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Speaker 1: Navigating Parkinson's Disease can be challenging, but we are here to help. Welcome to the Michael J. Fox Foundation podcast. Tune in as we discuss what you should know today about Parkinson's research, living well with the disease and the foundation's mission to speed a cure. Free resources like this podcast are always available at michaeljfox.org.

Dr. Rachel Dolhun: Welcome to the Michael J. Fox Foundation Parkinson's podcast. I'm Dr. Rachel Dolhun, a movement disorder specialist, lifestyle medicine physician, and Senior Vice President of Medical Communications at the Michael J. Fox Foundation. I'm also the guest host of today's podcast. Today, we'll be discussing a topic that's always popular, diet. It's also one that's enormous, so we'll only be able to scratch the surface. But we hope you walk away with practical information and tips that you can bring into your life right now. And remember that to learn more about this topic, you can download our free guide at michaeljfox.org/dietguide.

So let's get into the conversation because we've got a lot to cover. We're joined by several experts who've all volunteered their time to be with us today. First, we have Vanessa Risetto, who is a registered dietician and CEO and co-founder of Colina Health, which offers personalized, evidence-based support to help people build a healthy lifestyle for themselves. She's joining us from Hoboken, New Jersey. Thanks so much for being here, Vanessa.

Vanessa Risetto: Thanks for having me.

Dr. Rachel Dolhun: We've also got Paula Montagna, who's also a registered dietician and Director of Clinical Nutrition at Stony Brooks Southampton Hospital in New York. She works with many people living with Parkinson's, both one-on-one and as part of lectures and support groups. Paula, we're so glad you could join us.

Paula Montagna: Thank you for having me.

Dr. Rachel Dolhun: And last but very certainly not least, we're joined by Denise and Bernard Coley. Denise worked for many years as a diversity consultant for businesses, corporations, and the communities in which they reside. After her Parkinson's diagnosis in 2018, she became an advocate for Parkinson's awareness and research. Bernard is Denise's husband, care partner and fellow Parkinson's advocate who found himself as the primary meal preparer for a multi-generational household and who applied nutritional recommendations for Parkinson's to the entire family's meal service, transforming into what he calls, "the quarantine chef," during the pandemic. Bernard and Denise, thank you so much for being here.

Denise Coley: Thank you for having us.

Bernard Coley: Dr. Thank you. It's a pleasure.

Rachel Dolhun: So, we all know that this topic can be extremely overwhelming. So again, what we hope you walk away from today is just a better understanding of healthy eating and some practical tips that you can incorporate in your life today.

Vanessa, I'd like to start with you and talk about just in general, diet has become in our culture, kind of a four letter word or something that means a strict regimen where you're cutting out everything you love or cutting calories to lose weight. But how do you approach this big broad topic with people who are new to it or thinking more about healthy eating?

Vanessa Risetto: Yeah, I think that diet is a four letter word because historically a dietician just hands you a sheet of paper and expects you to follow a diet with no help or that's what you think of it, and that's not entirely true. The value proposition of a dietician is that we will educate you on how to achieve your goals, utilizing what you have access to. That's what we do really, really well.

And so what we do at Colina Health is work with patients to achieve their goal and just setting small, really measurable things that they can do, action items that they can do where they don't get overwhelmed. Many times someone will come in and they'll say, "I drink juice every day, but now I'm seeing you and I'm never drinking juice again." And I'm like, "Okay, hold on. Let's try first with how many cups of juice do you drink a day? Oh, okay, it's one. Okay, this week, let's try every other day." And when the person goes that week and they did it every other day or every second day, they feel really proud. They were able to achieve that success and then it motivates them to keep going. And so our job is to translate that science and then also motivate you with that behavior change that you could have success.

Dr. Rachel Dolhun: Yes, small, sustainable steps. That's what I would say is diet is a way of life. We can't get away from it. We eat every day. So how do we build this into a healthy way of life rather than a restrictive pattern that has impacts for our social life, our connections with other people, et cetera. So Paula, I want to transition to you now. When thinking about a healthy diet for people who are living with a disease like Parkinson's, same idea, how do we think about approaching that?

Paula Montagna: I like people to think of their food as a part of their medical regimen or their medicine. I like people to focus on bright, colorful fruits and vegetables. I like people to focus on having a good source of protein out their meals and trying to make sure that most every bite counts. We do have occasions that we do want to have a treat food, but I like people to really think of food as fueling their body and fueling their brain and causing their brain to get excited with the healthy foods. So the colorful fruits and vegetables with antioxidants, the

phytochemicals, the flavonoids is really what powers up the brain and the mitochondria.

Dr. Rachel Dolhun: And moving now to you Bernard and Denise, because you've had to build this healthy way of eating on your own. Give us a little bit of a glimpse into your journey to healthy eating for life and also for living with Parkinson's.

Denise Coley: Well, looking at diets specifically, I do agree with what was said before. I eat smaller portions. I make sure that they're colorful, a fist full of fruit, a fist full of vegetables with color and to have protein. And I always try to be mindful when I eat. I eat slowly. I try to taste it, smell it, connect with the family at the same time. So I'm always the last one to finish eating. And then the bonus is that my husband does the cooking and he highlights healthy choices, taste, smell, color, and even music, which really makes a person want to join in and eat of the food.

Bernard Coley: So let me fully frame what Denise was alluding to. I suspect that many of you can relate to this. My challenge was a three generational household and starting from the top, one of the symptoms of Parkinson's Disease sometimes is food apathy. So Denise talked about that. What she didn't say was most of the time she didn't want to eat. All the way to the other end of the extreme, which was my grandchildren, and of course, they had the mantra, "We don't eat vegetables." So for them it was like, "Oh no, what are you going to do to us?" So the challenge was, the practical challenge was how do I feed this household in a manner which made everybody's life better? As in, if they're not complaining about their food, they're happy and they can move on to something else to either complain about or enjoy.

So the challenge, and I want to echo something that Paula was alluding to. She said the mindset. So the practical approach I took was to make each meal fun. And in doing that, I started creating dishes that looked good because in the culinary world, you first taste food with your eyes, you next taste food with your smell, and only thirdly do you get to taste. So I won't use the four letter, bad word. I will say that I focused on the joy of eating because eating nutritional meals can be joyful.

