

“Get Up And Go!”

Having Parkinson's disease does not mean that you should sit down and stop being active. Parkinson's disease causes slow movement, muscle rigidity and joint stiffness, which can affect one's posture, walking and cardiovascular endurance. Although prescribed medications will help improve these areas, a regular exercise program should always be part of managing the condition.

Research shows that regular exercise can help people with Parkinson's disease stay more flexible and mobile, improve their posture and cope better with daily tasks such as rising from a chair or getting up from a bed. Exercise can also improve cardiovascular fitness, promote relaxation and help to reduce stress. An effective exercise program is especially beneficial in the early stages of Parkinson's disease to help slow down the progression of the condition.

If you haven't exercised previously, you should check with your doctor and a physiotherapist before beginning your exercise program. Choose a time to exercise when you are well rested and moving most freely during the peak period of your medications. Wear loose,

comfortable clothing and shoes with good support. If you feel tired doing the exercises, you should rest and divide your exercise program into several shorter sessions. Find out from your doctors about the potential side effects of your Parkinson's medications such as nausea and giddiness before commencing your exercise program.

Begin by walking or cycling for 5 -10 minutes to warm up your muscles before performing stretches. Stretches can help combat muscle rigidity and maintain joint flexibility. Here are a few seated stretches to get you started. Hold each stretch for 10 seconds and repeat 5 times.

After performing your stretches, you can do some aerobic exercises such as

walking, swimming, cycling or even household chores e.g. vacuuming or gardening. Strengthening exercises are just as important as they can strengthen your bones and make you less likely to suffer a fracture when you fall. Having stronger muscles would also make daily activities such as standing up from a chair easier. Here are 2 examples of strengthening exercises.

This article has provided only general information and suggestions regarding exercise to all persons living with Parkinson's disease. Specific questions can be dealt with by a physiotherapist. You can contact the NUH Rehab Centre department at 6772 5451 for an appointment. Physiotherapists can design or modify an exercise program to meet your particular needs, evaluate and treat your walking problems and suggest appropriate walking aids. An effective exercise program, which includes postural awareness and exercises to improve flexibility, strength, endurance and balance should be a key component of your daily life.

By Julie Ong, Physiotherapist, National University Hospital

1 Sit tall in a chair, with hands clasped behind the back of the chair. Allow your neck to gently fall back.

2 Sit tall in a chair, with one arm behind back of chair. Rotate your body and use the other arm to hold the arm rest. Turn your neck and look back over your shoulder. Repeat for the other side.

3 Sit tall in a chair. Kick leg straight out, toes pointing up. Hold your leg up for a count of 10. Perform 1-3 sets of 10 reps for each leg.

4 Stand with your feet about 6-8 inches from the wall. Slowly bend your knees and slide your hands down the wall. Do not let your knees move past your feet. Hold this position for a count of 5. Perform 1-3 sets of 10 reps. Have someone near you for safety.

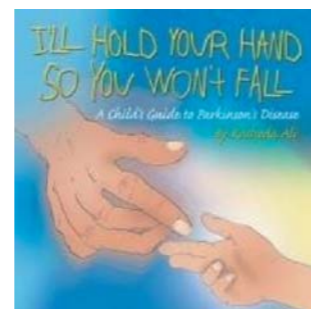


6th International Symposium of the Asian and Pacific Parkinsons Association (APPA)

The 6th APPA meeting will be held at Suntec International Convention & Exhibition Centre from 20-22 October 2007. Members of the Society will benefit from reduced registration fees to attend the meeting which is specially for patients, caregivers, nurses and allied health professionals. More information from website: www.nni.com.sg/APPA.

Highlights at the 6th APPA Meeting

a. Sale of new PD book: "I'll hold your hand so you won't fall", a child's guide to Parkinson's Disease by Rasheda Ali



Rasheda Ali was motivated to write this book by watching the interaction between her children and her father, the legendary boxer Muhammad Ali, former three-time World Heavyweight Champion who suffers from Parkinson's. Rasheda saw a clear need to help children understand why their loved ones behave a certain way because they have PD. She is a tireless caregiver advocate on behalf of families who are fighting Parkinson's.

Synopsis
Children deserve to understand. Sometimes Parkinson's disease is

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difficult for adults to deal with, so you can imagine how much more perplexing it must be for children. In this uniquely written book, adults will have an opportunity to read and discuss with children the most common symptoms of Parkinson's in a safe and creative environment that utilises words, illustrations, and medical facts about the disease.

