



Parkinson's Disease

Presented by

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Parkinson's NSW

Info line and education.

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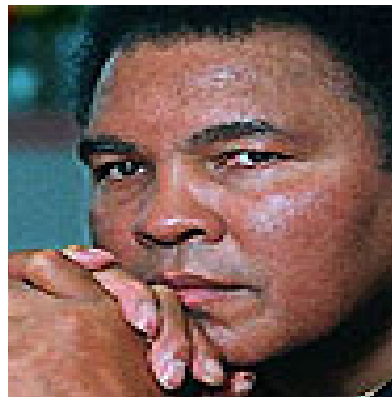
Parkinson's Disease (Pd) can affect anyone



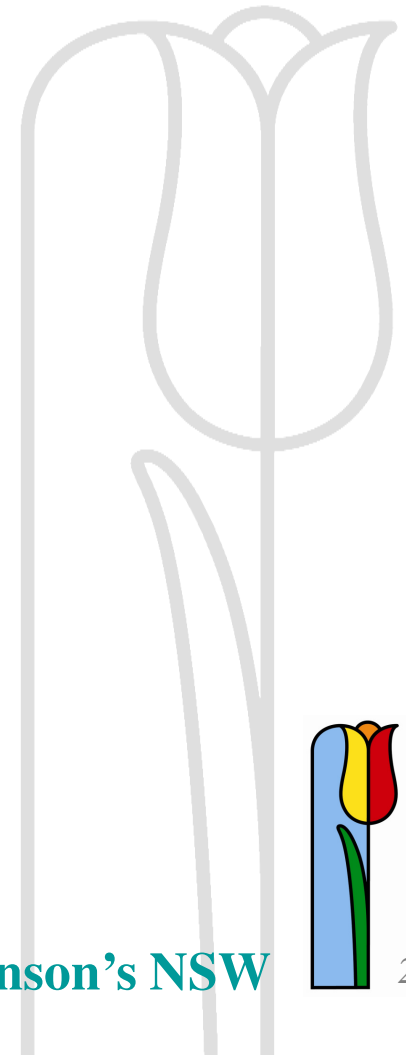
Michael J Fox



Pope John Paul II



Muhammad Ali

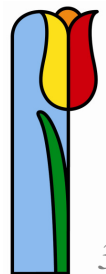


History

- James Parkinson in 1817



- Illustrated by Sir William Gowers in 1886



What is Parkinson's Disease

- A degenerative brain disorder affecting movement
- Can affect anyone, anytime anywhere
- Progressive
- Multiple symptoms
- No specific test to diagnose Parkinson's

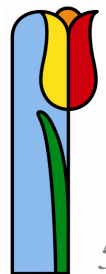


Cause of PD

Unknown

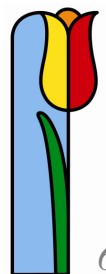
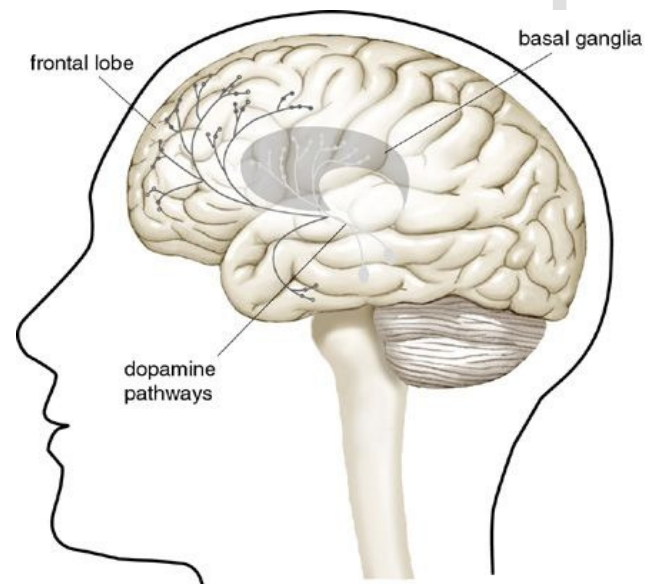
- Risk Factors
 - Genetics
 - Environmental
 - Gender
 - Age
 - Immune

No cure but valid treatment options



Patho-physiology

- Loss of dopamine producing cells in the brain
- Dopamine – an important neurotransmitter
- Affects the brain especially basal ganglia
- Leads to motor, autonomic and cognitive issues



Symptom's of Pd

Tremor (shaking usually starts on one side of the body, often in the hand or finger)

Rigidity (stiffness where the limbs feel like lead)

Akinesia (difficulty in initiating movement and slowness of movement)

Problems with balance



Symptoms Associated with Pd

- Weight loss/gain
- Dystonia
- Vision
- Masked face
- Loss of sense of smell
- Dysphagia/swallowing problems/choking
- Internal tremor



