



**The Victory Summit® Virtual Event: How to Live Well with Parkinson's
“Nutrition and Parkinson's”**
Recorded on April 2, 2021
Davis Phinney Foundation

Kat Hill (Davis Phinney Ambassador, YOPD Council Leader, YOPD Women's Council Leader):

So next up is Nutrition and Parkinson's, and I am so delighted to bring a couple of Ambassadors to our panel here. I'd like to introduce Marty Acevedo and Edie Anderson from, they're both Davis Phinney Foundation Ambassadors and wonderful people I might add.

Marty was diagnosed with essential tremor in 2004 and with Parkinson's, in 2010, that might feel like a familiar story. Marty is a registered dietitian and had a long career working in healthcare, she believes that food is medicine, and one of the most powerful tools we have to help us live well with Parkinson's today and for many years to come. Today Marty is going to be interviewed by Edie Anderson, Edie was diagnosed with Parkinson's in 2013 at the age of 60. She developed Parkinson's after undergoing several surgeries and chemotherapy in her battle with breast cancer.

Edie is passionate about helping others with Parkinson's and helping them to discover the benefits of exercise and nutrition and living well today.

So, Edie is going to moderate the session. I'm going to turn myself off, Edie and I'm gonna let you take it from here.

Edie Anderson (Davis Phinney Foundation Ambassador):

Thank you for that introduction and Marty and I are truly honored to be here with all of you today and we're looking forward to having a wonderful discussion about the importance of making good choices with regards to our living well with Parkinson's.

So, Marty, let's start right in with the big question. And this has to do with motor symptom control. Can dietary choices affect motor symptom control and Parkinson's? If so, what do we need to know?

Marty Acevedo, MS, RDN (Davis Phinney Foundation Ambassador, Registered Dietician):

Short answer to that question is yes, what you eat can definitely impact your health and your symptoms. We know that antioxidants and phytochemicals impact oxidation, chronic inflammation, protein aggregation and mitochondrial dysfunction and all of those are factors in the development and progression of PD, so it could be very helpful to

include foods that are really good sources of antioxidants and phytochemicals like berries and fresh fruits and vegetables and grapes.

My favorite, dark chocolate and foods that are high and have higher levels of omega three fatty acids, like olive oil, salmon, tuna, halibut, and nuts, like walnuts and almonds.

Adding seasonings like turmeric can also increase the antioxidants in your diet. Our B vitamins are really important for brain health, but it's really important to remember that moderation is key like just with exercise, you need moderation with the foods that you eat because everything kind of works synergistically and together. Too much of one nutrient might impact the ability for another nutrient to do its job. And I really believe that we should get most of our nutrients through foods, food sources, not supplements.

Eddie Anderson:

Well, let me have you reiterate that. Hypothetically speaking, I'm too busy to stop and eat my meals like I should, is it okay just to take the vitamins and supplements and cover all my bases?

Marty Acevedo:

Now just like Parkinson's, nutrition has a lot of empty holes in it, we don't know everything about nutrition. So, there are probably nutrients that we are not aware of that that play a factor in how our bodies work and how our cells work so it's really best to actually stop, take a moment and eat a meal, rather than take a vitamin or mineral single source like a one type of vitamin like B thiamine or niacin or that type of thing.

If you're going to take a vitamin it should be just a regular multivitamin appropriate for your age.

Eddie Anderson:

I see. And so, taking a whole lot of them without any direction from a health care professional might be throwing your money away?

Marty Acevedo:

It very well could be and who wants to take more pills.

Eddie Anderson:

That's right, I think we take enough. All right, great. Let's move on to non-motor symptoms and how our dietary choices affect these, we're not going to obviously talk about the whole list but we're going to hit on a few points, talking about sleepiness and fatigue, something called nOH, constipation, and then weight issues. And we'll do these one at a time. Let's start with the nOH, can you tell us what that is?