The book educates children, family members, friends, and caregivers of Parkinson's patients about the effects of the disease by showing colourful illustrations of patients in daily situations at home and outdoors, and provides encouragement and advice to caregivers by providing questions to stimulate interaction, and offers answers they can easily understand. The cost of the book is at \$14.00. All proceeds from the book sales go to the Parkinson's Disease Society (Singapore).

b. Membership Applications and Renewals

Come to the PDSS Booth at the 6th APPA meeting to apply for membership or to renew your membership for the year 2008. New applicants will benefit from membership privileges from Oct 2007 to Dec 2008. Life Membership is encouraged for all members, as it is not only less of a hassle for you to renew your membership annually but it also facilitates the administration of membership renewal for the Society. Life memberships are \$ 200 (one-time payment) for members less than 60 years old and \$150 (one-time payment) for members more than 60 years of age.

Support Group Meetings

Meetings at National Neuroscience Institute @ Tan Tock Seng Hospital

Venue : Neuroscience Clinic NNI Level 1
Time : 9.30 AM to 11.00 AM
Registration fees : Free for members of Parkinson's Disease Society
\$2.00/- per person for non-members

Please register by phone with Rina Ho at 6357 7060

October - December 2007 : In recess, in view of the 6th APPA meeting
Jan 2008 : New Year's Celebration (details to be confirmed)

Meetings at National Neuroscience Institute @ Singapore General Hospital

Venue : Rehabilitation Centre (Education Resource Room, Blk 1 Level 1)
Time : 1:00 AM to 1:00 PM
All talks in English (with Mandarin translation)

For more information, call Nurse Tan Siok Bee @81253543 or Nurse Stella Wang @91132944

Dates	Topics	Speakers
3 Sep	Community Resources in Singapore	Ms Lee Yung Hsiang Medical Social Worker
1 Oct	Medications for Parkinson's Disease	Ms Wong Pei Shieen Pharmacist
5 Nov	Staying Active With Parkinson's Disease	Ms Ang Hui Sun Physiotherapist
3 Dec	Year-End Party	ALL



We like to acknowledge **NOVARTIS NEUROSCIENCE** for sponsoring the May issue of the Newsletter.

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Parkinson's news

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PRESIDENT: Dr Adrian Tan
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PD COMMITTEE MEMBERS (2005-2006):
Dr Louis Tan, Dr Au Wing Lok, Dr Chris Lian, Ms Lou Puay Nghoh, Ms Jennie Lee, Ms Dawn Tan, Ms Sharon Lee, Mr Wong Kum Sek, Dr Low Wing Kee, Ms Tan Siok Bee

The Society has set up a Patient Welfare Fund to provide financial assistance to needy patients. You can get an application form from your doctor. For enquires, please write to Chairperson, Patient Welfare and Subcommittee, Parkinson's Disease Society (Singapore), c/o Neuroscience Specialists Outpatient Clinics, National Neuroscience Institute, 11 Jalan Tan Tock Seng, Singapore 308433

World PD Day Farm Tour by the PDSS on 14 April 2007

World PD Tour for people living with Parkinsons is an annual event of the Society since 2005. It was organised in conjunction with World PD Awareness Week from 11th to 17th April 2007, which is celebrated worldwide. This year, our members had the opportunity to visit the frog farm, go on a shopping spree and enjoy a buffet lunch at a local restaurant on 14 April 2007.



Our tour group comprised of 70 adults which included 2 toddlers. We had a very enriching experience at the frog farm, learning about the life cycle of a frog, how frogs are being fed, the factors involved in constructing a frog's man-made habitat and the operations of the farm. Most of us were surprised to learn that frogs also need privacy and quietness to mate. We learnt how to differentiate a male frog from a female frog. Some bought "frog" products from the farm while others brought home tadpoles in the hope that in 12 to 16 weeks' time, these tadpoles will turn into frogs. Next, we went for a shopping spree at the nearby mart, which was like a bazaar, where participants could buy anything from costume jewellery, clothes, dry goods to market produce.

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A tour is not complete without a lunch. Participants were treated to a 10-course buffet lunch followed by an educational talk on Parkinson's disease. Dr. Louis Tan, a senior consultant neurologist from National Neuroscience Institute at Tan Tock Seng Hospital campus spoke on "Symptoms and complications of Parkinson's disease". A carer also shared with the audience her experiences in

copied with looking after her husband who has Parkinson's disease for more than 20 years.

