Diagnosis Parkinson’s disease: You are not alone
I couldn’t stop the tremor in my left hand, and mentioned it to my internist during a routine check-up. He looked at my hand, nodded and referred me to a neurologist. The neurologist noted the tremor, had me walk away from him, turn and walk back. He checked my balance. Then he turned to me and said, ‘You’re in the very early stages of Parkinson’s disease. See me again in three months.’ That was it. I left the hospital and walked down the street in a daze. I remember thinking, I’m no longer one of the multitude. I’m someone with a chronic, debilitating illness. My world has changed.

Lilly*, 68 | age 65 when diagnosed

You may see yourself in the above story. Or your experience may have been different. Unexplained rigidity, perhaps … difficulty getting out of a chair … stiffness about the neck and shoulders. Your friends ask if something is wrong … muscle spasms, particularly in your legs … slow or shuffling gait — people start passing you on the street … feelings of depression, for no discernible reason … a family history of Parkinson’s disease (PD).

A sense that something was not right led you to make an appointment with a doctor.

You hoped to hear that the problem was minor and easily treatable. Then you learned:

The diagnosis was Parkinson’s.

*All names have been changed to protect privacy.
I fell for no reason. I was heading from the men’s room to my office when my feet stopped still and I fell forward. When I told my wife about it, she insisted that I see a doctor. Following a series of tests, the doctor began to explain Parkinson’s disease. I can’t tell you what he said … I was stunned.

Brian, 66 | age 61 when diagnosed

Most likely, your doctor offered some explanation of the disease. You heard words and phrases: chronic … progressive … treatment … dopamine … research. Perhaps, like Brian, you found it difficult to focus. Now, with that visit behind you, you think of questions you wish you had asked.

DOCTORS UNDERSTAND THAT. AS ONE NEUROLOGIST PUT IT:

“When I tell a patient that he or she has Parkinson’s, I assume that there will be a gap between what I say and what they hear in the initial meeting. I want them to understand that handling the disease will be a step-by-step process. I expect that they will have more questions as time goes by.”

We trust you will find answers to some of your questions in this booklet. And that you’ll also find support. And hope.

YOU ARE NOT ALONE!
When you’re told that you have Parkinson’s, you may feel very much alone. That is not the case. As many as one million people in the United States have Parkinson’s disease. The average age of onset is 60 years, but it is not unheard of for people to be diagnosed with Parkinson’s in their 30s, as well as in their 80s. Men and women are almost equally affected.

You need not be alone. There are many professionals and organizations dedicated to helping people with Parkinson’s, and devoted to finding a cure. There are also many opportunities for you to meet and learn from others who have experienced what you are going through, and to raise public awareness and commitment to research through advocacy, fundraising and other initiatives.

“Parkinson’s is a part of my life, but it is not life itself.”

David, 56 | three years after diagnosis
UNDERSTANDING Your Diagnosis

WHAT IS PARKINSON’S DISEASE?

“My handwriting became slow and tiny. I saw a neurologist who thought I had dystonia (an impairment of muscle tone), and suggested that I see a specialist in movement disorders. That doctor diagnosed my problem as Parkinson’s. My first thought? ‘Oh, good, it’s only Parkinson’s.’ Obviously, I really didn’t know anything about the disease.”

Judith, 48 | age 41 when diagnosed

In simplest terms, Parkinson’s is a chronic, slowly progressive disease of nerve cells (neurons) in the part of the brain (the substantia nigra) that controls muscle movement. Normally, these nerve cells produce a substance called dopamine, a chemical messenger that is responsible for transmitting signals from one group of cells to another, allowing coordinated function of the body’s muscles and facilitating smooth movement. When the cells die — and dopamine production is correspondingly reduced — people may experience tremors, movement problems such as bradykinesia (slowness), rigidity and impaired balance. Problems with thinking and behavior may also occur.

HOW IS THE DIAGNOSIS MADE?

Typically, your visit to the doctor begins with the doctor taking a medical history — in which your symptoms and concerns are noted — and continues with a neurological examination.

