



*** Next Meeting ***

Friday, February 28, 2025 10:00 am – noon (In Person ONLY)

“Apathy and Depression: Twin Challenges of PD”

Sulada Kanchana, MD

Freedom Plains United Presbyterian Church

1168 Rt. 55 (East parking lot

(Light refreshments)



Are Apathy or Depression a Challenge for You?

It's common for people to think of Parkinson's as solely a movement disorder disease and ignore the non-motor symptoms. However, these non-motor symptoms are often even more disruptive to every-day life. This month's speaker, Dr. Sulada Kanchana, a movement specialist, will address ways in which apathy and depression can limit your ability to live your best life with PD and ways to deal with both. Join us **Friday, February 28th** at 10:00 am to hear her presentation.

CANCELLATIONS – Winter is still here! In case of bad weather, you can check for **meeting cancellations** online or on the radio. Our cancellation notices will be posted on www.whud.com and www.wspkfm.com storm closings and announced on **WHUD 100.7 FM** and **WSPK 104.7 FM** radio.



Mark Your 2025 Calendar – Monthly Meetings

February 28 –“*Apathy and Depression: Twin Challenges of Parkinson’s*” – Sulada Kanchana, MD

March 28 – *Discussion/Sharing*

April 25 – “*Unveiling the New Abbvie Sub-Cutaneous Pump*” – Scott Parmalee, MS, MBA, Abbvie Neuroscience: Parkinson’s Account Executive with Fabio Danisi, MD

May 23 – “*Planning for Peace of Mind*” – Rachel Flanagan Frost, P.C. (Super Lawyers, Rising Star award (2014-2023))

June 27 – *Discussion/Sharing*

EVENTS:

2025 “Walk Over Water” Parkinson’s Awareness Walk on the Walkway Over the Hudson
Sunday, September 7, 2025 1:00 – 4:00

All in person meetings are held at our easily accessible new venue, the *Freedom Plains United Presbyterian Church (FPUPC), 1168 Rt. 55 Lagrange*. Coming into Lagrange from Poughkeepsie on Rt. 55, go past the Arlington High School entrance on your left and the church on your right to the East parking lot. The entrance is at the far end of the lot, but, once in the lot, you can drive up very close to the building. Coming off the Taconic, you go towards Poughkeepsie and enter the parking lot just past the *Daily Planet* and the entrance to Tops Market. Handicapped rest rooms are across the hall from the meeting room, which is right inside the entry.

2025 MEMBERSHIPS NOW DUE!

(\$15/individual; \$20/couple)

Pay at the next meeting or mail a check to PDSGMHV P.O. Box 304 Lagrangeville, NY 12540



Parkinson’s News Today is strictly a news and information website about the disease. It does not provide medical advice, diagnosis or treatment. This content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or another qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on this website.

(Editor’s note: The following news “shorts” came from *Parkinson’s News Today*. Please note that mention of current trials or research “discoveries” are not to be taken as recommendations. These reports are merely to help keep you informed of Parkinson’s in the news. Always consult your neurologist regarding medications.

Study unveils mechanisms behind levodopa-induced dyskinesia

Findings point to potential role of ketamine in restoring movement regulation
by *Patricia Inácio, PhD* | January 7, 2025



The motor cortex, a brain region responsible for movement control, becomes disconnected in levodopa-induced dyskinesia (LID), the uncontrolled movements that occur as a side effect of the drug levodopa in Parkinson's disease, a study found.

Ketamine, an anesthetic used to alleviate LID, was found to restore the motor cortex's ability to regulate movement.

The study, "Decoupling of motor cortex to movement in Parkinson's dyskinesia rescued by sub-anaesthetic ketamine," was published in *Brain*.

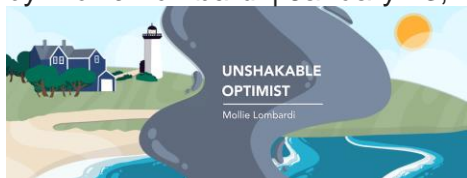
Levodopa is a standard treatment to manage Parkinson's motor symptoms such as stiffness and slow movements. But prolonged use of levodopa can lead to LID, which is characterized by abnormal, involuntary muscle contractions and movements. . .

