

JUNE 2009

Letter from the Executive Director

Houston Area Parkinson Society is a small organization with a big mission: to improve the quality of life for those affected by Parkinson's disease through services, education and advocacy. By providing comprehensive services and resources, HAPS continues to fill an often overwhelming need for the 19,000 people with Parkinson's in the eight counties it serves within the fourth largest city in the nation.

And for each person with Parkinson's, approximately two family members or caregivers are affected. That means nearly 60,000 individuals' lives in the Houston area are impacted—often in profound ways. As families try to navigate the challenges of living with this neurodegenerative disease, changes in daily living occur and frequently help is needed. Caused by the lack of dopamine which affects mobility, symptoms can include tremor; rigidity of the muscles; slowness of movement; and impaired balance, making even the smallest tasks of everyday living difficult—including the ability to walk, stand, speak and swallow.

Those who know HAPS—know the value of what we do.

With four full-time employees, twenty-two contract therapists and through numerous community partnerships, HAPS provides approximately 14,000 service hours of free group sessions per year to Parkinson's patients, family members and caregivers. This includes sessions of speech therapy, exercise, water, tai chi, dance, meditation and support groups and education programs. In addition, transportation, social services and a monthly newsletter are offered free of charge, along with subsidized respite care.

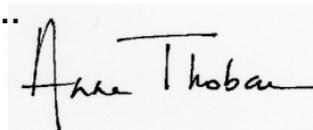
As we navigate the changing economic landscape, one thing is certain, the need for our services continues. In fact, the needs of people with a chronic medical condition increase as economic times get tough. The effects of stress and the inability to maintain proper medical management due to costs, which can be significant, can exacerbate their condition and impact their quality of life.

HAPS is an independent agency and operates on an extremely modest budget. The organization depends on support from the local philanthropic community made up of individuals, foundations and corporate citizens to make its mission possible. All of the support HAPS receives is put directly back into the local community to provide essential services to help those affected by Parkinson's disease.

Help us keep our programs going and expand to serve our community. There are many ways to contribute to HAPS—by making traditional gifts or pledges; contributions on a monthly, quarterly or annual basis; or through tributes made in honor or memory of loved ones or friends.

For 35 years, HAPS has helped thousands manage the demands of living with Parkinson's disease. **With your generosity, no matter how large or small the gift, in partnership, we can continue to make a significant difference in our community.**

Together we can...



Dental Health and Parkinson's Disease

By James M. Nobel, M.D., M.S., C.P.H.

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If you or a loved one is living with Parkinson's disease (PD), you are surely aware of its complexities. Among these, one that is often overlooked by both neurologists and people with Parkinson's disease is dental health.

Why is it so important to address dental health issues? Poor dental hygiene can affect nutrition and increase risk for stroke, cognitive impairment and weight loss. Parkinson's often poses unique challenges in establishing and maintaining an effective dental treatment strategy. People of all ages with PD face similar challenges, but for those who are older, the problems can be especially serious.



Barriers to Dental Health in PD

The factors accounting for diminished dental care in PD are both physical and behavioral.

Physical Barriers

The physical symptoms of Parkinson's present challenges both for daily home dental hygiene and periodic office examinations. In 2000, David Kaplan, D.D.S., a retired Columbia University dentist, noted that in people with Parkinson's, "major components of oral hygiene and home care programs...require muscle-eye-coordination, digital dexterity and tongue-cheek-lip control. Tremor and the associated loss and/or lessening of the above faculties mitigate against effective oral hygiene procedures."

Indeed, because of poor motor function, nearly half of all people with PD have difficulty with their daily oral hygiene regimen. For example, people with Parkinson's are less likely than others in their age group to clean their dentures daily.

Parkinson's symptoms — such as tremor, rigidity and abnormal posture — may make a dentist's examination more difficult. Weakened swallowing ability can increase the risk of aspiration (choking) from some treatments typically used by dentists. Additionally, people with PD who have been on medications like

levodopa for several years may begin to develop dyskinesias, which can affect the jaw (where they are called oro-buccal dyskinesias) as well as teeth grinding — both of which may create problems during dental exams and at home.

People with PD may also experience dry mouth, which can contribute to or worsen already-existing chewing difficulties or denture discomfort.

Behavioral Barriers

In addition to the motor-related difficulties associated with Parkinson's, there are behavioral changes that may negatively impact dental care. These include apathy, depression, and forgetfulness, all of which may lead a person with Parkinson's to pay less attention to his or her daily dental health. Other behavior changes can affect nutrition. For example, people with PD require greater caloric intake than those without PD, but some individuals will actually experience decreased appetite. This problem, combined with poor dental hygiene, often leads to a tendency to avoid nutrient-rich foods, like vegetables, which require the ability to chew well. It can also lead some people to develop a "sweet tooth" which may put them at greater risk for cavities.

