

UPCOMING EVENTS

- **DOPABEATS (Series 1)** | Wednesdays, March 6 & 13
Learn more & register: <https://www.parkinson.bc.ca/dopafeb-24>
- **Songshine with Joani (Series 2)** | Thursdays, March 7, 14, 21, 28 & April 4
Learn more & register: <https://www.parkinson.bc.ca/songshinefeb-24>
- **Rock Steady Boxing (Level 3)** | Tuesdays, March 5, 12, 19, 26 and April 2, 9, 16, 23 & 30
Learn more & register: <https://www.parkinson.bc.ca/rsb-marapr24>
- **Let's Get Loud** | Mondays, March 11, 18, 25 and April 1, 8 & 15
Learn more & register: <https://www.parkinson.bc.ca/loudvoice-24>
- **Community Talk: Mental Health (Sunshine Coast)** | Wednesday, March 20
Learn more & register: <https://www.parkinson.bc.ca/communitytalk-sc24>
- **DOPABEATS (Series 2)** | Wednesdays, March 27, April 3, 10, 17, 24 & May 1
Learn more & register: <https://www.parkinson.bc.ca/dopamar-24>
- **Clinical Trials and Current Research** | Thursday, March 28
Learn more & register: <https://www.parkinson.bc.ca/clinicaltrials-24>
- **Communication and Swallow Workshop (Kamloops)** | April 6
Learn more & register: <https://www.parkinson.bc.ca/commswall-ka24>
- **Intimacy with Parkinson's** | Tuesday, April 16
Learn more & register: <https://www.parkinson.bc.ca/intimacy-24>

For a full list of our upcoming events, visit www.parkinson.bc.ca/events/education-events/

UPCOMING FUNDRAISING EVENTS

Donate a Car Canada

[Donate a Car Canada](#) accepts vehicle donations for Parkinson Society British Columbia (PSBC)! Free towing is provided in most areas across Canada. When you donate your car, truck, RV, boat, or motorcycle to PSBC through Donate A Car Canada, it will either be recycled or sold at auction (depending on its condition, age, and location). After your vehicle donation is complete, PSBC will send you a tax receipt and will put your gift to good use.

We are looking for more Champions!

Do you want to help fund research, grow support networks, and improve the quality of life for those living with Parkinson's disease (PD)? Become a Champion for Parkinson's and plan your own independent community fundraising event! Contact us at events@parkinson.bc.ca or 1-800-668-3330.

TIP JAR

The Tip Jar is where we share advice from Parkinson's community members on a wide range of topics from daily lifestyle hacks to safety. This month we share a dining tip:

To make mealtime easier, consider using adaptive utensils and dining aids. Nonstick materials like Dycem can keep plates in place, while plate guards help guide food onto utensils. Swivel utensils and separate adaptive utensil sets can also assist with dining and technologies like Liftware offer stabilizing handles to counteract tremors. These adjustments can simplify eating and enhance the dining experience.

Do you have any tips or tricks that you would like to share with the Parkinson's community? These can be tips from something that works well, to eating and dressing, to getting out of bed or travelling! All tips and tricks are welcome! Please share your ideas at info@parkinson.bc.ca.

NEWS & ANNOUNCEMENTS***Movement Disorder Clinic in Kelowna Receives Generous Gift***

Barry Humphreys and family commit \$1 million through the KGH Foundation to Kelowna General Hospital, with a focus on expanding the Kelowna Movement Disorder Clinic established by Dr. Daryl Wile. Their donation aims to advance Parkinson's disease (PD) care in British Columbia's Interior, motivated by Barry's diagnosis. [\[learn more\]](#)

Seeking Support Group Facilitators

Parkinson Society British Columbia is currently seeking volunteer support group facilitators for Abbotsford (in-person), Tri-Cities/Coquitlam Caregivers (in-person), West Kelowna (in-person)

and Langley (in-person). If you're interested in starting your own support group in your area, please don't hesitate to [contact us](#). [[learn more](#)]

Volunteer Opportunity: Parkinson SuperWalk Organizers

Join us in organizing our biggest fundraiser of the year, Parkinson SuperWalk! We're seeking passionate leaders to coordinate this fundraising event in areas around BC. If you're community-minded, compassionate, and detail-oriented, we would love to hear from you! Commit 4-5 hours per week and make a meaningful impact. [[learn more](#)]

Join PSBC's Book Club!

