

PARKINSON SOCIETY CENTRAL & NORTHERN ONTARIO

Hope on Display 2016





A copy of the Hope on Display 2016 calendar is included with every copy of LiveWire sent in the mail. Not on our mailing list? Please contact livewire.subscriptions@parkinson.ca or call 800-565-3000 ext. 3474.

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Parkinson Society Central & Northern Ontario



As 2015 comes to a close, I want to take this opportunity to thank all of you for your support—we are so fortunate to have many dedicated volunteers, event supporters, donors, and support group members who enable us to accomplish great things!

This issue of LiveWire has an abundance of information. In addition to some of our regular submissions, such as 'Ask the Doc-

tor' and 'The Nurse's Desk,' we have some great information on our research program and an overview of Parkinson SuperWalk as we wrap up the 2015 campaign. We have also included a list of some new information pieces we have developed (page 5).

Once again we have been able to showcase the creativity of people with Parkinson's through our 2016 Hope on Display calendar—we are excited to highlight all of them on the cover of this LiveWire and you will find a copy enclosed in this issue.

Let us know if there are topics you would like us to cover in our regular development of LiveWire content—things you would like to learn about or anything we are missing in preparing LiveWire. Copies are distributed to approximately 6,000 households so we want to ensure it is beneficial for all of you. Please feel free to contact me directly at debbie.davis@parkinson.ca.

Thanks again from all of the staff at Parkinson Society Central & Northern Ontario for a great year!

What We Do

Support Services

We provide consistent and excellent support to people living with Parkinson's and their families to make their lives better. We also provide support to facilitators and participants of more than 50 support groups and chapters throughout the region.

Education

Our goal is to provide excellent seminars and conferences to different areas in the region and online so that this information is readily available. We also offer smaller sessions during support group meetings all over the region.

Advocacy

Our Ontario-wide Advocacy Committee works to influence the behaviour of key government officials and agencies in support of people living with Parkinson's, and build strong relationships with the Local Health Integration Networks across Ontario.

Research

Parkinson Society Central & Northern Ontario (PSCNO) fully supports the National Research program and sends all research donations to support this program.

PSCNO could not fulfill its mission without the generosity of its donors and volunteers! To help ease the burden and find a cure, call 800-565-3000 ext. 3378 or visit www.parkinsoncno.ca to make a one-time or monthly donation. *Thank you for your continued support!*

Who We Are

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Parkinson Society Central & Northern Ontario Société Parkinson du Centre et du Nord de l'Ontario In Partnership with Parkinson Society Canada

Parkinson SuperWalk: Burlington's Team Lena's LEGions

When Lena Barretto hit the 2 km mark at this year's Burlington SuperWalk, she turned to her team of over 30 family and friends and encouraged them to "keep going!" Team Lena's LEGions continued on to finish the full 5-km SuperWalk, all in honour of Lena's upcoming 90th birthday.

"Mom is a true example of someone who is living well with Parkinson's," said daughter Joyce Barretto, who has been a member of the Parkinson Society Canada Board of Directors since 2011. Joyce, along with 35 friends and family, formed Team Lena's LEGions to participate in Parkinson SuperWalk for the first time.



The team didn't know what to expect at the walk but were pleasantly surprised to see a much bigger crowd than anticipated—despite the poor weather that day. "It was lovely to have the volunteers along the route cheering us on, and the superhero theme was a fun element for the whole family," said one of the many cousins in attendance.

"From the moment she was diagnosed, we saw a resilience in mom," said oldest son Frank. "Every day is a workout and she never takes a day off."

As a former teacher and life-long learner, Lena, who has been living with Parkinson's for over 20 years, has researched numerous methods to deal with her Parkinson's symptoms, including Tai Chi, voice therapy, chair exercises, mediation, prayers, word search, reading, singing out loud to YouTube videos, expressing her creativity through art, and supervision of her beautiful garden.

