

Latest research

Dr Kieran Breen (pictured), director of research at Parkinson's UK, says its research strategy, which was published last year, was created following discussions with experts around the world to identify what key areas they should fund to move closer to a cure. He explains the strategy.

'There are three main aspects to our research. Firstly, looking at why nerve cells die. We know that they do and we know the consequence but we still need to find out much more about why and what causes the disease.

Secondly, once we get that information, we can then recreate

those changes that occur in the brain in models of the condition to screen potential drugs that will halt that.

'The third aspect will look at identifying people more at risk of getting the condition. By the time somebody has Parkinson's, about 70 per cent of the nerve cells in a specific region associated with the condition are dead. We need to act as early as possible when a person is at the pre-motor stage of Parkinson's. 'What people with Parkinson's



often find is that before they get the motor symptoms related to

movement, they all felt something was wrong with their bodies two to four years before they were diagnosed.

'By building up an idea of whether someone is possibly displaying early signs of Parkinson's, that is when you can actually give them the drug that will slow down the whole progression of the condition and is ultimately what we would do with a cure.'

Body Matters

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When our brains work against us

I have to laugh about it; if I don't laugh, I would cry,' says John Crossley-Stanbury, who was diagnosed with Parkinson's disease five years ago aged 22. He is determined to help others who suffer from this debilitating illness by explaining what it is like to live with it and by supporting the work of Parkinson's UK, which is dedicated to finding a cure.

Approximately 120,000 Britons have Parkinson's, a degenerative neurological condition that cuts the body's supply of dopamine, a chemical messenger that helps the nerve cells controlling movement to communicate. Without enough dopamine, people can find their movements become slower, which can make everyday activities such as eating, walking, speaking and getting dressed difficult.

Parkinson's is a very individual condition. Not everyone will develop symptoms at the same rate, while symptoms themselves vary greatly and can sometimes take years to progress to a point where they cause problems.

Crossley-Stanbury says Parkinson's has had a dramatic impact on his life. 'I need assistance from a wheelchair for long distances and my partner and I have to constantly invent new or better ways to do things,' he says.

The three main symptoms of Parkinson's are tremors, muscle stiffness and slowness of movement. In addition, people with the disease encounter other distressing symptoms such as depression, anxiety, sleep problems, hallucinations, dementia and compulsive gambling.

'Parkinson's is a condition that varies hugely from person to person but the reasons behind this are not clear,' says Dr Doug MacMahon, consultant physician and director of the Parkinson's Academy. 'As well as the more usual symptoms such as tremors and non-motor symptoms, sufferers also get tiredness, constipation and depression.'

Most people who get Parkinson's are aged 50 or over, and it is often considered an older person's condition, yet one in 20 of the 10,000 people diagnosed each year is

Parkinson's disease: Living with this complex disease can be a frustrating and isolating experience. **JULIE PENFOLD** finds support is at hand

under 40. Only a small number of people, around five per cent, risk inheriting it.

Progression of the condition usually begins slowly, with symptoms developing in no particular order. Early signs of Parkinson's often include feeling tired and weak. Other signs can include poor hand coordination, problems with or changes to handwriting and a sensation of shaking in the arm.

'Some of the more common indicators of the early symptoms of Parkinson's are vivid dreams and a loss of sense of smell. If you or your GP suspects you may have the condition, you should consult a Parkinson's specialist as soon as possible,' adds Dr MacMahon.

Parkinson's UK researchers are investigating what causes the mental symptoms such as depression and are working on treatments.

Dr Kieran Breen, director of research at Parkinson's UK, says: 'These symptoms can have a massive impact on people's relationships and their quality of life but we don't currently understand what causes them or how best to treat them.'

That's why Parkinson's UK is spending around £5million on research focusing on the non-motor symptoms of the condition. This includes a five-year study led by Newcastle University investigating memory and thinking problems.

Researchers hope the study will help identify the early signs of dementia earlier on, enabling better treatment.

There is much misunderstanding surrounding Parkinson's. A recent survey by Parkinson's UK revealed that only 28 per cent of people are aware that dementia can be associated with the disease. In fact, dementia affects one in three with the condition.

Scientific research has transformed the treatment, services and care for people living with Parkinson's around the world. There is a range of medications, surgical

