

ILLINOIS CHAPTER

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PARKINSON'S MEDICATION

Managing Parkinson Disease motor symptoms relies on medications, so knowing the options available and how to use them safely and effectively is essential.

Drug Therapy Options

Medications for Parkinson Disease work by increasing dopamine levels in the brain. Carbidopa/levodopa (CD/LD) is the most effective treatment and the preferred choice for patients age 65 and older because of its safety profile and multiple formulations. CD/LD is a combination of two medicines: levodopa is converted into dopamine in the brain, while carbidopa keeps levodopa intact

until it reaches the brain and reduces nausea. Patients started on other medications will eventually be prescribed CD/LD.

The second most effective class is the dopamine agonists, which mimic the effects of dopamine in the brain. Due to possible side effects, they are less preferred in older adults. The third most effective class is the monoamine-oxidase type B (MAO-B) inhibitors, which can be used alone for mild symptoms or added to CD/LD for additional motor symptom control.

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NOTE FROM EXECUTIVE DIRECTOR

As spring gives way to summer, many of us begin spending a little more time out in the world again—taking walks, sitting on the patio with a good friend or book, or simply enjoying a bit of fresh air. This time of year often reminds me of something simple, yet powerful: the importance of being a good neighbor.

Being a good neighbor does not have to mean doing something big. In our Parkinson's community, being a good neighbor may look like checking in on someone who has been feeling isolated, inviting them to an APDA program or support group, or simply helping another person feel seen and understood with a friendly smile and hello. These everyday acts of kindness can make a very real difference.

Sometimes, we may not know exactly what to do. I often think about how my parents did not always tell me what to do; instead, they reminded me of who I was. There is something meaningful in that. When we remember who we are, we are often guided toward what comes naturally: offering kindness, understanding, and care to the people around us.

For individuals living with Parkinson's and for care partners, support often comes not only from medical care, but also from the people around

them—neighbors, friends, and community members who choose to show up with understanding and compassion. At APDA, we see every day how meaningful connection can ease isolation, build confidence, and remind people they are not alone.

As we move through these summer months, I hope we will all look for ways to be that kind of neighbor to one another. A kind word, an invitation, a helping hand, or a moment of encouragement may seem small, but it can have a lasting impact. Together, we are building a community rooted in hope, support, and connection.

Thank you for being part of APDA and for helping us create a more caring and connected community for everyone impacted by Parkinson's disease.

Yours In Service,

Melanie Adams

Executive Director
APDA Illinois Chapter



RESEARCH HIGHLIGHT SPARX3

Aerobic exercise is one of the most promising approaches for slowing the progression of Parkinson's disease, yet questions remain about the most effective intensity. The SPARX3 study is the first clinical trial to compare moderate- and high-intensity exercise in people with Parkinson's who are not yet on medication.

Learn more about how you can participate at sparx3pd.com



PARKINSON'S MEDICATION



Hedva Barenholtz Levy
PharmD, BCPS, BCGP

Other drug classes have more limited roles. Amantadine augments dopamine activity through indirect pathways; it can reduce dyskinesia—involuntary, purposeless movements that often develop after several years of CD/LD therapy—and help treat “off” episodes.

Anticholinergic drugs are effective for managing tremor but are mostly used in patients younger than 65 due to problematic side effects in older adults. Catechol-O-methyltransferase (COMT) inhibitors are never used alone; they are only added to CD/LD therapy to boost effectiveness.

Practical considerations with carbidopa/levodopa

Formulation differences

CD/LD is available as immediate release (IR) tablets, controlled release tablets (CR; sometimes labeled “ER” on pharmacy labels), and extended release (ER) capsules. Regardless of formulation, levodopa is short-acting and must be taken several times a day. Continuous infusion formulations are useful in later stages when oral medications can no longer maintain adequate

motor control.

Oral formulations of CD/LD come in more than one strength. Keep your medication list current with the milligram strength(s) and the time of each dose. Make sure caregivers understand the importance of dose timing, which is tailored to your symptoms.