"By all accounts, now that exercise is part of her daily routine, she is stronger today than five years ago," said Joyce. "Everyday tasks are now more difficult but Mom now has greater determination to complete those tasks. She's an inspiration."

Lena's determination inspired her family to set a Parkinson SuperWalk fundraising goal of \$9090.90—an impressive amount for a first-time team. Through generous donations from family, friends, and coworkers, the team more than surpassed their goal to become the top team in Burlington.

"We were really excited about our fundraising success but attending the walk and seeing mom cross the finish line was the best part," said her oldest grandson Matthew, who was responsible for ensuring her wheelchair hit the fewest bumps possible!

Lena was thrilled to finish the walk but it was seeing other families and teams affected by Parkinson's that was most inspiring. "It was incredible to see the younger generation feel empowered to do something productive for a good cause," said Lena. "Parkinson SuperWalk really brings together the community and demonstrates that our combined efforts can make a difference."



Don't Poo-Poo Healthy Bowel Management

Sandie Jones, RN

Would you believe the most common symptom I talk about daily is constipation? It can be embarrassing to talk about but can land you in the hospital if not dealt with early. At its most severe, constipation can lead to obstruction of the bowel. The sudden onset of acute abdominal pain and marked abdominal distension in someone with severe chronic constipation suggests a twisted bowel, which requires emergency surgery.

Everyone's definition of what they mean when they say "I'm constipated" is different. You may be referring to infrequent bowel movements, hard stools, straining, feeling you need to go but cannot, or feeling that you have not finished. The general definition of constipation for anyone—not just those with Parkinson's disease (PD)—is fewer than three bowel movements a week.

I think a better way of determining whether or not you are constipated is if there is a significant change in your normal bowel habits, if your stools are hard, or difficult to pass. Normally, we have a regular pattern to our bowel movements: some people go once or twice a day, others go every other day. Pay attention to what is normal for you—changes may need to be addressed.

It is important to understand why up to 80 per cent of people with PD can have constipation. There may be different causes involved, meaning different treatment plans specific to you.

In PD, the Autonomic Nervous System (ANS) is affected in addition to the Central Nervous System (CNS). The ANS controls the functions of our internal organs: i.e., the heart, stomach, and intestines. Research suggests that PD may affect the ANS very early in the course of the disease process, even before tremors, slowness, and stiffness start.

The deterioration of the nerve cells in the brain in relation to PD is not confined to the substantia nigra, where dopamine is produced. Lewy bodies—abnormal clumps of protein—are also found in neurons of the ANS, but the chemistry of the ANS and CNS is quite different. While taking levodopa helps motor problems, it does not improve autonomic symptoms, so we need other ways to manage these problems.

The digestive system happens in stages. Food is propelled from the mouth to the stomach where the digestive process starts. From there, it is passed to the small intestine where nutrients enter the blood stream. Waste passes to the large intestine to form stool. Contractions of the esophagus, stomach, and intestines keep things moving; these contractions are called peristalsis.

Peristalsis is controlled by the Autonomic Nervous System. When this system malfunctions, things back up. Abdominal bloating results if food cannot get out of the stomach and

into the small intestine. Heartburn develops if stomach contents back up into the esophagus, the tube through which food passes from the mouth to the stomach. Constipation occurs when the colon does not contract normally to produce bowel movements.

Although the ANS is primarily responsible for problems with constipation in relation to PD, some medications can also contribute to this problem. Anticholinergic drugs, which may be used to help control severe tremor and drooling in people with PD, can cause constipation as a side effect. These drugs include Artane, Cogentin, Kemadrin, and Parsitan.

Non-PD medications that may cause constipation are antacids, diuretics (water pills), some anti-arthritis drugs, and narcotics, especially those containing codeine. Some narcotics commonly used for chronic pain are Tylenol 3, Oxycodone, and Hydromorphone.