Many went home not only with "frog" knowledge but also with increased knowledge on Parkinson's disease and coping skills for carers. All participants had an enjoyable day and are looking forward to another outing in the near future.

I would like to take this opportunity to thank all volunteers who came and lent a helping hand to the participants especially those who were on wheelchairs.

Ms Lau Puay Ngoh
Nurse Clinician
National Neuroscience Institute
Committee member, PDSS



Occupational Therapy - Optimizing Function and Safety in Parkinson's disease

In our everyday lives, we need to eat, bathe, dress and go to toilet. All these tasks are called Activities of Daily Living, also known as ADL. These are activities we do routinely and usually take for granted.

However for a person with Parkinson's Disease, the tremors, joint stiffness, slow movement and impaired balance can cause the person to experience difficulty in activities such as holding a spoon to feed, getting dressed or going to the bathroom for a shower.

To compensate for these problems it is often beneficial to make use of adaptive equipment (special aids) to help a person with Parkinson's Disease increase his independence and overcome his functional limitations. The occupational therapist is able to assess his needs and recommend strategies and appropriate adaptive equipment suited for him. For example, if a person has difficulty in feeding himself independently because of tremors or stiffness experienced in his hand, the occupational therapist can make some recommendations to the person or his caregiver. These are:

- Sit upright for meals.
- Cut food into small bite-size pieces

so that it is easier to chew and swallow

- Use spoon with built-up handle for better grip
- Place plate/bowl on non-slip mat to prevent spillage of food items when scooping
- Use straw for drinking to minimize spillage or make use of spill-proof cup

Other helpful tips to maximize independence include organizing and pacing out a task. Most importantly, it is best to schedule a complex task during the 'on' period or when the effect of the medication is optimum. For example, to plan shower during the 'on' times would increase a person's ability to perform this task safely and effectively.

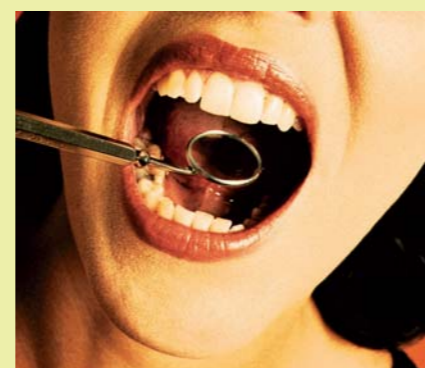
As balance is often compromised in a person with Parkinson's disease, the risk of falling is a common problem. Some of the falls

prevention strategies include simple principles such as shower in a sitting position, installing grab bars for safer/easier transfer and the use of non-slip mat to overcome wet and slippery floor.

Further, ensuring clutter-free walkway and adequate lighting is essential for safe walking. This would not only permit greater ease when the person moves about with or without a walking aid in the house but also minimize the risk of tripping over a hazard. The occupational therapist can do a home visit to assess and recommend appropriate home modification and strategies to address any other specific requirements.

In summary, lifestyle modifications and use of adaptive equipment /aids can enhance a person's functional independence. By being knowledgeable of the disease process and the coping strategies, a person with Parkinson's disease will be empowered to continue to lead life as independently and as long as possible.

Ong Lee Mei
Occupational Therapist
National University Hospital



Parkinson's disease (PD) is often associated with significant communication difficulties, but these are often neglected. The pattern of speech symptoms demonstrated by individuals with PD is called hypokinetic dysarthria.

The most common symptoms reported are reduced vocal loudness, monopitch, disruptions of voice quality, and abnormally fast rate of speech. These speech and voice symptoms are most likely related to the rigidity, slowness and reduced amplitude of movement, as well as the difficulties in initiation that are associated with the disease.

As many as 80% of individuals with PD have some speech or voice complaints but it is estimated that only 4% receive speech therapy. Traditional speech therapy approaches in the treatment of hypokinetic dysarthria include:

1. Speech therapy with a focus on articulation and rate of speech;
2. Respiratory effort therapy which concentrates on improving activity and function of the muscles of breathing, and using these muscles appropriately speech; and
3. Compensatory devices such as personal amplification systems, auditory feedback systems, as well as pacing mechanisms for example boards and metronomes.

The Lee Silverman Voice Treatment (LSVT®)

Traditional speech therapy approaches have achieved limited outcomes in improving speech intelligibility in individuals with PD. Initial therapy gains using these methods have also been found to be difficult to sustain in the long term.

