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Victoria Epilepsy & Parkinson's Centre

TRANSMITTER

The Magazine Of The Parkinson's Program

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SuperWalk for Parkinson's Breaks Records



Kenny Podmore, Sidney's Acting Mayor, cuts the ribbon

Under beautiful sunny skies over 150 people with Parkinson's, family members, and friends joined together in Victoria and Sidney to walk in support of Parkinson's services and research. At the time of this writing, the funds raised are still being tallied, but combined it appears that the two walks have raised almost \$30,000 – a new record for the Victoria Capital Regional District!

Continued on page 5

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Riding the Waves of Parkinson's and Coming Out on Top

By Maureen Matthew, BSW Parkinson Program Coordinator

This fall we're excited to present a 3 part education series involving local neurologist Kristen Attwell-Pope, myself and local pharmacists. (Please see page 3 for registration details).

We are doing this in recognition of some of the most challenging aspects of Parkinson's. We now know that Parkinson's is more than just a motor disorder. So, it is no longer just about dopamine deficiency. Some of the non-motor symptoms can be just as challenging to manage. It is therefore very important for people to understand their 'Parkinson's profile' of symptoms and what their treatment goals are. If you want relief from motor symptoms, PD medication can be very effective. But if your biggest problems have to do with non-motor problems, then other treatments may be most effective. We are looking forward to Kristen Attwell-Pope's review of what is motor and non-motor, and treatments available on October 21st.

On November 4th, I'll be using my 20 years of experience in the field to bring alive Kristen Attwell-Pope's message— to

personalize it for you. You'll be given a checklist of motor and non-motor symptoms to assess your profile. We'll summarize medications, but it is just as important for you to know what other strategies you can use to manage symptoms. We'll go over a remarkable number of practical tips that are hard to find neatly summarized in the literature. The final part of the November 4th session will be about communicating effectively with your physician. As you know, medical treatment is often about medication trial and error. For best motor control, you need to be able to answer the question, how do you know when your dopamine levels are low? We'll explore 'symptom tracking' and simple charting systems you can use to find out when you are over or under-medicated. This can be especially helpful to do several weeks before a neurologist consult so that you go in well prepared. This is so critical given the precious limited time you have to spend with specialists.

We are very grateful to Lynn Pollock, a local pharmacist who is new on our Board for the final segment of our series on November 18th. For those that pre-register, she will help to organize one-to-one consultations with several local pharmacists. Space is limited,

so register early. This service will be especially helpful if you take a variety of medications for different health conditions. Interactions and medication timing will be reviewed. Dose timing in relation to meals is a common source of uncertainty for people with Parkinson's...the approach may vary depending on both what mix of medications you take and how your body tolerates them. Taking medication on time can be especially tricky for those with Parkinson's who take small doses as much as every hour to two hours. It may therefore be very helpful to have a pharmacist's advice when setting up a medication reminder system that will work for you.

Another bit of exciting news for you— We are pleased to announce plans to develop additional exercise services through our United Way project grant. The project's coordinator, Robert Richter, will explore Parkinson's research and community services to assess what gaps exist in the range of exercise programs available locally. We expect to develop a new program to enhance balance while also offering some form of brain gym. So, stay tuned for the January newsletter for details on what we have in store.

Hugs, Maureen

Upcoming Victoria Education Sessions

Oct. 19, 2009 – A special presentation with Dr. Pat McKinley

We have had a wonderful opportunity presented to us. Dr. Pat McKinley, a world renowned researcher in physiotherapy and Parkinson's disease, is visiting Victoria on Oct. 19 and has offered to present a workshop for the VEPC on music and the benefits of dance – especially the tango - for improving movement, balance, and general quality of life for persons living with PD. Dr. McKinley presently teaches at McGill University and has been instrumental in establishing a pilot program using music and dance for persons with PD in Montreal.

This is very special opportunity for us all and we hope you can join us on what will be an excellent presentation on integrating music and movement into everyday life and living.

This presentation will be provided at the Les Passmore Centre, 286 Hampton Road from 1:00 – 3:00 p.m. Please contact Della at 250-475-6677 to register.

Just a reminder that for October and November, we are offering a 3-part series on Medical Management and Parkinson's disease.

Oct. 21 - Dr. Kristen Attwell-Pope will present the first session in the series, providing a description of the motor and non-motor symptoms of Parkinson's, and specifically the medications used in Parkinson's. Dr. Attwell-Pope is a well respected neurologist here in Victoria and has presented at our education sessions often in the past. Her presentations are always well regarded and well attended.