Other common factors contributing to constipation are the following: lack of exercise; lack of fibre in diet; poor fluid intake; depression; loss of muscle strength (to push); and ignoring the urge 'to go.'

With these reasons and more causing constipation, it is not surprising that people living with PD require strategies, and input from their doctors! Doctors encourage simple, natural measures to treat constipation first, avoiding laxatives until absolutely needed.

The following are some easy tips to start with:

Drink more: Dietitians of Canada suggests daily fluid intake targets to be 3 L (12 cups) for men 19+ and 2.2 L (9 cups) for women 19+, including water, milk, juice, broth soups, coffee, and tea.

Eat plenty of fibre: Include more whole grain breads and pastas, fruits, vegetables, and seeds in your diet. Check fibre content on packages. Add fibre to your usual meals, i.e., ground flax seed sprinkled on cereal or nuts on salad. Prunes and prune juice may be helpful. Heating prune juice can also help stimulate peristalsis.

Go regularly: Pay attention to the urge to pass stool. Sit on the toilet at a regular time, after a meal (preferably breakfast), and after a hot drink. Time and privacy are very important.

Exercise: Research shows that inactivity often leads to constipation due to lack of stimulus to propel stool, increased transit time in the intestine, and reduced blood flow in the colon. These are more reasons to exercise often!

We have a basic Bowel Management sheet available: please contact us. Your pharmacist may also have over-the -counter suggestions and your doctor can offer stronger therapies. Don't let constipation impact you...literally!

4 The Nurse's Desk

HOPE ON DISPLAY 2016

Featured Artist: Paul Duchemin

From northern Ontario, I gradually moved south, growing up in small

towns like Bancroft and Lakefield until I fetched up against Lake Ontario in Oshawa. In 1978, I graduated with honours from Ontario



College of Art, (now known as OCAD) with a major in printmaking. I worked as an industrial designer,



commercial artist, graphic designer, and book publisher in several nearby small town print shops.

In 1988, I started using a

computerized word processor on an early computer, back when they were called Macs or 386s. It was easy to see the benefits of this technology so I took a few courses and ended up spending the next 20 years in front of a computer screen, watching as the entire print industry was completely transformed.

My Parkinson's diagnosis coincided with the abrupt closure of my current workplace so I decided to retire and concentrate on the exercise I had no time for when I worked. I also became babysitter and toy maker to my two grandchildren, inventing games, building cardboard castles and generally having fun. Any spare time is used up in the garden or in my studio.



New 2015 Parkinson Resources!

FACT SHEETS: With many thanks to our counterparts at Parkinson Society British Columbia, we have adapted and 'provincialized' some more of the following excellent fact sheets for your use:

- Apathy and Parkinson's
- Bathroom Safety
- Caring in the Family
- Cognitive Health
- Depression and Anxiety
- Enhancing Communication
- Freezing
- Information for Teens about Parkinson's
- Levodopa, Protein, and Medication
- Living Alone with Parkinson's
- Parkinson's and Dementia

- Parkinson's, Dementia, and Communication Challenges
- Parkinson's, Dementia, and Reactive Behaviour
- Preparing for a Medical Appointment
- Saliva and Drooling
- Sleep and Fatigue
- Swallowing
- Talking About Abuse
- Treatment
- Tremor
- Voice and Parkinson's

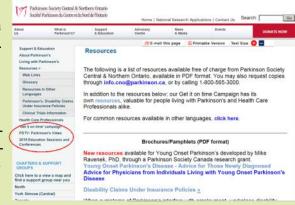
THE NURSE'S DESK SERIES: We have also gone back through past issues of LiveWire and updated the following articles of our very own nurse educator, Sandie Jones, into a new format:

- Apathy
- Bad Day or Depression
- Bang for Your Buck: The Protein Question
- Dystonia
- Freezing and Falls

- Platypi and Parkinsonisms
- Restless Leg Syndrome
- Thou Shalt Exercise
- When You're in Trouble with Urine Troubles

