

# FPN News

the FOUNDATION for  
PERIPHERAL NEUROPATHY®

DEDICATED to REVERSING the IRREVERSIBLE

SPRING 2010

## A MESSAGE FROM THE EXECUTIVE DIRECTOR



Every choice  
we make;  
every action we  
take—matters.

Every day we are reminded that the work of the Foundation is vitally important. From the questions we receive on our Facebook page to the personal stories we hear from patients, we know that their challenges are real and what we do matters. The research we are funding today will foster the innovations that will become much needed treatments, and eventually a cure, tomorrow.

The generosity of people like you enables us to continue supporting the ground-breaking research that will provide new and effective PN therapies. We need you, your family and friends to get involved with FPN and the PN community to make a personal impact on our journey to reversing the irreversible. We are grateful for all those who supported the Foundation during 2009 and those who have remembered the Foundation in honor or memory of loved ones.

As we continue to search for answers, FPN will be dedicated to working with patients, providing resources so they can define themselves not by their disease but by positive attitudes and actions. You will hear more about this in the coming months.

With this Spring issue, we highlight why research matters, share inspirational stories and the activities of the Foundation—all with the hope of helping you live well with PN.

Warm Regards,

Pam Shlemon

## Featured in this issue

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## Funding Research: Because You Matter

To the Foundation, research matters because you matter. But, what *is* research and *who* are the researchers? And, *why* are we focused on research?

While we devote some of our resources to raising awareness and providing support to people living with peripheral neuropathy (PN), the Foundation provides millions of dollars in multi-year grants towards our principal purpose of funding research to study of the causes, treatment options, and a cure to dramatically improve the well-being of those living with PN—but it doesn't end here.

No one organization can fund the entire spectrum from basic science through clinical approval and for that reason the Foundation has built its philosophy on building collaborative partnerships with

*Collaborative research  
is the backbone of the  
Foundation's philosophy*

academia, industry and the National Institutes of Health (NIH) all who bring diverse expertise and strength to the table for advancing research that will transform lives. Our value does not lie only in funding, but also in leadership and the ability to bring people from different groups together to

examine our overarching research agenda. It is the human return, not the financial return, upon which we must focus.

Collaborative partnerships bridge the gap between research and application. Working together with a common goal, are essential to our efforts to bring results from the lab, through development, and to the patient.

*We focus our research efforts in the following areas:*

**Basic research** is the study of how the body works. By understanding normal function, it is possible to recognize the causes and progression of disease, intervene to prevent disease, develop better and more precise diagnostic tools, and discover new treatments and cures. **Translational research** is described as the process of translating basic research into real-world therapeutics in the lives of patients. Sometimes referred to as bench-to-bedside research, basic research scientists provide clinical researchers with new tools for use with patients and clinical researchers can then make new observations about the nature and progression of disease. As a reciprocal and powerful tool that can drive and influence future investigations in the lab, translational research can provide new treatments directly to patients at an accelerated pace.

(CONTINUED ON PAGE 2)

**A Day Like Any Other** I have idiopathic peripheral neuropathy, constant, amorphous pain that alters function. Defining my life with meaning distracts me from that persistent pain. I volunteer as a patient advocate, bringing the patient voice to the cancer research process. In the process, I free myself from neuropathy's power.

My mother has chemotherapy-induced peripheral neuropathy. Through my longer history, I am able to offer her support in living with its challenges and limitations.

I now have to be mindful about doing ordinary tasks. I wear clothes requiring no buttons or zippers that require painful fumbling. I wear sandals with cushioning rubber footbeds and light, flexible straps. Dressing today, I reached down to pick up my shoe which stubbornly resisted my hand's pull. I looked down—my unresponsive foot was resting on top of the shoe. I mindfully moved my foot to get to the sandal.

Dressed, I went into the kitchen for a glass of juice. I used both hands to lift

and pour the orange juice because my hands are untrustworthy. I took my morning pills out of the oversized spring-release pill pack that I use because manipulating small containers or unscrewing caps is so challenging. Drinking the juice, I concentrated on bringing the cup to my lips, no more of those care-free days of multitasking while ingesting food or drink. Eating has transformed into a mindful task. Cutlery demands coordination that makes me thankful for finger foods.

