

PD Talk Transcript: PD — A Nutritional Perspective

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About This Transcript

This is an accessible transcript formatted to meet accessibility best practices under the Americans with Disabilities Act (ADA) and the Web Content Accessibility Guidelines (WCAG). It includes the following conventions:

- Every speaker is identified by name at each change of speaker where a name is known. The presenter's name is spelled "Barbara Maione" throughout, per the official event announcement, correcting an apparent mishearing ("Maloney") in the introduction. Several attendees in the question-and-answer session were not named in the recording; these are labeled descriptively (for example, "Attendee — Ron's Caregiver") to distinguish between individuals without inventing names. One brief response was ambiguously attributed in the source recording and is flagged accordingly.
- Filler words, false starts, and repeated phrases common in unscripted speech have been condensed for readability; all substantive nutritional content, examples, and figures have been preserved.
- Headings follow a consistent, logical order so the document can be navigated easily with assistive technology.
- Timestamps are estimates based on typical speaking pace and topic length, since no source timecodes were provided with the original recording.
- **A note on content:** This talk includes general nutrition information and the presenter's professional recommendations. As always, dietary and supplement changes, especially those related to timing medication around meals, should be discussed with your own neurologist, physician, or a registered dietitian familiar with your individual health needs.

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1. Welcome and Introduction [00:00]

Gayla Bowden, Moderator: Good afternoon, everyone, and thank you for joining today's PD Talk with Barbara Maione, who will speak on the importance of nutrition in Parkinson's disease. Barbara is a registered dietitian with fifteen years of experience across long-term care, skilled rehabilitation, food service leadership, and academia. She holds a master's degree in nutrition and dietetics from Florida International University and provides nutritional leadership for multiple HCA hospitals in the Bradenton area. Barbara, thank you so much for being here today.

2. Presenter Background and Disclosures [01:00]

Barbara Maione, MS, RDN, LD/N, Presenter: Thank you for having me, and thank you all

for joining and taking the time to learn about the nutritional perspective on Parkinson's disease. I have about fifteen years of experience as a registered dietitian in Florida, and I have no disclosures or conflicts of interest related to this presentation.

3. Learning Objectives [02:00]

Today's talk will cover: exploring different diet options, foods to avoid for symptom management, protein intake and medication interactions, hydration needs, and the benefits of physical activity for people with Parkinson's disease.

4. How Nutrition Affects Parkinson's Symptoms [03:00]

Parkinson's disease is a progressive disorder affecting the nervous system, and nutrition plays a role in both motor symptoms (tremors, rigidity, balance) and non-motor symptoms (cognitive function, mood regulation, and sleep quality). Parkinson's can also affect quality of life more broadly through constipation, weight fluctuations, fatigue, and general well-being — all topics this talk will address.

5. Why Nutrition Matters for Disease Progression [04:30]

Poor nutrition can lead to a range of avoidable issues. Nutrition intervention is considered essential by neurologists for improving clinical outcomes and potentially reducing disease progression, in part because nutrition affects the signals sent to the brain, and can also affect how well Parkinson's medications work. Clinical studies show that good nutrition can improve dyskinesia and disease severity, while undernutrition is associated with a worse prognosis. Maintaining a healthy weight or BMI is key to managing symptoms — for example, undernutrition can contribute to bone thinning from low calcium or vitamin D, which increases fracture risk if a fall occurs (and falls are already more common with Parkinson's). Stronger bones, supported by good nutrition, can help prevent injury even if a fall happens.

