

MEDICAL BRIEFS

Grief teleconference

Hospice of Washtenaw and Muehlig Funeral Chapel invite you to attend "Living with Grief: Children, Adolescents and Loss," a national bereavement teleconference 1:30-4:30 p.m., April 20 at the Washtenaw Intermediate School District Teaching and Learning Center, 1819 S. Wagner Road, Ann Arbor, (734) 994-8100.

The live via-satellite teleconference is sponsored by the Hospice Foundation of America and moderated by Cokie Roberts of ABC News. Issues covered include death, serious illness, divorce and other traumatic incidents. Lay persons and professionals invited. No fee. Registration begins promptly at 1 p.m. For information, call Hospice of Washtenaw at (734) 327-3400.

Project Healthy Living

There's still time to take advantage of Project Healthy Living. Botsford Health Care Continuum is sponsoring two bi-weekly, Tuesday, May 3 and Wednesday, May 4 at the Livonia Mall on 7 Mile Road and Middlebelt.

Many of the screenings are free, including blood pressure and vision. The following optional laboratory-evaluated tests are available for a discounted fee:

- Blood Panel test of 23 profiles (fasting recommended four hours prior to testing; however, continue medications) - \$25
- Prostate Specific Antigen (PSA) blood test for men - \$25
- Cancer Antigen CA-125 blood test for women - \$25
- Colorectal Cancer Screening Kits - \$8
- H.Pylori Blood Test - \$15

Diabetes management

"Michigan has the fifth highest diabetes rate in the country, affecting 600,000 people," says Patricia Soares, Wayne County Public Health Director.

To reduce deaths and serious complications of diabetes, the Wayne County Health Department and the University of Michigan is offering a new diabetes self-management education program for individuals 18 and over. Several free diabetes control tests are being conducted at the Sumpter Health Center, 19130 Sumpter Road, Belleville.

Tests include blood and cholesterol, blood pressure, foot exams, urine analysis, retinal screening, and kidney function. A certified diabetes educator will provide individual or group diabetic educational counseling.

"This project gives clients a rare opportunity to ask questions and receive answers about their disease, in addition to receiving test results from a caring health professional," says Mary Lou Gillard, U-M registered nurse and certified diabetes educator.

Warning signs of diabetes include frequent urination, unusual thirst, extreme hunger, weight loss, extreme fatigue, irritability. For more information or to make an appointment, call (877) 382-8507.

We want your health news

There are several ways you can reach the Observer Health & Fitness section. The Sunday section provides numerous ways for you to offer newsworthy information including Medical Desk (answering reader letters), Medical Newsletters (appointments, how to help in the medical field), and Medical Briefs (medical advances, short news items from health-related organizations).

We also welcome direct letters, ideas for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

CALL US
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The inner earthquake

Devastating Parkinson's tremors are yielding to medication and surgery

By M.B. DILLON
SPECIAL WRITER

It was 1987 when Warren Oberlee, now 43, first noticed something was terribly wrong. "I was pouring milk on the kids' cereal, and I couldn't hit the bowl," he said. "I looked at my hand and thought what's going on?"

Oberlee had carpal tunnel surgery on both hands to control the shaking. "They told me that's what it was. That really screwed things up. I had tremors big time after that."

He was eventually diagnosed with Parkinson's disease, which is characterized by tremors, rigidity, loss of balance, slowed movements, speech impairment and other motor problems.

Employed with the Oakland County Register of Deeds, Oberlee did microfilm and photographic work. "We had a 4-year-old and a 2-year-old, and I had to quit my job," he said.

"My wife and I were both pretty devastated. My kids (Amanda and Katelyn) learned how to adapt because Dad couldn't do what he used to do. If my wife wasn't here, they helped me get dressed. It was really tough for me. I was still a young man, and I had little kids holding my sandwich so I could take a bite."