Nov. 4 - Building on this first session, the second session will be provided by **Maureen Matthew**, our own Parkinson's Program Coordinator, who will address the many self-management strategies you can use to minimize the impact of PD. She will also cover techniques to track symptom response to PD medications and how to best use limited physician time.

Nov. 18 - The third and final session will be structured as a clinic with a fifteen minute one-to-one consultation between the client with Parkinson's and a pharmacist. The pharmacist will answer medication and side effect questions regarding PD, other health conditions and supplements. **Lynn Pollock** will help in organizing these consults. Lynn is a respected and dynamic pharmacist; she is also now a new Board Member here at the VEPC and her passion is education.

Each of these sessions will be at St. Patrick Church Hall, 2060 Haultain Street, from 1:00 to 3:00 p.m. You must register for these sessions - you can sign up for all of them or for each of them separately. Please contact Della at 250-475-6677 at your earliest convenience. There is no charge for attending these sessions but there will be a donation box at the door to help cover the cost of renting the church hall (\$5 is appreciated).

Nov. 25 – ‘On The Go Again’

Done in conjunction with Saanich Silver Threads, we are offering this session as an afternoon information and socializing occasion. This is an excellent opportunity for anyone who feels they may need a little help to become involved in the community, to find out what it happening through the VEPC and other community groups, and what resources are available to access. This session will be held at the VEPC offices, 813 Darwin Ave., from 1 – 2 p.m. Tea, coffee, and cookies will be offered. If required, we will organize transportation to the VEPC. Please call Della to register at 250-475-6677.

Upcoming Schedule for January 2010:

In this series of workshops, we explore building and maintaining our health and improving or regaining balance and movement. All members of the VEPC are welcome to attend the following workshops and information sessions. Please call Della at 250-475-6677 to register.

Freedom of Movement – Sitting and Standing

January 13 - Mobility Management, Lee-Anne Marshall, PT, VIHA

Lee-Anne is a physiotherapist with a passion for dance. She will present a workshop on improving and/or regaining mobility, movement and balance training using music and dance exercises. This session will be presented from 1:00 – 3:00 p.m. at the Les Passmore Centre, 286 Hampton Road.

January 20 – Chair Tai Chi, Cora Nash and Dallas Goodchild

We have been invited to attend an introductory chair Tai chi class at the Victoria Tai Chi Centre. This session will introduce and demonstrate the basic movements of Tai chi conducted while seated, in a safe and friendly environment. The Victoria Tai Chi Centre is located at 865 Catherine St. in Vic West; our session will run from 11:30 a.m. to 1:00 p.m. and includes a social time.

January 27 – Chair Yoga, Mia Wojno

Mia will lead our group in an introduction to Chair Yoga, demonstrating the stretching, reaching and relaxing positions familiar in yoga from the security and comfort of a chair. This session will take place from 1:30 – 3:00 p.m. at the Les Passmore Centre, 286 Hampton Rd.

Raffle Winners

VEPC congratulates the winners of its annual Raffle.

1st Prize - Trip for 4 to Jasper on Via Rail - Emily Beaton

2nd Prize - Night on the Town - Linda Cowling

3rd Prize - Print by Barbara Weaver-Bosson - James Murtagh

Congratulations on your win!

Parkinson's Exercise Program- A Real Workout!

This program is held at Cedar Hill Recreation Centre, 3220 Cedar Hill Road.

Exercise has been proven to ease the physical and psychological symptoms of Parkinson's. For

those with balance and other movement challenges, we offer a seated class on Tuesdays and Thursdays from 11:30 am to 12:30 pm. New rate for members is \$5.00 per class and \$6.00 for non-members.

There is a waitlist, so please call Maureen Matthew at 250-475-6677 to determine your eligibility to register. She may offer you choices of other suitable community exercise programs.

Parkinson's Massage Inreach

The West Coast College of Massage Therapy (WCCMT) offers affordable student massage for those with PD and family caregivers. Advanced students provide massages at \$10/hour for those with Parkinson's and \$17/hr for family caregivers.

Please call Maureen Matthew at the agency for more information and to discuss your eligibility. Once your eligibility has been determined, you can then contact the college directly (250-381-9800, and push 3 at the prompt) to request a "Parkinson's Inreach" appointment.

Appointments are available on Thursdays only until December 10th. Please contact the College directly to book your appointment.

[Editor's Note: Those of you with extended health insurance may have massage therapy coverage.]