These are great additions to our many other brochures, fact sheets and booklets on living with Parkinson's, mobility and physical health, mental and cognitive health, caregiving and other topics. These materials are all available on our Resources page at http://bit.ly/1G9UenP. Most materials online are available in hardcopy as well, or a single copy can be printed for those people without computer access. To order a copy of any of the sheets above, or to get an order form

listing of all available literature in hardcopy, please contact robert.tersteege@parkinson.ca or call 800-565-3000 ext. 3372. While on our Resources page, don't forget to check out our Get it on time! campaign resources, and visit our PDTV section to see some of the conferences, webinars, and Lunchtime Chats with Sandie that we had this year!



Parkinson Canada: National Research Program Grants Announced

On September 29, Parkinson Society Canada announced 15 new grant, fellowship, and student awards in the current funding cycle. The National Research Program is currently funding 26 projects, an investment of \$1,264,079, with a commitment to support new research projects as follows: five Pilot Project Grants, two New Investigator Awards, three Basic Research Fellowships, one Clinical Movement Disorders Fellowship, and three Graduate Student Awards.

The National Research Program has funded 483 grants and awards, totaling more than \$25 million dollars, since 1981.

Parkinson Society Central & Northern Ontario would like to congratulate the following organizations and programs that have a Named Research Grant in their honor to recognize the significant impact that they have had on our ability to fund research in the current cycle:

Researcher	Project Title	Institution	Amount	Amount	Total
Pilot Project Grant					
The Lawrason Foundation Pilot Project Grant Dr. Philippe Huot	A new approach for the treatment of L-DOPA-induced dyskinesia	University of Montreal	\$45,000	N/A	\$45,000
Porridge for Parkinson's (Toronto) Pilot Project in Honour of Delphine Martin Dr. Bradley MacIntosh	Biomarkers of cognitive impairment in PD using orthostatic hypotension, white matter and grey matter fMRI metrics: a PPMI study	University of Toronto (Sunnybrook)	\$45,000	N/A	\$45,000
New Investigator Awards					
Pedaling for Parkinson's New Investigator Award Dr. Austen Milnerwood	The physiology of LRRK2 and the patho- physiology of Parkinson's disease: LRRK2 silencing as a treatment strategy for PD	University of British Columbia	\$45,000	\$45,000	\$90,000
Pedaling for Parkinson's New Investigator Award Dr. Frederic Bretzner	Optimization of the Deep Brain Stimula- tion Site in the Pedonculopontin Nucleus to promote postural and locomotor recov- ery in Parkinson's disease	Laval University	\$45,000	\$45,000	\$90,000
Basic Research Fellowships					
Porridge for Parkinson's (Toronto) Basic Research Fellowship Dr. Natasha Radhu	Interactions between motor cortical inhibitory and excitatory circuits in Parkinson's disease using transcranial magnetic stimulation	University of To- ronto (CAMH)	\$40,000	\$40,000	\$80,000
Dr. Robert Lorne Alexander Graduate Student Award (Porridge for Parkinson's) Ms. Chelsie Kadgien	Vacuolar protein sorting 35 (VPS35) neurobiology: Novel retromer cargo trafficking, synapse maintenance, and plasticity in the context of Parkinson's disease mutations	University of British Columbia	\$15,000	\$15,000	\$30,000
Porridge for Parkinson's (Toronto) Graduate Student Award Ms. Sarah Coakeley	Positron Emission Tomography Imaging of Pathological Tau in Parkinsonisms	University of Toronto (CAMH)	\$15,000	\$15,000	\$30,000

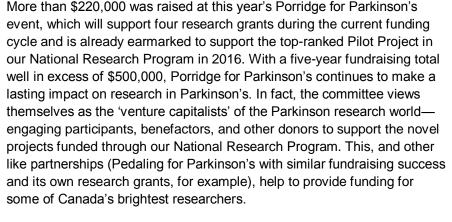
These diverse projects represent the different areas our National Research Program is exploring in search of answers on causal factors, better treatment options, and ultimately a cure for Parkinson's disease.