And the last thing I'll say is that I focused on, and this is self-help for the care partner, turning what some people consider drudgery, which is making meals all day, every day without break, turning it from drudgery to a fun activity. And so part of what I do is I entertain every day. Denise mentioned the music. I started making meals from different countries and the joy was to find some music that reflected the country, to find a food and to give my grandchildren and children and wife geography lessons. And so my day got exciting because I'm looking these things up, finding these things out to entertain in the evening, and then producing a wonderful event which was eating healthy and nutritious food.

Dr. Rachel Dolhun: Your focus is so much on the positives, what you can add to your life with healthy eating. I love what you're talking about with the diversity of eating. And

Vanessa, I want to turn back to you about this. You'll notice we are a couple minutes into this conversation and we haven't brought up any specific diet names. We haven't talked about the ketogenic diet or the Mediterranean or the anti-inflammatory or gluten-free, any of the other millions of diets that are out there. Those I think for a lot of people can feel exclusive. Like, "That's not for me," or "That doesn't incorporate my traditions or cultures or foods I have access to or like." So tell us a little bit more about that. Again, back to this concept of how do we eat healthily no matter what our lifestyle or tradition or situation is?

Vanessa Risetto:

Yeah. I think it's a little bit like PR. Why is kale so elevated and collards are not? It's just like kale has a better PR agent. And so I think that, again, you want to work with people or, to Bernard's point, good for him. He started to research things and then get excited about it and then make it make sense for him and his family and his family's needs. And so we never take anything away. We always want to add. What are some general rules of thumb that can help you? Like, "Hey, let's have a vegetable at lunch and dinner," whatever the vegetable is. It doesn't matter.

As long as we're getting something that looks like it's a different color and it tastes good to you and you feel excited about eating it, that's what we want to do. Or "Hey, I don't have a lot of money to get fruit." Okay, well, frozen fruit is fine and also dollar stores have a frozen section. And so you could get frozen berries from a dollar store and you could reduce waste, and then maybe we can make some fun smoothies with our kids and have them try it.

There are all these different layers. So it can be daunting and it can seem expensive, but it actually doesn't have to be. If we keep it simple and we don't try to overwhelm ourselves, we could have a lot of success. So just one small change every day. And so like Bernard takes this huge task. Like, "I'm going to introduce foods from different countries." Bless you. That is amazing for the rest of us that aren't as high functioning. I aim to be like you Bernard when I am your age young. We got to try in a small place.

For example, with my kids, my son only likes carrots. And so every Sunday I buy a bag of carrots. He helps me peel them and then we chop them up and we put them in a bag and those are his vegetables for the week. But my daughter likes bell peppers. So we get those for her and she cuts them up and puts them in a bag. And then we serve our dinner and the kids can just grab and put those on their plate. So we did it and they feel, "Okay, I ate the vegetable," and every mom is happy, kids are marginally happy. Then we move on from that.

Bernard Coley:

Can I chime in behind Vanessa because you said something, I really want to tie it together. What I did didn't take as much effort as you think. So let's take the example you just gave. What I did was in addition to having the kids chop the carrot, I told them about where carrots came from and they got into it. And then I had them help me plant some carrots in what we call our quarantine

garden. And that didn't take a lot. People say, "Well, I don't have space for a garden. I don't live in the country," or whatever. No, if you have a porch, a five foot porch, eight foot porch, you have room for a garden. You can take a pot and the kids can plant a collard green leaf or a kale plant or a carrot, and start to make the association between healthy eating and what they do every day anyway.

This is the myth I want to help take down. Eating a nutritious, healthy set of meals is not a major new task. You can take things you're doing every day and just learn about, for example, if you just increase the proportion of certain parts of your meal that you are having anyway, over other parts, you've now got a more nutritious meal. So it's not as big a task as you think it is. I have to glorify that. I have to be the PR agent for healthy eating. A lot of it is utilizing what you're doing every day, just doing it in a slightly better way.

One more thing I'll say, Disneyland. You go there, they serve you your pancakes and whatever breakfast, but the kids come and they have a face on it, they've taken the fruit and they've made a face on top of the pancake and your kids are sitting there eating the things that you can't get them to eat at home. It's because it was fun. So a little bit more effort into turning it into an exciting activity, and you can be enjoying, quotes around enjoying, healthy, nutritious meals every day.

Dr. Rachel Dolhun:

And I think what both of you stress that's so important is that it can be fun. You can learn and you can experiment. It doesn't have to be perfect. You can see a new vegetable at the store, pick it up and go online and search what you can do with that vegetable or go to farmer's markets or whatever, ask other people what they're cooking. So that you can just take this on as a new project and experiment.

But one thing, Paula, I want to go to you for this, I don't want to leave this out, is that we're talking a lot about Bernard cooking for Denise, or Vanessa, you helping your kids get involved. What about people who live alone or cook for themselves or those sorts of things? What kinds of tips do you have to help people get motivated and stay on target there?

Paula Montagna:

I think one of the things I like people to try and do is really try and focus on what can be done ahead of time. What can I prep? Can I prep some cut up vegetables, like onions and red peppers and maybe some spinach to throw in my omelet in the morning? Can I have things that make a mini salad bar in my refrigerator of all cut up vegetables? I know sometimes people with Parkinson's have better times of energy and strength in the morning. So what can they do in the morning to prep for their day or prep for their week on a Sunday to try and make sure they have things available that are clean, that are cut and they're ready to go.