Upcoming Sidney Meetings

The Sidney group meets on the first Tuesday monthly from 2:00 - 4:00 pm at the Saanich Presbyterian Church, 9296 East Saanich Road, Sidney. No registration is necessary to attend these meetings. There is a donation box at the door to help cover the cost of renting the Church hall.

Tuesday, October 6, 2009 - "You are the Experts", a group discussion facilitated by Doug Crowe and Lissa Zala.

Tuesday, December 1, 2009 - "Christmas Social", a time for well-wishing, treats, and seasonal singing.

Tuesday, November 3, 2009 - "Anxiety and Stress Management", with nurse Irene Barnes (postponed from May).

Tuesday, January 5, 2010 - "How Music and Singing can improve your health, your breathing, and your well-being", with music therapist, Kristen Davis.

SuperWalk continued

The Victoria SuperWalk took place on Saturday, September 12th along the Lochside Trail where almost 100 walked. Saanich Acting Mayor, Councillor Vicki Sanders, addressed the crowd then, along with VEPC Board Chair Michael Doman and Executive Director Catriona Johnson, cut a ribbon to begin the Walk. Walkers in red t-shirts were piped down to the trail by bagpiper David Cronkrite where they strolled the trail at their own pace. Following the Walk, participants returned to enjoy lunch and the Blue Grass music of the Clover Point Drifters. Door prizes donated by SuperWalk sponsor MediChair were drawn and participants perused the art show and sale by local artist and former VEPC Board member, John McEown. The Walk's total was buoyed by one of Canada's most successful fundraising teams, Il Grande Passo, led by VEPC Board member Tony Wade. The team raised \$10,499 making it the 9th most successful fundraising team in the country.

The following day, also under sunny skies, the Sidney Parkinson's Group held its Inaugural SuperWalk for Parkinson's. Organizers scrambled to get more t-shirts as the almost 65 walkers continued to arrive at Tulista Park. Sidney Acting Mayor, Councillor Kenny Podmore, addressed the crowd against an ocean backdrop, congratulating the Sidney Parkinson's Group for all of their volunteer effort bringing SuperWalk to Sidney. As took place in Victoria, Podmore then cut a ribbon to begin the Walk. The youngest participant rolled along in her stroller, while others of all ages walked at a comfortable pace along the Sidney waterfront, returning to Tulista Park for light refreshments. Members of the Sidney Parkinson's Group's organizing committee were ecstatic at the turnout and the over \$8,500 in money raised. Victoria and Sidney's SuperWalks contributed to the \$2.46 million in funds raised across Canada for Parkinson's services and research. Thirteen thousand walkers turned out across the country

to support Parkinson Society Canada and its regional affiliates to raise funds for education, support, research and advocacy on behalf of the over 100,000 Canadians who have Parkinson's. VEPC would like to thank all of the SuperWalk participants, those that pledged, volunteers, and local and national sponsors for helping us break records in support of individuals and families living with Parkinson's.

A Special Thank You to Our Local SuperWalk and Raffle Sponsors

**MediChair
Island Farms
Level Ground Trading
Save-On-Foods
VIA Rail
Becker's Chalets
Jasper Whitewater Rafting
Hotel Grand Pacific
The Victoria Symphony
Barbara Weaver-Bosson**



We offer our compassion to the families who have lost the following loved ones and extend our sincerest thanks to those who sent donations in their memory: *Newton & Marjory Cameron, Jim Butterfield, Burton Kurth, John Thomson, Colin McCullough, Howard Guest, Dick Billung-Meyer, David Watson, Derek Chapman, Ursula Young, Genevieve Parton, Brady Salloum, Ann Hungerford, Keith Rosebrugh*

Improving Brain Function with Exercise, Connectedness and Creativity

By Julie H. Carter, R.N., M.S., A.N.P.

Over the past 30 years, we have learned a lot about how people with Parkinson's disease (PD) may affect the progression of their disease. When I began working in the field, we used to tell people who were newly diagnosed that "Parkinson's is a highly variable disease. We wish we could be more definitive, but some people progress slowly and others progress more rapidly." Today, I am glad to report that we can give a different answer: you actually can have some control over the symptoms of this disease.

Parkinson's disease varies from person to person, as do the rates at which it progresses. But we now know that in addition to your medications, some activities can ease your motor symptoms, improve your quality of life, and perhaps even change your brain.

Changing Your Brain: A Three-Part Plan

In the last three decades, we learned the brain can adapt to new circumstances, an ability we call neuroplasticity. The scientific community used to believe that brain development stopped at adulthood, but recent research has shown otherwise, demonstrating three key findings: intensely used areas of the brain can increase slightly in size; new pathways of communication among brain

cells can form; and the brain can make new cells.