Things deteriorated and by 1991 the White Lake resident couldn't walk across his living room. He spent the next seven years in a wheelchair. "I couldn't do anything. I tried extremely high doses of Sinemet (a drug effective for many Parkinson patients) to no avail. I went to the Mayo Clinic twice. They couldn't help me."

Treatment

In 1998, Oberlee underwent an operation at Henry Ford Hospital in Detroit. Called tremor control therapy, the procedure uses mild electrical pulses to stimulate the brain to block signals that cause tremor. An insulated wire lead is implanted in the thalamus, the walnut-sized structure deep inside the brain that controls body motion.

The lead is connected to a pulse generator, similar to a pacemaker, placed under the skin near the collarbone. The pacemaker controls the stimulation with a hand-held magnet. If errant messages are interrupted by electrical stimulation, the tremor may be suppressed.

"I experienced dramatic results," said Oberlee, who leads "Movers and Shakers," the Waterford-West Bloomfield Parkinson Support Group. "From the first day after surgery, I was able to hold a glass and drink water and feed myself. I could comb my hair again and write a sentence - not real clear, but better than I'd done in a long time. Dr. Frederick Jann gave me my life back."

Dr. Jann, a staff neurosurgeon at Henry Ford, was recently granted FDA approval to conduct a study on Parkinson patients involving a variation of tremor control therapy. The stimulator is implanted deeper into the brain, into the subthalamus.

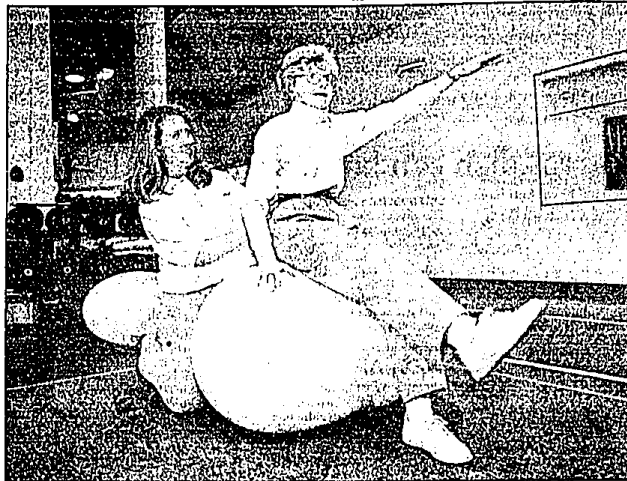
Early results are encouraging. The four patients operated on so far have experienced a lessening not only of tremor but rigidity and slowness, said Dr. Jann. "Sometimes, even walking is improved."

Tremor control therapy partially or completely suppresses tremors in 80 percent of patients. It is recommended in cases where drug therapy is ineffective. However, the surgery is not without risk, said Dr. Jann, who does the operation about once a week.

"Actual risk is not that well known. But something like one in 100 patients will have bleeding in the brain, or they could have a major stroke with paralysis on one side of the body, or they could die from surgery.

"Side effects usually are caused by the stimulation itself. There can be transient tingling. If the stimulation is very strong, sometimes there is pulling or tightness on one side of the body. Sometimes talking is slurred, or the patient gets confused. To alleviate the effects, the patient can simply turn the stimulator off."

For the newly-diagnosed, drugs can be effective, although they're not without side effects. According to educational material provided by the Michigan Parkinson Foundation, controlled-release Sinemet is most often prescribed to ease the



STAFF PHOTOS BY BILL DRISCOLL

Bouncing along: Exercise therapist Monica Pagels helps Millie Progren work on balance, coordination and flexibility.

symptoms of Parkinson's. Anticholinergic drugs, used until the late 1960s, still may be helpful in the early stages of the disease.

Amantadine, first used to treat viral infections, can help thwack symptoms, as can Selegiline when used in combination with Levodopa, the most frequently used medicine for Parkinson's. Levodopa penetrates the brain, where it is turned into dopamine. Drugs called "dopamine agonists" give relief by copying the action of dopamine in the brain.

■ If drugs don't work or if they cause too many severe side effects, patients can look to other surgical options.

