JUST AROUND THE CORNER: THE BRIGHT HORIZON OF PD RESEARCH

The scientists, researchers, and clinicians in the Parkinson’s disease (PD) research community, including many researchers funded by the American Parkinson Disease Association (APDA), are approaching the search for a cure from all directions. A treatment that is neuroprotective — meaning that it protects the brain’s nerve cells from damage rather than simply treating the symptoms of PD — is of particular interest.

In fact, some of our 2021-2022 funded researchers are currently exploring neuroprotective avenues. And with innovative new studies making progress each day, a breakthrough might be closer than we think.

Harnessing GDNF as a neuroprotective strategy

Could increasing glial cell line-derived neurotrophic factor (GDNF) be the key to finding a neuroprotective strategy for people with PD? There have been two basic strategies that have been studied — direct infusion of GDNF into the brain, and gene therapy for GDNF.

Direct GDNF infusion into the brain has been studied since the early 2000s — and while the most recent study published in 2019 could not provide evidence either for or against the use of direct GDNF infusions for individuals with PD, the scientific community remains hopeful.

When analyzing the results of this study, researchers noticed that nine of the 35 participants were shown to have had a noteworthy improvement in their PD symptoms — an improvement that didn’t occur in any of the patients who received the placebo treatment.

“There were some intriguing findings which suggest that further study is warranted,” explains Dr. Rebecca Gilbert, Chief Scientific Officer at APDA.

[The findings] may suggest that certain people with PD may benefit from the treatment, and more research is necessary to understand who those people may be.”

— Dr. Rebecca Gilbert

The benefits of GDNF don’t end with direct brain infusion

GDNF gene therapy is also in clinical trials among the PD scientific community. Through gene therapy, a patient’s own cells can be utilized to produce more nerve growth factor in the brain. Clinical trials are still in progress to better understand how GDNF gene therapy can benefit people facing PD, but the fact that these new treatments are being tested on people shows that this new avenue of study is making exciting progress.

It’s with the steadfast support of our community that we can remain optimistic that a brighter future is possible for people impacted by PD. The generosity of people like you is what allows us to invest in more new and exciting ideas in the field of PD research.

To stay on top of what’s happening in PD research and other important topics, be sure to check out our “A Closer Look” blog at apdaparkinson.org/blog.
That’s no bogey for Joseph “Jay” Scott — he’s scoring on par for the PD community! Jay took to the green this summer to raise funds for APDA by playing seven golf courses in seven states — all in one day! This huge effort was in honor of two of his uncles who are both living with PD. Starting at nearly 5:30 a.m., he and his golfing partner Mike began their golfing spree, which spanned Kentucky, Virginia, Tennessee, North Carolina, South Carolina, and Georgia before finishing up in Alabama. They played in the rain and even in the dark!

By the time they arrived at their final course, it was 9 p.m. — and the only light they had to play by was the light of their cellphones.

“The course was soaking wet, and the mosquitoes were almost unbearable, but we pushed through and finished the nine holes around 11 p.m.,” says Jay. “We actually shot in the 40s, in the dark, and we counted every lost ball and every stroke.”

After finishing this 18-hour golf marathon, Jay is thankful to everyone who donated and helped make his journey possible along the way.

We’re grateful for supporters like Jay — and you — who allow APDA to keep driving progress for the PD community. But you don’t have to hit the putting green to make a difference! You can get creative and raise funds to support people affected by PD in your own unique way. To make an impact (and have fun doing it!), visit us today at apdaparkinson.org/get-involved/diy-fundraising.
WHAT COGNITIVE CHANGES CAN MEAN FOR SOMEONE LIVING WITH PD

As many as 20-50% of individuals with PD are also living with mild cognitive impairment (MCI) — but what exactly does that mean?

MCI is an early stage of cognitive difficulty that does not interfere with a person’s usual capacity to perform daily activities independently. This means that compared to someone of a similar age and education level, someone with MCI could face difficulty with attention, multitasking, or memory, among other cognitive skills — but still function with minimal issues throughout the day.

If you suspect you or a loved one with PD might have MCI, the first stop should be the doctor’s office. Medical issues such as thyroid disease, depression, or even a vitamin B12 deficiency can all mimic the signs of MCI in PD — and if that cause is reversible, it’s wise to take action as soon as possible.