So if they're making a soup then they can throw a few extra vegetables in the soup, that would be great. Or if they're making a piece of salmon and they can saute a few cut up pieces of broccoli already into their meal. I think it's all about ease. It's not like we have to make meals with 20 different ingredients. I know sometimes I cook and prepare things and I'm so excited about a recipe, but then I look at it and it has an overwhelming list of ingredients. So even having five things of ingredients to make and having things that are part of your household already. Do you have sweet potatoes around? Do you have some brown rice? Can I just make that a little bit easy by steaming or baking it and then having a piece of meat or some beans for the protein and really just having some colorful flavors to pull it all together, maybe it'd be a salsa, maybe it'll be a-

... flavors to pull it all together. Maybe it'd be a salsa, maybe it'll be a nice fancy turmeric salad dressing with lemon juice or something. But trying to make it easy. So you have the central focus of the protein and the great amount of vegetables, but what can I do to put it all together? Can I add some fermented sauerkraut or a salad dressing with some buttermilk in it to get a little bit of probiotics? What can I do to just pull it all together that we have this vitality bowl of flavors, but also the function of the protein and the vegetables that really kind of give our body what our body needs.

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Dr. Rachel Dolhun: That's great. And then Vanessa, back to you, because Paula threw out a lot of words about vegetables, but protein and those sorts of things. So again, somebody who might be newer to this or might not know these words or that sort of thing, how do you get started or start to learn the good themes of eating rather than good foods or bad foods?

Vanessa Risetto: Yeah, I mean, there's validity to all foods can fit, but it's just what are aligned with your goals. And so if you are a diabetic, we need to watch the portions of carbohydrates and sweets aren't on the menu every single day. Those are the things that we should be thinking about. I also like to educate people to know that protein and fat should appear at every single meal because that helps to keep us full. And then we want to have carbohydrates at different intervals based on what the goal is. And keeping in mind to what Bernard said previously, it's like my mom is from Haiti, so rice is what we would eat more of because it's a Third World country and we don't have access to a lot of things and rice is cheap. And so I had to retrain my mother who was a nurse to say, "You don't have two cups of rice on your plate. You have a third of a cup to half a cup of rice on your plate. And then you would have half of vegetables and then you would have the protein on the other half. "

And just getting her to be around that and to also understand, because she's like, "Oh, well the rice makes me full." And I'm like, "Well, the protein and the vegetables will also help you to be more full and you won't need as much rice as you think." So people need a lot of education around this because if you show

someone a plate of vegetables and chicken and you say, "Where are the carbs?" 90% of people will tell you there are no carbs on that plate. They don't actually understand what a protein and fat or a carbohydrate is. So I spend a lot of time going over lists of what is the carbohydrate, what are the serving sizes? Based on your weight and your goal, this is how much protein it would have. It's a really good idea to have vegetables multiple times a day. They help with fullness and they help keep your gut well and help with your immunity.

And when you give people those tips, it starts to make them understand and connect all the dots and get them more engaged and wanting to try different things. And back to Paula's point, if the recipe has more than five ingredients, I'm out. No one has time for that. So what is quick and easy and efficient that I can cook quickly and then get back to enjoying my family.

Dr. Rachel Dolhun: And just staying on that, two questions from what you said. So one is you're talking a lot about education. Where do people find this information?

Vanessa Risetto: They should work with registered dieticians that what that's trained to do. Everyone's like "Food is medicine." And I'm like, "That's what we do as our job." We teach you about food as medicine. And so at Colina Health, we take health insurance and many other dieticians do take health insurance and many hospitals have outpatient facilities or your physician that you go to may have a dietician on staff. So definitely leverage that and reach out to those partners so that you don't have to pay hundreds and hundreds of dollars to access this health because nutrition really is the frontline of healthcare. You could see your dietician every single week and they can work with your physician to help you meet some milestones that the physician may not have the time to get to help you.

Dr. Rachel Dolhun: And Bernard and Denise, how did you get up to speed on nutrition? How do you learn? How do you keep yourself up to date on these sorts of things?

Denise Coley: It's through our care team. We looked at nutrition and also when I look at nutrition, I really look at the full cycle that makes me effective. So don't have insomnia, I don't have constipation, I have low energy. I look at being mindful every day and what I do, it could be just going out to the garden or how I'm eating. I also look at making sure I have enough hydration, enough water throughout the day. I also make sure that I get a little bit of exercise in so that maintains the cycle and then that affects my sleep, because if you have the diet and all those things together, they work together to make sure that you're healthy and that you're active and you're connecting and that you're doing what you're supposed to do for Parkinson's.

Dr. Rachel Dolhun: So it's about finding what works for you, which can be a little bit of trial and error too.

Denise Coley: That's right.

Dr. Rachel Dolhun: And back on that point, I wanted to go back to you real quickly, Vanessa, you talk a lot about goals. So can you give us some examples of goals for healthy eating or how we would think about setting goals for ourselves?

Vanessa Risetto: Really personalized. So what is a goal for me is not a goal for you. And so people should really stay in their lanes just because your friend did something and that was their goal, doesn't mean that that's for you. So we want to think in conjunction with, do you have a chronic illness? Are we trying to reduce inflammation? Are we trying to stabilize blood sugar? So blood sugar is a very easy one back to the amount of carbohydrates. It's like, Hey, I eat a cup of carbohydrates at every single meal and my blood sugar is over 300 every single time for more than two hours. Okay, so let's scale that back. Let's really work on can you do a quarter cup? Can you do a half a cup? A half a cup is halfway. We still need to probably decrease more, but let's start there.

So that's a goal for someone, somebody who maybe drinks wine every night. Let's try every other night. Somebody who doesn't eat any vegetables or fruit at all, let's try to get fruits and vegetables in three times a week this week. And once they focus on that one thing that they can do, if they're successful that week, then we just keep building and adding on. But throwing the kitchen sink at everybody is never going to work. And just generalizing goals for people is also not going to work. Everybody has different needs.

Bernard Coley: So let me tag on what Vanessa said, because I think it's extremely important too. Many people look at this as a fix. So they wait till they have a problem and they come to it and they want to fix. Whereas what we're really talking about is healthy habits and a good lifestyle. And why do you want those? Because I want to be around to play with my grandchildren. I have all these other things I want to do. My life isn't over because PD entered. So for some of us, it's getting started. So in order to maintain that lifestyle as long as we can, we're talking about adjusting our lifestyle often, not a lot, but just getting into habit of doing these things. And so Vanessa's point is right on when she says, instead of two cups of carbs, put a half a cup on. We're not telling you stop. We're just saying use a half a cup every day in instead of two cups.