We thank each of our named grant supporters, and everyone throughout the central and northern region, whose support makes funding these projects possible.

Porridge for Parkinson's Celebrates Another Successful Event

The fifth Porridge for Parkinson's (Toronto) event took place on November 8 at Vaughan Estates, featuring breakfast tastings provided by some of Toronto's most celebrated chefs.







This year's event included an opportunity for grant recipients to connect with the Parkinson community and for those responsible for supporting their funding to meet the researchers: Dr. Bradley MacIntosh, Sarah Coakeley, and Natasha Radhu.



With it all topped off by fabulous food from the likes of Jamie Kennedy, Joanne Yolles, Donna Dooher, Martin Kroupie, Jen Cerny, Noni Castonguay, Sandra Katsiou, and David Wolfman, participants left with their minds inspired and their stomachs well fed.

Emcee Jeanne Beker (Style Editor at The Shopping Channel) shared her personal connection to Parkinson's and guest speaker Harry McMurtry inspired guests with the story of his own Parkinson's journey—one of positivity and perseverance, and a willingness to go the distance. Mr. McMurtry, a Toronto native, announced plans to walk 500 miles (from his current home in New York City to Toronto) in support of Parkinson's awareness and fundraising.

From Harry and Jeanne to the researchers, the committee, and every supporter, Porridge for Parkinson's this day was about inspiring attendees with the knowledge that one can live well with Parkinson's, and that hope is on the way through Parkinson Society Canada's National Research Program, supported in part through initiatives like this.

Lunchtime Chats with Sandie



Join Sandie on the second Tuesday of each month at noon for our monthly education presentation. Sandie will talk briefly about the theme of the month and then answer questions sent in by you. Please send in your questions ahead of time to debbie.davis@parkinson.ca.

You can connect to the call one of the following two ways (you only need to access the call one way; if you do both you will have double audio playing):

- On your computer, log into the call via the following link: http://parkinson.adobeconnect.com/sandie/. Once you have opened the link, choose to enter as guest and then turn on your speaker.
- To connect by phone, call our toll-free number 866-850-3418 (Toronto callers may dial 416-915-8692), and the participant code is 9415905.



The pulsating brain and its implications for Parkinson's disease

Dr. Bradley MacIntosh, Assistant Professor University of Toronto (Sunnybrook Research Institute) Porridge for Parkinson's (Toronto) Pilot Project in Honour of Delphine Martin \$45,000 one year

Area of Research: Cognitive Impairment and Parkinson's

Even before people with Parkinson's disease experience motor symptoms that include stiffness or tremors, they may

have problems with their blood pressure and cognitive issues that affect their judgment and reasoning ability.

At Toronto's Sunnybrook Research Institute, Bradley MacIntosh, a neuroimaging scientist, is using imaging technology to try to identify people with these early symptoms of Parkinson's. MacIntosh is using functional Magnetic Resonance Imaging (fMRI) to scan the brains of people who have difficulty regulating their blood pressure, a problem called orthostatic hypotension.

These blood pressure problems can cause light-headedness, dizziness and fainting, particularly when people stand up. The scans MacIntosh is conducting will track how often the brain is pulsating – a measure of blood flow to the brain. He believes the volatility of that blood flow is bad for the brain, and may be either depriving brain cells of oxygen or flooding them with too much oxygen, at different times. That "pulsatility," is an indication of the orthostatic hypotension.

MacIntosh hopes to correlate rates of pulsatility with fluctuations in white matter in the brains of people who have already been diagnosed clinically as being in the early stages of Parkinson's disease. He and his team will also test their cognitive functioning to see if that is also declining. If he can confirm an association with the volatility of blood flow to the brain, and show cognitive decline, he will not only have developed a way to help diagnose Parkinson's disease, he may also open up treatment avenues. Treating the volatile blood pressure early might prove beneficial.