PSBC's Book Club is a social club for like-minded people who have PD, or carepartners of those with PD, to meet and discuss books that are selected by the peer committee or group members. The group meets at 11:30 am on the first Thursday of each month. If you are interested in joining this virtual, peer-led book club, please contact [Kelly Felgenhauer](#).

Renew your Membership!

Renew or join as a member! It's that time of the year again. If you haven't already, consider joining or renewing your membership with Parkinson Society BC (PSBC) to take advantage of a variety of benefits and lend your voice to the community. Together, we're better. [[learn more](#)]

DISCUSSION TOPIC: Sex Differences in Parkinson's

Discussion Questions

1. Have you encountered any challenges in your Parkinson's journey that could be attributed to sex-related issues? Has your sex influenced the level of care you have received or your ability to access healthcare services? If so, how?
2. In what ways do societal expectations and gender norms affect mental health issues in Parkinson's disease?
3. What steps can individuals and advocacy groups take to raise awareness about the sex-specific challenges faced by women with Parkinson's disease and advocate for

increased research and resources tailored to their needs?

Beyond the commonly known symptoms of Parkinson's lies a complex interplay between the disease and biological sex. Research indicates that Parkinson's disease (PD) manifests differently in men and women, influencing symptoms, medication side effects and treatment outcomes (Cerri et al., 2019). Some of these differences may be due to biological factors, while others could be attributed to issues such as lack of access to quality healthcare, or unconscious gender biases of healthcare professionals (Parkinson's Foundation, n.d.-b).

Symptomatic Variations

A person's sex influences the clinical presentation of Parkinson's disease. However, with symptoms varying widely among individuals, it becomes challenging to ascertain sex-specific differences. Women face greater hurdles in obtaining an accurate diagnosis, often downplaying their symptoms, which complicates efforts to identify sex-related symptom disparities (Parkinson's Foundation, n.d.-a).

Research indicates that women typically present symptoms and receive a diagnosis of Parkinson's disease approximately two years later than men (Seladi-Schulman, 2023). Furthermore, women may experience delayed onset of motor complications and a prolonged time to reach advanced disease stages. Tremors are commonly reported as the initial symptom in women, followed by a gradual decline in motor function, while men often initially present with slow or rigid movements, known as bradykinesia (Parkinson's Foundation, n.d.-a).

Men with PD are more prone to developing walking problems characterized by freezing of gait, while women face a higher risk of falls as the disease progresses (Seladi-Schulman, 2023). Additionally, symptoms such as fatigue, restless legs, constipation, pain, loss of taste or smell, weight changes, urinary dysfunction, and excessive sweating are reported to be more severe and prevalent in women with Parkinson's disease (Seladi-Schulman, 2023).

Recent epidemiological studies consistently show that women are diagnosed with Parkinson's disease at half the rate of men, yet the underlying reasons for this discrepancy remain unclear. Despite the lower rate of diagnosis, women with Parkinson's disease tend to experience worse outcomes in terms of mortality and disease progression compared to men (Cerri et al., 2019).

Non-Motor Symptoms and Mental Health

Disparities between sexes in Parkinson's disease extend beyond motor symptoms to encompass non-motor manifestations. While cognitive impairment is common, men may be more susceptible to certain cognitive deficits compared to women. Notably, executive dysfunction, characterized by difficulties with planning, organizing, and problem-solving, appears to be particularly prevalent in men with Parkinson's disease, significantly impacting their daily functioning (Seladi-Schulman, 2023). Moreover, research suggests that men with PD may experience more pronounced declines in visuospatial abilities and attention compared to women, highlighting the importance of early detection and targeted cognitive interventions (Seladi-Schulman, 2023).

Conversely, women with Parkinson's disease report a higher prevalence of mood changes, anxiety, and depression compared to men (Dolhun, 2023). This disparity may be influenced by various factors, including biological differences, hormonal fluctuations, and psychosocial factors. Societal expectations and gender norms may further contribute to the higher prevalence of anxiety and depression in women with PD. Women are often socialized to be more expressive and emotionally open, which may lead them to seek help for mental health concerns more readily than men. In contrast, men may feel pressure to conform to traditional masculine norms, such as stoicism and self-reliance, which can create barriers to seeking support and expressing vulnerability.