Walking to the car, I watched where I stepped. Gone are carefree walks, talking and enjoying scenery. Walking is now a focused exercise of

(CONTINUED ON PAGE 6)



Cynthia Chauhan hiking the dunes of the Great Thar Desert in India

## INSIDE

- Double your gift!
- Events & Workshops

Along the continuum from basic to translational research are **longitudinal** (or **clinical**) **studies**, critical for the translation of research findings to real-world application. These trials help determine if a possible new medication is effective. Without clinical trials, there would be no new drugs. In addition, during clinical trials information can often be obtained which increases our understanding of the disease, why patients respond to a new medicine and give physicians an idea of which medication might work best. During the course of your treatment, you may consider participating in a long-term research study, such as the FPN Data Repository. These studies often result in spurring new laboratory and clinical studies.

### The Foundation....Leading the Charge

To dramatically advance research in the field, we fund some of the nation's leading investigators in neuroscience. Collaborative efforts between Beth Israel Deaconess Medical Center, Johns Hopkins University, Mt. Sinai Medical Center, and Northwestern Medical Faculty Foundation will help us work toward a greater understanding of the cause and progression of PN. Your health and your future can depend on the strength of their work, and the Foundation is proud to provide the financial investments required to lead to new medical innovations in the future.

Our researchers share their results, publish their research findings in journals, provide support and resources to the next generation of investigators, and pass on their new knowledge to your medical providers so that they can be put into practice. In turn, we report on their work through our newsletters and website and offer the latest opportunities for you to participate in and learn from recent advances in care and treatment.

We are serving as a critical link between the researchers, medical providers, and patients. The research methods are there. The talent is there. The support of the medical community is there. And with ongoing public support the Foundation will continue leading the charge for treatment, potential cures and hope for those suffering from PN. This commitment—our commitment — has never been stronger.

# RESEARCH FOUNDATION RESEARCH

## UPDATE ON JOHNS HOPKINS

In the initial year of funding, Dr. Hoke's laboratory screened a library of compounds and identified two compounds (potential drug targets) that potentially have the ability to enhance nerve regeneration. In the current year of funding, his laboratory has begun testing the utility of the two compounds in laboratory animals. In addition, Dr. Hoke and his team are studying molecular mechanisms to determine why human nerves do not regenerate as well as nerves in laboratory animals. As these projects demonstrate, Dr. Hoke's laboratory is focused on identifying novel therapies that enhance nerve regeneration and restore health to nerve cells injured in peripheral neuropathies.



(left to right) Dr. Jeffery Allen, Jack Miller, Goldie Wolfe Miller, Dr. Jack Kessler, Dr. Senda Ajroud-Driss

## UPDATE ON NORTHWESTERN

With a goal of providing personalized, comprehensive care for people living with peripheral neuropathy, the hours at The Foundation for Peripheral Neuropathy Comprehensive Care Clinic have been expanded to a full day. The Clinic is now held every Friday on the 20th floor of the Galter pavilion at Northwestern Medical Faculty Foundation. New patients can call 312-695-7950 to inquire about appointments.

The clinic can now see 40 new patients a month; 70 return patients are also seen regularly to ensure their care remains individualized and current. Established patients can arrange visits on clinic days to follow-up with the physical therapist, registered dietician or licensed clinical social worker.

The presence of a clinical research study coordinator provides patients with a unique opportunity to learn more about current research into PN and to participate in the FPN Data Repository.

## RESEARCH NEWS FROM OUR FPN DATA REPOSITORY CONSORTIUM MEMBERS

### Pregabalin for Painful HIV Neuropathy

Dr. David Simpson, Professor of Neurology and Director of the Clinical Neurophysiology Laboratories and Neuro-AIDS Program at Mount Sinai Medical Center in New York City has published numerous articles regarding clinical trials for HIV neuropathic pain. Dr. Simpson's most recent article provides results of his latest study of Pregabalin in the treatment of HIV neuropathy. An earlier article reported on the findings of a clinical trial for use of a high-concentration capsaicin patch for the treatment of painful HIV neuropathy.

### Treatment-induced Diabetic Neuropathy

Dr. Roy Freeman and Dr. Christopher Gibbons from the Autonomic and Peripheral Nerve Laboratory at Beth Israel Deaconess Medical Center in Boston have published new findings on "Treatment-induced Diabetic Neuropathy" in the journal *Annals of Neurology*. Their study describes the natural history, symptoms and findings of diabetic subjects with the onset of an acute painful autonomic neuropathy after rapid glucose control. Treatment induced neuropathy is characterized by severe pain, peripheral nerve damage and autonomic dysfunction. After a period of sustained glucose control many of the symptoms and signs of neuropathy resolved, particularly in subjects with type 1 diabetes. Most neuropathies associated with diabetes are both progressive and irreversible. This disorder is one of the few reversible neuropathies associated with diabetes.