. . . ketamine works in two ways. First, it disrupts the abnormal electrical patterns associated with dyskinesia. Then, in the hours or days that follow, it initiates slower processes that promote long-lasting changes in brain cell connectivity and activity, a phenomenon known as neuroplasticity. This neuroplasticity allows neurons to form new connections and reinforce existing ones, extending ketamine's impact beyond its immediate effects. A single dose of ketamine can yield benefits that persist for several months. . .

The university (*Arizona*) said the findings strengthen the potential therapeutic potential of ketamine. Early, promising data from a Phase 2 clinical trial (NCT04912115) showed that a single dose of low-dose ketamine infusion eased levodopa-induced dyskinesia in patients with Parkinson's disease for several weeks. Low-dose ketamine was well tolerated, and side effects were mild or moderate. No serious side effects were reported. . .

Tiny words, big thoughts: How my Parkinson's led to micrographia

As a constant list maker, I found it to be a hard symptom to accept
by *Mollie Lombardi* | January 13, 2025



One of the many annoying, frustrating, and mysterious symptoms of [Parkinson's disease](#) is micrographia.

Micrographia is when your handwriting gets teeny-tiny and illegible over time. Like gait freezing, it's one of those odd motor symptoms of Parkinson's in which your mind knows what it wants to do, but the muscles in your body just can't make it happen. The mind knows what legible handwriting is, and most "normal" people — even those with terrible handwriting — can form readable letters if they try. With micrographia, you just can't. Your mind is thinking "big letters," but your brain just won't make the little illegible squiggles behave.

My handwriting was never spectacular, but I could make it clear and tidy if I paid attention. I took pride in handwriting all of my annual Christmas cards, and even my wedding invitations. But in the 11-plus years since I was [diagnosed with Parkinson's disease](#), that has all changed. . .

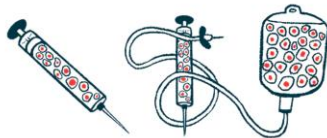
I've worked hard to make legible letters when I had to write something by hand. But about a year ago, I realized that I truly couldn't rely on my handwriting anymore. If I need an envelope addressed, I have to ask my husband to do it. If I want to send a note of condolence or congratulations — sentiments that mean so much more when written by hand — I must **type** and print them. And my beloved to-do lists are now all electronic — and much less satisfying to cross off!

I'm learning to adapt to my non-handwriting status. Technology has been an enormous help. Luckily, I still type pretty well, although that may be the next thing to go. Tools like transcriptions of Zoom meetings and artificial intelligence summaries of conversations have come in handy for work meetings. I carry a printout of all my **medications** and medical history because I can't legibly fill out the forms at a doctor's office. And I'm thankful every day for the Notes app on my phone, as well as the **voice-to-text** feature. I know these tools are helpful to people without Parkinson's, too, but they can be especially handy when you have a condition like micrographia.

Cell therapy ANPD001 safe for first 2 trial Parkinson's patient groups

ASPIRO is testing therapy's safety, tolerability over one year

by *Margarida Maia, PhD* | January 16, 2025



Aspen Neuroscience has completed dosing the first two groups of patients in ASPIRO, an ongoing Phase 1/2a clinical trial that's testing the safety and tolerability of ANPD001, an investigational cell therapy for Parkinson's disease.

Patients with moderate to severe Parkinson's who have so far received ANPD001, which uses a patient's own cells injected into the brain under general anesthesia, have had no serious side effects. All were sent home within 48 hours as planned. . .

"To date, ANPD001 and its delivery have been well tolerated, and no serious adverse events have been observed," Edward Wirth III, MD, PhD, Aspen's chief medical officer, said in a company press release. "All patients were discharged within 48 hours, per protocol."

;; ANPD001 is designed to replace the lost dopaminergic neurons with new ones. Because ANPD001 uses a patient's own cells, no immunosuppressants are needed to stop the immune system from rejecting the cell therapy. This makes it safer and more personalized.

The first step is to collect a sample of a patient's skin cells, which are converted into stem cells and then given chemical cues to develop into precursors of dopaminergic neurons. They are infused back into the patient by **MRI-guided injection** into a brain region called the putamen, where they're expected to mature into fully functional dopaminergic neurons.