Motor complications can develop as Parkinson's progresses, including symptoms returning before the next dose, “on”/“off” fluctuations, and dyskinesia. If these occur, notify your doctor. Keeping a journal of symptom timing, dose timing, and recent food or drink intake can help your care team adjust dosage or add a booster medication.

Interactions

CD/LD has an important drug interaction with iron (also called ferrous sulfate or gluconate, for example). Oral iron products can decrease effectiveness of levodopa by blocking its absorption from the gut. Thus, separate doses of CD/LD and iron by 2 hours. If you have questions about how to space your doses, check with your pharmacist or physician.

CD/LD also has an important food interaction with protein. For some people, high-protein meals can block levodopa gut absorption and decrease the amount that reaches the brain. Ideally, CD/LD should be taken on an empty stomach; if nausea occurs, a non-protein snack is acceptable. In early Parkinson's, the protein interaction may be negligible, but over time individuals become

more dependent on CD/LD and may notice a delayed or reduced “on” effect. When this happens, eating low-protein meals at breakfast and lunch and shifting most daily protein to the evening meal—when motor fluctuations are less disruptive—is recommended. This simply redistributes, rather than reduces, total protein intake. Note that high-protein nutritional drinks can interact, too.

Vitamin B6 supplementation

In March 2026, the Food and Drug Administration issued a warning about CD/LD decreasing vitamin B6 (pyridoxine) levels that can lead to seizures. Patients taking CD/LD should speak with their physicians about monitoring levels of the different B vitamins, including B6, and add a supplement as needed.

Medication Reviews

A thorough medication review can help identify prescription or nonprescription medications that interact with your Parkinson's regimen or worsen Parkinson's symptoms regardless of which medications you take. In addition, your pharmacist or physician doing the review can ensure you are taking your medications correctly. Another benefit of medication review is the opportunity to address nonmotor symptoms of Parkinson's disease and optimize drug and non-drug management of these conditions.

Drug Therapy Options
for Treating Parkinson's
Motor Symptoms

NEXT PAGE 

Table: Drug Therapy Options for Treating Parkinson's Motor Symptoms

Drug Class	Generic Name (Brand Name), Formulation	Comments	Advantages
Carbidopa/levodopa	Sinemet, Parcopa ODT, IR tablet	Preferred option for adults age 65 and older	Most effective and potent option; available in many formulations
Dopamine agonists	Pramipexole (Mirapex, Mirapex ER), tablet Ropinirole (Requip, Requip XL), tablet Rotigotine (Neupro), patch Apomorphine (Onapgo), subcutaneous continuous infusion	Requires gradual dose increase over several weeks to reach effective dose	ER and XR tablets can be administered once daily Lower dyskinesia risk than carbidopa/levodopa
MAO-B inhibitors	Selegiline (Eldepryl), tablet (Zalepar), ODT Rasagiline (Azilect), tablet Safinamide (Xadago), tablet	Many drug interactions Rasagiline and safinamide improved safety and effectiveness over selegiline	Once daily administration
Amantadine	Amantadine (Symmetrel), IR tablet, capsule, solution (Gocovri), ER capsule	Rarely used alone; added on to carbidopa/levodopa therapy	Helpful for managing dyskinesia
Anticholinergic Drugs	Benzotropine (Cogentin), tablet Trihexyphenidyl (Artane), tablet	Should be avoided in older adults	Helpful for managing tremor in younger patients
COMT Inhibitors	Entacapone (Comtan), tablet Carbidopa/levodopa/entacapone (Stalevo), tablet Opicapone (Ongentys), capsule	Never used alone; only added on to carbidopa/levodopa therapy; entacapone must be taken with each carbidopa/levodopa dose; opicapone dosed once daily	Helpful to extend effectiveness of carbidopa/levodopa

ER = Extended Release; COMT = Catechol-O-Methyltransferase; IR = Immediate Release; ODT = Orally Disintegrating Tablet

Some potential adverse reactions include nausea, dizziness, dry mouth, and dyskinesia. For a **complete list of Parkinson's approved medications** and their side effects, see <http://apda.link/medsapproved>

EVERY JOURNEY WITH PARKINSON'S IS UNIQUE BUT WE'RE ALL MOVING FORWARD TOGETHER

Karen L. Furrh - Parkinson's Care Partner

When my husband was diagnosed with Parkinson's Disease in January of 2024, we were completely shocked. There was no history of the disease in his family. It was a relief to finally get a diagnosis for his symptoms, but the cold reality of a diagnosis for a progressive neurological disease with no cure was frightening. We didn't know where to turn for resources and support. I believe we have found our community with the APDA. The staff and volunteers are responsive and friendly, and the organization offers a myriad of resources.