Implications and Management Strategies

Studies have shown that women with PD experience significantly less social support, higher levels of psychological distress, and report worse health-related quality of life during initial care

visits compared to men (Cerri et al., 2019). The lower levels of social support observed in women with PD may contribute to increased psychological distress and poorer quality of life. Social support plays a vital role in helping individuals cope with the challenges of PD, providing emotional, practical, and informational assistance. This also impacts men as their reluctance to seek help for mental health issues in the context of PD has important implications for disease management and overall well-being. Untreated depression and anxiety can exacerbate motor symptoms, impair cognitive function, and negatively affect medication adherence and quality of life.

The impact of psychological distress in both men and women sheds light on the need to address mental health in disease management. These findings also underscore the importance of both men and women finding a support system that works for them, whether it be through support groups, mental health professionals, or a circle of supportive friends. Ultimately, fostering a supportive environment and providing access to mental health services is crucial for improving outcomes and enhancing the quality of life for individuals living with Parkinson's disease, regardless of one's sex.

Understanding the symptomatic differences between men and women with Parkinson's disease is essential for providing tailored and effective care. By recognizing and addressing these variations, healthcare professionals can optimize treatment outcomes and improve the quality of life for individuals living with PD, irrespective of biological sex.

Treatment and Management

The dynamics of PD care further accentuate the disparities between men and women. Women with PD often face unique challenges; they are more likely to attend appointments alone, lack a carepartner, and live alone (Parkinson's Foundation, n.d.-a). This emphasizes the necessity for customized care programs aimed at fostering inclusivity and comfort for women, thereby ensuring equal access to care and sufficient support to enhance their well-being and quality of life.

One of the critical aspects of PD management is pharmacological therapy, primarily using levodopa, dopamine agonists, and other medications to alleviate symptoms. However, studies have shown that women with PD may exhibit differences in treatment response compared to men. Levodopa, the primary medication used to manage Parkinson's symptoms, may have different pharmacokinetic profiles in men and women due to variations in body composition and hormonal influences (Haaxma et al., 2007). It tends to accumulate more in women's bodies due to their lower average weight, leading to increased side effects like dyskinesia and fluctuations in medication effectiveness (Parkinson's Foundation, n.d.-b). For instance, wearing-off (WO), a complication where PD symptoms re-emerge before the next dose of levodopa, is reported to be more prevalent in women. Research indicates that women with PD have an 80% increased risk of experiencing wearing-off compared to men, affecting both motor and non-motor symptom scores (Crispino et al., 2020). This poses a challenge for physicians in fine-tuning Parkinson's medications for women as they frequently encounter significant symptom fluctuations with minor adjustments in medications or schedules (Parkinson's Foundation, n.d.-a).

Deep Brain Stimulation (DBS) and Gender

Deep Brain Stimulation (DBS) is another important treatment option for individuals with advanced PD. However, research suggests that women may have different responses to DBS compared to men. Despite reporting greater improvements in quality-of-life post-surgery, women are less likely to undergo DBS compared to men (Parkinson's Foundation, n.d.-a). This disparity in access to DBS highlights the need to address systemic barriers and biases in healthcare delivery. Women face additional challenges in accessing specialized care and support services for PD, contributing to delayed diagnosis and suboptimal symptom management (Parkinson's Foundation, n.d.-a).

To address these disparities, it is crucial to promote approaches specific to one's sex in managing and treating Parkinson's disease (PD). Healthcare professionals must be cognizant

of the distinct clinical characteristics and treatment responses observed among men and women with PD, tailoring interventions accordingly. Moreover, efforts to enhance inclusivity in research and clinical trials are imperative to gather sex-specific data and formulate evidence-based guidelines for PD management. By tackling these issues, we can strive towards ensuring equitable access to care and better outcomes for all individuals living with PD, irrespective of sex.

Sex significantly impacts the management of Parkinson's, evident in differences in symptom presentation, treatment responses, and access to care. A deeper understanding of these disparities can lead to earlier detection, more effective symptom management, and an improved quality of life, especially for women grappling with the disease. By shedding light on the unique challenges faced by men and women with Parkinson's, we encourage this community to advocate for themselves in every way ensuring their voices are heard and needs are met in their journey with the disease.

Additional Resources

- Women & Parkinson's | Dr. Michelle Fullard [[view video](#)]
- Mental Health and Parkinson's [[helpsheet](#)]
- Mental Health and Parkinson's | Courtney Doherty | [[view video](#)] [[view slides](#)]
- Sexual Wellbeing - The Male Experience | Shea Hocaloski, Sexual Health Clinician [[view video](#)]

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