6. Key Nutrients to Know [06:30]

Several nutrient categories are especially relevant to Parkinson's and appear throughout the diets discussed later:

- **Antioxidants** (vitamins A, C, and E): found in citrus fruits, berries, nuts, and seeds

- **Omega-3 fatty acids:** found in fatty fish (salmon, trout, mackerel, tuna), flaxseed, and walnuts
 - **B vitamins**, especially **B12:** found primarily in meat, fish, and eggs
 - **Vitamin D:** the body can produce this with about fifteen minutes of sunlight exposure per day — Barbara noted the inherent tension between sun protection advice (to reduce skin cancer risk) and the body's need for some sun exposure to produce vitamin D naturally, which requires a personal balance
 - **Minerals:** magnesium, zinc, and iron
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7. The Gut-Brain Connection [09:00]

Emerging research has identified a strong connection between the gut and the brain via the **vagus nerve**, which runs from the base of the brain down through the gastrointestinal tract. This is often called the gut-brain axis. Altered gut microbiome composition (the balance of bacteria in the gut) can affect Parkinson's symptoms. Supporting a healthy microbiome involves eating healthy fruits and vegetables, along with probiotics and prebiotics.

8. Prebiotics vs. Probiotics [10:30]

Probiotics are live microorganisms — actual live bacteria, such as those found in probiotic yogurt (Barbara used Activia as an example) — that directly support gut health. **Prebiotics** are foods that feed the beneficial bacteria already present in the gastrointestinal system.

9. The Standard American Diet [11:30]

The typical American diet has been shown to offer the fewest health benefits and is linked to heart disease, diabetes, and obesity. It tends to be high in processed foods, sugary foods and drinks, and fried foods, while lacking the fiber, antioxidants, and healthy fats that support gut and brain function.

10. The Mediterranean Diet [13:00]

The Mediterranean diet emphasizes olive oil, nuts and seeds, whole grains, beans, a wide variety of colorful fruits and vegetables, fish, and poultry, while minimizing red meat, sweets, fried foods, butter, and processed foods. (Barbara noted the traditional Mediterranean diet also includes a moderate amount of wine — about one glass.)

11. The DASH Diet [13:30]

DASH (Dietary Approaches to Stop Hypertension) was originally developed to help manage high blood pressure. It focuses on lean meats (chicken, fish, poultry) and low-fat or fat-free dairy, while avoiding sodium, sugary beverages, saturated and trans fats, and processed or red meat.

12. The MIND Diet [14:30]

The MIND diet is a hybrid of the Mediterranean and DASH diets and is the most extensively studied diet specifically in relation to Parkinson's disease, showing the strongest associated benefits. Barbara noted she considers it a healthy option for anyone, Parkinson's or not. In addition to the general Mediterranean and DASH principles, the MIND diet places particular emphasis on dark, leafy green vegetables and dark berries (raspberries, blackberries, blueberries), which are especially high in antioxidants and fiber supportive of brain and gut health.

13. Vegetarian and Pescatarian Diets [16:00]

These are largely plant-based diets (though not strictly vegan), emphasizing legumes, whole grains, nuts, seeds, and often fish. Variations exist, such as lacto-ovo vegetarian diets that also include dairy and eggs, versus stricter vegetarian approaches that avoid both.

14. Vegan, Paleo, and Ketogenic Diets [17:30]

These diets currently have less conclusive research specifically related to Parkinson's disease. Barbara emphasized that nutrition is not one-size-fits-all — individual needs vary, especially with co-occurring medical conditions, and some trial and error may be necessary. She also noted these three diets are sometimes used short-term, as a kind of "reset," rather than as permanent long-term approaches, given how restrictive they can be to sustain indefinitely.

- **Vegan:** excludes all animal products entirely (no meat, dairy, eggs, or honey). This requires careful attention to potential nutrient gaps, particularly vitamin B12 (found almost exclusively in animal products and important for neurological signaling), as well as iron and calcium — supplementation may be necessary to maintain a balanced diet.

