



NEWSLETTER

San Andreas Movers & Shakers...it's not *OUR* fault!

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S.A. M & S..



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MEETING, October 6, 2011

This month guest speaker was attorney, Alan Horvath of San Andreas. He spoke on the importance of having a Will, how the Probate court works and Living Trusts. Everyone needs a Will and be specific with your wishes when making out your will. If your assets are more than \$100,000.00 you should consider a Living Trust. Every few years you should review your will and trust to be sure they are up to date with any changes in your life and be sure to get professional help when making any changes you make in your Will or Trust.

We decided to open the meetings to discussions and not to proceed with reading the remaining chapters in "Parkinson's for Dummies" beginning with the November meeting.

Next Meeting Date: Tuesday, November 1, 2011.

San Andreas Central Library, 1299 Gold Hunter Rd.

Guest Speaker: Helen Olla, HICAP

Topic: Health insurance coverage

Jordon Rapetti Update

We got a chance to stop in and visit with Jordon and Evelyn and when we arrived we found Jordon outside on the patio surrounded by friends from his church, we joined their circle and had an enjoyable with all. Jordon looked good and seems to be recovering rapidly and is getting PT treatments daily. Evelyn is staying close by so she can be with Jordon during his recovery. We all look forward to seeing you both back at the group meeting soon.

NOVEMBER BIRTHDAYS

JACK COSTA

SUE COSTA

STU MANNERS



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NOVEMBER ANNIVERSARIES

JACK & JUDY AXTMAN TOM & JERRY BRUNTZ JORDON & EVELYN RAPETTI



WEBSITE

Our web site www.sanandreamoversandshakers.org is up and running thanks to Sharon Romano who has done a fantastic job on the make over. If you have any ideas or would like to see something added to the web site please let me know.

Preventing Caregiver Burnout

Tips and Support for Family Caregivers



Outside the world of paid work, the people most prone to burnout are caregivers – people who devote themselves to the unpaid care of chronically ill or disabled family members. The demands of care giving can be overwhelming, especially if you feel you have little control over the situation or that you're in over your head.

If you let the stress of care giving progress to burnout, it can damage both your physical and mental health. So if you're caring for a family member, it's essential that you get the support you need. The good news is that you're not alone. Help for caregivers is available.

In This Article:

- [Family caregivers: what you should know](#)
- [Signs of caregiver burnout](#)
- [Get the help you need](#)
- [Seek emotional support](#)
- [Taking care of yourself while care giving](#)
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Family caregivers: What you should know about burnout

Providing care for a family member in need is a centuries-old act of kindness, love, and loyalty. And as life expectancies increase and medical treatments advance, more and more of us will participate in the care giving process, either as the caregiver, the recipient of care, or possibly both.

Unfortunately, care giving can take a heavy toll if you don't get adequate support. Care giving involves many stressors: changes in the family dynamic, household disruption, financial pressure, and the sheer amount of work involved. The rewards of care giving – if they come at all – are intangible and far off, and often there is no hope for a happy outcome.

As the stress piles up, frustration and despair take hold and burnout becomes a very real danger. But you can prevent caregiver burnout by following a few essential guidelines:

- **Learn as much as you can** about your family member's illness and about how to be a caregiver as you can. The more you know, the more effective you'll be, and the better you'll feel about your efforts.
- **Know your limits.** Be realistic about how much of your time and yourself you can give. Set clear limits, and communicate those limits to doctors, family members, and other people involved.
- **Accept your feelings.** Care giving can trigger a host of difficult emotions, including anger, fear, resentment, guilt, helplessness, and grief. As long as you don't compromise the well-being of the care receiver, allow yourself to feel what you feel.
- **Confide in others.** Talk to people about what you feel; don't keep your emotions bottled up. Caregiver support groups are invaluable, but trusted friends and family members can help too. You may also benefit from seeing a therapist or counselor.

10 Tips for Family Caregivers

- Care giving is a job and respite is your earned right. Reward yourself with respite breaks often.
- Watch out for signs of depression, and don't delay in getting professional help when you need it.
- When people offer to help, accept the offer and suggest specific things that they can do.
- Educate yourself about your loved one's condition and how to communicate effectively with doctors.
- There's a difference between caring and doing. Be open to technologies and ideas that promote your loved one's independence.
- Trust your instincts. Most of the time they'll lead you in the right direction.
- Caregivers often do a lot of lifting, pushing, and pulling. Be good to your back.
- Grieve for your losses, and then allow yourself to dream new dreams.
- Seek support from other caregivers. There is great strength in knowing you are not alone.
- Stand up for your rights as a caregiver and a citizen.

Source: [National Family Caregiver's Association](#)



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Warning signs of caregiver burnout

Once you burn out, caregiving is no longer a healthy option for either you or the person you're caring for. So it's important to watch for the warning signs of caregiver burnout and take action right away when you recognize the problem.

Common warning signs of caregiver burnout:

- You have much less energy than you used to
- It seems like you catch every cold or flu that's going around
- You're constantly exhausted, even after sleeping or taking a break
- You neglect your own needs, either because you're too busy or you don't care anymore
- Your life revolves around caregiving, but it gives you little satisfaction
- You have trouble relaxing, even when help is available
- You're increasingly impatient and irritable with the person you're caring for
- You feel overwhelmed, helpless, and hopeless

Preventing caregiver burnout tip 1: To be continued next month

The above information was found at the website HELPGUIDE.org

- [PDtrials - Parkinson's Disease Clinical Trials](#)
- [Clinical Research News](#)

Clinical Research News

What Parkinson's Teaches Us About the Brain

Oct 12 2011

Scientific discoveries can be serendipitous, and so it was when Jay L. Alberts, then a Parkinson's disease researcher at Emory University in Atlanta, mounted a tandem bike with Cathy Frazier, a Parkinson's patient. The two were riding the 2003 RAGBRAI bicycle tour across Iowa, hoping to raise awareness of the neurodegenerative disease and "show people with Parkinson's that you don't have to sit back and let the disease take over your life," Dr. Alberts says.