Marty Acevedo:

So nOH is Neurogenic Orthostatic Hypertension, or it's a drop in blood pressure when you stand up from sitting or lying down. It can cause lightheadedness and dizziness and it's a result of Parkinson's effect on our autonomic nervous system.

We can help that with the foods that we eat and the antic that we have, and making sure you have adequate fluid intake, it can actually help to raise your blood pressure, just a few points so that that's not so much of an issue anymore. Caffeine can also have a have a positive intake.

Eating small frequent meals and avoiding one large meal at a particular time can also help with nOH.

Edie Anderson:

I see, so I know when I'm at the gym if I get up from the floor, working at the mats to standing position, I can get a little "wooeey" so it's important as you said to drink fluids and also if you know if you have that problem it's good to be next to a wall or a piece of equipment or something you can hold on to, so that you can prevent falling.

All right, a subject that for many it is an uncomfortable subject to talk about but since 80 to 90% of us suffer with this problem. Marty, can you talk to us about constipation?

Marty Acevedo:

So not only is constipation a difficult topic to talk about, it is also an uncomfortable topic to deal with. For those of you who have constipation.

And it can actually absorb the effective absorption of our medication. So that can really impact our Parkinson's symptoms if it's not well controlled. On average a person in the United States takes down about five grams of fiber per day.

We need 25 to 30 grams of fiber per day. But don't increase that fiber all at once, or you'll pay the consequences. Slowly very slowly increase the fiber in your diet by eating more fresh fruits and vegetables, and whole grains and like breads and cereals, make sure you're drinking water 6, 8-ounce glasses a day. That's 64 ounces a day and remember that alcohol and caffeine can be dehydrating.

So, if that's not working well for you. Consider a supplemental fiber solution but check with your doctor first because taking too much or too little fiber can cause more problems and actually lead to obstruction. Make sure that the fiber and the supplement consists of lignin, cellulose, pectin, gum or cilium. And exercise. Exercise is really important to deal with constipation, go for a walk after every meal.

There are some of us with Parkinson's who have to deal with like irritable bowel syndrome, diarrhea or IBS mixed, and fiber and fluid intake can help with those symptoms as well.

Eddie Anderson:

So, you already mentioned this, but I'd like to kind of go over it again. I maybe I don't like fruits and veggies, is it okay just to take the powdered fiber supplement, will that do the trick?

Marty Acevedo:

It can very well help. It's always best to get your nutrients and fiber and things such as that from food. But if you're not going to eat the fruits and vegetables then fiber supplements can be a benefit. Just be careful and how much you take.

Eddie Anderson:

And the key to that is drinking plenty of water.

Marty Acevedo:

Yes, drinking plenty of water, 64 ounces a day.

Eddie Anderson:

And I appreciate you, weaving in the importance of exercise along with all of the nutritional suggestions because really, we do, if we want to get everything moving we have to exercise, don't we?

Marty Acevedo:

Yes, nutrition and exercise go hand in hand. You can't talk about nutrition without also talking about exercise.

Eddie Anderson:

That's right. OK, tired. Sometimes we are just so tired, to the point of exhaustion or suffering from fatigue. Are there any foods that you can recommend or suggest that maybe boost our energy?

Marty Acevedo:

Well, you need to take down enough calories and protein in a wide variety of foods to meet your fuel needs so that you don't feel tired. Dehydration again can cause fatigue so that water intake is really, really important.

Again 64 ounces a day. Drink a full glass of water every time you take your medication. Set your timer on your phone to make sure that you're drinking water, caffeine can actually help with the symptoms of fatigue and feeling sleepy during the day but try to limit the caffeine, if it's going to impact your sleep at night.

Mostly though, it's really important to make sure you're getting enough calories and protein to meet your nutritional needs, and then exercise. Although, it might feel

counterintuitive, if you're tired, and you get out and exercise, you'll be rejuvenated and get some endorphins going to feel less tired.