- **Paleo** (sometimes called the "caveman diet"): centers on fruits, vegetables, lean meats, and fish.
 - **Ketogenic**: a very high-fat, low-carbohydrate diet, with more research support in epilepsy and other neurological conditions than specifically in Parkinson's. Roughly 75% of dietary intake comes from fat under this approach — importantly, healthy fats such as avocado and fatty fish, not sources like bacon, butter, or cream-based sauces, which would primarily raise cholesterol without nutritional benefit.
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15. General Diet Considerations [21:00]

Regardless of which dietary approach is used, Barbara recommended:

- **Balance**: aim to include a range of the key nutrients discussed earlier.
 - **Nutrient-dense foods**: choosing foods that offer substantial nutrition relative to their calorie count. Barbara compared an apple (about 80 calories, with fiber, hydration, and vitamins C and E) to a 100-calorie bag of potato chips (minimal nutrition, quick to leave you hungry again).
 - **Long-term sustainability**: consider whether a given approach is realistic to maintain.
 - **Body awareness**: pay attention to how your body responds, and share any concerns with your physician, neurologist, or registered dietitian.
 - **A food and symptom journal**: tracking what you eat and how you feel afterward can help identify specific foods that may not agree with you.
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16. Nutrition's Impact on Common Parkinson's-Related Issues [24:00]

- **Constipation**: increase fiber intake (more fruits and vegetables, checking fiber content on food labels) and stay well hydrated. Delayed gastric emptying (food moving very slowly through the digestive tract) is common in Parkinson's, and both increased water intake and fiber can help.
 - **Small intestinal bacterial overgrowth (SIBO)**: probiotics may help manage this.
 - **Medication interactions**: may require adjusting the timing of protein intake (discussed in detail below).
 - **Micronutrient deficiencies**: maintaining a balanced diet, and supplementing where appropriate, can help address these.
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- **Taste and smell changes:** using herbs and spices, along with varying food textures and temperatures, can help compensate for diminished taste perception.
 - **Constipation:** the general fiber recommendation is 25–30 grams per day. Barbara advised increasing fiber gradually rather than all at once, to avoid digestive discomfort, and recommended roughly eight 8-ounce glasses of fluid per day as an easy hydration guideline, along with probiotics to support healthy gut bacteria.
 - **Dysphagia (swallowing difficulty):** Barbara strongly recommended working with a speech-language pathologist, who can provide guidance on safe swallowing techniques (such as appropriate sip size), softer food modifications (minced, moist foods, sometimes with added gravy to ease swallowing), proper upright posture during meals to support safe swallowing, and thorough chewing before swallowing.
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18. Fatigue, Energy, and Meal Timing [29:30]

Choosing nutrient-dense foods helps address fatigue. Since chewing can take longer with Parkinson's, meals themselves can become time-consuming and tiring; Barbara suggested smaller, more frequent meals (for example, six small meals rather than three large ones) to reduce the physical burden of extended chewing time at any single sitting. Timing meals appropriately around medication is also important, discussed in detail next.

19. Medication and Protein Interaction [31:00]

This is one of the most important nutritional considerations for Parkinson's: **carbidopa-levodopa competes with dietary protein for absorption**, since both use the same absorption pathway in the body. If taken together, protein tends to "win," meaning the medication may not be absorbed as effectively, reducing its symptom-management benefits. This interaction affects people differently — Barbara estimated roughly 30% of people experience a meaningful effect from this interaction, while the majority do not, but it's an important factor to be aware of.

General timing guidance (always to be confirmed with your own neurologist, since specific recommendations can vary): take levodopa on an empty stomach, generally about 30 minutes before a meal or 60 minutes after a meal, to allow separate absorption windows for protein and medication. Barbara shared a sample schedule: levodopa at 8:00 a.m., breakfast at 8:30 a.m., a snack around 11:00 a.m., levodopa at 1:00 p.m., and lunch 30 minutes later. If nausea occurs with carbidopa-levodopa, taking it with some carbohydrates can help; if

constipation is a concern, maintaining that same general 60-minutes-before or two-hours-after meal spacing is recommended.