What's even better news for Parkinson's patients is recent evidence that exercise, social connectedness, and creativity may help Parkinson's symptoms and keep the brain healthy.

One real-life demonstration of this theory in practice is my patient, John, who has had PD for 20 years. John remains active by walking and hiking, maintains flexibility through Pilates, plays golf to practice hand-eye coordination and agility, memorizes and writes poetry, finds a creative outlet in his garden, and helps others with PD develop individualized exercise routines.

Parkinson's has certainly affected John's physical abilities, but by staying physically active, involved in his community, and intellectually challenged, John has kept his quality of life high and may have kept his PD symptoms from worsening.

How can others follow John's example? While not everyone's reaction will be the same as John's, let's walk through a three-part plan for taking charge of Parkinson's and look at the research that reveals its effects on the brain.

Exercise

First, research shows that exercise improves the symptoms

of PD and quality of life and also suggests it may help the brain. Given the wide range of motor symptoms linked to Parkinson's — slowness, rigidity, freezing, sequencing movement, trouble turning, instability and difficulty doing two things at once — we are still learning which exercises are most helpful for which symptoms and why.

We also know that exercise helps people with PD maintain and improve mobility. In one study, people with PD who trained on a treadmill 30 minutes a day, four days a week, could walk more quickly and with improved stability after six weeks than before they started the regimen. They also improved their scores on a standard motor exam for PD (the Unified Parkinson's Disease Rating Scale, or UPDRS) and another scale that measures quality of life.

Does this type of repetitive aerobic exercise address the complex issues of PD? In another ongoing study, people with PD are on a varied exercise program: Tai Chi for stability; kayaking for trunk rotation; an agility course, to help anticipate and prevent freezing; lunging, to practice taking bigger steps; and simple Pilates exercises. The difficulty of each routine is increased over time. A recent report on this program suggests that not only does it improve motor problems, it may even prevent them.

If you do begin to exercise, consult your doctor first, and remember that exercise does not have to be strenuous. Just walking and stretching can help.

Stay Connected

We all know that social connectedness — knowing that we are loved, esteemed, and belong to a caring, active network — affects our minds and our health. For years, scientific evidence has pointed to the health benefits of social networks, such as the capacity to improve our immune systems and decrease stress. By contrast, people with few social ties seem to have higher mortality rates. Unfortunately, many people with Parkinson's let their symptoms limit their social interaction and, as we age, we are all at increased risk for becoming isolated.

The first step in expanding and maintaining social ties is to identify what keeps you from feeling comfortable in social interactions. Then figure out what type of connectedness might work for you. Some people with PD find that a support group provides a sense of community. Others prefer meeting peers who share their interests, be it art, community service, or music. You might feel that a support group isn't right for you, or you find it difficult to get out of the house. In these cases, an online community may provide a good alternative.

To put it simply, in the words a patient once shared with me: find somebody to love,

find something to do, and have something to look forward to. Social support can change how we feel and perhaps in doing so, can help change our brains for the better.

7 Tips for Staying Socially Connected

1. Identify what is stopping you from interacting with others
2. Commit to something
3. Join a support group
4. Explore a new activity
5. Find people who inspire you
6. Be a support to someone else
7. Express yourself artistically

Be Creative

One other way to change your brain is through creativity, an area of study which is now gaining interest among neuroscientists. Contrary to what many think, creativity is neither restricted to artistic genius nor to extraordinary talent. It is within reach for all of us.

Creativity involves a cognitive process in which ideas first diverge and come back together in a new way. It is not limited to the arts — there can be creativity in science, for example, or in any kind of problem solving. The creative process simply requires a product — a musical score, a painting or a solution to a problem — that displays the process to others.

Creative problem solving uses the frontal and parietal parts of the brain. The frontal lobe is also affected by Parkinson's,

often causing issues with problem solving, multi-tasking and divergent thinking. In good news, a recent preliminary study showed that despite the association between PD and this portion of the brain, the disease does not hinder a person's creative abilities. Exercising them may even lessen PD's effects.

Perhaps if we engaged each day in a brain fitness program in the same way we do our bodies, as my patient John does by reading and writing poetry, we could help strengthen the connections in our brain and delay some of the cognitive changes that occur in Parkinson's.

Take Charge

Exercising, socializing, and creativity require motivation. To become and remain motivated, you have to have self-confidence, to feel like you have some control over your life and have connections to other people. When you are living with Parkinson's, all of these areas can take a hit. What we know now is that empowering yourself in these areas can help you live a fuller and richer life. This three-part plan isn't a cure for Parkinson's, but it helps you take charge. You can make a difference.