Eddie Anderson:

Yeah. I'm seeing a pattern develop here, we're talking about good nutrition, fluids and exercise.

Marty Acevedo:

Exactly.

Eddie Anderson:

We got this little triangle thing going on that's great. How about issues with weight? Some people have trouble gaining weight. Some people have trouble losing weight. One thing I've heard, and I'd like you to kind of help us with this.

Those who undergo the DBS, or deep brain stimulation surgery, often say that they gain weight afterwards, why is that?

Marty Acevedo:

Well, I had deep brain stimulation in 2016 and I can attest to the 20-pound weight gain after DBS, and I'm a dietician, I certainly knew how to eat, and I was exercising regularly but still gained that weight. And my theory is that because my dyskinesia went away, my internal and external tremors went away, that I was using a lot less energy so, the weight gain just came on, I'd rather actually have a DBS and the weight gain. But there are other things that could cause weight in people with Parkinson's as well like some medications, dopamine agonists can lead to compulsive behaviors or overeating and binge eating, and some antidepressants can lead to weight gain. So, talk to your movement disorder specialist if you're on an agonist and you're exhibiting for compulsive behavior, if you believe your meds are contributing to your weight gain.

Eddie Anderson:

Thank you for including that in the answer because a lot of us, obviously we take medications and some of us do have to deal with weight gain as a result of that, so thank you for shedding light on that.

Let's talk about the aging process. How does age, progression of Parkinson's, and the nutritional history affect the efficacy of certain dietary choices?

Marty Acevedo:

Well aging bodies appear to lose muscle mass as a condition called sarcopenia, and a doctor once described Parkinson's to me as accelerated aging.

So that would make sense that people with Parkinson's lose muscle mass. You build muscle mass with exercise and making sure that your diet is nutritionally adequate. Progression of Parkinson's is different as we know for each one of us.

But, but these symptoms, tremor, bradykinesia, rigidity can cause problems with the actual process of eating and drinking if you can't get the fork to your mouth, you're not gonna be able to eat as well.

Weakness, rigidity, and bradykinesia can also affect our vocal cords, our swallowing function. And if you're not able to swallow you're not going to eat enough and you may be unable to protect your airways which can lead to problems like aspiration pneumonia, weight loss and malnutrition.

Our autonomic nervous system is impacted by aging as well as by progression of our PD, so our GI tract, our gut is impacted, we have worsening constipation, effects bowels the absorption of nutrients and we can develop gastroparesis. Bladder issues can occur as well, and we drink less water so for fewer trips to the restroom.

So, the things we can do for that, you know, pelvic floor PT can help with the bladder issues, but it's critically important to get enough calories, protein, and micronutrients through a balanced diet and enough water. And if I could just go back to weight loss as being a problem for some people with Parkinson's I think that is related to the increased energy expenditure from tremors, dyskinesia, and the loss of smell and loss of taste. If you can't taste your food, that's going to take all the enjoyment out of eating a meal for you and you may least less. So, it's really important to consider food as medicine as Kat said and you have to exercise, and eat, and you need to get the nutrients and it's really important to make sure that your diet is balanced. And that you're getting enough calories. And smaller frequent meals and supplements like Boost or Ensure can also be helpful.

Edie Anderson:

Okay, great. I do have a diminished sense of smell, but unfortunately it hasn't affected my ability to eat. I still do plenty of that.

Something that we hear a lot about is the importance of timing, our meals, and when we take our medications. Can you talk to us about that?

Marty Acevedo:

For some of us, certainly not all of us, the absorption of carbidopa/levodopa is impacted by the protein in our diet, the protein can compete with levodopa for absorption in the GI tract, and also with crossing the blood brain barrier to get into the brain to do its work and as we need it to do.

So, if you note your symptoms, and you're in your off time and how that's related to your meals, you may notice that your meds don't work as well as they probably should if you're eating a high protein meal.