But something unexpected happened after the first day's riding. One of Ms. Frazier's symptoms was myographia, a condition in which her handwriting, legible at first, would quickly become smaller, more spidery and unreadable as she continued to write. After a day of pedaling, though, she signed a birthday card with no difficulty, her signature "beautifully written," Dr. Alberts says. She also told him that she felt as if she didn't have Parkinson's.

Impressed, Dr. Alberts, who now holds an endowed research chair at the Cleveland Clinic in Ohio, embarked on a series of experiments in which he had people with Parkinson's disease ride tandem bicycles. The preliminary results are raising fascinating questions not only about whether exercise can help to combat the disease but also — and of broader import — whether intense, essentially forced workouts affect brains differently than gentler activity, even in those of us who are healthy.

Scientists have known for some time that, in lab animals, forced and voluntary exercise can lead to different outcomes. Generally, mice and rats enjoy running, so if you put a running wheel in a rodent's cage, it will hop



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aboard and run. That activity, obviously, is voluntary. But if you place an animal on a treadmill and control the speed so that it must keep pace, often with help from a finger prod or electrical shock, the activity becomes forced.

Interestingly, in animals, the impacts, especially on the brain, typically are more beneficial after forced exercise. In one study from 2008, rats forced to run wound up with significantly more new brain cells after eight weeks than those who ran when they chose, even though the latter animals ran faster. And in another, similar experiment, mice that were required to exercise on treadmills subsequently performed better on cognitive tests than those given access to running wheels.

Before Dr. Alberts's work, there had been few comparable experiments in humans, primarily because no one had known how ethically to "force" people to exercise. Dr. Alberts solved that dilemma by placing volunteers with Parkinson's on the back seat of a tandem, which had been modified to ensure that the back rider would have to actively pedal; he or she could not just passively let the pedals turn. First, though, he had each volunteer ride a solo, stationary bicycle at his or her own pace. Most chose a pedaling cadence of around 60 revolutions per minute, an un strenuous level of exertion.

But on the tandem, the rider in front had been instructed to pedal at a cadence of about 90 r.p.m.'s and with higher force output or wattage than the patients had produced on their own. The result was that the riders in back had to pedal harder and faster than was comfortable for them.

After eight weeks of hour-long sessions of forced riding, most of the patients in Dr. Alberts's study showed significant lessening of their tremors and better body control, improvements that lingered for up to four weeks after they stopped riding.

These findings are exciting, Dr. Alberts says, because they contrast with some earlier results involving voluntary exercise and Parkinson's patients. In those experiments, the activity was helpful, but often in a limited, localized way. Weight training, for instance, led to stronger muscles, and slow walking increased walking speed and endurance. But such regimens typically did not improve Parkinson's patients' overall motor control. "They didn't help people tie their shoes," Dr. Alberts says.

The forced pedaling regimen, on the other hand, did lead to better full-body movement control, prompting Dr. Alberts to conclude that the exercise must be affecting the riders' brains, as well as their muscles, a theory that was substantiated when he used functional M.R.I. machines to see inside his volunteers' skulls. The scans showed that, compared to Parkinson's patients who hadn't ridden, the tandem cyclists' brains were more active.

Why forced exercise would have more impact on brain functioning than gentler regimens isn't clear. Scientists have speculated that in animal experiments, being forced to work out may cause the release of stress-linked hormones in rodents' brains, which then prompt various reactions in the cells and tissues. But, Dr. Alberts suspects that in Parkinson's patients, the answer may be simple mathematics. More pedal strokes per minute cause more muscle contractions than fewer pedal strokes, which, in consequence, generate more nervous-system messages to the brain. There, he thinks, biochemical reactions occur in response to the messages, and the more messages, the greater the response.



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Whether forced exercise would similarly affect healthy brains is unknown at this point, he says, as is the question of whether riding on the back of a tandem behind a stronger cyclist is the only qualifying exercise. "Pedaling at 90 r.p.m. is a fairly intense activity," he says.

"It seems likely," he continues, that intense exercise of any kind should produce comparable brain reactions. "There is data showing that people who exercise intensely have less risk" of developing Parkinson's and other neurological diseases, he says. So perhaps, if you have no access to a tandem (or no stomach for being harangued to pedal harder by the rider in front), try cranking up the speed on your next treadmill session, until you are outside your normal running comfort zone.

Dr. Alberts remains most enthused, though, about the implications of his findings for people with Parkinson's and other brain-related conditions. He has partnered with YMCA's in several cities to offer special tandem cycling programs for Parkinson's patients and is hoping to expand the program nationwide. He's also planning studies with patients who've suffered strokes, in hopes that the brain changes following forced exercise could ease the relearning of physical skills.

"This is not a cure" for Parkinson's or other brain conditions, he cautions. "But it seems to help significantly" with tremors and other symptoms, "and it gives people a chance to be active participants in their own treatment."

He plans to return to the Iowa bike event next summer, as a representative of a program he founded, Pedaling for Parkinson's, and expects, he says, to be joined by Ms. Frazier, who still frequently rides a tandem and signs her name legibly.

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Joe Fleischman,
Newsletter Editor