## news Briefs

**Agent Orange Effects** *During the Vietnam conflict, an estimated 2.6 million service men and women were exposed to Agent Orange, which has been linked to a number of medical problems, including acute and subacute peripheral neuropathy. This nervous system condition causes numbness, tingling and motor weakness.*

Sources: JAMA, VA

**GlaxoSmithKline Pulls Denture Adhesive** *Citing the risk of zinc overdose, GlaxoSmithKline has stopped manufacturing three versions of Super Poligrip that contain zinc because of potential health risks from long-*

*term, excessive use of the products.' Research conducted at the University of Colorado School of Medicine linked denture-adhesive zinc and neurological damage, such as extreme numbness and tingling in the limbs, known as neuropathy.*

Source: Denverpost.com

**Diabetes Experts Call for Early, Integrated Treatment Approach to Help Prevent Complications** *Results of an online survey of more than 300 physicians indicate that using a team of specialists early in the course of type 2 diabetes (T2D) can help prevent serious complications. They identified cardiovascular*

*disease, diabetic neuropathy (DPN), and diabetic nephropathy as the most common complications. Compliance with lifestyle modifications and medications, and patient understanding are the top reported obstacles to preventing complications.*

Source: MedilExicon

**Costs of Neuropathic Pain** *Results of a review of health care claims from 2 different administrative databases, indicate that the annual excess health care costs associated with peripheral neuropathic pain ranges from \$1600-\$7000 per patient, depending on the specific pain condition.*

Sources: Journal of Pain, American Pain Society

## CLINICAL TRIALS

Carefully conducted clinical trials are the fastest and safest way to find treatments that work in people and ways to improve their health. In 2001, out of 5,348 research participants interviewed, 84% responded that they would participate in a clinical trial again, where 16% would not. In 2005, out of 2,261 research participants, 88% said they would participate in a clinical trial again, where only 12% said they would not.

### Top 5 reasons why people participate in a clinical trial:

- To advance medicine: **51%**
- To find a better treatment for my condition: **46%**
- To help others with my condition: **39%**
- To earn extra money: **36%**
- My doctor recommended it: **31%**

If you are in the Chicago area, you may be interested in participating in a clinical study at Northwestern for diabetic peripheral neuropathy (DPN). This study is being conducted to determine whether stimulating the growth of new blood vessels will reduce the pain of DPN. You can review the requirements of the study on the **Research News** page of our website.

### Chemotherapy-Induced Peripheral Neuropathy Survey

M.D. Anderson Cancer Center  
Houston TX

### Open-Label Safety and Efficacy Evaluation of Fx-1006A in Patients With Transthyretin Amyloidosis

Johns Hopkins Hospital  
Baltimore MD

You can read more about these clinical trials at [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

## PROFILE DONOR SPOTLIGHT

### Together, we CAN make a difference

Those are the words of our anonymous donor who wants to **double the impact** of each and every gift received at the Foundation this year. Do you wonder why someone would provide such a generous gift? Here's why. . . .



*"A number of years ago, one of my family members found out that he had peripheral neuropathy. Over the years, his condition has worsened. It has been so hard to witness his pain, hear about his sleepless nights, know that the medication that he is taking may soon not work as his body adjusts to the new drugs and may again call out for a change; this has happened many times before. Perhaps the most devastating, I have watched as this disease has worsened and caused a once active, healthy person, whom I love and adore, to continue to suffer. Still, each day my heart swells with great pride as he courageously faces each challenge with great hope and focuses not on his own pain but on making the most of every moment that we share together. I wish I could wave a magic wand and find a cure to make this pain go away...I can't. All I can do is provide the critical funding for research and hope that others will join me in trying to make a difference for the more than 20 million people who suffer from this disease."*

The current financial landscape has caused many donors to give careful consideration to their charitable contributions, no matter how worthy the cause. Our donor is hopeful that this challenge grant, that will match your gift dollar for dollar, will motivate friends and supporters like you to give now, even in the face of a challenging economy.

**Research matters because you matter. Patient and awareness education matters because you matter.** Our work is important, but not without cost. The critical research that we fund, our support in the clinic setting, and our awareness campaigns cost 1 millions of dollars. Still, we all hold firm in our belief that we are on the path to a world without suffering from PN. We won't be able to continue on this journey, however, without your help.

Please take a moment to consider what our efforts are doing for you. Then **double your impact** with a gift to our matching gift campaign today.

