and stiffness. It was well worth the anxiety, discomfort in intensive care, and a shaved head." Around this time Beryn also began an exercise program which included walking - encouraged by family and friends. The following week she returned to her regular exercise class.

Now more than 12 months following her procedure, Beryn adds "I am really appreciating the benefits of DBS. I am taking less medication, can relax at concerts or the cinema as I'm not fighting with myself to stop shaking or wriggling. I do have a slight speech impediment which I am working on, but mostly life is good.

"I am not sure how long the benefits of DBS will last, as the progress of my Parkinson's is also unknown – but I am making the most of the benefits while they continue."

ADVERTORIAL DISCLAIMER: This patient testimonial was provided by Medtronic and relates an account of an individual's response to the treatment. The account is genuine, typical and documented. However, the individual's response does not provide any indication, guide, warranty, or guarantee as to the response other persons may have to the treatment. The response other persons have to the treatment could be different. Responses to the treatment discussed can and do vary and are specific to the individual patient. Please consult your healthcare professional for a full list of benefits, indications, precautions, clinical results, and other important medical information that pertains to the therapy or products discussed.



In memoriam

Parkinson's SA acknowledges the donations which have been given by families and friends in memory of the following people. The thoughtfulness of these families in arranging for donations to be given to Parkinson's SA is greatly appreciated.

Ann Young Allen

David John Howard

Denis William Russell

Fotios Balomenos

Mario Nasissi

Bruno Battista Sortini

Robert (Bob) Barrie

Donald Leslie Nixon

Robert (Bob) Charles
Tickle

Garry John Cooper

Rita Pelliccioni

Con Vlahiotis

Don (Braddy) Cranwell

Robert Peryman

Carina Estelle West

Clyde William Dally

Melva Lorraine Robinson

Parkinson's SA received a bequest of \$48,000 from the Estate of Mrs Joan Merchant which played a significant part in the Board's decision to reverse the reduction in services.

BEQUESTS

Bequests offer the perfect opportunity to reflect on what/who has been important in your life, or mirror what you'd like to actively see supported in the future.

Bequests are a private affair, and following consideration of family or dependants you may realise that you can leave a legacy that matters.

A Will Bequest or Gift to Parkinson's SA is a simple way to continue caring, and ensures your passion for Parkinson's SA will continue to support those with Parkinson's far in to the future.

If you have made a Bequest or are considering doing so, Parkinson's SA would like to have the opportunity to thank you now, so that we can pass on our appreciation.

If you would like more information on leaving a bequest/gift to Parkinson's SA, please contact us via 8357 8909 or info@parkinsonssa.org.au

SUPPORT & EDUCATION

GROUPS

Adelaide Hills

Contact: Pat Jennings
0408 808 310

Barossa

Contact: Margaret Russell
8566 2896

Brighton

Contact: Rikki Howard
8377 3747

Burnside

Contact: Anne Heard
8357 8909

Cheltenham

Contact: Anne Heard
8357 8909

Clare Country Carers' SA (Lower Nth)

Contact: Amelia Rossini
8842 1118

Eastern Eyre Peninsula Health Service (Cleve)

Contact: Sandra Rattley
8628 2399

Elizabeth

Contact: Brenda Smethurst
8284 0388

Enfield

Contact: Margaret Galdies
0415 728 444

Far West

Contact: Cynthia Provis
8625 3388

Mount Gambier Boandik Lodge

Contact: Wendy Merrett
8725 7377

Murray Bridge Resthaven

Contact: Caroline Tenny
8531 2989

North Eastern

Contact: Anne Heard
8357 8909

Onkaparinga

Contact: Tom Trottman
8322 5145

Port Pirie

Contact: Alison Kokotis
8638 4693

Riverland

Contact: Chad Wissler
0400 327 269

Salisbury

Contact: Anne Heard
8357 8909

Southern Fleurieu

Contact: Craig Bastian
8552 5111

Tumby Bay

Contact: Natasha Clark
0438 269 502

Upper South East

Contact: Karen Burford
8762 8160

Lower Yorke

Peninsula Carers' Link YP
Contact: Sue Poole
8821 2444

Upper Yorke

Peninsula Carers' Link YP
Contact: Sue Poole
8821 2444

EXERCISE

GROUPS

Adelaide Hills Health Service

Contact: Simone Krohn
8393 1833

Blackwood Recreation Centre

Contact: Karyn Powell
8278 7444 or 0419 840 484

Bridgewater Active Seniors

Contact: Ann Buchan
8373 2132

Christie Downs

Contact: Robert Lloyd
8386 2761

Elizabeth Resthaven Northern

Contact: Rosalind Wren
8252 6811

Fullarton ChiBall Gentle Moves

Contact: Monica Hall
0412 114 948

Grange Retirement Village

Contact: Stan Miller
0417 856 386

Henley Beach Western ECH

Contact: Emma Hodge
8358 3169

Marion Resthaven Southern

Contact: Michelle Eeles
8296 4042

Northfield Hampstead Rehabilitation Centre

Contact: Bob Barnard
82221891

Paradise Resthaven Eastern

Contact: Marta Krzystoszek
8337 4371

Payneham & Reynella Life Care Active

Contact: Deb Gabrovsek
8168 7600

Unley Pd Proud

Contact: Ann Buchan
8373 2132

SPECIALISED GROUPS

GROUPS

Brushlines Art Group

Contact: Anne Heard
8357 8909

Dance! WITH Parkinson's

Contact: Paula Jean Hayes
8357 8909

Deep Brain Stimulation Group

Contact: Dianne Biddle
0428 828 089

Dystonia Lunch Group

Contact: Jacqueline Jeremy
sadystonia@gmail.com

Focus on Family Carers' Group

Contact: Anne Heard
8357 8909

Parkinson's Pedallers' Cycling Group

Contact: Mike Hannan
8278 6069

Parkinson's Plus Lunch Group (PSP, MSA, CBD)

Contact: Anne Heard
8357 8909

Parkinson's SA Lunch Group

Contact: Anne Heard
8357 8909

Photography Group

Contact: Anne Heard
8357 8909

20's - 50's Group

Contact: Anne Heard
8357 8909

Looking back at Christine's 10 years at PSA



Looking back at Christine's 10 years at PSA



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