Adapted from the Parkinson's Disease Foundation summer 2009 newsletter

Research Update

SAFEx program improves movement within weeks

A new study found that Parkinson's patients could walk stronger and stand taller after three months on a specially designed exercise program.

Considering the loss of independence that comes from impaired mobility, one of the most important and rewarding challenges for Parkinson's patients is being able to walk on their own. Over the years, experts have developed exercise regimens to keep individuals with Parkinson's moving and walking as smoothly as possible.

Careful study of these programs have, however, revealed inconsistencies and mixed results, point out Michael Sage and Quincy Almeida, two researchers at Wilfrid Laurier University in Waterloo. Some programs focus too narrowly on a single aspect, like stretching to relieve stiffness. Some studies use measures of success that reflect an aspect of Parkinson's impairments but doesn't help much to improve the patient's overall quality of life.

One such example is measuring speed and length of steps. The neural changes in PD play tricks

with people's sense of how they move through space, and they often compensate for it by taking slow, tiny steps. So while a therapy designed to quicken and lengthen strides addresses the functional challenge of walking smoothly, it doesn't get at the underlying problems.

Sage and Almeida suggest that addressing neurological troubles behind the symptoms could be more effective than rehabilitation that focuses on particular symptoms. The process may take longer, but ideally it would apply to a suite of deficits in Parkinson's that would improve many symptoms.

The Waterloo researchers devised a Sensory Attention Focused Exercise (SAFEx) program to help Parkinson's patients increase their awareness of their body's position and movements. The critical element of SAFEx was that patients would perform a series of exercises while paying attention to their own sensory feedback.

They recruited 53 men and women with mild to moderate Parkinson's (and no other medical issues that could confound the results), on average diagnosed within the previous three and a half years. Ultimately, 18 people completed the PD SAFEx program, 13 did an aerobic program, and 15 were in the control group.

For three months, people on the SAFEx course came in two or three times a week and walked laps, working on body awareness, sensory feedback, coordination, and balance with such drills as lifting their knee and opposite hand high in the air, walked heel-toe, or stomping into lunges. Then they would focus on limb awareness, sensory feedback, and coordination by going through more than a dozen exercises from toe to head, from stretching to holding poses.

People in the aerobic program spent 30 minutes three times a week pedaling a semi-recumbent bicycle, moving their arms as though they were walking. Those in the control group had no change to their regular routines. Everyone in all the groups was asked to maintain their regular personal exercise programs, whatever they might be.

All the participants had the severity of their Parkinson's assessed before and after the program using the Unified Parkinson's disease rating scale motor section, Timed-Up-and-Go trials, and speed, length, and rhythm of gait. To help prevent bias, participants were assessed by clinicians who were not privy to the study's particulars.

The researchers found that the people in the SAFEx program significantly improved their

motor skills and, to a lesser extent, improved their functional gait. Those who attended at least 80 percent of the SAFEx sessions were faster in their Timed-Up-and-Go trials, too.

People in the aerobic program improved their gait, too, probably because of the strength they gained during the program. The researchers suggest that while it may have been helpful to make the strides longer and quicker, that seemed to be the only area of improvement, which

doesn't reflect a broadly useful Parkinson's therapy.

Despite patients' improvements in several areas, Sage and Almeida could not pinpoint the underlying mechanisms addressed by the SAFEx program. They suggest it could be that the sensory feedback boosts dopaminergic neurons or rewires the brain around ganglia affected by the disease.

Improvements after three months on SAFEx were similar

to what medication achieves, and the researchers suggest such a program could offer clinical and functional benefits to people at a fairly functional level of Parkinson's. The gentle aerobic program helped, too. Regardless of the program, everyone in the exercise groups came away feeling better, which in itself makes it worth doing.