"What we're aiming for right now is a non-invasive diagnostic tool using information that is already out there," says MacIntosh. "It's just a matter of finding and proving that this can be helpful."

Parkinson's disease is just one of the many complicated subjects that MacIntosh studies, from physics to jazz. "My life is not complicated, but I like complicated things," he says. He particularly enjoys working in Parkinson's research because "there's a lot of optimism in the field of Parkinson's."

Parkinson Society Central & Northern Ontario
Société Parkinson du Centre et du Nord de l'Ontario
In Partnership with Parkinson Society Canada

Parkinson Society Central Northern
Ontario is proud to support Parkinson
Society Canada's National Research
Program, which funds research into the
cure, cause, improved treatment and/or
understanding of Parkinson's disease
and related disorders including:
Multiple System Atrophy (MSA),
Progressive Supranuclear Palsy (PSP),
other Parkinson's conditions and the
impact these diseases have on society.

I am planning a trip to the UK. What do I do about my medication timing jumping hours and back again?

Continue taking medication at the same interval as before while awake so that may mean a few extra doses. After a night's sleep (in the new time zone), start back on the usual schedule as the previous time zone. Accept that there may be less than perfect control for a day or two as your body adjusts. In general, taking a couple of extra doses does not cause any problems. Be sure to confirm with your doctor or pharmacist the regimen you are planning to follow.

My husband, a person living with Parkinson's disease (PD) cries a lot, but he swears he is not sad and isn't depressed. Is this a symptom of Parkinson's disease?

It could be a symptom called 'pseudobulbar palsy' which describes a phenomena of inappropriate crying or laughing even when the person neither feels sad nor happy. The behavior does not reflect the emotional state. This behaviour may be seen in several neurological disorders. It is important to discuss this symptom with your doctor as it may provide a clue regarding accurate diagnosis as well as the fact that it is treatable if this symptom is bothersome in some way.

I have been newly diagnosed with PD, and just started levodopa. It's been three weeks and I'm up to a full tab three times a day, but I'm not noticing anything different. Should I be worried?

Not at all; different people require different doses to get their symptoms under control. Be sure to take the pills no more than four hours apart in the daytime (for example: 8 a.m., 12 p.m., and 4 p.m.). Sometimes doctors forget to tell people to take the pills at certain times and just tell them to take them three times a day. It may appear that the medication isn't working because it is taken at intervals too far apart. If you already are taking it four hours apart, you may require a slightly higher dose (for example 1.5 tablets of I-dopa/carbidopa, three times a day). Be sure to provide a symptom log to your doctor so he/she can adjust your medications accordingly.

Does fatigue occur in Parkinson's?

Fatigue is a well-recognized non-motor phenomenon, independent of any other factor such as poor sleep, depression, or other causes of fatigue. However, many people with PD have poor sleep due to sleep disorders, night time urination, difficulty turning over in bed at night, and sleep apnea amongst other things that need to all be addressed to ensure restorative sleep. As sleep quality is an eminently modifiable problem, it is important that all these factors be addressed to try to improve fatigue. Fatigue may also be a sign of wearing off of medications. Talk to your doctor about reducing wearing off by changing medication regimen. Finally, to combat fatigue for people with and without PD, exercise is essential.

My father has Progressive Supranuclear Palsy (PSP). He always tries to get up and go the bathroom by himself especially when there is no one at home, which is usually only 15–20 min maximum. When he gets an idea, he will keep asking and calling my mother no matter what time at night to get it done. It seems like he purposely does things we ask him not to do. Is this persistent nature normal among PSP patients?

It is not unusual for people to be especially perseverative (persevere on the same subject), with difficulty moving on to a new subject. This can be part of the cognitive challenges that people with PSP experience. It is not likely that this is intentional antagonism on his part.