So generally, it's helpful to take your medication, a half hour before or one to two hours after a protein containing meal or snack and if you experience nausea or intolerance with your medication, it is probably helpful to have a carbohydrate containing food with like fruit, or juice, or toast, something like that.

One other thing though is that iron can reduce the effectiveness of carbidopa/levodopa as well. So, if you're taking an iron supplement make sure you're taking your carbidopa/levodopa at least two hours after that that iron is taken.

Eddie Anderson:

So, people might be thinking, that's like a juggling act trying to figure out when should I eat, when do I take my meds, and it can be confusing, but like everything else, if you take the time to plan it out, to be aware of your schedule and like you said, be aware of your ON and OFF periods. Then, you know, if you plan it out, it's not that big of a deal so to speak. It just takes a little work on our part to figure it out. So, thank you for shedding a light on that. I know that.

Now, I'm hearing you say water, water, water, and we've already addressed the issue but because it's such an important subject. Let's revisit it just one more time.

Hydration. It makes us feel better if we're hydrated, but what can you tell us about the importance of drinking water when we take our medications.

Marty Acevedo:

When you drink a full glass of water every time you take your medication, it helps to get the medication to the right part of your digestive tract so that it can be absorbed and then used effectively by your body, so drinking, keeping you know a tumbler of water close by to drink, so that you're always getting a sip of water or something to drink. It's very, very important, and drinking a full glass of water, not just a sip, with your medications can be very, very important.

Eddie Anderson:

So, here's a big question people often ask me. What liquids count towards hydration? Can you count sodas, Gatorade, coffee, tea, everything, does it all count?

Marty Acevedo:

Water is the best; water is the key. But other liquids do count as hydration. But remember that caffeine and alcohol can be dehydrating so those would absolutely not,



and other sources of liquids, can be just empty calories, like sodas, Gatorade, sports drinks, those things, so it's always best to focus on water.

Melani Dizon:

Okay, great. Yeah, and I'm gonna chime in from the back. Somebody made the mention and I just want to make sure that everyone saw, if your chats not open, that carbonated water, soda water is also helpful in helping your medications absorb well, so definitely do that as well, regular water, totally great, but there's a little boost with some carbonated soda water.

Eddie Anderson:

With or without bubbles, they're both good.

Melani Dizon:

Yes.

Eddie Anderson:

Good. Okay. And as was mentioned, some people just find it hard at the end of the day they think, did I drink all my water, or I didn't drink?

Having it visually in front of you, I keep it on my desk I keep it on the kitchen table when I do crafts or work a puzzle, or if I'm watching TV, if you see your Tumblr of water, you're more likely to drink and like you said also if you take extra with your medicine. A good drink of water, not just a sip, then that will ensure getting the full 64 ounces of water that most of us need. So, seeing it is a reminder to drink.

We're going to talk about those special diets. Things like keto, vegan, vegetarian and raw food diets, is this just hype or do they really help people with Parkinson's to feel and function better?

Marty Acevedo:

First let's address what it means to go on a diet. If you go on a diet, you'll probably go off of a diet. So, what's more important is to adopt a healthy lifestyle, one that includes a balance of foods and from all the different food sources, plenty of water and hydration you're going to get tired of me saying that and then exercise.

And what that means is that we focus on antioxidants and phytochemicals, making sure that we're using moderation in all things and a balance of everything. Plant based diets are great and that includes vegan and vegetarian foods, as long as you're getting the protein you need and the right combination that you need so that it works effectively in your body. And remember that there are a lot of junk foods that are vegan. My daughter is vegan, and she can recite to me that all the things that she likes to eat that are vegan, like Oreos and Doritos, things like that.

So even if you're on a plant-based diet, make sure you're making the right choices. There's no bad foods, there's only poor choices and we can all make better ones.

Most clinicians though, suggest Mediterranean type of diet, because it includes everything that we need. As far as fiber, antioxidants, phytochemicals, protein, calories, all the things that we need.