## ASK THE EXPERTS...

QUESTIONS SUBMITTED BY OUR FACEBOOK FANS; RESPONSES FROM OUR FPN CONSORTIUM MEMBERS

**Q "In cases of climate and altitude difference or physical hot and cold stimuli, the pain of PN can be much different. Why?"**

**A** Neuropathy is a complex problem where certain nerves are damaged, sometimes permanently, and loss of sensation (numbness) is the predominant problem in sensory nerves. Sometimes the nerves have been damaged, but still function, and send incorrect signals to the brain. Have you ever felt the pain that bed sheets can cause to the foot of someone with neuropathy? The bed sheets are not causing any damage, but the nerves signal, incorrectly, that this light touch is causing severe pain. A similar problem can occur with temperature changes. Cold weather can increase the pain of their neuropathy, while warmer weather tends to be less of a problem. This temperature phenomenon is damaged nerves sending incorrect signals to the brain.

**Q "What are the challenges of choosing complementary/ alternative therapies?"**

**A** There are a number of challenges and potential pitfalls. Primarily, non-standard therapies have no 'proven' benefit in the treatment of a neuropathy. In many cases, blatantly misleading advertising to consumers is strongly promoted. However, some treatments can improve the symptoms of neuropathy but they will not cure the neuropathy. (e.g., acupuncture or massage therapy among others). You should discuss any potential new treatment with your physician first. You may receive benefits if your goal is to improve your symptoms; if your goal is a cure, it is unlikely to provide any benefit.

**Q "Is there any connection between being gluten sensitive and PN?"**

**A** Studies have been published in the last 10 years linking antibodies that are associated with celiac disease and peripheral neuropathy. While there is ongoing research, the relationship is not completely clear (most people with neuropathy don't have celiac disease, and most people with celiac disease don't have neuropathy). However, if you have elevated antibodies that suggest you have a diagnosis of celiac disease and you have neuropathy, it would be prudent to adopt a gluten free diet.

**Please note:** You should check with your personal physician before making any changes to your health care routine.

**For more ideas on "Living with PN", please visit our website:**  
[www.foundationforpn.org](http://www.foundationforpn.org)

## MAKING A difference TOMORROW

### Why Do People Give to Charity?

*There are probably a million reasons why people give to charity. According to The Network for Good here are some of the top reasons:*

- ✓ Someone I know asked me to give and I wanted to help them
- ✓ Tax deduction
- ✓ Want to feel as if one is changing someone's life
- ✓ Feel a sense of closeness to a community group
- ✓ Memorialize someone
- ✓ Raised to give to charity – tradition
- ✓ Good image for myself/ company
- ✓ Building a legacy that perpetuates me, my ideals or my cause
- ✓ Feeling fortunate and want to give back to others
- ✓ Religious reasons
- ✓ Want to be seen as a leader
- ✓ Emotionally moved by someone's story

*Giving is as personal an issue as it can get. There are no set rules as to why people give. The secret is for each non-profit to touch the right charitable chord.*

*It is our hope that the Foundation for Peripheral Neuropathy will touch you. We are working for a cure that touches the lives of millions of people. We hope that one of these reasons will inspire you to make your tax deductible gift today.*

### DONOR/MATCHING GIFT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Donation Amount  
 \$50  \$100  \$200  \$500  \$1,000  \$5,000  \$10,000  Other \$ \_\_\_\_\_

Check Please make checks payable to: **"The Foundation for Peripheral Neuropathy"**

Credit Card Information  
 Amex  Visa  Discover  MasterCard

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

CUT OUT AND MAIL WITH YOUR DONATION TO:  
 The Foundation for Peripheral Neuropathy  
 485 Half Day Rd., Suite 200  
 Buffalo Grove, IL 60089

# Awareness

## Diabetic Peripheral Neuropathy (DPN) Statistics:

- 23.6 million Americans have been diagnosed with diabetes
- More than 60% of diabetics suffer from peripheral neuropathy
- Undermanaged diabetic peripheral neuropathy is the

number one cause of non-traumatic lower limb amputations in the United States.

- Diabetes is expected to increase the prevalence of PN by more than 10% by 2012

~Nearly 54,000 diabetics have amputations each year.

~More shocking—75% of amputations are preventable.