One of my favorite quotes for encouragement comes from Disney's "Finding Nemo":

"When life gets you down, you know what you gotta do? ... Just keep swimming, just keep swimming, just keep swimming, swimming... What do we do? We swim, swim..."

This is an inspirational reminder that we all have resilience and grit within ourselves, and we need to keep putting our best foot forward.



Saturday, June 20th

Join the Optimism Walk! Individuals will earn our great incentive prizes along the way!

- Raise \$100+: Receive a 2026 Optimism Walk Shirt
- Raise \$500+: Receive an exciting limited edition APDA Hydro Flask Hot/Cold Bottle
- Raise \$1,000+: Become a Circle of Optimism Member, where you will be recognized during the Opening Ceremony and receive a medal.
- Raise \$2,500+ Team Incentive: teams who meet this minimum will earn a reserved picnic table at the walk!

Good times for a good cause.
THE TIME IS NOW.



Scan QR Code or Call to Register

Saturday, June 20th
9:00 am Check In, 11:30 am Walk Start

Naperville Riverwalk Pavilion
912 Honorary Sindt Memorial Ct., Naperville, IL

apdail@apdaparkinson.org
708-329-9527

[Details](#)

EXERCISE CLASS SCHEDULE

Register online at www.apdaparkinson.org/il

ILLINOIS

BREESE

Clinton Co. YMCA

Tues/Thurs 12:30 pm – Exercise for Parkinson’s

CARLINVILLE

Carlinsville Area Hospital

Tuesday 10:00 am – Exercise for Parkinson’s

CHAMPAIGN

YMCA

Mon 1:00 pm- Strength and Balance

Tues 1:00 pm- Functional Chair Fitness

Wed 1:00 pm- Seated Yoga

Thurs 1:00 pm- Parkinsons Fitness

Fri 1:00 pm- Functional Chair Fitness

COLUMBIA

Monroe County YMCA

Mon/Wed 12:05 pm- Exercise for Parkinson

DECATUR

YMCA

Mon/Wed/Fri 11:00 am – Pedaling for Parkinson’s

Tues/Thurs 9:00 am – Parkinson’s on the Move

DOWNTOWN BELLEVILLE

YMCA

Mon/Wed 11:00 am – Exercise for Parkinson’s

EAST BELLEVILLE

YMCA

Tues/Thurs 11:00 am – Exercise for Parkinson’s

EDWARDSVILLE

YMCA

Tues/Thurs 11:00 am – Exercise for Parkinson

HIGHLAND

Korte Rec Center

Mon/Wed/Thurs 11:00 am – Cycle and Strength

O’FALLON

YMCA

Tues/Thurs 12:00 pm – Exercise for Parkinson’s

QUINCY

YMCA

Tues/Fri 10:30 am – Fit to Fight PD Boxing

SPRINGFIELD

Grant Conservatory of Music and Dance

Tues/Thurs 1:30 pm – The Joy of Movement

VIRTUAL VIA ZOOM

Wed 10:30 am – The Joy of Movement

READY TO GET MOVING?



Virtual exercise options make it easy to stay active, build strength, and keep your energy up, all from home. Whether you’re looking for gentle movement or a more energizing workout, there’s something for everyone.

Visit our virtual events calendar to find a class that fits you!