His safety is paramount even if his judgement is impaired and he does things impulsively (like get up and walk unsupervised when he is at risk for falling). Additionally, the caregiver must also be protected as caregiver burden is commonly a very serious issue for families taking care of people living with PSP. It would be worthwhile to consider additional supports to provide your mother some respite, and let a professional oversee your father's needs for some defined periods. In Ontario, CCAC (Community Care Access Centers) can provide personal support workers free of charge to help take care of

people who are not fully independent. Talk to your neurologist or family doctor regarding how to ac-

cess this service.

Galit Kleiner-Fisman is a Movement Disorders Specialist who is the Medical Director of the Jeff and Diane Ross Movement Disorders Clinic at Baycrest Hospital and an Assistant Professor of Medicine in the Division of Neurology at the University of Toronto. She has developed a multi-media patient website (www.livewellwithparkinsons.com) and is involved in numerous research projects related to movement disorders in geriatrics.

Ask the Doctor 9

Parkinson SuperWalk Around the Region

	TOP WALKER	TOP TEAM	WALK TOTAL
Alliston	Robert Nicholls	Joe's Family	\$3,610.00
Barrie	Vera Botman Shrubsole	Keep Your Stick on the Ice	\$24,445.78
Belleville	Robert Ritzer	Team Ken	\$36,084.00
Bracebridge	E <mark>lea</mark> nor Douglas	Nanna's Super Walkers	\$10,833.50
Brampton	Lorne Collis	Shakes Daly	\$20,106.70
Burlington	Allison Nielsen Jessome	Lena's LEGions	\$93,142.10
Collingwood	Jim Karn	Collingwood Taoist Tai Chi	\$8,320.00
Durham	Jean Keary	Team Bacchus	\$52,407.89
Guelph	Mary Joy	Team Q	\$30,853.08
Haliburton	Gail Leach-Wunker	Sisson Sisters	\$3,709.10
Hamilton	Betty McRae	Betty's Supreme Team	\$16,090.86
Huntsville	Pauline Diamond	Huntsvillians	\$4,832.50
Kenora	Bert Oussoren	Team Murray	\$1,000.00
Kingston	Lidia Binnie	The Walking Runnings	\$25,391.00
Kirkland Lake	Diane Merrell	Kirkland Lake Support Group	\$956.00
Manitoulin	Mark Smith	Markee Parkee	\$2,119.00
Markham	Brenda Dzikowski	Markham In-Motion	\$20,270.10
Mississauga	Betty Tansley	Mississauga Wilkinson Warriors*	\$64,038.73
Newmarket	John Gutteridge	Team Irish	\$38,185.00
Niagara	Edda DeVellis	Late for Gym Class	\$25,215.70
North Bay	Wendy Prieur	North Bay Recovery Home	\$8,299.60
North Simcoe	Penny McDowell	N/A	\$5,384.42
Northumberland	Bill Andrus	The Northumberlands	\$37,251.70
Oakville	Earla Fitzjohn	Dukes of Earl	\$21,583.75
Orillia	Kathren VanCampen	Team Bagley	\$4,371.00
Parry Sound	Valerie Stanley	N/A	\$2,110.00
Peterborough	Vivian Heinmiller	Peterborough Movers and Shakers	\$36,855.50
Sault Ste. Marie	Anne Laidlaw	N/A	\$817.00
Sudbury	Bruce McCulloch	Louisela belle Louise	\$22,817.00
Thunder Bay	Elaine Forbes	Team Ruberto	\$6,725.00
Timmins	Alice Palangio	Team Alice Palangio	\$11,090.00
Toronto	Margot Friedman*	Team Bearg	\$270,659.80
Vaughan	Veeral Khatri	Cookies and Cream	\$43,632.00
	Canada's top walker and team issauga Wilkinson Warriors!	: Margot GRAND TOTAL	\$953,207.81





Parkinson SuperWalk 2015 Senior Lifestyle and Team Challenges

We are proud to announce that the winner of this year's **Senior Lifestyle** challenge is **Rideaucrest Home!** Nearly **\$2000** was collected from the fundraiser, which was added to the Parkinson **SuperWalk Kingston** total.