Adapted from the study "Symptom and Gait Changes After Sensory Attention Focused Exercise vs Aerobic Training in Parkinson's," by Michael D. Sage and Quincy J. Almeida, in Movement Disorders

Dear Reader:

Over the almost ten years I have worked at VEPC, I have developed a deep respect for my colleagues, our clients and agency volunteers, and all the community partners who support the work we do. I am so grateful for all the opportunities I have had to learn with you and from you, and for the special relationships we have forged together over these years. I wish you well on your journey. With much respect and many gentle hugs,

Mary Chu

A Farewell

The VEPC is saddened to say farewell to Mary Chu, our outreach and evaluation coordinator, who has been with the agency for almost 10 years. Mary has worn multiple hats over those years. She began working for VEPC as a contractor and became its Education Coordinator. Under her leadership, education activities burgeoned and VEPC held its first Parkinson's Conference. The success of that conference made it clear that the Parkinson's community was hungry for information from top experts, and so we continue to hold them every 2 years in order to bring people, information, and ideas together. These conferences will be only one of the many legacies left by Mary. In recent years, Mary has taken over as Editor of this newsletter, carefully selecting, writing, and editing articles of interest to individuals, families, and professionals. She has provided outreach to our members, connecting them with community resources, and ensured that all of VEPC's programs and services are meeting client needs by developing evaluation tools. VEPC is a better organization for all the work she has done for the agency and our members have benefitted immensely from her knowledge, skills, and passion. In a small agency, the departure of an individual is always difficult. Mary's departure will be all the more difficult because she has contributed to so many aspects of VEPC, shaping its identity and character.

We wish Mary the best as she continues her journey.

Ask the Expert

View doctors as partners in health

Q: How often should I see my doctor?

Monique Giroux, M.D., medical director of the Booth Gardner Parkinson's Care Center, responds: The simple answer is: it depends on your needs and symptoms.

Some patients prefer to not go to the doctor if they are doing well; others prefer to see the doctor more often to stay on top of any changes in their Parkinson's. Most people with PD find the happy medium helpful, and they will see their doctor regularly before symptoms worsen—whether 'regularly' for them means twice or ten times a year.

To get the most out of your visit, ask how often you should return, agree on expectations for the current and follow-up appointments, and find out what to watch out for and report between visits. Ask, too, about symptoms or medication side effects that indicate you need to schedule another visit.

Troubles with PD don't always require a specialist. A general practitioner can attend to common medical problems that worsen Parkinson's symptoms, such as pneumonia, dehydration, or a bladder infection. Your regular doctor can also help you manage other conditions that can affect how you feel with Parkinson's, including heart disease and stroke, nutrition, bone density, anemia, and

thyroid problems.

Schedule a visit if certain symptoms arise or others worsen, especially problems with balance and swallowing—as well as freezing, depression, hallucinations, and cognitive changes—because they can significantly affect your safety and quality of life. Parkinson's disease progresses slowly. A fast change in your movement symptoms or cognitive skills could be a sign of another medical problem that worsens how you feel with Parkinson's.

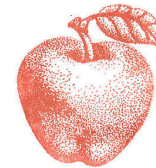
Because your wellness with Parkinson's depends on your overall health, be sure to see your regular doctor at least annually to help keep your health on track.

Adapted from the July-August 2009 edition of The Parkinson's Post



Pouring for Parkinson's

Raise a glass and raise funds for Parkinson's



Tuesday, November 10, 6-9 pm

Join Sea Cider Farm and Ciderhouse on the Saanich Peninsula for a relaxed evening of cider, abundant hors d'oeuvres, live music, and a silent auction to benefit the Victoria Epilepsy and Parkinson's Centre.

Tickets: \$35 per person, or \$60.00 per person with a \$25.00 tax receipt

Call Sea Cider to book reservations by credit card or visit Sea Cider in person to purchase a ticket

Pairing for Parkinson's Continue the giving—throughout the month of November, Seacider Farm and Ciderhouse will feature special pairings with its critically acclaimed, traditionally fermented ciders. Bring your friends and relax with a glass of cider paired with artisan cheese and other local delectables. Proceeds will support VEPC's services for persons with Parkinson's.

The VEPC thanks Bruce and Kristen Jordan for their generous support.

www.seacider.ca * (250) 544-4824 * info@seacider.ca

Caregiver's Corner

Caregiving: Assessing the Situation

Did you ever wish you could just pick up the phone and call someone who would take stock of your situation, help you access the right services, counsel you and your family to help resolve some of your differences, then monitor your progress with an eye toward channeling your energy and abilities as effectively as possible? If your answer is “yes,” you’re not alone. Having the help of a care coordinator (often called a case manager) could make all of our lives easier and less lonesome, and help us be more capable family caregivers. While most of us may not have access to a care coordinator, we can all learn how to think and act like one, thereby reaping numerous benefits for our loved ones and ourselves.

Although every case is different, the care coordination approach usually involves:

- Gathering information from healthcare providers;
- An assessment of your care recipient and the home environment;
- Research into available public and/or private services and resources to meet your loved one’s needs; and
- Ongoing communication between all parties to keep information up to date and

services appropriate and effective.

