

Caring for Care Homes

Parkinson's Disease

How common is Parkinson's disease and what causes it?

It's thought around 1 in 350 people are affected by Parkinson's disease. Most people with Parkinson's start to develop symptoms when they are over 50, although around 1 in 20 people with the condition first experience symptoms when they are under 40. Men are slightly more likely to get Parkinson's disease than women.

Parkinson's disease is caused by a loss of nerve cells in a part of the brain called the substantia nigra. This leads to a reduction in a chemical called dopamine in the brain. Dopamine plays a vital role in regulating the movement of the body. A reduction in dopamine is responsible for many of the symptoms of Parkinson's disease. Exactly what causes the loss of nerve cells is unclear. Most experts think that a combination of genetic and environmental factors is responsible.

The effects of Parkinson's disease

The three main symptoms of Parkinson's disease are; tremors (an involuntary shaking of limbs), slow movement and stiff or rigid muscles.

A wide range of other symptoms are often experienced. Some of these include depression, constipation, problems sleeping, memory problems and tiredness. The range and severity of symptoms will vary from person to person. How symptoms affect a person can change from hour to hour and from day to day. Symptoms will also get worse when drugs prescribed for Parkinson's are wearing off and improve again after they are taken. Parkinson's disease is a progressive disease meaning the symptoms will increase over time. This may happen slowly in some people, but much more quickly in others.

Treating Parkinson's disease

Although there's currently no cure for Parkinson's disease, treatments are available to help reduce the main symptoms and maintain quality of life for as long as possible. These include supportive treatments, such as [physiotherapy](#) and [occupational therapy](#), medication and, in some cases, brain surgery. People with Parkinson's disease (and their carers) are often experts in their condition. They should be asked about their needs and how they manage their symptoms. If you need more information about the medication a resident is taking then talk to their GP, Specialist, Parkinson's nurse, or pharmacist.

The importance of getting medicine on time in Parkinson's disease

For the vast majority of people with Parkinson's, medication is the only means of controlling their symptoms. If medication is not given in accordance to their routine, this may result in people:

- being unable to swallow (increasing the risk of aspiration)
- being unable to speak and/ or move (increasing their dependence on staff)
- at worst, developing Parkinsonism-hyperpyrexia syndrome (also called neuroleptic-like malignant syndrome), which can be fatal.

Parkinson's medication should not be abruptly withdrawn

People with Parkinson's may be very anxious about getting their drugs on time. The timing of medicines will vary from person to person and should not be altered to fit in with drug rounds.

How to improve medicine optimisation for your resident with Parkinson's disease

- A person with Parkinson's may have a medication diary; make sure you check it. Ask your resident, also their family or carers, how their symptoms change when they need medication.
- Where possible, encourage your resident to look after their own medicines. Support should be offered to allow this to happen.

- An alarm could be obtained if your resident has difficulty remembering when to take their next dose. An alarm may also be helpful for care staff doing the medication rounds.
- It is important to note that it is dangerous to stop medication suddenly. If your resident becomes unwell and cannot manage their medicines, then their GP or Specialist should be contacted as a priority.
- Swallowing problems can become an issue for many people with Parkinson's disease. If these develop then this should be discussed with their GP or Specialist.

Medicines for Parkinson's disease

The BNF's pages on Parkinson's disease, provide useful information on the medications that may be prescribed for your residents.

- There are a wide range of different strengths and formulations available of the various medicines prescribed for Parkinson's. These include standard tablets or capsules, slow release products, dispersible tablets and patches. Some residents may be taking more than one type or strength of these medicines, so it is very important to carefully check the labels to ensure the correct one is being given at the correct time.
- Follow the instructions on the pharmacy label carefully. Do not crush, dissolve, or break capsules or tablets unless specifically stated.
- Some residents may need to take their first dose of medication 30 minutes before they get out of bed to allow them to 'get going'.
- Side effects of medication vary between each person; be aware some people are more sensitive than others.
- Potential problems can include confusion/ hallucinations or compulsive behaviour such as gambling, hyper-sexuality, and risk-taking behaviours. If you notice any change to a resident's behaviour it is important to inform a GP or Parkinson's nurse as soon as possible.
- In some cases, medicines may be prescribed several times a day. The specific times for these should be marked on the resident's MAR chart. It is very important that these times are adhered to, even if they do not match 'normal' drug round times.
- Some residents may have been told by their specialist to take certain medicines (e.g. Madopar[®] or Sinemet[®]) 30 minutes before food. This is because these medicines may not work as well if these medicines were taken on a full stomach. It is important to establish if this is the case for your resident.
- Some residents may be prescribed rotigotine patches to help manage their condition. These have specific instructions for application and staff should be aware of these. The patches should be applied to dry, non-irritated skin on torso, thigh or upper arm, and removed after 24 hours. The replacement patch should be applied on a different area, and avoid using the same area for 14 days. It is important that a robust system is in place for recording patch application.
- People with Parkinson's disease are likely to be taking other medications to manage some of the other symptoms related to the effects of the disease. Medications commonly required can include laxatives, pain killers and anti-depressants.

Care planning for residents with Parkinson's disease

It may be helpful to list in the care plan any key points related to medication issues for residents with Parkinson's. Most patients with Parkinson's disease will have had some contact with a Parkinson's disease specialist nurse. These nurses have specialist experience, knowledge and skills that will help you to provide the best care for your resident with Parkinson's disease.