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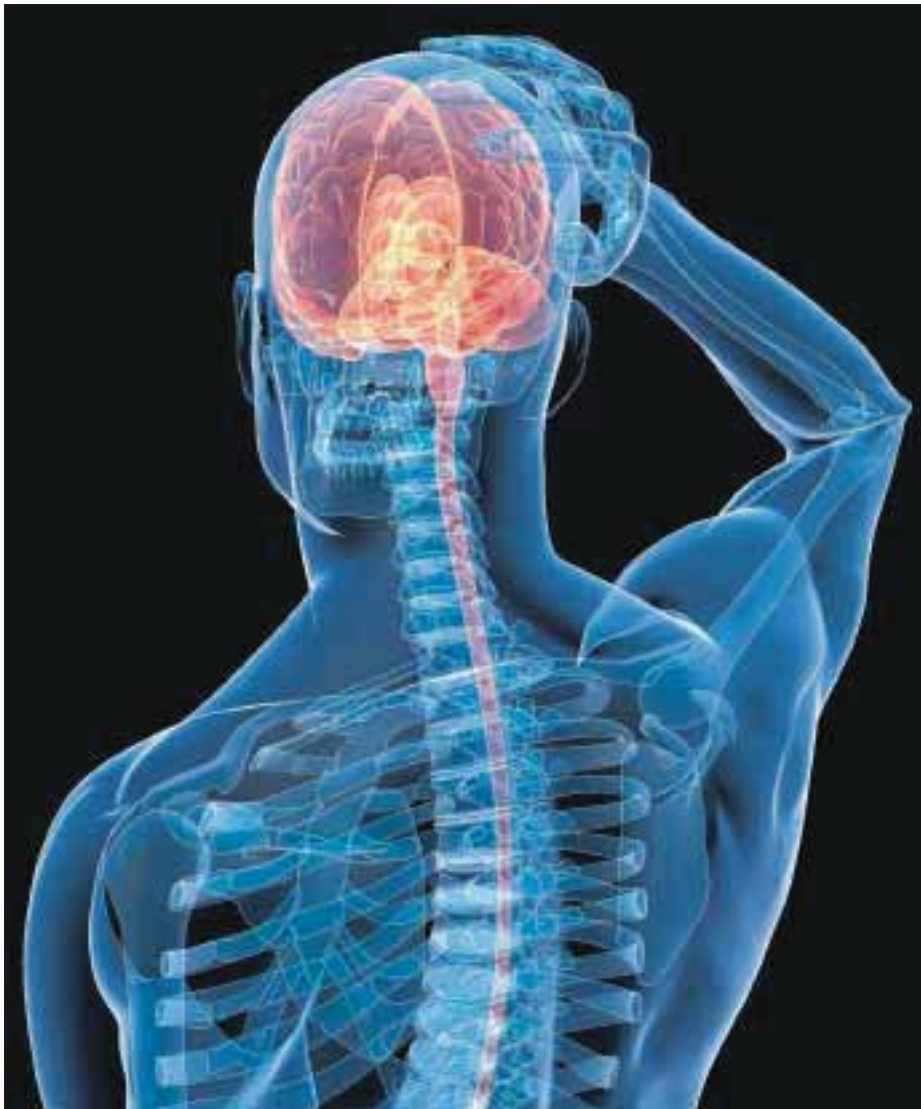
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James Parkinson wrote An Essay On The Shaking Palsy in 1817, which established it as a medical condition. Parkinson's Awareness Week coincides with his birthday, April 11



Picture: Getty

treatments and therapies that mean the complex and fluctuating symptoms can be managed more effectively. Parkinson's UK is funding 90 research projects worth £15million to help find a cure by tackling the fundamental challenges of the disease.

Current treatments for Parkinson's can help to ease the symptoms but no existing treatment can repair the damage in the brain or slow the progress of the condition. There are a range of treatments to control the symptoms and maintain quality of life. Drugs work by restoring the level of dopamine in the brain or mimicking its actions, though these can have side effects, including involuntary movements and impulsive and compulsive behaviour.

Physical therapies such as physiotherapy, speech, language and occupational therapy all have an important role to play. Steve Ford, chief executive of Parkinson's UK, says: 'Being diagnosed with Parkinson's can be frightening but with the right support from patient groups no one has to face it alone.'

During Parkinson's Awareness Week, which starts today, Parkinson's UK is asking people to join it to find a cure and improve life for everyone affected by the condition. www.parkinsons.org.uk/joinus Tel: 0808 800 0303.

› Diagnosed at 22

John Crossley-Stanbury, 27, from Barnsley, was first diagnosed with Parkinson's at the age of 22. He recounts the way the past five years have changed his life.

'When I was first diagnosed with Parkinson's, it took a year for it to fully sink in. I thought to myself: "I'm this age, what's going to happen to me when I'm older?" Being so young made me feel really isolated at first.

'Still, you can't stop doing what you want to just because you're slower; it just takes longer to do things. As my Parkinson's evolves, so does the way my partner and I cope with it.

'I do get down at times but if I wake up in a poor mood I go and

I realised I was in a position to help others

put on some upbeat music and that cheers me up. It's also really important to keep a sense of humour.



'Parkinson's UK has helped me to understand the condition, giving me and my family the information we needed to make sense of it all.

'It sounds weird but being diagnosed with Parkinson's made me feel like I'd found my calling in life. I realised I was in a position to help others and raise awareness about the disease. This has made something positive come from having Parkinson's and in turn has helped me to cope.'

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'For a great cardio workout that also tones problem areas, aim to complete as many rounds of 15 as you can in 30 minutes. Rest if you need to and stay hydrated.'

• Prisoner squats: hands behind head, feet hip width apart, push the hips backwards and bend the knees until your hips are just below your knees (or as low as you can manage). Drive up through

your heels to return to the top.

• Press ups: arms placed a little wider than shoulder width apart on a desk, place your feet behind you, until your body is at a 45 degree angle to the desk and the floor. Lower yourself to the desk then push up through your palms.

• Sumo squats: like normal squats but with a wider stance and toes pointing out at 45 degrees.

• Alternating lunges: take a big step forward, drop the back knee towards the floor while bending the front leg, then push back from your front heel. Alternate legs.

• Glute bridges: lying on your back, legs bent, feet flat on the floor, push through your heels to lift your hips in line with your knees and shoulders. Squeeze your bum at the top for 3 seconds and repeat.



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