<https://www.apdaparkinson.org/upcoming-events/>



SUPPORT GROUP SCHEDULE

Register online at www.apdaparkinson.org/il

ILLINOIS

ALTON

SSP Main Building, The Meeting Room
2nd Wednesday 1:00 pm

ALTON

SSP Wellness Center
2nd Tuesday 2:00 pm – Care Partners ONLY

AURORA

Waterford Place
1st Tuesday 10:30 am

AURORA

Waterford Place
3rd Tuesday 10:30 am – Care Partners Only

BELLEVILLE

Southwestern Illinois College's
Programs and Services for Older Persons
3rd Monday 1:30 pm

CARBONDALE

Prairie Living at Chautauqua
1st Wednesday 1:00 pm (check with APDA first)

CARLINVILLE

Carlinsville Area Hospital, MOB Comm Rm
4th Tuesday 11:00 am

CENTRALIA

Heritage Woods Independent Living
2nd Wednesday 2:00pm

CHAMPAIGN

Savoy United Methodist Church
Every Monday 10:00am

CHICAGO

Virtual PD Support Group, APDA Information and
Referral Center at University of Chicago
4th Tuesday 11:00 am (group takes summers off)

CHICAGO

Virtual Support Group MEN ONLY, APDA Information
and Referral Center at University of Chicago
1st Tuesday 11:00 am

DECATUR

Westminster Presbyterian Church
3rd Thursday 1:30 pm

EDWARDSVILLE

YMCA Niebur Center
1st Tuesday 2:00 pm

GLEN ELLYN

Movement Revolution
3rd Monday 7:00 pm

GLENVIEW

Endeavor Health Ambulatory Care Center
2nd Tuesday 11:00 am

GREENVILLE

Bond County Senior Center
2nd Tuesday 1:00 pm

HIGHLAND

St. Joseph's Hospital, Sullivan Conf. Rm
4th Wednesday 2:00 pm

JACKSONVILLE

Virtual Group
1st Wednesday 1:00 pm

MAYWOOD

Loyola Outpatient Center
1st Monday 2:00 pm

NORMAL

The Activity Rec. Center (The ARC)
3rd Tuesday 1:00 pm

NORTH UTICA

Utica Fire Station
1st Monday 1:30 pm

NORTHBROOK

Covenant Living of Northbrook
4th Monday 10:00 am

NORTHFIELD

North Shore Senior Center
2nd and 4th Wednesday 2:00 pm

OKAWVILLE

St. Peters UCC Church Hall
1st Tuesday 6:30pm

QUINCY

Quincy Library
2nd Saturday 10:00 am

SPRINGFIELD

Chatham United Methodist Church
4th Friday 1:30 pm

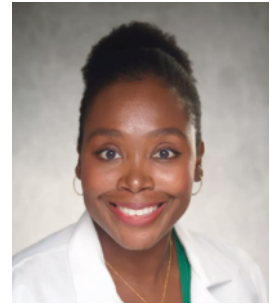
APATHY & PD

“Feeling inert” is how a former boat-loving, family jokester, and doting grandfather with Parkinson’s disease (PD) describes apathy. This description of apathy is not exhaustive, but it connotes an emotional slumber that creeps in and slowly suffuses daily living with a dull but implacable inertia. On average, two in five people living with PD experience apathy (Pagonabarraga J, 2015), albeit unknowingly at times. Apathy is an overlooked non-motor symptom of PD due to the subtlety with which it bakes itself into the folds of the disease. For that reason, its edges are hard to probe, and by the time its symptoms become evident, its consequences on the quality of life may have already been consequential.

Apathy is a syndrome characterized by a reduction in drive, interest, and emotional responsiveness (Harrison et al, 2025; Maher et al, 2024; Pagonabarraga et al, 2015).

Its mechanisms have not yet been totally figured out, but it is believed to arise from dysfunction in the brain network associated with motivated behavior (Pagonabarraga et al, 2015). There is evidence that apathy correlates with poorer functioning, reduced quality of life, and greater disease burden in PD (Maher et al, 2024). Apathy is a complex phenomenon that includes different domains, and as such, it manifests in different forms in different people.