And once that becomes a habit, a lot of other things just adjust. They just fall into place. And let me throw one more point in before I forget it from the parking lot. You talking about more than five ingredients? Let me give you a suggestion. You can make a batch of ingredients and bring them in into portions and put them in the freezer. And when you need to add those to the other fresh flag, you can just pull it out of the freezer and throw it in. And now you have 10 ingredients, or one thing I learned is you can throw some stuff in the crockpot in the morning and then add the fresh stuff that night in the same 30 minutes you have for dinner, and now you've got a more nutritious meal and it didn't take a lot more time. There are other things that your dietician can help you with in terms of practical lifestyle suggestions that will help you fit these things in.

Dr. Rachel Dolhun: Yeah, it's about finding the shortcuts. Exactly like you said, there's crock pot meals, there are sheet pan meals where it's literally putting everything on one pan and cooking it all at once. I mean, easy cleanup. There's batch cooking. If you're going to be eating rice throughout the week, you make a gigantic portion of rice, save it in the fridge, and then you pull from that, buying precut vegetables if that's accessible or the frozen ones or things like that. So it's finding these shortcuts and these things that work in your life. And Paula, go ahead.

Paula Montagna: Okay. So I just wanted to backtrack to what Denise was saying because it seems like she has a very good handle on what her body needs. And I think it's really important for patients to look at themselves and say, okay, how do I feel? Maybe I didn't drink enough water today and I'm constipated today. Maybe I'm not sleeping so well. Sometimes just having several balanced meals a day, even if they're small throughout the day, gives us the protein boost that we need. So I like that Denise is very aware of how her body function, and she's very aware that she needs these things to make her body feel better. She needs the fluid, she needs the protein, she needs the fruits and vegetables, and the exercise and the music and the joy of eating.

So I feel like she's very good at understanding that. The other thing I like people to focus on with Parkinson's disease is understanding how they are in terms of their swallowing function. Is there any change in what's going on? Is it difficult to swallow today? Am I coughing a little bit more? Am I not feeling as energetic? So trying to evaluate yourself as you get ready to sit down to the meal or prepare a meal, is there something that's wet or moist to eat? So it's kind of just smoothly slides down. So I think the most important thing is really being your own advocate. And although there's books and recipes and diets out there, it's really about what does best for me and what makes me feel the best.

Dr. Rachel Dolhun: That's right. And you mentioned swallowing problems. Somebody asked us, what are some suggestions for if I have swallowing problems with Parkinson's?

Paula Montagna: Okay, so the first thing that's really good is having a care partner with you to kind of see are there any changes in my voice quality when I'm eating or drinking? Do I sound like I'm underwater or gurgly if I'm drinking water? Water is very rapidly passed down a hill very rapidly passed down our throat. Sometimes people, if they're having a little bit change in swallowing function, might have a cough or a gag reflex and they might be coughing because the water is going too slow.

And just evaluating that maybe they might need more of a thickened liquid or to slow down when they're eating to try and really assess what's going on. So the care partner being there or aware of it can help just gear on the problem. Sometimes it's not a problem with liquids, but sometimes it's a problem with food or with chewing or with swallowing type of things.

So patients might need to have their meds with applesauce or something a little bit smoother to try or yogurt to get the medications down. And unfortunately, sometimes it also is very effective to understand what's going on with their energy and energy level. They might have a change in their swallowing function if they're a little more tired. So maybe having things that are easier to chew and swallow at the end of the day might be more appropriate. Or if they didn't have such a great sleep last night, having things that are easier to manage in the morning, like something that's wet or moist, like some oatmeal and berries or applesauce or something wet or even the yogurt is better, or even those nice smoothies that you can put a lot of nutrition in. So it really depends on really assessing what's going on in your body, where you're at and what is happening this specific day to kind of guide us a little bit further in what their needs are.

Dr. Rachel Dolhun: And you mentioned being in tune with paying attention to if you're having swallowing problems or your care partner notices, Hey, you seem to be coughing a little bit more, clearing your throat a little bit more, talk to your doctor. You can see a speech therapist who can help evaluate this and then work with a registered dietician as well to build a diet that works for you.

Paula Montagna: Yes. I mean, definitely, it's all about you and what's working for you. And like Denise said, she really knows what makes her feel better. And that's the most important thing to what makes me feel better, what gives me my strength and my energy to go about my day and do the day things that I want to do.

Dr. Rachel Dolhun: Denise, you wanted to add something?

Denise Coley: Yes. Along with eating the nutritious food and preparing it, there are two things I think we should consider for Parkinson's patients according to what stage they're in. Looking at what kind of tools will help you in the kitchen for cutting and preparing. For eating, making sure that you have the weighted silverware and the cups that will help guarding to the different stages. I think those are essential for people, especially care partners, to notice, hey, maybe they need a little adaptment or a change and look to see what can help. And I feel that the weighted silverware, someone gave it out to us as a gift and it's been great. The whole family loves it as a matter of fact. But I love it especially, and it helps in terms of eating your food.

Dr. Rachel Dolhun: And also things like paying attention to when you prep. If you feel best in the morning, do some prep then. Or if at nighttime apathy or fatigue just makes you not want to do ... Have something ready at that point. Or if balance is a problem, maybe you prep sitting down versus trying to stand up. All these kinds of little things that you probably learn a little bit along the way, but you can learn from others in the community like who you have lots of tips on how to do this well.

Paula Montagna: I just had one more thing to add. Just in terms of the swallowing and the chewing, it's just also dependent on the portion size of food, what size the

particles are that you're putting in your mouth. Is it something that is too big and you're chewing and chewing and chewing and chewing to get it broken down? Or is it something that smooth and glides down your mouth? Because I feel like these type of things we don't necessarily think of, and it's kind of like you want to give people the independence to be able to cut their own food, but it's important to understand are they cutting it in the right portion size and is that something that really helps or are they putting too much in their mouth? Are they eating too fast? All these things really keep us aware and that I like ...