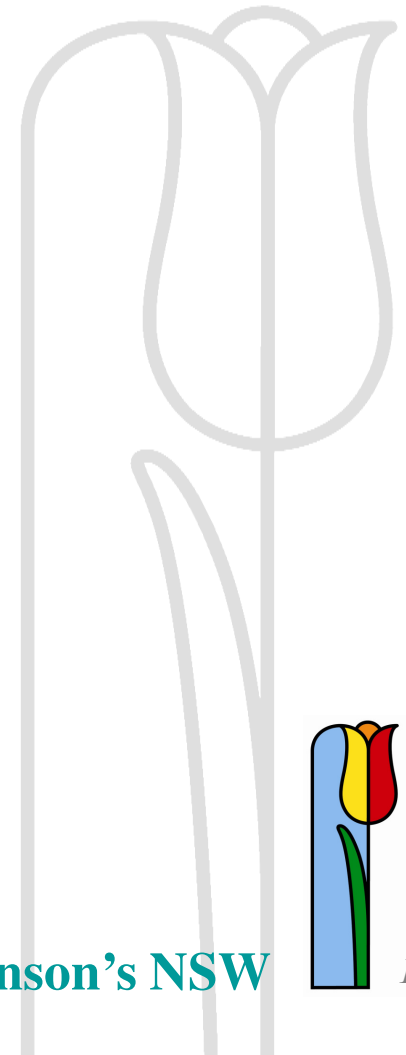
Symptoms Continued

- Difficulty in speaking
- Fine coordination movements
- Micrographia – small handwriting
- Doing up buttons, cleaning teeth, brushing hair, dressing



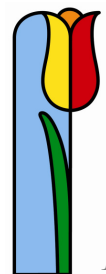
Non-motor Symptoms - Autonomic

- constipation
- continence
- pain
- postural hypotension
- sweating oily skin
- loss of blink
- Sexual difficulties



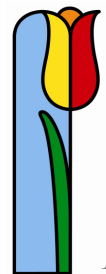
Non Motor Symptom's

- Cognitive impairment
 - Lack of insight/ impulsiveness
 - concentration / attention /memory difficulties
- Sleep disorders
- Fatigue
- Anxiety
- Depression



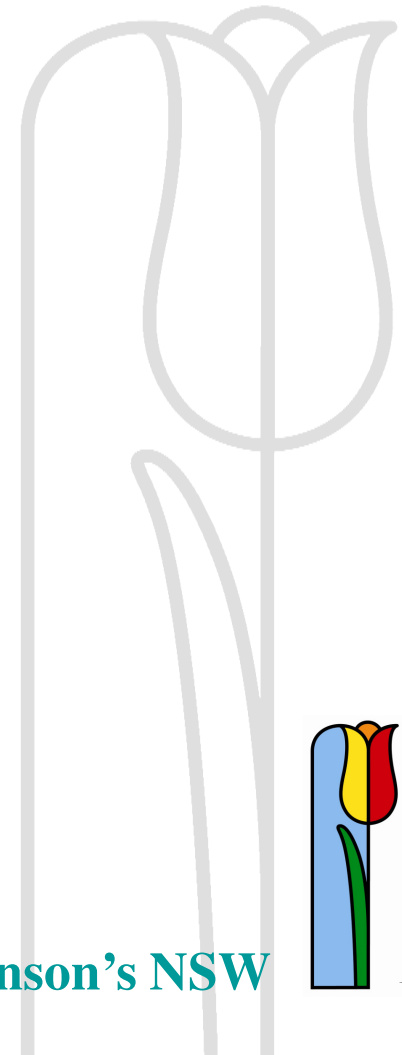
Treatment of Pd

- Medication
- Can control symptoms effectively for 5 to 10 years in most people before disabling side-effects appear and control then becomes less effective.
- Levodopa
- Dopamine agonists
- COMT inhibitors
- Anti-cholinergics
- MAO type B inhibitors
- Amantadine



Side Effects of Medication

- Nausea/vomiting initially
- Drowsiness
- Mood Changes
- Hallucinations
- Postural hypotension
- Motor Fluctuations
- Dyskinesia
- Alteration in libido



Surgical Intervention

- Surgery – Deep Brain Stimulation (DBS)
- Even if surgery is successful, it only relieves symptoms for a period of time; however, it does not halt progression of the disease



Medication Management

- Drugs must be delivered on time every time
- Correct dosage
- Interaction with meals – watch protein intake
- Anxiety
- Daily Routine



“On” / “Off” Phenomena

- * When PD diagnosed motor pattern may
- remain the same over 24 hours at the
- introduction of levodopa or agonist
- * Over time motor fluctuations are seen
- * “On” is the time referred to when the person has least symptoms of PD
- * “Off” when PD symptoms are at their worst



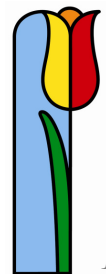
What You Need To Ask

- How long does it take after taking levodopa to take effect “on”?
- How long before symptoms return?
- Is there any warning of going “off”?