Making an accurate diagnosis of Parkinson’s — particularly in its early stages — is difficult, but a skilled practitioner can come to a reasoned conclusion that it is PD. To find a neurologist who specializes in movement disorders and is up-to-date on research and approaches
to therapy, ask your family doctor or contact the Parkinson’s Disease Foundation at (800) 457-6676, the American Parkinson Disease Association at (800) 223-2732 and the National Parkinson Foundation at (800) 473-4636 for a list of PD specialists.

The doctor looks to see if your expression is animated. Your arms are observed for tremor, which is present either when they are at rest, or extended. Is there stiffness in your limbs or neck? Can you rise from a chair easily? Do you walk normally or with short steps, and do your arms swing symmetrically? The doctor will pull you backwards. How quickly are you able to regain your balance? These and other observations provide information about your condition.

An individual’s good response to levodopa (which temporarily restores dopamine action in the brain) may support the diagnosis. But this is not relevant if your doctor thinks you do not need any medication at this time. If in doubt about your diagnosis or if you need further information, you may want to seek a different opinion.

**Finding the Right Doctor**

“**My neurologist isn’t easy to reach. So, no, he’s not the handholding type. But I do feel that he’s at the cutting edge of what’s going on in the field. I want someone who has that kind of knowledge.**”

_Patricia, 61 | seven years with this doctor_

Locating a qualified physician is a first step; next is considering whether the person you’ve seen is the right doctor for you. Keep in mind that you’ll be working with this specialist for many years. If the doctor/patient fit doesn’t feel right to you, it is alright — even recommended — that you seek a different match. You’ll be glad you did.

Think about the questions provided below when deciding if your doctor is the right doctor for you.

**Some things to consider:**

- Are you comfortable speaking with your physician?
- Do you feel respected by your doctor?
- Are questions answered to your satisfaction or do you come away from a visit feeling that you have not been taken seriously?
- Can you get in touch with your doctor between visits?

**Is Parkinson’s hereditary?**

Although there are a few families in which Parkinson’s is clearly inherited, for most people the genetic component is small. We do know that people over 60 who have a close relative with Parkinson’s have a two-to-four percent increased risk of being diagnosed compared with a one-to-two percent risk among the general population in this age group. In other words, the risk is low even in families which include more than one person with Parkinson’s.

**What can I expect? What changes might I anticipate?**

Parkinson’s disease acts differently in different people. Some experience tremor; others do not. Handwriting may become small and cramped in some cases, but not in others. You may experience “freezing”— a feeling of being stuck in place — or you may not. Voice volume may be lowered in some cases, and speech may become slurred in others. The changes can be few or many, are often subtle, can change over time and are — for the most part — manageable.

Be aware: it is a mistake to look at someone with advanced Parkinson’s disease and believe you are looking into your own future! In some people, the disease progresses quickly. In most, change comes slowly. There are varying treatments for different stages. While there is, as yet, no cure for PD, there continue to be new and better ways to deal with the symptoms. Managing your disease is a step-by-step process, to be taken by you in close consultation with your doctor.
EXPLORING Treatment Options

EVERY ACHE AND PAIN IS NOT NECESSARILY PARKINSON’S

“The worst day of this disease was the day I was diagnosed. The best day was when I understood that I could do something about it. It gave me back a sense of control in my life, and some power.”

Phyllis, 63 | five years after diagnosis

After learning that you have Parkinson’s, you may find yourself worrying over every real or perceived change in your body. A cold? You think your resistance is down. A strained shoulder? You’re frightened that the disease is progressing. The best thing to do is to speak to your doctor. A strained shoulder may be just a strained shoulder and may respond to physical therapy. Or it may be a manifestation of Parkinson’s that can be managed with medication. Find out what’s really going on and take the appropriate steps.

WILL MEDICATION HELP?

“When do I start medication? One doctor said I should start medication immediately; another said that was not necessary. So now I’m thinking, I have to be part of that decision. I need to become an informed consumer.”