And it also includes healthy seasonings like rosemary, turmeric, cinnamon and then again that favorite of mine the dark chocolate.

All they provide all the things that we need as I've mentioned calcium, vitamin D, I hadn't mentioned before, Olive oil is good. But moderation in all things is key.

We're going to talk a little bit about the keto diet. The keto diet works if you follow it religiously and very specifically with almost no, like 1% to 3% carbohydrate, 90% fat and about 7% to 10% protein.

Can you imagine how difficult that is to follow? It's like you're eating butter all day. That certainly isn't good for your heart health. So, the study that was done on the keto diet was done on five people, in Samoa.

And they found that following this keto diet for 28 days, they improved their symptoms and that improvement lasted for another 28 days.

But who can follow that kind of diet? It's not palatable, and it is just very difficult and you have to be strict in your following of it, and then cognition was also not improved in that type of a diet.

What does improve cognition and neuro plasticity, or the growth of new pathways in the brain, is exercise, accompanied by moderation and nutritional intake.

Eddie Anderson:

Well, in the listening to you explain that I'm thinking we have to change our vocabulary and not talk so much about diets but talk more about a healthy lifestyle.

Marty Acevedo:

Exactly.

Eddie Anderson:

That's pretty much what you've been helping us to understand. And when you spoke about the Mediterranean diet, you did mention olive oil as a good oil. I'm sure there are

other oils that are good but tell us, are there any that aren't good for us that we should avoid?

Marty Acevedo:

Growing up in the south, my grandmother always had a can of bacon grease by the stove or a can of Crisco in the cupboard and those are not particularly good choices. Anything that's solid at room temperature is not the best choice. So, you want to go more with plant-based types of oils and fats, olive oil, obviously, is the best choice but you can also use other types of vegetable type oils.

Eddie Anderson:

Great. And I can't help but, you mentioned butter as a staple for the keto diet, I love butter, but I don't think I could live on it and I think that your suggestion to do something balanced and take the best of all the different eating lifestyles, I think that's great.

Now, something that many people with Parkinson's have difficulty with and that is chewing and swallowing. You mentioned it earlier on, briefly, can you talk a little bit more about what can be done for that problem because it can affect our ability to eat.

Marty Acevedo:

It certainly can. Vocal cords are muscles, they are impacted by Parkinson's, by bradykinesia, slowness of movement, rigidity or stiffness, or weakness and their impacted by our central and our autonomic nervous systems. Dystonia that accompanies our Parkinson's can also impact swallowing. So, it's helpful to start a program that strengthens your vocal cords before you ever notice the problem, like with LSVT loud, one of the gentlemen in one of the previous talks mentioned another voice project. Speak Out Parkinson's Voice Project, singing, Tremble Clefs, playing a musical instrument, but if swallowing does become a problem asked for a speech therapy consult. They can identify the source of the problem and identify ways that you can modify your diet so that you can best be get the nutrients you need while still being safe. They might recommend things like small more frequent meals. No straws, thicker liquids and solids, no mixed foods like no casseroles or stews, softer ground up foods, and eventually as Parkinson's progresses, some of us may require to tubing feedings or enteral feedings that are fed directly into our stomach.

Eddie Anderson:

Well thank you for shedding light on that. We all take medications, and we often have issues with some side effects, things like nausea, heartburn, dry mouth. From a nutritional perspective, is there a way to manage these things?

Marty Acevedo:

Sure, many of our medications cause nausea or gastric upset. So, if you take your medication as I mentioned before with carbohydrate containing foods, and maybe a little



ginger ale or peppermint that can help with the nausea, dry mouth, hydration is always, always helpful.

Loss of appetite and taste, we tend to lose some of our taste buds as Parkinson's progresses, but we can still taste sweet and spicy, so that's why adding seasoning and spices can really help us to increase our intake.

And again, I'll say, treat meals as medicine, I mean that's part of how we survive. If you're not able to eat much, you don't have an appetite, or you just don't care.