If you find yourself lacking ambition (to do or complete anything) and/or have lost interest in the hobbies and activities that you used to enjoy and/or feel indifferent a lot of the time, you may be in the throes of apathy. The first step is to discuss your symptoms with your movement disorder provider who will ensure that your PD medications are optimized; for, apathy can sometimes be a non-motor fluctuation of PD.



Pascale Doresca

MSN, ARNP, ACAGNP-BC

Pascale is a movement disorder nurse practitioner at the University of Iowa Health Care

Emotional

lack of spontaneous emotion, blunted affect

Cognitive

loss of interest, ideas, and curiosity for routine or new events

Behavioral

trouble self-initiating purposeful actions, doing tasks, getting up and going

Through your discussions, your provider will attempt to rule out depression, fatigue, and other PD symptoms— the overlaps between which makes apathy hard to diagnose sometimes. Indeed, fifty percent of people with apathy have concurrent depression, and sifting through and distinguishing between the two can be difficult (Harrison et al, 2025). It is crucial, though, to dissociate the two as treatment for depression can sometimes worsen apathy. The Apathy Scale and the Apathy Evaluation Scale are sometimes used to measure apathy; however, clinicians often rely on their interviews with patients and care partners to identify apathy.



Once a diagnosis is made, clinicians may prescribe medications depending on the severity of apathy and its manifestation. There exists no gold standard treatment for apathy. Medications like Pramipexole (a dopamine agonist), Rivastigmine (a cognitive enhancer), stimulants, and some antidepressants are used sometimes based on the type of apathy.

Nonpharmacological interventions to help people with apathy are as important as medication therapy. Music therapy, mindfulness meditation, and transcranial magnetic stimulation have demonstrated some benefits in some studies, but more evidence is needed (Maher, 2016).

Tips for Living Well with PD & Apathy



- Good, quality sleep is **FOUNDATIONAL** for well-being. This is even more important in people with PD and apathy. If your sleep is fragmented, and you feel tired in the daytime, you may benefit from having sleep-related problems ruled out. Then you may have to return to the basics of sleep hygiene: consistent sleep schedule, using your bed only for sleep and sex, making your bedroom quiet and relaxing, reducing your fluid intake in the evening, etc.
- Create structured environments with a routine that includes movements, naps, medication timing, entertainment.
- Know yourself. Choose activities that fit your personality and likings and plan them around the times your medications are working, and you are rested.
- **DO NOT JUDGE YOURSELF.** PD is often accompanied by symptoms that can make people self-conscious. Symptoms such as drooling, quiet voice, word-finding difficulties can cause people to be less social. Apathy is sometimes misinterpreted as laziness. Avoid passing judgement onto yourself. Apathy is real.
- Set small, measurable goals every day.
- Regular physical activity is the best medicine for PD.
- Prioritize social interactions with people you trust. Your presence suffices; you can just listen.

Giving Highlight

IRA Charitable Gifts: If you're 70½ or older, you can make a qualified charitable distribution (QCD) directly from your IRA to support our work, without increasing your taxable income. It's a simple way to give today while making a meaningful difference. **For more information or questions, please reach out to Melanie Adams at: madams@apdaparkinson.org**



CAREGIVING PURGATORY THAT PLACE IN BETWEEN



June Van Klaveren

Did you ever notice how much waiting you do as a caregiver? Waiting for the neurologist to call. Waiting in exam rooms. Waiting at red lights when you're already late. Waiting for a hospital discharge. Waiting for your person with Parkinson's to button a shirt, reach the table, leave the

bathroom, finish a sentence. That waiting has a name: Caregiving Purgatory. If you're caring for someone with Parkinson's disease, you know this place well. It's the in-between. It's the long middle — the stretch where symptoms shift, independence flickers, and we live in constant adjustment mode.

Parkinson's is progressive. That sounds clinical. In real life, it means the target keeps moving. One week balance seems steady; the next, freezing episodes appear. Medication works, until it doesn't. Cognition is sharp, until it isn't. We become part detective, part nurse, part advocate, and

Here are five practical ideas to survive the messy middle:

1 Stop waiting for "normal" to return. It won't. Parkinson's doesn't reverse course. Grieving the loss of former expectations is painful, but necessary. Instead of asking, "When will things go back?" ask, "What works now?" Create new expectations that fit today's reality.