The other thing that Denise said a while ago is she said she's the last one to finish because she's being mindful and she's putting her fork down and she's chewing well and she's really enjoying the music and the family. And I think that's just as important. A slow relaxed meal really just helps us get the nutrition in and it doesn't get us stressed because we're just kind of relaxed in eating and focusing. And I think enjoying what the family's saying and not talking with our mouthful is also very important to make sure that nutrition is being ingested safely.

Dr. Rachel Dolhun: So we're talking a lot about swallowing problems. Bernard and Denise, you mentioned food apathy or lack of interest in eating. Lots of times smell loss, which can happen in Parkinson's, can make us less interested in eating. And those when they're significant can result in weight loss. So Paula, we often get questions about how do you keep your weight stable? I don't want to gain weight, but I also don't want to lose weight with Parkinson's. So what kinds of tips do we have for people maintaining weight in Parkinson's?

Paula Montagna: I think the most important thing is to assess where you're at in terms of what is your appetite like, how much are you eating based on what you're usually eating? And sometimes this weight loss creeps up on patients without really evaluating it. So it's important to say I'm eating less than what I'm usually eating. Then I would like you to try and eat several small meals a day, maybe every two to three hours, have a little bit of protein, maybe some soft cheese and some soft fruit or something. And then maybe two or three hours later, maybe have some yogurt that has protein in it and maybe just focusing in on a half...

... sandwich and a cup of soup as a way to get another snack in. And then have your dinner meal. It seems sometimes patients really evaluate that they're not eating as much as they can, or they're eating as much as they can, but it's not what their usual intake be, so focus on eating the protein first. The most important thing is getting good sources of protein, and then maybe have a few bites of vegetables and a few bites of the carbs, but trying to eat slowly and mindfully, so if you're getting full faster, you realize, "Okay, this is my meal. I'm doing a great job, and maybe two or three hours later I'm going to look at trying to have something again." So trying to have that five meals a day, but small meals every two to three hours really helps us focus on getting the nutrition in.

And maybe we used to be a three meals and no snack kind of person, but as our diet and our intake changes, you might have to reevaluate that and say, "What's the easiest thing to do to get the nutrition in?" and sometimes that two breakfast type of approach like, "I have breakfast when I wake up and then maybe 11 o'clock I have a smoothie or something." So you kind of have the meals, "And then maybe I'll have a lunch and then maybe I'll have a two o'clock in the afternoon snack and then maybe I'll have dinner with my family."

So it's like you break it up into smaller, more manageable meals. It's not as overwhelming as having a big piece of meat, a big amount of vegetables, and a portion of rice, but having it as small divided meals makes you feel more like you're having a success instead of being upset that you're not eating a large amount. Small plates and small amounts are just as nutritious because we know you're going to eat that amount instead of trying to overwhelm you with large amounts.

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Dr. Rachel Dolhun: And those smaller, more frequent meals can really help a lot for many people in Parkinson's, if you have trouble with digestion, nausea, even with blood pressure, you don't want these big fluctuations of meals where your blood's diverted to your stomach and your blood pressure decreases if you already have trouble with blood pressure.

So those small meals can really be helpful in Parkinson's. I want to go back to protein though. So, Vanessa, I want to start with you and just talk a little bit more about protein in general and then I want to bring it back into our conversation in Parkinson's because that can be a little bit of a sticking point around medication for a lot of people with Parkinson's.

Vanessa Risetto: Yeah. I think that in recent time people have said, "In America, everybody gets too much protein, everything has protein. Too much protein, too much protein," and I think for those Americans that are overweight or obese, they are probably getting enough, but for the general public, that's actually not true. People are shying away from animal protein for various ideas and beliefs. They think that if we're plant based, that means that we don't eat any animal protein at all, people do a lot of intermittent fasting, so they're not getting enough calories in the day in general, so they're not able to, in their window of time, get in enough. People have chronic illnesses that make it difficult for them and they get overwhelmed and they feel defeated if they're unable to get these amounts of protein at a time. So it is really important that we start to change that conversation and really understand the research that's out there, which is we need more protein in our diets.

You can get plenty of protein from plants. There are plants that are complete protein, nuts like pistachios are complete servings of protein. You can also have chicken, you can also have tofu, you can also use dairy as the source of protein,

eggs. So just really understanding and educating yourself on how you can make that work and how you can get that in. So to Paula's point, maybe swallowing is difficult, but you're really trying to get in on a lot of protein, so we might be able to get in a smoothie with a plain yogurt and then maybe we're going to add additional protein powder from a plant-based protein that has low sugar. There's a lot of ideas and a lot of ways for us to get enough in with the frequency by which we are taking food in.

Dr. Rachel Dolhun: And just restressing that point that not all protein comes from animal meat. So there are other places you can get protein outside of just chicken or fish or those sorts of things, but-

Vanessa Risetto: Right. Beans [inaudible 00:36:19]

Dr. Rachel Dolhun: Lentils, chickpeas.

Vanessa Risetto: Yeah, my husband will make cannellini bean pancakes, so he'll smash up cannellini beans and add garlic. So that's something that's different and fun. So maybe if the bean might be too hard, you can flatten it out into a pancake and just like cooking spray on the pan so you're not really frying, and that's a different way for you to eat something that is high in protein but in its regular form might not work for you.

Dr. Rachel Dolhun: Now on this point of protein and Parkinson's medications, mostly that medication levodopa, which most people with Parkinson's take at some point in their course of life with Parkinson's and the challenge is that that medication is absorbed in the same place as dietary protein is absorbed. Now that's not an issue for everybody, especially early on, so it doesn't mean you have to totally separate things or upend your whole life when you eat to take your medication, but if you're noticing your medicine doesn't work as well as it otherwise did or should, then you can separate it.

So usually it's 30 to 60 minutes either before or after you eat. Now, again, when we're talking about eating much more frequent meals, that might become more difficult if you take medication multiple times a day, then it becomes this balancing act of how do you get your meals in versus your medication and your protein. Again, that would be something that a registered dietician with expertise in Parkinson's and your Parkinson's doctor can help you with. Bernard and Denise, was that ever an issue for you?