Though there’s still much to be studied when it comes to MCI in PD, people living with MCI are more likely to develop dementia over time. Some studies suggest that the rate at which individuals living with MCI develop dementia over a five-year period could be as high as 50% — but there is also evidence to suggest that as many as 10% of people with MCI return to normal levels of cognition over time.

The issue of MCI in the PD community is a complicated one and warrants further study. There are currently a number of active clinical trials testing various potential new drugs for MCI in PD, and we hope that a new treatment will emerge from these trials. If you are interested in participating in a clinical trial for PD, talk with your neurologist. In addition, there are certain strategies that can help alleviate the effects of MCI on your day-to-day life — such as writing down important information that you need to remember and only tackling one cognitive task at a time. When it comes to PD and MCI, be sure to challenge yourself — learn a new skill, stay socially engaged, and find ways to stay mentally active!

But no matter the symptoms, people with PD will never have to face their journey alone. Supporters like you make it possible for APDA to provide the trusted educational resources the PD community can rely on. If you would like to learn more about MCI, visit apdaparkinson.org/MCI.

And to start tracking your PD symptoms, check out our free APDA Symptom Tracker at apdaparkinson.org/apda-symptom-tracker.
Q. I am in my late 80s, and I think I have Parkinson’s disease. At my age, should I bother going to a neurologist to see if I actually have PD?

Yes! If you do have PD, there may be medications that you can take to allow you to move better, be more active, and feel better! The medications may help protect you from falling as well, which is vital to keeping you as healthy as possible. Also, you can find comfort and camaraderie in support groups and benefit from other programs such as exercise classes and educational webinars.

Q. I have itchy, flaky skin on my face and eyebrows. Is this related to my Parkinson’s disease?

What you are describing could be seborrheic dermatitis. It is a common skin condition in the general population, and it’s even more commonly found in people with PD. It causes patches of scaly red skin and dandruff, primarily on the scalp and the oily parts of the face such as the sides of the nose. In PD, it is thought to be caused by oversecretion of oils from the sebaceous glands in the skin. In much the same way that dysfunction of the autonomic nervous system (the nerves that control automatic body functions) causes non-motor symptoms in PD such as blood pressure dysregulation and urinary abnormalities, autonomic dysfunction of the nerves that control the oil glands of the face can cause seborrheic dermatitis.

Seborrheic dermatitis usually can be controlled with lifestyle changes or topical creams. Wash your skin regularly and avoid harsh soaps and products that contain alcohol. If the condition does not clear up, an over-the-counter mild corticosteroid cream may help. If these simple changes are not effective, consult with a dermatologist who may want you to try a prescription cream.

Q. I suffer from extreme hot periods with excessive sweating that typically occur in the evenings. Do you have any suggestions to help?

Excessive sweating can be a non-motor symptom of PD. Moisture-wicking sheets, pajamas, clothing, and socks are available, which are made of materials that absorb more water and dry faster than standard fabrics. These can be very helpful for some people with excessive sweating. Remember to also stay hydrated, avoid sweat triggers such as spicy foods, and take cool or lukewarm showers. Be sure to let your doctor know if this is a new symptom for you as there can be other causes of excessive sweating that may need to be investigated.

Dr. Rebecca Gilbert is the Chief Scientific Officer at APDA. She oversees APDA’s research portfolio in conjunction with APDA’s Scientific Advisory Board. She also provides medical and clinical expertise to support APDA programming as well as print and web content.

YEAR-ROUND SUPPORT WITH A MONTHLY GIFT

PD doesn’t quit. It doesn’t take a break on weekends, after hours, or during the holidays.

But neither does APDA.

And with your help as a monthly supporter, we can be there wherever and whenever individuals and families facing this chronic disease need us. You can make a difference all year long when you join our dedicated circle of monthly donors. Together, we can provide the support, education, and research to help everyone impacted by PD live with hope.

Best of all, it’s quick and easy to sign up. Visit apdaparkinson.org/sustainer today to start making an impact each month.

For more information, or to learn about the many ways you can support APDA, please call (800) 223-2732 or visit apdaparkinson.org/Renew.