2 Build micro-respite into your routine. A weeklong getaway may not be realistic. A 30-minute walk might be. A quiet cup of coffee behind a closed-door counts. Small, consistent breaks are not indulgent — they are preventive maintenance for your mental health.

3 Separate the person from the disease. Irritability, apathy, slowed responses, quiet voices. These are neurological symptoms. When tension rises, remind yourself, "This is Parkinson's talking." That mental shift protects both your peace and your relationship. This is the most difficult tip, isn't it?

4 Simplify decisions. Decision fatigue is real. The volume of decisions we make now is staggering. Reduce optional choices where you can. Rotate simple meals. Use written medication lists. Create routines. Make checklists!

5 Tell the truth to someone safe. Not everyone can handle the raw version of this journey. Find one trusted person, friend, counselor, support group, and speak honestly. "I'm tired." "I'm scared." "I miss who we used to be." Bottled emotions don't disappear; they leak.

part exhausted human being – all things we probably didn't "sign up for." Caregiving purgatory is emotionally confusing because nothing feels dramatic enough to justify falling apart, yet everything feels heavy enough to wear you down. It's all the little things, stacked daily. You may grieve losses others don't see. You may feel guilty for wishing things were easier. You may love deeply and resent the disease in the same breath.

Here's what isn't said often enough: as caregivers, we live in chronic uncertainty. That alone is exhausting. Of course we're weary. Of course, we feel stretched thin. This isn't a failure of character. It's the weight of sustained ambiguity. And still, we are showing up on ordinary Tuesdays. We are steadying steps, managing medications, advocating at appointments, preserving dignity in quiet, unseen ways. That matters more than we realize. The middle is long. But we are not weak for feeling its weight.

WE ARE HUMAN AND WE ARE DOING SACRED WORK, EVEN WHEN IT FEELS LIKE LIMBO.

Our thoughts are with June on the recent passing of her husband Larry.

» UPCOMING EVENTS & PROGRAMS

APDA Strictly Social

Whether you've been recently diagnosed or living with PD for years, our monthly social events offer a fun, relaxed way to meet others in the Parkinson's community, share stories, and create joyful moments together. Join us every month at one of our three locations!

- PD & Pizza **Naperville**
 - First Tuesday
- PD & Pizza **Northbrook**
 - Third Thursday
- APDA Strictly Social **Virtual**
 - Second Wednesday

Parkinson's Education Programs

Education programs for those living with PD and their care partners.

May 12th, 1:00 - 2:30 pm

Calm the Mind, Support the Body: Holistic Approaches to Parkinson's

Location: Glen Ellyn Library in Glen Ellyn

Conference

The Illinois Conference is coming this **November**, stay tuned for details!

Chicagoland Optimism Walk

Our largest community celebration! Saturday, **June 20th** at the Naperville Riverwalk.

Gather your friends and family, this is a day you do not want to miss!

Registration is open!

Visit our **Upcoming Events & Programs page** for details and to stay up to date on everything happening with APDA Illinois.

Go to:

<http://apda.link/ilupcoming>



Need help with registration? Give us a call at 708.329.9527! We're happy to assist and can register you over the phone.

P.O. Box 2164
Naperville, IL 60567-2164

Website: <http://apda.link/ilstrictlysocial>



» MARK YOUR CALENDARS

Strictly Social: Come Join the Fun!

Looking for a relaxed way to connect with others in the Parkinson's community? Our Strictly Social gatherings are all about good conversation, friendly faces, and enjoying time together. No agenda, just connection. Whether you're living with Parkinson's or supporting someone who is, you're always welcome at the table. Scan the QR code or visit the link to learn more! We'd love to see you at our next get-together!



APDA ILLINOIS CHAPTER

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Staff available by phone: 9am - 4pm | Monday - Friday

LET'S CONNECT

apdaparkinson.org/il
[@apdaillinois](https://www.instagram.com/apdaillinois)