Denise Coley: It hasn't become a real issue for me yet, but I've taken precautions. I take my first pill on an empty stomach, then I wait for my second pill, I know when it's due. So an hour before, I'll either have something to eat or I'll wait until after that hour point of medication and I try to make sure as much as possible if it's going to be close, that it'll be plant protein, not meat protein.

Dr. Rachel Dolhun: Great.

Bernard Coley:

Great. So I have a different perspective as the care partner and the observer in this. What I would say was this. Denise doesn't... It's not as big a deal for the patient right now because the care partner took care of it. One of the things I did very early on was to sit down and make out a calendar, a timeline for my day, including trying to get in things that a caregiver needs to do to take care of themselves as well, exercise, reading, time alone, and I sort of laid it out in chunks, in blocks of the day and then to that now when we speak to Denise's neurologist and she says, "Well, are we looking at it three times a day or four times a day on this medication and this one you take with food and this one you take without." I can now sit there and say, "Wait a minute. Here's a picture of our daily life and the schedule and the eating and what it takes to keep everybody going along. Can we work the medication schedule around this?" or the opposite is if the medication has to be taken on a specific rhythm, I can look at how that's going to change our day and we can be conversing about that early on.

So as opposed to waiting, again, till you have the problem and sort of randomly you're going in and talking to your doctor saying, "This isn't working," what I recommend to everybody is they take a step back, look at their day, look at your routine, the way it goes, lay it out, and then understand what the impact of certain medication schedules will be.

So for example, without having a big discussion with Denise, I noticed after certain medications she was having an upset stomach, so I quietly slipped in oatmeal in the morning. That didn't mean a big deal, I would just slip it in and observe, is this improvement? Is she feeling better? So I am sympathetic to those who are by themselves because you have to figure this out on your own, but for those who have caregivers, care partners, I recommend that you all pay close attention to the schedule. Make yourself a little diagram about what's happening so that you do understand because happy wife, happy life sort of thing, happy patient, happy life for everybody else. If you understand those things, you can just quietly adjust the schedule and end up with everybody doing better and everybody having a slightly better quality of life and sometimes it's just minor tweaks. Begin with looking at having a real schedule, and then you can share that with your dietician and your neurologist.

Dr. Rachel Dolhun:

Who should hopefully be talking to each other.

Bernard Coley:

Who should be on a care team, yes.

Dr. Rachel Dolhun:

Yeah. And I want to underscore something you said, which is there's going to be slipups and don't panic, this is life. This is not meant to be a strict black and white one way or another. This is about finding a healthy lifestyle, and what I've been saying too in all these conversations is sometimes eating the slice of cake at your grandkid's birthday party is the best thing for you. It's not about cutting out every single thing you enjoy or every single gram of sugar, it's about living life and incorporating healthy choices in life.

We're running short on time, so I want to do a little bit more of a rapid fire to get in some of these questions that we got so many of. So we're going to go through some different foods that we got questions about. I know it's not good or bad, but give us your perspective on them. So I'll start with you, Vanessa. Meat, good or bad? Should we eat it or not?

Vanessa Risetto: Yeah, we should eat it.

Dr. Rachel Dolhun: Well, as you said, there's all this conversation about vegan or vegetarian or plant based and I think it's hard for a lot of people to navigate that world.

Vanessa Risetto: Yeah, I think something for people to think about is do you think that cashew cheese is better than organic grass fed beef? I think we should be focused on the processing more than what it is. I mean, not more than what it is, but in conjunction with. So I think if you're able to source your food, you can be a little bit more discerning in what you have and I don't think that you should just cancel out meat. There's benefits to it and we know the research, and so you can make smart decisions around that.

Dr. Rachel Dolhun: And that's a good point we didn't say out loud is so much of healthy eating is this whole food. If you're looking at an apple versus an apple pie, you know what the apple looks like in nature, it's that whole food, that unprocessed.

Vanessa Risetto: Right.

Dr. Rachel Dolhun: Paula, back to you. Caffeine?

Paula Montagna: Okay, so now caffeine is when some of us, most of us, might look for a boost in the morning, and I don't mind a boost in the morning with some caffeine, like a cup of coffee, but coffee also has its ability to depress our appetite. So I don't want you to drink coffee all day and not get the nutrition and the meals you get in.

So I would say one cup of coffee a day is great and have your pick-me-up from healthy food the other time. So plan a smoothie in the afternoon or you'll find that sometimes we need that boost of energy, but the boost of energy is great when it comes from healthy foods as well. So having that balanced meal with the protein, the vegetables, and some healthy fats like some avocado or some small amount of butter is a better way to get in that boost throughout the day.

We used to think that we have this two o'clock in the afternoon slump, but I feel like if you don't have this balanced, satisfying meal, a full meal of all those components, then in the afternoon you might have a slump, but maybe that's time that we give our body another treat instead of reach for another cup of coffee. So I say one is good.

Dr. Rachel Dolhun: And as Bernard was saying, pay attention to yourself. Maybe caffeine gives you this boost and that's good, but maybe it also increases your tremor a little bit, or are you having trouble at sleeping at night, and are you or maybe drinking caffeine too late in the day or those sorts of things. Especially with Parkinson's where you can have the tremor or trouble sleeping or those sorts of things, paying attention to how these different things affect you. Vanessa, back to you. Alcohol?

Vanessa Risetto: Yeah, this is the one that I'm always like, "Eh, not so great." Alcohol at the end of the day is a depressant, so having a chronic illness can maybe take a toll on you emotionally, so it's not necessarily the best. Also, your body has to do a lot of hard work to metabolize alcohol, so you can have anxiety from that when you wake up, you can, it disturbs your sleep, so you're not going to be very well rested. So having a glass of wine once every six months is not anything really to talk about, but if we're doing this on a daily basis, we might want to reconsider that.

Dr. Rachel Dolhun: Paula. Dairy?

Paula Montagna: So with dairy, some people do have a natural tendency not to tolerate dairy with some GI distress, but I feel like dairy, especially fermented dairy like non-fat Greek yogurt is a great source of protein and a great source of calories and a great addition to our meal. If someone's doing a lot of ice cream, I would say that's not the best thing, but a small portion of ice cream or some cheese or some yogurt is a great way to get some dairy in, and I think it's beneficial. There are also some good sources of plant-based milks out there, but keep in mind, the plant-based milks sometimes have a lot of sugar in them and they don't really have a lot of protein as compared to dairy and a like a serving of yogurt.