If drugs don't work or if they cause too many severe side effects, patients can look to other surgical options. With a thalamotomy or a pallidotomy, a lesion is made in the brain tissue to reduce tremors. But due to the risk of disabling and permanent side effects, these surgeries are done less often than the stimulator implantation.

An experimental, controversial surgical procedure is the fetal neural implant, in which fetal tissue is transplanted into the brain to replace degenerated nerves. It is rarely performed, however.

"There is still too much difficulty with ethical issues," said Dr. Jann.

Exercise therapy

Many Parkinson patients keep active with the help of an exercise plan, said Monica Pagels, exercise physiologist with Botsford General Hospital's Center for Health Improvement in Novi. The center offers a 12-week exercise program designed for early to mid-stage Parkinson patients that focuses on improving cardiovascular conditioning, flexibility and balance.

Why the emphasis on exercise? Often, the person with Parkinson's adapts to the loss of coordination and balance by becoming more sedentary. Unfortunately, that leads to an even greater restriction of physical activity.

Parkinson patients in Botsford's Total Rehabilitation and Athletic Conditioning Center program exercise three days a week for an hour. "Right now, we have three people at all different stages of the disease," said Pagels.

Patients use the bike, tread-mill, weights, and big Swiss balls for specific balance training. One day is devoted to water exercise. The results are exciting, said Pagels.

"Exercise helps the disease progress more slowly, so patients can avoid a lot of the setbacks that happen. It doesn't eliminate the tremors, but it does decrease the amount of muscle spasms that they have and other symptoms, such as feet 'sticking' to the floor.

"We find that the balance exercises really do prevent falls, and help keep patients from losing L4 independence. The water exercise is an amazing form of exercise, good for improving core strength in the trunk or mid-section of the body."

Botsford's next session is June 5-Aug. 24. The cost - not covered by insurance policies - is \$225. To register, call (248) 473-6500.

Please see PARKINSON, D6



Weight therapy: Parkinson's patient Del Wright does a workout with hand weights. Sitting on the ball helps him develop better balance.

WHAT IS PARKINSON'S DISEASE?

Parkinson's disease, a chronic, progressive neurological disorder, was originally identified by Dr. James Parkinson in 1817. For unknown reasons, brain cells in the Parkinson patients are injured or destroyed, impairing their ability to produce dopamine. Dopamine is the chemical messenger that carries specific instructions to the thalamus, the part of the brain controlling movement and balance.

One million people in the United States and 50,000 Michigan residents are afflicted. Parkinson's disease can attack at any age. There's a higher incidence of the disease in men than in women.

On average, the disease affects an individual approximately two to five years before it's diagnosed. Patients often attribute their thinking to stress

and live with it assuming it will go away.

Ruth Ann Butler of Westland, a registered nurse and coordinator of the Western Wayne Parkinson Support Group, has been caring for her 75-year-old husband since he was diagnosed with Parkinson's at age 38. "If you think you have Parkinson's disease and you see a general practitioner, go to a neurologist for a consultation to receive a positive answer," she said.

It's not known exactly what role heredity, age, gender, geography and environment play in the incidence of Parkinson's.

"There is not one specific gene, but many genes that can put you at risk," said Dr. Frederick Jann, a neurosurgeon at Henry Ford Hospital. "There is a hereditary tendency, but I don't

think you would get it per se if a parent or grandparent had it. Most doctors believe Parkinson's disease is caused by a combination of genetic and environmental factors. We do see a greater incidence of the disease in rural areas."

Dr. Jann is optimistic that the cause of Parkinson's will be discovered within our lifetimes, but not necessarily a cure. "I think we will develop better coping strategies and maximize what we have. I don't think drugs will be the solution. We need to get to the bottom of why (dopamine-producing) cells are dying."

For more information, contact the Michigan Parkinson Foundation at (248) 433-1011 or (800) 852-9761. For information about the Western Wayne Parkinson Support Group, call Ruth Ann Butler, (734) 421-4208.