Lionel, 72 | two months after diagnosis

While a cure for Parkinson’s has yet to be discovered, there are now a variety of medications available to treat its symptoms. You will hear different names — Sinemet®, Mirapex®, Requip®, Azilect®, selegiline, amantadine, to name a few. The most common treatment for PD is Sinemet® — a combination of carbidopa and levodopa, sometimes referred to as the “gold standard” of PD medications. However, many
experts have adopted the approach of treating early Parkinson’s with milder medications, such as amantadine or dopamine agonists, and adding levodopa when required for more symptom control.

Although your doctor will recommend a course of treatment that seems most appropriate to your stage and symptoms, keep in mind that you have a say! Consult reliable sources, such as books and the Internet (see the resources section at the end of this booklet for suggestions), and find out as much as you can about Parkinson’s and its treatments. Ask your doctor what you can expect. Learn about short and long-term side effects of each medication. For a more detailed explanation of PD medications, call or email PDF at (800) 457-6676 or info@pdf.org.

I’VE BEEN ASKED TO JOIN A CLINICAL TRIAL. WHAT SHOULD I SAY?

“When the doctor suggested that I join a trial of a new medication, I said yes in a heartbeat. It made me feel that I was being pro-active in fighting this disease.”

Jonathan, 51 | recently diagnosed

Some people eagerly volunteer for research studies, also called “drug trials,” which test new treatments and medications. There are several good reasons to do so.

Joining a trial can give you early access to potentially helpful treatments and drugs that are not yet on the market. Once involved, you are likely to receive more frequent monitoring and medical attention.

Another reason to join a trial is to further the cause of research for Parkinson’s disease. Simply put, there is no other way for research to show that a proposed treatment works. You may also feel good about yourself when you volunteer to participate in a clinical research study.

Some people are concerned that joining a trial may be highly experimental or too risky. While taking any new medication can carry an element of risk, be assured that clinical trials are strictly regulated and controlled by the US Food and Drug Administration (FDA) and the Institutional Review Board (IRB) at the hospital, university or research center where the trial is taking place. This helps to ensure that clinical trials are well designed and carefully constructed to protect the study volunteer.

“As a ‘virgin’ (someone not yet on medication), I was a prime candidate to join a trial, but I balked at participation. I needed time, first, to accept my status as a PD patient. A year later, I was ready. I’m in a trial now, and feel the wait was right for me.”

Susanne, 59 | one-and-a-half years after diagnosis

Be aware that you may be randomly assigned to the comparison group, which means that you may receive a different dose of the “test” treatment, or a treatment that is already available that is considered standard therapy for the disease, or even a placebo (an inert substance that looks like the drug being tested but has no medical effect). But if the new drug does turn out to be of benefit, you will usually have easy access to it after this phase of the trial ends.

Sounds interesting and it is. Volunteers are needed to take part in these studies. But you may be uncomfortable and decide against participation. That’s okay too. To learn more about Parkinson’s clinical trials, visit www.clinicaltrials.gov, http://trialfinder.michaeljfox.org or http://clinicalresearchtrials.nih.gov.

Undecided? Of course you’re going to talk the matter over with your doctor. You may find it helpful to share your concerns and questions with other people with Parkinson’s, who you can meet online through listserv groups or at a local support group.

SHOULD I CONSIDER SURGERY?

Surgical intervention may be indicated as an appropriate option when someone with Parkinson’s has exhausted the possibilities of medication. If and when surgery becomes an option, learn about its possibilities and risks. Since you are in the early stages of this disease, surgery is not something to contemplate at this time.
LIVING with Parkinson’s

HOW CAN I HANDLE MY SADNESS?

“Waiting in the reception area to see my doctor, I got to talking with another woman. She invited me to join her support group. I declined, but we did make a date to meet for lunch at a museum. At lunch, we were joined by a third woman … and later a fourth. So I guess I’m in a support group in spite of myself. I really like these women. It’s also freeing not to have to hide my tremors, and just focus on the conversation.”

Elaine, 52 | three years after diagnosis

Depression may exist with or without Parkinson’s (although the incidence is somewhat higher among people who have the condition). It is not unusual for someone with a chronic and progressive disease to experience moments of sadness. The length and severity of these sad periods determine whether they would benefit from treatment for depression.

If you feel sad for several weeks, tell your doctor. Join a support group. Try to be physically and mentally active. There are medications that can address the sadness and help you feel better.

