



HAPS HAPPENINGS

MARCH 2007

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--INCONTINENCE-- DO YOU DEPEND ON DEPENDS?

NINA BROWN

Urinary incontinence (the loss of bladder control or the leakage of urine) affects 17 million Americans, and can potentially lead to disability and dependency. For most people the symptoms come from stress incontinence, an infection or an enlarged prostate gland, but if you have Parkinson's disease, the cause may be neurological or even come from your medications.

While Parkinson's is primarily a movement disorder, it has been estimated that between one-quarter and one-third of Parkinsonians have urinary tract dysfunction. The most usual Parkinson's related urinary difficulty is where the bladder contracts spontaneously without direction from the brain. Voiding is a very complex and coordinated function. The bladder acts as a pump and stores urine as a reservoir. Some muscles must contract while others must relax. Anything that upsets this delicate balance causes problems voiding. The bladder, which is a muscle, can become rigid, as do the other muscles in someone with Parkinson's, making it more difficult to expel urine. This can create a sense of urgency (a frequent need to go when there is no urine to expel) and frequency (the need to go many times to expel small amounts of urine). These conditions may cause urinary tract infections that can be a frequent cause of hospitalization among Parkinsonians.

Because incontinence can be the result of many different reasons, it's important to consult with a urologist to determine whether the problem is related to Parkinson's or is merely coincidental with the disease.

Stress incontinence happens when urine is involuntarily lost while doing activities that put stress or pressure on the bladder, such as laughing, sneezing, coughing, lifting or walking. This is the most common form and can almost always be cured.

Urge incontinence happens if you can't hold your urine long enough to reach a toilet. When under-medicated, the most common problem is an increased frequency and urgency especially at night and each time you awake.

Overflow incontinence happens when small amounts of urine leak from a bladder that is always full.

Functional incontinence happens in older people who can't get to the toilet in time due to something like Parkinson's or arthritis. Considering the underlying motor problems of Parkinson's, getting to the restroom quickly can be a difficult task.

INCONTINENCE *CONTINUED*

You may not have to depend on Depends.

- ◆ **Behavior modification:** techniques such as biofeedback, pelvic muscle exercises and bladder training (gradually increasing the time before visits) can help you sense your bladder is filling and help delay voiding until you reach a toilet. To help avoid the threat of incontinence, head for the bathroom at the first inkling of a full-bladder sensation or train yourself to systematically urinate every few hours.
- ◆ **Medications:** bladder relaxants and some antidepressants help with urge incontinence but may cause side effects such as dry mouth, eye problems or urine buildup. Anticholinergic drugs exert a calming or sedating effect on the muscles of the bladder and may be helpful if troubled with urinary urgency and the need to get up several times during the night. **Parkinson's medications**, particularly Eldepryl, can raise the risk for dehydration.
- ◆ **Management:** special absorbent underclothes are available that are no more bulky than normal underwear. Also a flexible tube (indwelling catheter) can be put into the urethra to collect urine in a container.
- ◆ **Surgery:** can improve or cure incontinence if it is caused by a structural problem such as an abnormally positioned bladder or blockage due to an enlarged prostate, although, as in all other things, surgery doesn't work for everyone.
There is also a pacemaker-style stimulator that can be surgically implanted under the skin of the abdomen. Electrodes send signals to the spinal nerves that lead to the bladder, causing it to contract and then relax. Patients switch on the device with an external controller whenever they want to empty the bladder.
- ◆ **New News:** It is believed that researchers will soon be able to use stem cells taken from your own body to generate muscle to replace damaged tissue in the urethral sphincter and cure incontinence.