Dr. Rachel Dolhun: And I think for the Parkinson's community, there has been some conflicting data on does dairy potentially contribute to the onset, bringing on Parkinson's and I think the jury's a little bit still out on that, whether there's an association between dairy, like whether it's the dairy itself or it's something else around the dairy, I don't think we're quite sure yet.

Paula Montagna: Yeah, I don't think so. But I also think it's important just to look at what other ingredients are in the foods. If it's dairy, but it also has a lot of sugar or a lot of processing like an ice cream with a lot of additives and preservatives, that's not really beneficial, but if it's a whole cheese or a whole milk item or something that has just... If you wanted to have some ice cream, maybe just the ice creams that are really just about the cream and the eggs are the cream and the sugar is better than having the ice cream with all the additives in it. So really is the whole foods is the best approach and trying to have the minimal extra ingredients that make it more of a processed food instead of a whole food.

Bernard Coley: I want to bring up a caution because Rachel, you made an absolutely excellent point. There's a lot of misinformation out there. Take it from a person that

didn't sit in a classroom with a professor to get their nutritional expertise. There is a lot of misinformation out there.

So from the standpoint of the community, what I want to say to you is be careful reading an article on the internet and taking it as gospel. It's really important to consult the Vanessas and Paulas of the world and get some definitive information, and as you heard Paula say, there's a lot of conflicting information out there. And hearing it from Paula, I can vouch for it. Absolutely there's a lot of conflicting information, and my fallback has been, rather than take any of these articles as that's it, to listen to the ones who say...

"Well, we don't know quite yet, but then turn around and, how do you feel?" What's happening to you when you do those things? So my caution, from a practical standpoint, is I really shy away from these articles that say, "Absolutely, this is the this, and this is the way you should do it, and you should cut these things out of...", because most of the time, if you dig, do a little research, you find out they're associated with something, or they belong to a lobby group or whatever. So my caution is be careful about your sources for nutritional information out there on the internet.

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Dr. Rachel Dolhun: Yeah, it's good advice, and even the news changes every day, right? It's like one day eggs are the... You should eat an egg every day, and then the next day it's like eggs are the worst thing ever. So it can be hard to... If you're going on the lace... Even what your friends tell you, right? Somebody will say, "I switched to gluten free and I feel better." Well, that's great for them, but that may not mean that works for you. So it really is about what we've been continually saying, like testing and learning, finding what works for you, and that means you.

Two more things I want to make sure we mention. Vanessa, sugar.

Vanessa Risetto: Sugar. I mean, a teaspoon of sugar, I'm not concerned about. If we're putting seven Splendas, even artificial sweeteners, or we're eating cakes and cookies at lunch and at dinner, and gallons of ice cream, then that's something else that we need to be thinking about. So one small dessert, even every day, is probably fine, but if you're overdoing it, then that is the problem.

Dr. Rachel Dolhun: You mentioned Splenda, while we're on this point. What about artificial sweeteners versus sugar?

Vanessa Risetto: So artificial sweeteners aren't better than sugar. So many times people, will come into my office and they'll be like, "I don't know, I've gained so much weight, but I put Splenda in my coffee." I'm like, "If you were putting sugar in your coffee, I promise that's not the reason for the weight gain. Let's find something else about the habits, et cetera." But we know that artificial sweeteners really wreak havoc on your gut, and we really want our gut to be

healthy so that we can have some constitution and survive certain things and better immunity.

So a teaspoon of sugar is not going to harm you and your coffee. I'd rather you do that than something that's artificial. Of course, if you are a diabetic and you want to enjoy a dessert, I know that it's natural for you to go towards the sugar-free stuff, but actually, if we're understanding how many grams of sugar and how many grams of carbohydrates are in that dessert, then we can make a more informed decision and portion it out, and that's far better than having all of this fake stuff.

Dr. Rachel Dolhun: So back to that, learn, get educated, get help, get supported as you're figuring this out. You mentioned gut, and a healthy gut. So Paula, I want to ask you something we get lots of questions on, which is probiotics.

Paula Montagna: So when we look at the gut, we're looking at all about the flow and the movement of the GI tract. Our gut is responsible for our immunity, as well as our constipation or our GI tract. One of the things we look at is trying to understand our microbiome, which is our good bacteria in our gut. So when we look at our microbiome, we want to make sure we feed the microbiome with good prebiotics, which are the good foods that feed our body. So the prebiotics feed the good bacteria. So we look at making sure we have fresh fruits, oatmeal, legumes. These type of things have the natural food for the good bacteria. So that's the prebiotics. Even onions and garlics in our soups and our stews.

Our probiotics are the foods that naturally contain probiotic, which is the good bugs. So the bugs are the probiotics, and the prebiotics is the food that feeds these bugs in our system. So probiotics can come from a good yogurt, some good kombucha with not a lot of sugar, these fermented type of drinks, even fermented sauerkrauts or fermented pickles. So these are great sources of these probiotic foods. Even just apple cider vinegar with the mother in it. These are good foods to take on a daily basis, because that helps us keep our GI tract flowing with this good bacteria, which would help us with our mood, it helps us with our brain and gut connection, and it helps us have a good flow or a good bowel movement. So we want a combination of the prebiotics and the probiotics in our diet, and we also do not want to give our diet too much sugar, because that kind of feeds the bad bugs.

So I have this great recipe that I like to make. It's a sweet treat. It's with black beans, cacao powder, medjool dates, and dark chocolate chips, and it gives us these good nutrients by giving us those fibers and those black beans, but it also gives us that sweet treat that we can enjoy. So it's that sweet sugary taste without having the sugar, so to speak. We have the medjool dates for the flavor, but it also just gives us that sweet satisfaction in a small little bite.

Dr. Rachel Dolhun: An important underlying theme of what you mentioned is using your food first. A lot of people will think about, "Do I need to take a supplement? Do I need to

take a probiotic pill?", or those sorts of things. How can we actually build our diet to be getting what we need, and then on top of that, if we're not meeting, then we take a supplement, but how can we use our food first to get everything we need?