SHOULD I SEEK OUT A SUPPORT GROUP?

Support groups can be important sources of practical and emotional help. You may be concerned that attending a group will bring you into contact with people who are much further along in the disease, and that will be discouraging. You may have to shop around to find the group that you like, but finding the right support group can be a very positive experience.
“Whether to tell” is a question posed by many people in the early stages of the disease. Although no one can make this decision for you, the thoughts and experiences of others might help. Here’s what they say.

A man who was diagnosed in his mid 40s:
“I didn’t tell for a long time because I was afraid that the revelation might jeopardize my job. Also, I didn’t want other people feeling sorry for me, and for my kids.”

A woman in her late 50s:
“I think people hold on to the secret longer than they need to because they want to maintain their privacy and because once you tell, it’s out there and you can’t take it back. I held on to the secret for several years. Then I sent a letter to some of my close friends, informing them. Once I did tell, I felt greatly relieved. And, I could get some support.”

A man in his early 60s:
“I told everyone, and it was very liberating.”

A 54-year old woman:
“I kept the information from my colleagues and friends for years. It’s hard enough to cope with this disease, and to also cope with the tension of hiding it. When I finally came out of the closet, it turned out that many of my friends either suspected or knew. It was such a relief!”

A 36-year old man:
“When people ask about my limp, I tell them I have Parkinson’s disease. They’re surprised because I am so young. Too many people keep this disease a secret because of embarrassment, and I think that hurts us. The more people who know about PD, how prevalent it is, the more successful fundraising may become.”

“When do I tell others, and what do I say?”

“It doesn’t matter how tired I am or how bad the weather, I never miss the monthly meeting of my support group. It’s the one place where I don’t have to be on my guard, can say whatever I want, and feel free to just be me. It’s my anchor.”

Sally, 59 | five years after diagnosis

You can learn about support groups by contacting a local or national Parkinson’s organization, your local hospital, or you can ask your doctor to help put you in touch with other people with Parkinson’s so you can start a group. You can also find support through Internet chat rooms. Be persistent. You’ll be grateful for the company and the comfort.

IS PHYSICAL EXERCISE ADVISABLE?

“After I learned I had Parkinson’s, I went into a depression, and stopped working out. My waist size went from 34” to 36”. I knew I had to do something, so I began exercising again. Once I started to look better, I started to feel better — or the other way around. I’m also on antidepressant medication, and it’s helping.”

Matthew, 49 | two-and-a-half years after diagnosis

Staying in the best of shape is always a good idea. It is especially important for people whose control of movement has changed because of Parkinson’s. People with Parkinson’s consistently report that they feel better when they engage in a regular exercise routine. Choose an exercise routine that you enjoy.

If you have never regularly exercised, a personal trainer or physical therapist who is skilled in working with people with Parkinson’s can help you devise a routine that encourages flexibility, improves stamina and helps to
maintain balance. There is some evidence that tai chi and yoga help maintain flexibility and improve posture.

**DOES DIET MAKE A DIFFERENCE?**
A good, balanced diet is recommended. In addition, adding fiber and fluids to your diet may be helpful in preventing constipation, a common symptom of the illness. Drinking water is also helpful if you have excessively dry or oily skin — a frequent problem. The standard rule is to drink at least eight glasses of water each day.

**HOW CAN I HELP ADVOCATE FOR A CURE?**

> "The way I see it, nobody’s more invested in finding a cure for this disease than I am. I expect to beat this thing, see my kids grow up, play with my grandkids. So I have to use my energy to make my dream come true. That’s why I’m devoting myself to advocacy, and why I think we all need to be involved."

*Robert, 48 | six years after diagnosis*

Getting involved with advocacy is a proven way for someone diagnosed with a long-term condition like Parkinson’s to advance the "cause" while empowering themselves. Every person can make a difference by educating others about Parkinson’s disease.

As a person with Parkinson’s, you can make your concerns about funding and research known to your Representatives and Senators, both local and national. The Parkinson’s Action Network (PAN), based in Washington, DC, is focused on Parkinson’s advocacy efforts on the Federal level. To learn how to join their efforts, visit [www.parkinsonsaction.org](http://www.parkinsonsaction.org).