ANPD001 has received **fast track designation** from the U.S. Food and Drug Administration, which may help speed up its development and review. Fast track benefits include frequent guidance, faster approval processes, and eligibility for priority review and accelerated approval.

Music beats improve walking in Parkinson's rehabilitation: Study

App matches music tempo with patient's walking pace

by *Margarida Maia, PhD* | January 21, 2025



A mobile application that detects a person's natural walking pace and provides real-time, beat-synchronized music for at-home rehabilitation improved walking in Parkinson's disease patients, both during daily activities and in tests without music cues, a study found.

The study, "Gait ecological assessment in persons with Parkinson's disease engaged in a synchronized musical rehabilitation program," was published in *npj Parkinson's Disease* by an international team of researchers. Four of them are board members of BeatHealth, the startup that developed the app, BeatMove. . .

Walking with BeatMove led to improvements in gait, or the way patients walk, not only within individual walking sessions but also across the entire month. "The rehabilitation program had a significant positive effect on distance, speed, and step length in the 'real life' situation," the researchers wrote.

To further validate the findings, participants performed a six-minute walk test in silence in a lab before and after the program. The test confirmed that their walking had improved, even without music cues, suggesting the program had a lasting impact on motor control. . .

While the study lacked a control group, the researchers showed that by taking rehabilitation outside the lab and into daily life, they can better understand how these tools benefit patients in their regular activities. Future studies should include comparisons with individuals who do not use music cues, they wrote.

What happens when you eliminate the impossible

Muhammad Ali, who had Parkinson's disease, set an example for us all

by *Mollie Lombardi* | January 27, 2025



Earlier this month, on Jan. 17, we celebrated the 83rd anniversary of boxer Muhammad Ali's birth. Ali remains a towering figure worldwide, even years after his death in 2016 at the age of 74. He was a fighter both by occupation and in spirit. He stood up for peace and civil rights and was . . . an inspiration to people dealing with adversity. . . I love many of Ali's quotes, but this is one of my favorites:

"Impossible is just a big word thrown around by small men who find it easier to live in the world they've been given than to explore the power they have to change it. Impossible is not a fact. It's an opinion. Impossible is not a declaration. It's a dare. Impossible is potential. Impossible is temporary. Impossible is nothing."

; ; I often think about a day when there'll be a cure for Parkinson's disease. It may not come in my lifetime, but it will come. And every bit we fight today moves us closer to that future. Nothing is impossible. Impossible is simply the starting point of the fight.

Muhammad Ali taught us to survive, never give up, and never take our gifts and voices for granted. There's always more to be done, starting with imagining the impossible.

SPN-830, now Onapgo, approved for advanced Parkinson's disease

Therapy is first subcutaneous apomorphine infusion device for indication
by [Lindsey Shapiro, PhD](#) | February 4, 2025



The U.S. Food and Drug Administration (FDA) has approved **Onapgo** (apomorphine hydrochloride) for the continuous treatment of motor fluctuations in adults with advanced **Parkinson's disease**, making it the first subcutaneous, or under-the-skin, apomorphine infusion device approved for this indication. . .

Previously called SPN-830, Onapgo consists of a portable electronic pump that continuously delivers apomorphine via a subcutaneous infusion over 14-18 hours a day. This is intended to provide a steadier supply for better symptom control while also being less invasive, that is, requiring fewer injections, than other formulations. . .

“Continuous subcutaneous apomorphine infusion already has a proven and established 30-year history in Europe, where it has helped deliver more consistent control of motor fluctuations for thousands of patients,” said Rajesh Pahwa, MD, Laverne and Joyce Rider Professor of Neurology at the University of Kansas School of Medicine, director of the Movement Disorder Program at The University of Kansas Health System, and a clinical trial investigator for Onapgo. “Today’s approval of Onapgo means patients in the U.S. who are not responding well to their current treatment regimen, including levodopa, will now have the option of using a small and lightweight wearable device to deliver a continuous infusion without the need for an invasive surgical procedure.”

(Note: Abbvie has just released a similar pump which will be the topic of our April meeting.)