20. Protein Redistribution as an Alternative Approach [34:30]

A less common, but sometimes effective, alternative is **protein redistribution**: concentrating most protein intake in the evening, when symptom control during the day matters most, while reducing (not eliminating) protein earlier in the day, when medication effectiveness is prioritized. This maximizes daytime medication effectiveness but can be more challenging to sustain long-term, since it requires restructuring typical meal patterns rather than distributing protein evenly across breakfast, lunch, and dinner as most people are used to. Total daily protein intake (generally at least 50 grams or more, depending on body weight — see below) remains the same; only its timing shifts.

21. Calculating Protein Needs [36:30]

A general formula: approximately 0.8 grams of protein per kilogram of body weight (body weight in pounds must first be converted to kilograms — an online calculator can simplify this).

22. Hydration Needs [37:30]

A simple mathematical guideline is half your body weight in ounces of fluid per day, though the easiest rule of thumb is eight 8-ounce glasses daily. Barbara recommended not exceeding about 100 ounces per day for women or 120 ounces per day for men, to avoid over-hydration, which can dilute electrolytes. For those who don't enjoy plain water, flavoring packets or infusing water with fruit or mint can help. She also noted that caffeinated beverages have a mild diuretic effect (increasing urination), which is worth keeping in mind for overall fluid balance.

23. Physical Activity and Parkinson's [39:00]

Research supports a positive relationship between physical activity and Parkinson's symptom management — exercise can benefit gait, balance, tremors, flexibility, grip strength, and motor coordination. Any movement is better than none, though a physical therapist or physician should be consulted before starting a new exercise program, and it's important to know your own limits and start gradually rather than overexerting

immediately. Making exercise social and enjoyable (for example, exercising with a friend) can support consistency.

Categories of exercise mentioned:

- **Aerobic activity:** walking, running, swimming, dancing
 - **Strength training:** resistance bands, dumbbells, or bodyweight exercises
 - **Balance and agility:** single-leg stance, weight shifting between legs, side-stepping
 - **Flexibility:** stretching, tai chi, yoga
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24. Reading Food Labels [41:30]

Barbara emphasized food labels (present on all processed foods, though not on fresh fruits and vegetables) as an important, practical tool. Using an oatmeal label as an example: if a container lists eight servings per container, 230 calories, 8 grams of total fat, 0 grams of cholesterol, 37 grams of carbohydrates, and 3 grams of protein — all of those values apply to a single serving (in this example, two-thirds of a cup). Eating two servings means doubling all of those values accordingly.

Key takeaway: always check whether the labeled serving size reflects what you're actually eating — a food might look low-calorie at a glance, but that number may only apply to a much smaller portion than what's realistically consumed. Barbara shared a personal, lighthearted example: for years she assumed an "80 calories" label on Oreo cookies applied to the whole row she was eating, before realizing it was actually per single cookie — meaning she had likely been consuming closer to 1,000 calories at a time without realizing it.

25. Question and Answer Session [46:00]

Gayla Bowden: While people unmute and get ready with questions — you talked a lot about prebiotics and probiotics. Can these be purchased somewhere like Walmart, or do they need to come from a specialty source?

Barbara Maione: They can be purchased anywhere — that's not a major concern. What matters more is checking the label for at least **10 billion CFU** (colony-forming units), since that level is associated with the strongest proven benefits, and looking for a product containing multiple different bacterial strains (for example, Lactobacillus, Bacillus, or others) rather than just a single strain.

Gayla Bowden: That's very interesting, thank you. Does anyone else have a question?

Attendee — Caregiver for "Ron" — Slow Eating and Unintended Weight Loss

Attendee: My husband, Ron, eats very slowly — that's part of his Parkinson's. He might start breakfast around 9:00 a.m. and not finish until around 11:30. By the time it's my lunchtime, he's nowhere near ready to eat, and we're having real trouble keeping weight on him. How do we address this?

Barbara Maione: One option would be smaller, more frequent meals to help reduce the total feeding time at any one sitting. Have you tried nutritional supplement drinks, like Ensure or Boost?