We would like the thank all of the following homes who supported Parkinson SuperWalk and participated in the challenge:

Southbrook Retirement Community, Brampton Pearl & Pine, Burlington

Mountainview Residence, Georgetown The Westmount, Sudbury

Cedarbrook Lodge Retirement Residence, Toronto Westlake Terrace, Picton

Chartwell Thunder Bay, Thunder Bay Seasons First Avenue, Welland

Helen Henderson Care Centre, Amherstview

The winner of this year's Corporate Team Challenge is Cynapsus Therapeutics! The team raised over \$5000, which sup-

ported Parkinson SuperWalk Toronto.

We would like the thank all of the following Parkinson SuperWalk teams who participated in the challenge:

Belleville Dr. Younes Dental Care
Burlington Orchard Apartments

Collingwood Right at Home Canada Georgian Triangle

Durham Region Meridian Movers

Mississauga Intuit Canada Staff

Niagara Region Cash Money

Northumberland Ganaraska Credit Union

Peterborough Active Living

Toronto AbbVie

Toronto The Travellers 2015

We are always looking to expand our horizons and include additional walk sites in our fundraising campaign. If you would like to take on the exciting challenge of bringing Parkinson SuperWalk into your community, please contact Amanda at 800-565-3000 ext. 3371 or amanda.stanton@parkinson.ca





Thank You Toronto SuperWalk Sponsors!

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for providing free sandwiches at 11 SuperWalk locations!

Our Mission

Parkinson Society Central & Northern Ontario works in partnership with Parkinson Society Canada and eight other regional partners across Canada to ease the burden and find a cure through support services, education, advocacy, and research.

Parkinson Society CNO
4211 Yonge St. Ste 321
Toronto, ON M2P 2A9
www.parkinsoncno.ca
800-565-3000 or 416-227-1200
Charitable No: 10809 1786 RR0001

LiveWire is published three times annually: in the spring, the summer, and the fall. Expect our spring edition in March, our summer edition in August, and our fall and winter edition in November.

The **LiveWire** newsletter is published to provide helpful information to people affected by Parkinson's in Central & Northern Ontario. It is not meant to provide medical advice; readers should contact their doctors in all matters relating to health concerns and/or medication.

We welcome your feedback on current and past issues, as well as suggestions and submissions for future issues. If you have a story, a poem, or an article that you would like to submit for editorial consideration, please email the editor at livewire.editorial@parkinson.ca.

LiveWire is offered in both hard copy and electronic form. If you are reading this copy and would like to be added to our mailing list, or if you would prefer to receive the electronic edition, please contact livewire.subscriptions@parkinson.ca to be added to our email notification list or call 800-565-3000 ext. 3474.

WOULD YOU LIKE TO HELP EASE THE BURDEN?

Bolton/North York/Newmarket/Sault Ste. Marie

We are looking for volunteers to facilitate monthly support groups to provide education and support to persons with Parkinson's, members of their families, and/or their caregivers in dealing with the challenges of living with the condition. We encourage group members to share experiences, ideas, and feelings; address challenges; develop supportive friendships; and receive current information about Parkinson's disease. These groups are held once a month, often during the day on weekdays. Training will be provided. Once training is completed, the commitment is for three to five hours per month. Experience in facilitation of groups or meetings is an asset. Active seniors are welcome!

Contact Louise LeBlanc at 416-227-1200 or 800-565-3000 ext. 3304 louise.leblanc@parkinson.ca



Did you know?

LiveWire is offered in both print and electronic forms. If you would prefer to receive the electronic edition, please contact **livewire.subscriptions@parkinson.ca** to be added to our email notification list.

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