People with PD may also experience some level of cognitive impairment, ranging from mild to severe. This sometimes leads to a decline in the practice and effectiveness of many daily self-care routines, including dental hygiene. People who experience cognitive changes may also be more likely to miss dental appointments and less likely to report dental pain to their caregivers or dentist, meaning problems may go unaddressed for too long.

There are early signs to look for if you are worried that your own dental care, or that of a loved one, is declining. These include infrequent tooth-brushing, difficulties rinsing during daily dental care, poor denture care and trouble sitting through meals.

Dental Health and Parkinson's Disease *continued*

Strategies for Improving Dental Care

Clearly, the sooner that attention is given to preventive dental care, the better. So what can a person with PD or a caregiver do to ensure that Parkinson's disease does not stand in the way of good dental hygiene? Here are a few tips:



Maintaining Dental Care at Home

Perhaps the simplest intervention is an electric toothbrush, which provides the fine and repetitive motions that protect teeth most effectively. In some people with Parkinson's disease, "one-handed preventive strategies," which allow a person to use the stronger side of his or her body, can also be helpful. For instance, some find that caring for dentures is made easier by attaching a nailbrush to a household surface with a suction cup and then moving the denture back and forth across the brush.

Additionally, people with Parkinson's may find prescription strength, topical stannous fluoride gel treatments a good preventive strategy, both on a daily basis at home and during periodic visits to the dentist. Stannous fluoride is often used in toothpastes to protect tooth enamel from cavities, but it is also available as a gel that can be directly applied to the mouth. Since this is a much stronger treatment than that found in toothpaste, a dentist should be consulted to recommend the dosage and frequency of use.

Mouthwashes are generally discouraged for people with PD because they present the risk of choking, but in cases where they are still an option, it is best to look for those that are non-alcohol based and that use either chlorhexidine (an antiseptic) or baking soda. A good alternative is a chlorhexidine brush, which is a swab laden with chlorhexidine that you can apply to your teeth. They are available only by prescription, so you will need to consult your dentist.

Improving Dental Visits

There are several ways in which people with Parkinson's and their caregivers can improve the value of their visits to the dentist, beginning with timing them strategically. For example, it is wise to plan for early morning visits, when waiting times tend to be shorter. Additionally, it's best to take levodopa 60-90 minutes prior to the office visit to take advantage of a peak response period, which may improve the patient's ability to meet the demands of a dental examination. Finally, it may be helpful to plan a series of several, brief office visits rather than fewer, longer visits. As PD progresses, the amount of time during which a person responds optimally to PD medications will become less and less, so shorter visits may be more realistic and more productive.

Considering Medications and Surgery

As PD progresses, motor symptoms worsen and anxiety may increase, making home dental care and routine dental work more difficult. A neurologist will often be able to help in such situations, weighing the risks of medications with the potential benefit of a dental intervention. If invasive procedures, such as tooth restoration, are indicated, these should be undertaken as early as possible in PD's progression, to minimize risk. If general anesthesia is required for a procedure, the patient should be warned that the recovery period for a person with Parkinson's may be prolonged.

Conclusion

This informal list of suggestions to improve oral health is not comprehensive, but it offers a framework for intervention based on the best available (albeit limited) data. Thankfully, researchers with multidisciplinary interests are actively investigating links between neurologic and oral health. We hope that their findings will ultimately result in interventions that improve oral health in people with Parkinson's disease.

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HOUSTON AREA PARKINSON SOCIETY

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"I CANNOT TELL A LIE"

Let's "fess up." We have all told those little white lies when it's been convenient to do so, but did you know that white lies take some mental agility to accomplish, as well as a lot of memory power to keep track of? A group of Japanese scientists have shown that it's more difficult for people with Parkinson's to tell a convincing white lie because a person needs a certain level of dopamine activity in the prefrontal cortex.

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8:30 AM – 12:30 PM

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~All donations are tax deductible~

THINK ABOUT IT...

-- Everything is always okay in the end...if it's not, then it's not the end. --

-- Learn from the mistakes of others. You can't live long enough to make them all yourself. --

HAPS HAPPENINGS

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HAPS HAPPENINGS is published monthly by **Houston Area Parkinson Society** Editor: **Nina P. Brown**

HAPS does not provide diagnosis or treatment. Always seek the advice of your physician or pharmacist with any questions you may have regarding a medical condition or drug interactions.