Attendee: Yes — right now we're using Magic Cups, small cup-style nutritional supplements. He lost sixteen pounds during physical rehab, and even though he was back up to 108 pounds, he's since dropped back down to around 105. I'd gladly give him more, but I can't seem to keep the weight on.

Barbara Maione: I'd look at the specific foods he's eating — for example, if he has oatmeal or mashed potatoes, you can boost the protein and calorie content by adding protein powder, or even a bit more butter than usual, since at this stage the priority is weight gain. You can also repurpose supplements like Boost, Ensure, or Magic Cup as a base for homemade smoothies, blending them with fruit — that adds extra nutrition on top of what the supplement alone provides.

Attendee: Thank you.

Gayla Bowden: Does anyone else have a question? Barbara, I noticed there isn't one single "magic diet" for everyone — you covered a lot of different approaches suited to different situations. When should someone reach out to a dietitian for help?

Barbara Maione: Honestly, as soon as possible after diagnosis — proactively maintaining good nutrition from the start can help prevent issues down the line, even before any specific symptoms like unintentional weight loss appear. I'd recommend asking your neurologist whether they work with a dietitian or can refer you to one. There are also virtual dietitian services now — Barbara mentioned services like Say Nutrition, Berry Street, and Nourish — which many insurance plans cover, allowing you to consult with a dietitian remotely via video call without leaving home. Checking directly with your insurance provider can confirm coverage.

Gayla Bowden: That's very helpful to know — I hadn't heard of that before.

Attendee — Hydration Amounts, Constipation, and Insomnia

Attendee: You mentioned women shouldn't exceed around 100 ounces of water a day — I drink eight to ten 12-ounce glasses daily and still experience some constipation. First, is that hydration guidance a hard limit? And second, do you have suggestions for insomnia in Parkinson's patients?

Barbara Maione: The hydration figures are general estimates, not strict limits — actual needs vary with body size, so a taller or larger person will generally need more than a smaller person. The reasoning behind the upper guideline (around 100–120 ounces) is mainly to avoid over-hydration, since people sometimes overdo something they're told is beneficial, which can dilute electrolytes. As for insomnia, I don't have one perfect answer, but general guidance includes avoiding caffeine and tea in the afternoon (roughly after 3:00 p.m., depending on your bedtime) and allowing a couple of hours between large meals or caffeinated drinks and bedtime, since both can interfere with sleep.

Attendee: And how many grams of protein would you recommend for a woman?

Barbara Maione: At least 50 grams generally, though for older adults specifically, someone weighing around 120 pounds would need roughly 60 grams per day. That may sound like a lot, but it adds up quickly — for example, two eggs provide about 14 grams (7 grams each), and a chicken breast provides roughly 30–40 grams, so reaching that target is fairly manageable with a balanced diet.

Attendee: Thank you.

Barbara Maione: You're welcome. [Note: this response was ambiguously attributed in the source recording and may have come from the presenter or another participant.]

Gayla Bowden: Does anyone else have a question? It looks like everyone else is muted.

Attendee (Ron's caregiver): Did you catch that — how many grams was recommended for a man? I think I missed that.

Barbara Maione: The same general guidance — aim for at least 50 grams.

Attendee (Ron's caregiver): Okay, thank you.

26. Closing Remarks [approx. 58:00]

Gayla Bowden: Thank you so much, Barbara — this was very informative, and we really appreciate you taking the time to speak with us today. This recording will be posted to the website within about a week if you missed part of it; it will be available on the members-only page.

Attendee (Ron's caregiver): Thank you.

Attendee (unnamed): Thank you.

Gayla Bowden: All right, bye-bye, everybody.

Attendee (Ron's caregiver): Bye-bye.

Accessibility note: Timestamps in this transcript are estimated based on typical speaking pace and section length, as no source audio or video timecodes were provided with the original recording. This talk reflects the presenter's professional recommendations as a registered dietitian; medication timing and dietary changes should always be confirmed with your own neurologist or healthcare provider before adjusting your routine.