Download our DPN brochure on our website at [www.foundationforpn.org](http://www.foundationforpn.org)

*We are grateful for all those who have supported the Foundation during 2009*

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**\$10,000 & ABOVE**

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# LIVINGwell

## Healthy Snacking!

### Creamy Herb Dip

- 1 Cup Low Fat Cottage Cheese
- 2 Tbsp Lemon Juice
- 2 Tbsp Skim Milk
- 2 Tbsp Chopped Green Onion
- 2 Tbsp Parsley
- ½ tsp Dill Weed
- ⅛ tsp Black Pepper

Combine all ingredients in a blender until smooth and creamy. Chill overnight.

**Yield:** 1½ cups

**Per 2 Tbsp serving:** 23 calories, 0.5 grams fat; 2 mg cholesterol; 94 mg sodium

### Party Mix

- |       |                      |         |                      |
|-------|----------------------|---------|----------------------|
| ¼ Cup | 'Light' Margarine    | 4 Cups  | Chex-type Cereal     |
| ½ tsp | Garlic Powder        | ½ Cup   | Mixed Nuts, unsalted |
| ½ tsp | Onion Powder         | 4 Cups  | Air-popped Popcorn   |
| ½ tsp | Chili Powder         | 1½ Cups | Pretzels             |
| 2 tsp | Worcestershire Sauce |         |                      |

In a small microwave safe bowl, melt margarine on high. Add seasoning powders and Worcestershire sauce; mix well. Pour cereal, nuts, popcorn and pretzels into 2 gallon resealable plastic bag. Pour margarine contents of bag into large microwave safe bowl. Microwave on high 5 to 6 minutes. Spread on absorbent paper to cool. Store in airtight container.

**Yield:** 8 cups

**Per 1 cup serving:** 131 calories; 5 grams fat; 0 mg cholesterol; 290 mg sodium.

### Bagel Bites

- 1 Tbsp Reduced-calorie margarine, softened
- ½ tsp Oregano
- ¼ tsp Garlic Powder
- 6 Frozen mini-bagels, thawed and halved

Combine first 3 ingredients and spread ¼ tsp margarine mixture over cut sides of each bagel half. Place bagel halves, cut side up, on a baking sheet; broil 6 inches from heat for 1 minute or until golden.

**Yield:** 12 bagel halves

**Per bagel half:** 47 calories; 1 gram fat; 0 mg cholesterol; 60 mg sodium.

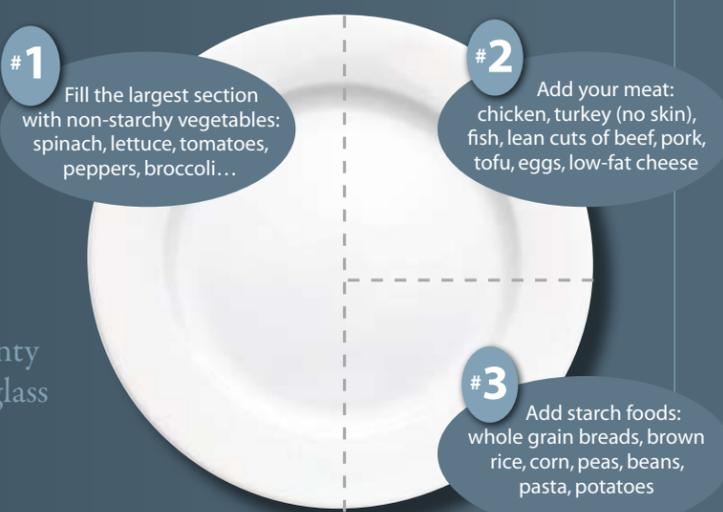
## Tips for Eating Right with Diabetes

**What you eat.** Making the right choices in your diet will make a huge difference! Limit your refined carbs and sugary drinks; choose water over soda, and drink skim milk instead of 2% or whole milk. Choose baked or broiled foods and limit your sodium intake to no more than 2300 mg per day.

**When you eat.** Maintain regular meal and snack times to keep your blood sugar levels constant.

**How much you eat.** Even if you stick with healthy foods, eating too much of a good thing can make you gain weight.

**Stay Hydrated.** Drink plenty of water 6-8 eight ounce glass per day.



### EATING FOR SPECIAL OCCASIONS

Celebrations, parties and summer cookouts don't have to mean extra pounds. Try the following strategies for those special events:

- Plan ahead for special meals. Example: cut back on your calories early in the day to allow for that extra treat later.
- Don't waste calories on food you can have anytime. Save those calories for party or seasonal favorites.
- Stay busy! Don't allow yourself too much idle time or you'll be more susceptible to fattening indulgences.
- Stop eating when you are full.
- Stand at the end of the serving line. You will be less likely to have seconds.