LSVT® is a speech rehabilitation program that has been proven to be effective in improving and maintaining speech audibility and intelligibility in patients with PD. It was developed after extensive research by Dr. Lorraine Ramig in 1987. LSVT® techniques are consistent with exercise science, skill acquisition, and motor learning. It consists simple treatment elements involving high effort, intensive, multiple repetitions with a focus on sensory awareness.

LSVT® is administered by a trained and certified speech therapist. Before the initial assessment for LSVT®, patients are referred to an Otolaryngologist (ear, nose and throat specialist) to rule out physical problems such as vocal cord nodules or abnormalities that hinder voice and speech. The treatment program consists 16 treatment sessions (4 one-hour sessions per week for 4 consecutive weeks) with daily 30 minute family-assisted practice sessions at home.

Therapy is based on a single specific therapy target: THINK LOUD. This target organizes motor movements on multiple levels while limiting attention and processing demands. It increases effort and coordination across the speech production system resulting in

improved voice quality, loudness, articulation, and speech intelligibility. The speech therapist provides appropriate feedback and encourages auditory self-monitoring to help "re-calibrate" the sensorimotor system for appropriate volume and speech patterns. Motor and sensory retraining includes patient education and carryover tasks so that effects of the improved audibility and intelligibility are generalized to all speaking situations.

Examples of LSVT® exercises include maximum sustained vowel phonation ("Take a deep breath and sustain "ah" for as long as you can."), maximum pitch range exercise ("Go as high / low as you can in pitch") and practicing functional phrases that are used daily. Speech loudness tasks are designed to follow a hierarchy that moves the patient from single word level, to a phrase or sentence level and finally to a conversational level.

At the end of one month of individual treatment, patients are able to self-generate increased loudness, clearer articulation, and improved speech rate and phrasing resulting in dramatically improved functional communication. Research has also shown this approach to have positive impacts on other systems such as swallowing and facial expression. These treatment effects are long lasting (up to two years) without additional treatment.

LSVT® empowers individuals by enabling them to maintain or regain the ability to communicate effectively in their home environment or workplace, which has an enormous

impact on self-confidence and quality of life.

National University Hospital (NUH) and the Speech-Language and Hearing Association Singapore (SHAS) are jointly organizing an LSVT® Training and Certification Workshop, for the first time in Asia, on 18 - 19 October 2007. For enquiries, email: SingaporeLSVT@gmail.com or visit the SHAS website: www.shas.org.sg

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By: Melisa Wooi, National University Hospital

The Silent Voice: A Caregiver's Perspective



I am a sole-caregiver of my husband of 61 years old who has had Parkinson's Disease for about 23 years. Medications worked well for my husband in the earlier stage of about 8 years. With mild disability and slow deterioration, we were able to maintain a normal and contented life.

As the disease progressed, high doses and newer medications helped him for a short time but soon worn off; The symptoms and side effects interfered with his occupational and social functioning, independence and self-care activities of daily living. He stopped work in 1991.

As his disease advanced, his dose-related dyskinesias, end-of-dose wearing off effect and unpredictable sudden fluctuations become very disabling and difficult to manage. His declining mobility and increased needs became painful chores for me. I have to battle my depression, impatience, anger, frustrations, stress and fear during his "off" period. I have to tolerate and understand his episodes of confusion, mental disturbance, paranoid and hallucination that were frightening and threatening. In 2003, I finally gave up my job to look after him fulltime.

My care-giving experience is a bitter-sweet one. Though sometimes heart wrenching but at times enlightened and I have learned to approach my care-giving role and problems in a positive attitude and creative way and also to recognize my own strength, abilities and limitations. I have learnt to put life in perspective and appreciate small moments.

Without the following helps, guidance and support, I cannot possible maintain and continue to meet and identify the various needs of my husband and to improve our quality of life. I am very thankful to:-

- a) The helps, support and guidance of the dedicated and caring doctors, nurses of NNI and therapists of TTSH
- b) The Parkinson's disease support groups of NNI / TTSH
- c) A great help from the internet websites featuring care-giving information to improve my care-giving role etc. <http://www.nfcacares.org> and news on PD Research
- d) Prayers and support from all my church friends and most of all God, my Lord Jesus who loves and cares for me.

To me, care-giving meant to honor my marriage vows I had made 20 years ago. And I believe my God will strengthen and see me through.

I would like to thank you for giving me this opportunity to share my care-giving experiences.

By: A Caregiver