Setting the stage is the information gathering process—learning about Parkinson’s and assessing your and your loved one’s particular situation.

Educate yourself on the nature of Parkinson’s and the symptoms with which you’re dealing. Your loved one’s physician can provide you with accurate information about the medical management of Parkinson’s and VEPC is always a resource to help you as you consider other ways to support your loved one. When using the internet, stick with well-known medical sites. Understanding what is happening to your loved one will provide you with the core knowledge you need to go forward. It will also make you a better advocate when talking with healthcare professionals.

Write down your observations of the present situation including:

- 1) Your loved one’s ability to function independently, both physically and mentally;
- 2) The availability of family and/or friends to form a support network to share the caregiving duties;
- 3) The physical environment: Is it accessible or can it be adapted at a reasonable cost;
- 4) Your other responsibilities — at work, at home, and in

the community;

- 5) Your own health and physical abilities, and;
- 6) Your financial resources, available insurance, and existence of healthcare or end-of-life documents.

This assessment will help you come to a realistic view of the situation. It will let you know the questions to which you need answers. It may be a way to document the need for greater assistance. It can be a handy baseline for charting your caregiving journey and reminding you just how much you’ve learned along the way. In any case, it is a way for you to identify your family’s needs and develop a plan to meet those needs.

Adapted from Managing Caregiving: Techniques That Can Help, published by the National Family Caregivers Association, www.thefamilycaregiver.org

Upcoming Caregiver Workshops —

The Family Caregivers’ Network Society (FCNS) offers a useful newsletter and excellent educational programs for family members of a loved one with chronic illness. For information about the full range of services offered by FCNS, please call 384-0408, or visit their website at www.fcns-caregiving.org.

Beware of “Clawback”!

How to keep more of your retirement income for yourself



Jason McKenzie, Consultant
Investors Group Financial Services Inc.

As part of a comprehensive resource provided to the community by VEPC, we are introducing a regular financial planning section to our newsletter to help educate families about the financial resources available. Our first focuses on resources for seniors.

As a senior, you have access to tax assisted programs and can take advantage of a variety of tax credits that are not available to others. For instance, as a senior, you have access to the Old Age Security (OAS) program and the age credit once you are 65 years of age and older. But, did you know that both OAS and the age credit are income tested? Once your income exceeds a certain level, these two benefits start to diminish and after a certain point, these benefits are eliminated entirely. That is what is referred to as the “clawback”

and there are strategies you can implement to ensure you keep more of these benefits for yourself.

Old Age Security

The Old Age Security (OAS) program is a monthly pension available to most Canadians 65 years of age or older. Applicants who have lived in Canada for at least 40 years beyond their 18th birthday are eligible for the full pension, while those with at least 10 but less than 40 years of residence in Canada after turning 18 are eligible for partial benefits.

While everyone meeting these eligibility requirements is eligible for an OAS pension, higher income pensioners must repay part or all of their benefit. The repayment is equal to 15% of the person’s net income that exceeds a stated “threshold amount” which is increased each year based on increases in the cost of living. Once your net income exceeds a maximum threshold amount, your entire OAS pension will be subject to the “clawback”.

Age Credit

The age credit is a non-refundable tax credit only available to Canadians 65 years of age and older. You may be eligible for at least a portion of this credit, providing your net income does not exceed a

predetermined threshold. If you don’t need all of your age amount to reduce your taxable income to zero, the unused portion can be transferred to your spouse.

Strategies to keep more

For both OAS and age credit, it is clearly advantageous to explore strategies that allow you to report on your tax return only as much income as you require to meet your needs. A thorough assessment of your income needs should be completed before you consider implementing the following strategies, which can assist in keeping your taxable income to a minimum:

- **Pension income splitting.** You are able to allocate up to 50% of your “eligible pension income” to your spouse for taxation purposes. “Eligible pension income” includes payments received from a registered pension plan irrespective of your age and RRIF payments once you have reached age 65. Taking advantage of the pension income splitting provisions may reduce your family’s overall tax bill and could reduce the affects of the OAS “clawback”.
- **Other Income Splitting Strategies.** You should consider strategies such as: gifting or loaning assets to your spouse for investment

purposes; spousal RRSPs; and decisions regarding who pays for daily living expenses and who invests. The goal is to move as much taxable income into the hands of the lower income spouse to benefit from their lower tax rate while at the same time minimizes any “clawbacks” which may apply to you. These strategies can be difficult to implement and tax advice is necessary to ensure you are following the rules regarding income attribution.