### COMING SOON

#### Living Well with Chemo-Induced Peripheral Neuropathy Seminar

The Foundation for Peripheral Neuropathy and medical staff from the Foundation's Comprehensive Care Clinic at Northwestern recently presented information on chemo-induced PN—symptoms, drug interaction, nutrition and coping. Watch for the video on our website and Facebook page.

### RESOURCE WORKSHOPS

We are excited to announce Northwestern Medical Faculty Foundation, The Foundation for Peripheral Neuropathy Comprehensive

Care Clinic & The Foundation for Peripheral Neuropathy are joining forces to establish **FREE** Peripheral Neuropathy Resource Workshops. The Workshops will include a variety of topics and resources such as discussions on coping strategies, alternative medicine, visiting speakers, videos, research, public education, fundraising, clinical trials, exercise plans and activities.

The purpose of the Peripheral Neuropathy Resource Workshops is to help those affected realize that they are not alone. If you are interested in participating in these workshops, please let us know at [info@tffpn.org](mailto:info@tffpn.org). Please type Resource Workshops in the subject line.

# Events

# LIVINGwell

## Exercise and PN – Keep Moving!

Do you notice that if you exercise, such as walking briskly or running, your painful PN symptoms may get worse? Do you wonder if exercise causes further damage to your nerves and accelerates the progression of your neuropathy?

The good news is that current medical data does not suggest any damage to peripheral nerves with exercise. The primary reason patients experience an increase of their painful symptoms is that exercise likely increases the frequency of spontaneous electrical activity in damaged nerves resulting in the often-painful, unusual sensations that you experience.

Yet, if patients adhere to a regular exercise regimen, over time, they notice that their overall pain levels go down. The difficulty for

most PN patients is to overcome the initial increase in pain that comes with exercise. It is best if you choose a non-weight-bearing exercise such as swimming, aquacise or a stationary bicycle. Start very slowly, maybe even just a few minutes at the beginning, and s-l-o-w-l-y build up stamina. Regular exercise may also help slow disease progression.

## How many calories can you burn?

Bicycling	2.9–5.5
House Cleaning	2.5–3.7
Gardening/ Weeding	5–9
Golfing	2.7–3.7
Lawn Mowing	6–11

Running (5 mph)	9
Sitting	1
Swimming	5–10
Tennis	5–11
Walking (3.5 mph)	5.5–7

PER MINUTE BASED ON A 150 POUND PERSON

YOU CAN SEND US QUESTIONS OR FEEDBACK AT  
**INFO@TFPN.ORG**  
OR CALL US AT  
847-883-9942

The Foundation for Peripheral Neuropathy newsletter, FPN News is published two times a year, Spring and Fall. For all who subscribe to our FPN newsletter, you will also receive our, FPN E-news bulletin. To receive the FPN E-news bulletin, please sign up on our website.



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## the FOUNDATION for PERIPHERAL NEUROPATHY®

485 Half Day Rd., Suite 200  
Buffalo Grove, IL 60089

[www.foundationforpn.org](http://www.foundationforpn.org)

### Our mission is to dramatically improve the lives of people living with Peripheral Neuropathy.

The Foundation for Peripheral Neuropathy will be the catalyst for advancing innovative therapeutic developments and accelerating a cure for painful neuropathies by funding collaborative efforts of leading scientists and physicians. We will strive to raise awareness of peripheral neuropathy through outreach programs to patients, their families and healthcare professionals.

watching where my feet are, alert to surface changes that might throw me off balance or trip me if I don't lift my foot high enough to compensate for them.

At the store, I used a handicap cart because, although I can and do walk, I can no longer negotiate turns, sudden starts and stops or wait in endless lines. I fumbled through my purse to get my card to check out. I take about four minutes to do what others do in one.

Sitting at my desk, typing this, I am acutely aware of my fingers going their own way rather than following my brain's instructions. I just want to tear off that layer of sandpaper that's replaced my exquisitely sensitive fingertips.

I struggle with intermittent, unheralded muscle spasms. Uncontrollably sliding under the dinner table, twisting in pain, or reaching for my drink only to find my hand inexplicably tossing the contents on my neighbor instead of gracefully bringing them to my mouth never gets routine.

Peripheral neuropathy exhausts my nerves with overwhelming firings so that my limbs respond irrationally or not at all to my brain's commands. In defeat, my brain succumbs to pleading—just this once, feet, let's get it right.

The best thing I can say about peripheral neuropathy is that it has increased my patience and my vocabulary. Idiopathic—who knew that it basically means who knows?

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