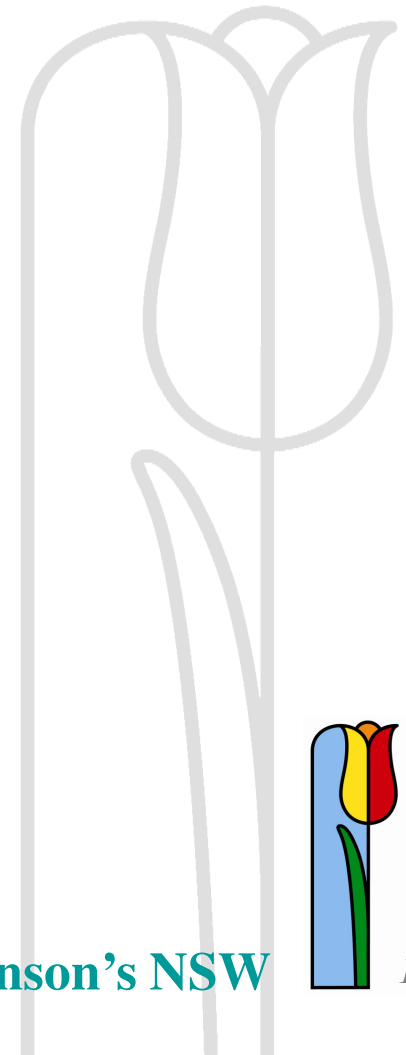
The Hidden Impacts of Pd

- Pain
- Anxiety & depression
- Difficulty in using facial, vocal and physical expression
- Fear of medication wearing off
- Loss of confidence and identity
- Social isolation



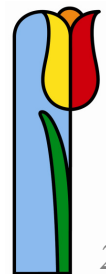
Communication Alerts

- Slowed response
- Lack of facial expression
- Soft monotone voice
- Rapid and/or slurred speech



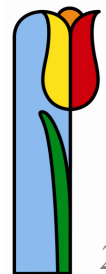
Mobility Alerts

- Increased risk of falls
- Bradykinesia – slowness of movement, initiation and execution
- Impulsiveness
- Freezing – especially in confined spaces
- Decreased mobility and potential restlessness overnight



Mobility Techniques

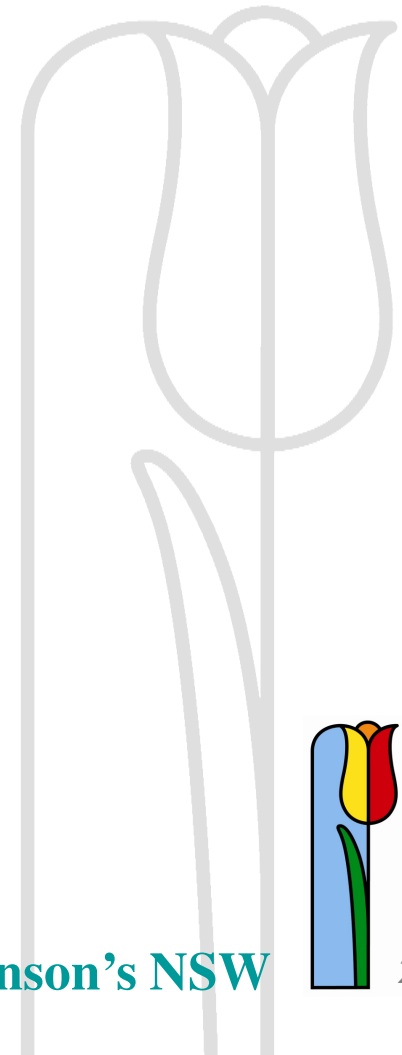
- When walking, the person should not talk or carry anything
- Use cueing when “freezing” occurs
- Person should not walk backwards
- Regular risk assessment
- Use periods of peak medication efficacy



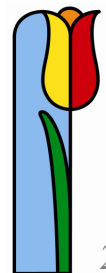
Mobility Cues

For gait hesitancy or freezing:

- Pretend going up stairs
- Use a metronome/march tune
- Use laser pointer or line
- Step lines on floor
- Encourage person to walk over your foot
- Rock person from side to side



Various Aids for PD patients



Neuro-Psych and Cognition Care

- Be aware and record variations in mood and cognitive function in relation to medication and function
- Be patient and allow additional time
- Encourage the person with Pd
- Provide concrete instructions regarding activities – one step at a time



1800 Infoline

**Free Call
Service
1800 644 189**



- For people enquiring about Parkinson's disease, symptoms, support services including accessing professional information.
- Staffed by our Information Officer and trained volunteers.