It's so important to treat your meals as medicine, and if it gets to be the point of where you have no appetite at all, you can always talk to your movement disorder specialist about an appetite stimulant. Constipation, bloating, and fullness, we've talked a little bit about that.

Carbonated drinks can increase the bubbles in your stomach and contribute to a sense of fullness. Straws and slowing down, no straws and slowing down what you're eating can decrease air that gets into the stomach. Compulsive eating, we talked about dopamine agonists. You have a good remedy for heartburn, I think.

Eddie Anderson:

Yes, I was gonna mention, I appreciate you bringing up some things like turmeric and rosemary, some of the spices and natural things.

I like to use papaya for heartburn instead of reaching for the antacids. So there are lots of things that are a little better for us than taking more medications.

Marty Acevedo:

Right. And then just lastly, some of us take MAOIB inhibitors for our Parkinson's symptoms and the pharmacist often will say that you need to avoid foods that are high in tyramine and that's aged cheeses and aged meats and those should be avoided with certain types of MAOI inhibitors but not necessarily the ones that we take as people with Parkinson's, that's not generally a problem for us.

Eddie Anderson:

Okay, great. So, that's the my list of questions and as I mentioned earlier, I kept seeing this triangle that you were building for us, three really important points, making healthy choices, a good lifestyle nutritionally, water and exercise. I think that for me is the takeaway from your program, you shared a lot of information and we certainly thank you for sharing that with us and giving us these things to think about as far as making good choices so that we can live well with our Parkinson's. And now I'm going to take some questions from the audience.

Melani Dizon:

Yeah, I'm going to ask some that have come in. So, somebody asked about, Marty made a quick reference to a solution to bladder issues?

Marty Acevedo:

Right, pelvic floor physical therapy can help with that. It can really help if you have issues with urgency or frequency. I've done that myself and it's really made a real difference in my life.

Melani Dizon:

Great. Will cooking food in a cast iron skillet affect your iron levels?

Marty Acevedo:

Yes, it can. You can absorb some of the iron from my cast iron skillet, but you don't really know how much, so if you actually do need an iron supplement you should actually take the iron supplement rather than relying on your cast iron skillet.

Melani Dizon:

Okay, great. You didn't talk much about sugar, except you know the junk food vegan and that kind of thing. So, do you want to share a little bit about, you know it's not good for anybody, but maybe particularly people with Parkinson's?

Marty Acevedo:

Well, we tend to have, as with people with Parkinson's, myself included, as I mentioned the taste buds continue to be active and when we have a diminished sense of taste and smell. One of them is for sweet, so we have an increased craving for sweets.

There's no need to really limit the carbohydrates in your diet but it is helpful to be moderate and your intake of processed foods and sweets, you know it's not good for anyone, it can contribute to weight gain.

But the occasional cookie or piece of cupcake or something like that is okay. It's all about balance and moderation and good choices.

Melani Dizon:

Great. A couple of people asked about gluten, you know and maybe along those lines, if you could talk a little bit about inflammation. So, one of the things that with Parkinson's is that people have Parkinson's, but they often have other things going on, right, they're just living their life, they might have an autoimmune, so something like, you know, white flour, things that cause inflammation, can actually exacerbate that. Can you talk a little bit about it?

Marty Acevedo:

Well gluten is a problem for people who are allergic to wheat or have a real big reaction to wheat, like the celiac disease and so elimination of gluten in the diet is absolutely

necessary for those people because they cannot survive with gluten in their diet. Some of us may be sensitive to certain types of things found in food like fructose, and other Management of these symptoms doesn't include a gluten free diet, but there's no real problem if you want to try a gluten free diet, it's just probably not going to help you as much as you as you might think. There's not been much research with Parkinson's and gluten free diets, the only study that was done was on one person who had a positive result when he followed a gluten free diet.