> "You have to be part of the solution. I feel much better knowing I’m involved in advocacy efforts, and that I’m doing the best I can."

*Estelle, 62 | nine years after diagnosis*

### The diagnosis was Parkinson’s…but you can do something about it.

- Confirm the diagnosis.
- Find a doctor who is right for you.
- Learn about the disease, and become an informed consumer.
- Learn about medications and treatments — when in doubt, ask questions.
- Join a clinical trial.
- Pay attention to your moods and seek help if sadness becomes persistent or overwhelming.
- Join a support group.
- Follow an exercise regimen.
- Eat a healthy diet.
- Engage in advocacy efforts to bring about a cure.

*Above all, don’t forget to love; don’t forget to laugh; don’t forget to hope.*
RESOURCES for Information and Support

Many organizations are dedicated to supporting the Parkinson’s community. The following is a selective list of those offering information, services and support to people with Parkinson’s and care partners. For an extensive list of resources, visit www.pdf.org or call (800) 457-6676 to order PDF’s Parkinson’s Disease Resource List, a publication that includes over 750 resources worldwide.

NATIONAL PD ORGANIZATIONS

These national organizations are excellent sources of support, information and services, and also maintain websites with helpful links to other Parkinson’s resources. For information on independent organizations, state chapters and networks, visit www.pdf.org.

Parkinson’s Disease Foundation (PDF)
(800) 457-6676
info@pdf.org
www.pdf.org
A leading national presence in Parkinson’s disease research, education and public advocacy. Our toll-free HelpLine can answer questions about Parkinson’s disease, provide referrals to doctors and support groups where available and offer free educational materials and programs.

American Parkinson Disease Association (APDA)
(800) 223-2732
apda@apdaparkinson.org
www.apdaparkinson.org
APDA funds research and offers support and education through regional chapters and Information and Referral Centers.
**RESOURCES FOR INFORMATION AND SUPPORT**

**Michael J. Fox Foundation for Parkinson’s Research (MJFF)**
(800) 708-7644  
info@michaeljfox.org  
www.michaeljfox.org

MJFF provides grants to help guarantee that new and innovative research avenues are thoroughly funded and explored.

**National Parkinson Foundation (NPF)**
(800) 327-4545  
contact@parkinson.org  
www.parkinson.org

NPF works to increase the quality of care for people with PD through research, education and outreach.

**Parkinson’s Action Network (PAN)**
(800) 850-4726  
info@parkinsonsaction.org  
www.parkinsonsaction.org

PAN serves as the unified advocacy voice of the Parkinson’s community in Washington, DC — working with grassroots advocates to bring awareness to the public and lawmakers about PD.

**The Parkinson Alliance**
(800) 579-8440  
info@parkinsonalliance.org  
www.parkinsonalliance.org

The Parkinson Alliance raises funds to support scientific research programs of other PD organizations through events, including the Parkinson’s Unity Walk in New York City and Team Parkinson.

**We Move**
wemove@wemove.org  
www.wemove.org

We Move is an accredited provider of continuing medical education (CME) and offers training program and teaching materials to assist professionals in deepening their understanding of movement disorders. We Move also offers web-based educational programs for people living with PD.

---

**INTERNET RESOURCES FOR PARKINSON’S DISEASE**

The following is a list of useful Internet resources for the Parkinson’s community. For a more extensive list, request PDF’s *Parkinson’s Disease Resource List* at www.pdf.org, call (800) 457-6676 or visit www.pdf.org/en/resourcelink.

**Care Partners**

**Family Caregiver Alliance (FCA)**
(800) 445-8106  
info@caregiver.org  
www.caregiver.org

FCA provides information, research, education, services and advocacy for caregivers. It offers a state-by-state directory of support groups and community resources, sponsors online forums such as listservs, telecasts workshops, and offers fact sheets available free of charge on their website. Materials also offered in Spanish and Chinese.

**National Family Caregivers Association (NFCA)**
(800) 896-3650  
info@thefamilycaregiver.org  
www.thefamilycaregiver.org

NFCA offers resources and support including information on hospitalization, The Caregiver Story Project, several online caregiver forums, numerous publications free to download and the Caregiver Community Action Network (CCAN).