- **Withdrawing the minimum from your RRIF.** Again, depending on your income needs, given the fact that RRIF withdrawals are fully taxable provides a real incentive to leave as much of your registered assets tax sheltered for as long as possible. To get the most tax deferred growth from your RRIF, and keep your reported taxable income as low as possible, consider withdrawing only the minimum each year and if you have a younger spouse, base your withdrawals on their age, as this will

produce a smaller minimum withdrawal. Note however, that at age 65 RRIF income is eligible for pension income splitting.

- **Seek out non registered investments that offer preferential tax treatment.** The goal of this strategy is to keep taxable investment income to a minimum. A strategy to consider is investing in equities rather than fixed income investments, as capital gains are 50% taxable versus interest income which is 100% taxable. You should keep in mind the balance between equities and fixed income investments over your whole registered and non-registered portfolio. Also, from a tax and “clawback” perspective, you want to ensure you are not investing in investments that produce large amounts of dividends as the reported taxable income from dividends is the “grossed up” amount before the dividend tax credit. Another strategy to consider is tax advantaged or switch funds for your non-registered portfolio, as

you report capital gains for tax purposes only when you leave the structure. Keep in mind that your investments should be chosen based on your individual goals and risk tolerance first and not based solely on the tax consequences. Reporting less net income is the key to avoiding the “clawback” on OAS and the age credit. Remaining vigilant in paying less tax can not only assist in avoiding the “clawback”, but can also assist in preserving your wealth for years to come, and ultimately, make your retirement as fulfilling and worry-free as possible.

Ask about how to structure your retirement income in the most tax efficient way possible. Since these decisions are often irreversible, a few minutes invested today could turn out to be your smartest tax choice this year.

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Tru Value Designates VEPC as Charity

Tru Value Foods in Brentwood Bay has designated VEPC as one of its eligible charities. A shopper can designate that 1% of their purchase go to VEPC in the form of food or resellable gift cards. Look for VEPC on the Tru Value Spirit Board— we are number 74!

Agency Update



As I write, the staff at VEPC has just wrapped up SuperWalk for Parkinson's and is gearing up for an exciting series of educational workshops on the medical management of PD. The summer months were an opportunity for us to plan for the coming year and the results, I think, will not only intrigue and inform, but will result in more services and programs for our members. I am particularly excited about our United Way-funded project to assess community exercise programs and their suitability for individuals with Parkinson's. We have an opportunity to gather resources, identify gaps, and to build on what we have learned from our own exercise classes. We are excited to be working with Recreation Therapist, Robert Richter, who brings a wealth of experience to this important project, and look forward to creating new services for our members based on current research on the importance of exercise and socialization.

From an organization-wide perspective we have also been busy. The Board has been looking at a number of ways to strengthen the organization's infrastructure – from its information systems and website, to its policies and procedures, to its budgeting and fund development. As dry as it all sounds, we are looking at ways to sustain and grow services to our members as the population of individuals with Parkinson's increases and the demand for services grows with it. Like all area nonprofit organizations we are affected by the economy. As September began we were notified that our Gaming Grant, which supports our Parkinson's and epilepsy services, was at risk. Under public pressure, the BC government quickly reversed the proposed cuts to 3-year Gaming grants, however, it will likely only be a temporary reprieve given the ballooning deficit. It is important that we position ourselves to ride this storm and in doing so work to deliver high quality services and programs that are sustainable.

Having your support – through SuperWalk, through our upcoming Pouring for Parkinson's, and in countless other ways – truly makes it all possible and we thank you. Over the Labour Day long-weekend I attended the Saanich Fair with my family— a first for me. I couldn't help but be struck

though, as we munched on sugar doughnuts, waited for the Ferris Wheel, and viewed the cows and goats, that the ambience of a county fair is the same throughout North America. Whether in Charlottesville, Virginia, Howard County, Maryland, Red Deer, Alberta, or Saanich, BC, the county fair is a place where people come together and share an experience. The Parkinson's community in this region is certainly a community that does the same—strengthening and enriching all those it touches.

I am saddened that we will be losing one of VEPC's community members shortly. Mary Chu, who has been with VEPC for almost 10 years, is leaving this month. In her years with VEPC, Mary has been an incredible newsletter editor, developed ways to evaluate our services, created innovative education programs, and provided outreach to our members. VEPC has benefited from her keen mind, gentle approach, and creativity. We will miss her greatly and wish her the best in all of her endeavours.

Have a wonderful Autumn and Thanksgiving!

Catriona Johnson

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