Again, it's really important to have a balanced diet using everything in moderation and focusing on antioxidants and phytochemicals because they can reduce that information that you mentioned that people are concerned about.

Melani Dizon:

Great, thanks. Roger asked what are some resources to help me adopt a healthy lifestyle like the Mediterranean diet, recipe, menus, recommended foods? Honestly the best, is to go get a Mediterranean diet cookbook and cook your way through it.

Marty Acevedo:

There's also information on the Every Victory Counts manual put out from the Davis Phinney Foundation. Or if you just google Mediterranean diet, but basically, it's fresh fruits and vegetables, it's what you learned when you were, in my case when I was in third or fourth grade, the food groups, fruits and veggies, fresh fruits and vegetables, whole grains, less red meat, a variety of foods, more of the plant oils like olive oils and antioxidants.

Melani Dizon:

Great. How about dairy?

Marty Acevedo:

Dairy can be a problem and there's some research that suggests that low fat milk can contribute to the onset of Parkinson's, but there's no association for anything that has to do with progression. It's thought that the dairy, could have been contaminated paraquat and those types of things. But there's an association perhaps with Parkinson's and low-fat milk, but not anything that clearly links intake of milk with Parkinson's and definitely not with progression.

Melani Dizon:

Great. Yeah, and I think you know for the dairy piece, people respond so differently to dairy, and this is just one of those things that you can test for yourself and you know, if you think you might be having a problem you can go off of it for a couple of weeks and see what happens.

Marty Acevedo:

Yeah, I'm lactose intolerant so I take either a lactase tablet when I have something with dairy or avoid milk and ice cream and those types of things.

Melani Dizon:

So, we have a few more minutes if people want to put some questions in the chat but also, Edie, I would love for you to share, you're very into this topic as well, as well as exercise, can you share a little bit about what you do? I mean you have so much energy and you're doing so much throughout the day. I know that you garden, and you work out and you walk your dog, and all of those kinds of things, what do you do?

Edie Anderson:

I think you just said it. First of all, this current situation we find ourselves in has impacted all of us as far as having dropped back from what we're used to doing, I used to go to the gym five days a week, and work out a whole lot more than I do now in a different mode. I think someone earlier mentioned being a gym rat they used to call me a workout junkie.

Because being at the gym and working out and sweating, I found was, what drove me and kept me moving.

But unfortunately, now I'm not going there on the advice of my neurologist and it's of course common sense, you want to be careful about exposure to things right now so as you were saying, I garden and I'm talking about digging dirt, the holes, getting my hands in soil, moving bushes, trees even. And so, you know I make the effort to exert myself. When I first got Parkinson's, I've always been somebody who likes to keep moving and exercise, but my neurologist originally said, be kind to yourself. Go easy.

And so, I did I exercised a little and I stretched a little and I did, you know, and I thought, well I'm doing really good here. And then I went to a conference and a physical therapist spoke and she said something that stuck with me from that day on. She said, if you don't sweat, it really doesn't count and I thought, whoa, I'm not sweating.

Now I sweat because I'm nervous when it comes to things like working with this technology and the zooming thing. But, you know, so I really put more effort into it. And so, I just really do. I even got a puppy. Everybody thought I was crazy to go out at this stage of my life to get a brand-new puppy, but I know that this puppy isn't going to walk herself and when she has the call of nature you know I can't say to her sorry don't feel like it. I get up, she has me walking a minimum of one mile a day, and for 68-year-old lady who's got Parkinson's, I think I'm doing okay with that.

That's my victory.

So, and I'll admit my diet could use some improvement. We've coined some new words you know there's pandemic fatigue, and I have pandemic pounds.



You know, we all have hit had a tendency to dive into the junk food cabinet a little bit too much because we're here and it's convenient but thanks to Marty, she has reminded me of the importance of getting back on track with a healthier lifestyle, and I am going to eat a lot more fruits and veggies thanks to her encouragement.

Marty Acevedo:

And remember there's no bad foods, only better choices.

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