Paula Montagna: That's really trying to get in the healthy fruits and vegetables, the good soluble fibers from the bananas, the berries, the oats, the beans to try and get in those soluble fibers. So we're kind of trying to satisfy our needs with this healthy diet, and even a healthy diet with really good hydration and fluids really just helps our gut flow and it helps keep us moving, and kind of helps with that constipation issue that so many patients experience.

Dr. Rachel Dolhun: I do want to make sure we talk about that, because that is an important thing that so many people, Parkinson's or not, do experience. So Bernard and Denise, how do you manage with eating a healthy diet to help keep you as regular as possible?

Denise Coley: So what I do is I make sure I eat much fruits and vegetables with water every day, but if I find out that I might miss a day, I will get a prune, and I have also done the apple cider vinegar, and I also have a drink made with cranberry juice, strawberries, cucumbers and lemons, and I drink that, and that is very helpful to keep me regular all the time.

Dr. Rachel Dolhun: Some people do need medication. Constipation can really be a big problem in Parkinson's, but what you eat can really play a role, and as you mentioned earlier, what you drink, how well you stay hydrated, how much you move, how much you exercise, all those things work together to hopefully helping keep you as regular as possible.

Bernard Coley: Let me add one, because there was a period when Denise was just in a regular awful mood, and we did not link it to the symptoms leading up to constipation. So let me share with you caregivers out here, the care partners, that sometimes the mood that's going on has a lot to do with the physical conditions that are going on, and you might not necessarily make the association.

So when we talk about dealing with constipation, and why the question comes up a lot, it's because people have just noticed, anecdotally, that when they're having constipation problems, they're usually in a bad mood, and so taking care of those problems or helping it actually helps with the mood, the general mood, the general environment. So it's important for everybody around the patient to also make sure that we are eating healthy meals that help balance out the constipation, because just environmentally, we'll all feel a little bit better.

Then the last thing I'll say on that is, as a person who does not have Parkinson's, but who occasionally experiences the challenge of constipation as you get older, having these nutritious meals helps me and the rest of the environment. So I want to stress this again and again, this isn't just about the PD patient, it's about

everybody in the whole family. Having these nutritious meals will help all of us, we'll all benefit, regardless of the label that's on the condition that's causing these symptoms to occur.

Dr. Rachel Dolhun: As you alluded to it, the foods we eat play a big role in our mood. So it may not be that there's one good or bad food for depression or anxiety, but Vanessa, you mentioned how alcohol can play a role in anxiety or depression. Sugar and things like that can certainly play a role too.

Vanessa Risetto: Yeah, you've really got to pay attention on how these foods affect your body, because caffeine may not bother me, but it could bother someone else in a really bad way, and maybe induce anxiety attacks or cause a lot of diarrhea and just getting you just super uncomfortable, or maybe you come down from sugar and you crash, and then you're really lethargic. So just paying really close attention to your body and what happens after you eat certain things, maybe keeping a food journal can be beneficial.

Dr. Rachel Dolhun: Yeah. We are very unfortunately out of time. We could talk for hours and hours on this topic. Before we do end, I'd like to ask each guest to leave our listeners with one piece of advice that you'd like them to walk away with. So Vanessa, I'll start with you.

Vanessa Risetto: Yeah, look, just give yourself grace. Every day is a new day, and every meal is a new chance to do better and meet your goals. So as long as you think about it that way, then you will get too overwhelmed or discouraged if things aren't perfect.

Dr. Rachel Dolhun: Paula?

Paula Montagna: I'd like people to really listen to their bodies and understand that every day could be different in how their bodies are feeling, and kind of just judge how you're doing with what you're eating, and trying to eat the healthy foods, the protein, the fruits and vegetables, the fibers and things, but also just sit back and assess, "How is it going today? Am I hungrier earlier than usual? Did that meal satisfy me? What can I do to pick me up in the afternoon?", and really be in tune and realize, there are times when treats are allowed and available, and it's great, because it's all about our life and our enjoying it and our enjoying our food. So just making sure that you're really listening to yourselves and really making sure you're doing your best, and realizing that you can have lots of variety in what you're eating, and it really can help with [inaudible 00:59:04] is medicine.

Dr. Rachel Dolhun: Before we end with Bernard and Denise, I'll add my tip, which is, if you're new to this, just get curious. Start paying attention to what you're eating, and maybe that's just looking at your plate, what your plate looks like. Maybe it's turning around the packages at the store, so you start getting comfortable just looking at labels. Look at ingredients. The more you can't pronounce or don't know

what they are, probably the less healthy it is. So again, just get started by being aware and being curious, and don't be overwhelmed. Just take it one step at a time and know that any positive healthy change is a good one.

Then Bernard and Denise, let's wrap it up with you.

Denise Coley: All right. I would say the same thing that Paula did, to listen to your body. Each day is a different day. Remember what you had the day before in case you're having a rough day. It could impact you, and then take charge of your life and be empowered to try something new, and see if that fixes it, and if so, do that, and it might work for a long period of time, and then it might need another adjustment, but if you listen to your body, your body will always tell you what's working and that's working.

Bernard Coley: I'll close by saying eating nutritious meals is a healthy investment in the rest of your life. Mentally, spiritually, physically, et cetera, and it's really not that hard.

Dr. Rachel Dolhun: Thank you so much, Vanessa, Paula, Bernard, and Denise for being here with us today. You shared such valuable insights, practical tips, and we're so grateful that you could be with us.

We're also grateful to our listeners for joining us too. You can find all the recipes that we discussed in the show notes available with the podcast, and you can also find more information, tips, and additional recipes to support brain health and ease Parkinson's symptoms in our free guide, which is available at michaeljfox.org/dietguide.

While you're there, you can also check out our webinar on the topic, and the many other resources we have to help you navigate brain health and life with Parkinson's.

On behalf of everyone at the Michael J. Fox Foundation, who's here until Parkinson's isn't, I'm Dr. Rachel Dolhun.

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