WEBINARS/Resources

Parkinson Foundation Webinars

Watch each past one-hour Briefing at www.parkinson.org/webinar, click on Expert Briefing and then again on Expert Briefing in the paragraph that comes up. NEW! These webinars now have closed captioning. For *Mindfulness Mondays*, *Wellness Wednesdays*, and *Fitness Fridays* go to:

www.parkinson.org/pdhealth. Not online? Have a question? Call: **Helpline at 1-800-4PD-INFO.**



Michael J. Fox Foundation -Third Thursdays Webinars:

“Year of Momentum: What Parkinson’s Research Accomplished in 2024”

Nov. 21, 2024 (archived)

“Managing the Hidden Symptoms: Mood and Motivation Changes in Parkinson’s”

Jan. 16, 2025 (archived)

In January, many people take on the challenges of developing new and healthy habits, but it can be especially difficult for people living with Parkinson’s who experience mood changes like depression, anxiety or apathy. These conditions can be natural responses to a new diagnosis or changing symptoms, or they can be linked to changes in brain chemistry caused by the disease. Mood changes can make other symptoms worse and make it harder to engage in things that help like exercise and social interaction.

Watch previous **Third Thursday Webinars** at www.michaeljfox.org/webinars

Davis Phinney Foundation – Live Well Today Webinar Series

Interested in topics like: Depression, Memory, Mood and Parkinson's; Exercise, Freezing and Gait; Emerging Therapies; Women and Parkinson's; or non-Motro Symptoms Medications? Try going to the David Phinney Foundation website for a list of recorded and upcoing hour long webinars on these topics and many more.

For more videos, books, articles, and blogs on Parkinson's see:

- **American Parkinson Disease Assoc.** at www.apdaparkinson.org
- **Davis Phinney Foundation** at www.dpf.org
- **Michael J Fox Foundation** at www.michaeljfox.org
- **Parkinson's Foundation** at www.parkinson.org or call their **Helpline** at **1-800- 473-4636**.

MEMBER NEWS



STRETCHING CLINIC – New Dates

The **FREE** stretching clinic at **Marist College**, just for people with Parkinson's, has announced the next dates. Each session is one-on-one, tailored to you. Your personal appointment can be made through the link below:

February 22, 2025 <https://calendly.com/juliefineman/pd-stretch-clinic-february-22-2025>

March 8, 2025 <https://calendly.com/juliefineman/pd-stretch-clinic-march-8-2025>

March 29, 2025 <https://calendly.com/juliefineman/pd-stretch-clinic-march29-2025>

April 12, 2025 https://calendly.com/juliefineman/pd-stretch-clinic-april_12_2025

You can also contact Dr. Kristin Mende at Kristin.Mende@marist.edu for more information and how to join. This is run out of the Doctoral Program for physical therapists at Marist College.

Don't like to exercise alone?

Anne Olin is offering classes on **Tuesday mornings from 10-11:30 am** at the Town of Ulster Senior Center, #1 Town Hall Drive, Lake Katrine NY 12249. Classes are geared for all levels and spouses and partners are welcome. Contact **Anne** at **(845) 679-6250**

Attention PDSGMHV Care Partners!

Did you know that we have an online Care Partners Support Group that meets the first Thursday of every month at 5:30pm? This group is facilitated by PDSGMHV member and peer councilor Alex Passas. If you'd like to participate, you can contact Alex directly at passasalex@gmail.com.

Need some Equipment? JUST IN: A U-Step Walker! FREE!

To donate or borrow, you can call Nancy Redkey at **914-475-2793** or email nredkey@aol.com. We currently have a variety of commodes, walkers, wheelchairs, and other adaptive accessories.

\$\$\$ SAVING MONEY \$\$\$

As postage fees continue to rise, we continue to look for cheaper ways to share our newsletter. If you would be willing to read the newsletter online, please let Nancy know and we will deliver it to your computer instead of your mailbox.



Parkinson's Disease Support Group of the Mid-Hudson Valley is a non-profit, tax-exempt organization.

www.midhudsonparkinsons.org

914-475-2793

NOTE: *If you no longer wish to receive this newsletter, please call or write Nancy Redkey at 914-475-2793, nredkey@aol.com, or PDSGMHV / P.O. Box 304 / Lagrangeville, NY / 12540.*