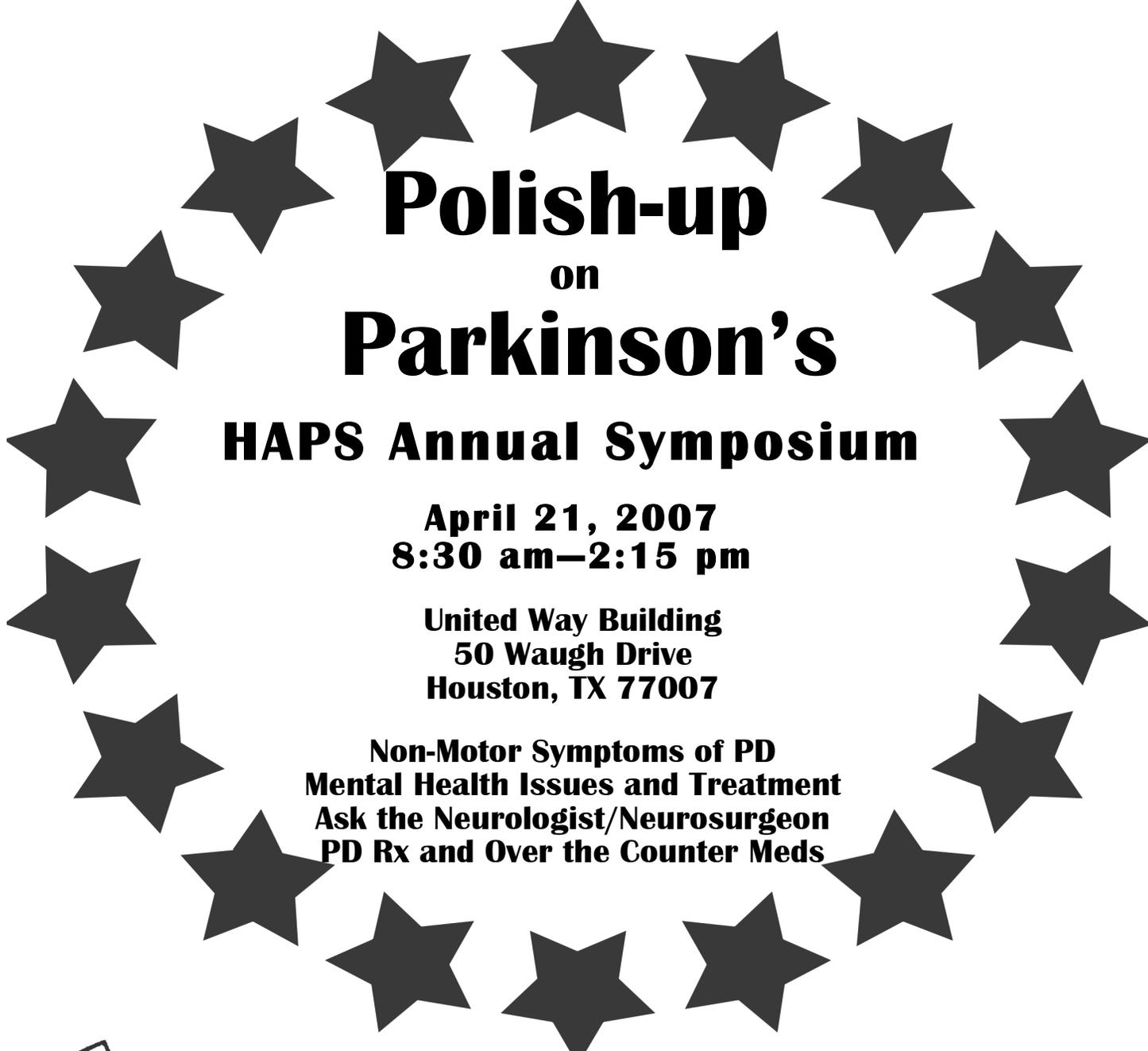
 **Concerned about getting to the bathroom in time** keeping you from drinking enough water? Drink a large glass of water each time you take medications so by the time your bladder fills up, the medications will be more likely to have taken effect and you'll be able to move.

 **Drink, don't dehydrate.** Getting enough fluids is important for everyone, but if you have Parkinson's disease and become dehydrated, you could experience confusion, dizziness, and even behavior changes, which will exacerbate Parkinson's symptoms. Just be sure to limit your fluid intake before bed so that your sleep cycle is not interrupted.

 **Safety features in the bathroom** such as grab bars and raised toilet seats make using the bathroom easier.

 **A commode or urinal may be helpful**, especially at night, if flexibility and distance to the bathroom are a problem.

 **Be prepared** before your visit with the doctor. Keep a urination diary for a week to aid with diagnosis and treatment. Create a grid for each day, with four columns labeled as follows: urinated in toilet; small accident; large accident and reason for the accident. Entry should show the time and describe what happened (e.g. coughed and had small leak).