**Caregivers Are Really Essential (CARE)**
listserv@listserv.muohio.edu

This listserv, dedicated to caregivers, offers information, resources and support. To learn more or to subscribe, email the address above.
**Clinical Trials**

**ClinicalTrials.gov**  
www.clinicaltrials.gov  
This service of the National Institutes of Health (NIH) offers a registry of federally and privately supported clinical trials conducted in the US and around the world.

**Fox Trial Finder**  
http://trialfinder.michaeljfox.org  
Developed by the Michael J. Fox Foundation for Parkinson’s Research, Trial Finder helps people find opportunities to participate in Parkinson’s clinical trials.

**Clinical Research Trials and You**  
http://clinicalresearchtrials.nih.gov  
Developed by the NIH, this website helps people learn more about clinical trials, why they matter and how to participate.

**Finding Support**

**Brain Talk Communities**  
braintalk@gmail.com  
http://brain.hastypastry.net/forums  
This online discussion forum offers several Parkinson’s specific communities where users can find support and discuss issues of daily living.

**NeuroTalk**  
http://neurotalk.psychcentral.com/forum34.html  
This online discussion forum offers a Parkinson’s specific community where users can find support and discuss issues of daily living.

**Open Online PD Discussion Forum**  
National Parkinson Foundation  
This online forum offers open, unmoderated discussion among people living with PD and/or their care partners. Posts in this forum are not anonymous.

**Parkinson’s Information Exchange Network Online (PIENO)**  
www.parkinsons-information-exchange-network-online.com  
This email discussion group is one of the largest Parkinson’s online communities. The Toronto-based group shares information, advice, support and news on PD.

**Patients Like Me**  
www.patientslikeme.com  
This for-profit online community enables people living with PD to share detailed information about their symptoms, treatments and medications with other patients, health care professionals and industry organizations that are trying to treat the disease.

**Resources and Services**

**AARP**  
www.aarp.org  
This non-profit membership organization is dedicated to improving the quality of life for people over 50 years of age. It offers several programs that may be helpful for people with Parkinson’s including driving self-assessment tools and driving safety courses.

**Official US Government Website for Medicare**  
www.medicare.gov  
This government website answers questions about Medicare and Medicaid with regards to enrolling, billing and plan choices, as well as what the plans do and do not cover.

**Social Security Administration**  
www.ssa.gov  
This website offers information on retirement, Medicare and the qualifying criteria for social security and disability.
Young Onset Parkinson’s Disease (YOPD)

**APDA National Young Onset Center**
(877) 223-3801
apda@youngparkinsons.org
www.youngparkinsons.org

This resource provides information and supportive resources that address issues specific to young people living with Parkinson’s and their families including relationships with spouses, parents and children, age-specific medical information, common psychological and/or emotional issues as well as career and long-term financial planning.

**Young Onset Parkinson Conferences**
www.youngparkinsons.org or www.parkinson.org

This is a series of national conferences for people living with YOPD co-sponsored by American Parkinson Disease Association (APDA) and National Parkinson Foundation (NPF).

---

**PARKINSON’S DISEASE FOUNDATION PUBLICATIONS**

The following publications can be ordered, free of charge, at www.pdf.org or by calling (800) 457-6676.

**General Information**

**Parkinson’s Disease Resource List: Second Edition**
This publication highlights over 750 resources throughout the US and around the world that address the needs of a person living with Parkinson’s. It includes specific resources for early-onset Parkinson’s, the newly diagnosed, care partners and more. 114 pages.

**Facts About Parkinson’s Disease**
This tri-fold brochure explains the basic facts of Parkinson’s, ranging from statistics and diagnosis to symptoms and treatments. It also includes information on PDF’s HelpLine and tips for staying informed with online and print resources.

**Parkinson’s Awareness Month Toolkit**
This toolkit provides tips and tricks for raising awareness. It includes suggestions to reach local media, fundraise and involve public officials. 30 pages.

**Parkinson’s Disease Q & A: Sixth Edition**
This booklet answers the most frequently-asked questions about Parkinson’s disease symptoms, treatments, common problems and research. 64 pages. Available in Spanish.

**Deep Brain Stimulation for Parkinson’s Disease: Third Edition**
This booklet discusses deep brain stimulation (DBS), the most common surgery performed to treat Parkinson’s. It reviews the history of DBS, the procedures, and advises both how to prepare for surgery and how to maintain health post-surgery. It also answers frequently-asked questions. 40 pages.

**Parkinson’s Fact Sheets**
PDF fact sheets are recommended for those looking for in-depth information about a specific area of Parkinson’s treatment and care. They are written by physicians and people living with Parkinson’s. Some available in Spanish.
About Parkinson’s Disease Bookmark
This bookmark highlights four basic facts about Parkinson’s and offers links to help one get involved, stay connected and support PDF. It is an ideal giveaway at community events.

PDF Newsletter: News & Review
This quarterly publication includes updates on scientific research, treatments, and therapies, insight and practical suggestions on Parkinson’s from physicians and other health professionals, advice and inspirational stories and news from the Parkinson’s community. 12 pages.

Get Involved
This brochure provides ways for you to get involved with the Parkinson’s Disease Foundation. It includes overviews of programs such as Parkinson’s Advocates in Research, the Creativity and Parkinson’s Project and PDF Champions. No matter your interest, there’s a way for you to improve the lives of people touched by Parkinson’s. 10 panels.

Creativity and Parkinson’s Calendar
This 12-month calendar features the works and personal statements of 13 artists living with Parkinson’s, chosen from almost 300 artists whose works are displayed in PDF’s Creativity and Parkinson’s Project.

Clinical Research
Getting Involved in Parkinson’s Research
This publication can help one to stay educated and informed about clinical study participation. 20 pages.

Parkinson’s Advocates in Research
This tri-fold brochure explains the work of PDF’s Parkinson’s Advocates in Research (PAIR) program, how members of the Parkinson’s community can become trained PDF Research Advocates and how health care professionals can work with them to influence Parkinson’s research and speed the development of new treatments.

About PDF
PDF Annual Report 2011
Our most recent annual report includes highlights from PDF-funded researchers and PDF’s education and advocacy efforts. This report also acknowledges our generous supporters for their dedication to PDF’s mission. 40 pages.

Fulfilling the Hope: Our Commitment to the Parkinson’s Community
This tri-fold brochure provides an overview of PDF’s mission and is ideal for those who are just learning about PDF, who would like to provide information to patients or support groups, or who are fundraising for PDF and would like information for supporters.

Online Seminars
PD ExpertBriefings
PD ExpertBriefings are online seminars featuring advice from leaders in Parkinson’s care and research. For individuals and support groups who may not have the technology to watch online, PDF has available a limited quantity of DVDs of this series. To view upcoming or past seminars, visit www.pdf.org/parkinsononline.
WE APPRECIATE YOUR FEEDBACK!

If you have comments or suggestions on the material in this booklet or on how we can better serve you, please use this form to send us your feedback.

You are not required to include your contact information unless you would like PDF to respond to your comments.

Name: ________________________________________________________________
Telephone: ____________________________________________________________
Email: _________________________________________________________________

☐ Yes, I would like PDF to contact me regarding my comments.

The best way to reach me is by ☐ phone ☐ email.

Comments on the material included in this booklet:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Suggestions for additions or changes to this booklet:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Please fax this form to:
(212) 923-4778

Or mail to:
Parkinson’s Disease Foundation (PDF)
RE: Diagnosis Parkinson’s Disease booklet
1359 Broadway, Suite 1509
New York, NY 10018
The Parkinson’s Disease Foundation® (PDF®) is a leading national presence in Parkinson’s disease research, education and public advocacy. We are working for the nearly one million people in the US who live with Parkinson’s by funding promising scientific research while supporting people living with Parkinson’s through educational programs and services.

Since its founding in 1957, PDF has dedicated over $90 million to fund the work of leading scientists throughout the world and over $37 million to support national education and advocacy programs.

(800) 457-6676 | www.pdf.org | info@pdf.org