Polish-up
on
Parkinson's
HAPS Annual Symposium

April 21, 2007
8:30 am—2:15 pm

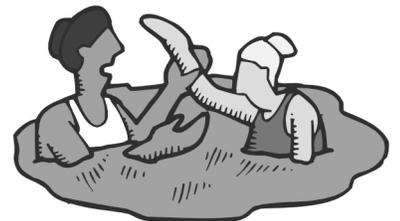
United Way Building
50 Waugh Drive
Houston, TX 77007

Non-Motor Symptoms of PD
Mental Health Issues and Treatment
Ask the Neurologist/Neurosurgeon
PD Rx and Over the Counter Meds



HAPS Announces

A new water therapy group will begin March 7 at HealthSouth Rehabilitation Hospital of Humble. The address is 19002 McKay Blvd. Join us and take advantage of this wonderful way to get in better shape! For more information, contact Alfonso at 713-520-8670.



A best friend is like a four leaf clover, hard to find and lucky to have.



2007 Parkinson's Action Network Forum



Kathleen Crist

This year's PAN Forum, like the 12 previous, was held in Washington D.C., February 11-13. I along with approximately 250 other Parkinson's advocates braved the cold and traveled to DC to continue the important fight to cure Parkinson's disease.

For two days we were immersed in the latest scientific and policy issues related to Parkinson's disease. We learned how federal tax dollars are currently being spent and how they could be used in the future with regard to Parkinson's. On the third day, we took all that we learned and along with that knowledge, our commitment and our passion took our collective voices to the Hill to be heard.

This year's goal, three requests. These requests included asking the Congressman or Congresswoman to support the Stem Cell Research Enhancement Act. This is the bill the House voted in favor of and will soon go before the Senate and is the same bill President Bush has promised to veto. We reminded our representatives that under this proposed bill no federal dollars would be used to destroy embryos or to create stem cell lines. These federal dollars would only be used to conduct research on what is already being done and will continue to be done in privately funded labs. The interest is to conduct research on material that is being disposed of on a regular basis, putting it to good use.

The second request was that the Congressman or Congresswoman support Parkinson's research at the Department of Defense by signing onto the "Dear Colleague" requesting \$50 million for NETRP, Neurotoxin Exposure Treatment Research Program, to continue funding innovative grants in FY 2008. This important biomedical research is essential for the long-term health of our military and civilians not currently living with Parkinson's disease, as well as those living with Parkinson's today. The focus of this research is designed to improve the treatment of Parkinson's as well as identify the cause and prevention of the disease.

Our final request was to ask that the Senator/Representative join the Bicameral Congressional Caucus on Parkinson's Disease. This caucus would join with PAN to develop a legislative request around concerns about NIH management of Parkinson's research and how the NIH is serving the Parkinson's community. Since this caucus did not take a formal position on stem cell research, it should be something everyone could support and join.

At the last minute, we were told that the House Joint Resolution (H.J. Res. 20) would come before the Senate for consideration this same week. This bill related to funding for federal agencies. This bill would be critical in restoring funding to the NIH and was specifically requesting a \$620 million increase for the NIH. Encouraging our Senators to support this bill and restore critical funding was imperative.

With ten of us in DC representing Texas, we were able to meet with both Senators and the majority of our Representatives. Some meetings were better received than others, but all were successful. Education was our measurement of success. Even if a Congressional office was not supportive of our requests, they did not escape that meeting without receiving additional information about Parkinson's disease and were given an exclusive look at what it is like living with the disease on a daily basis.

Although this is only my second year to participate in this wonderful event, I was overwhelmed at the dedication and passion shown by the Parkinson's community. Not only those who were able to travel, but by those doing so much hard work from the sidelines at home. Their support and spirit was immeasurable. On February 14, 2007, the Senate approved a \$463.5 billion spending package to fund most of the federal government agencies, including the requested \$620 million for the NIH! For those who have shown the Parkinson's community their support, we thank them. For those who still have a way to go, we will be back next year and many times in between.

CONTRIBUTIONS

Your donation is much appreciated. Your thoughtfulness helps HAPS continue to provide much needed services to people with Parkinson's and their families.

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