

WHAT OTHER CONDITIONS RESEMBLE PARKINSON'S DISEASE?

A condition resembling PD is referred to as Parkinsonism. This can be caused by other neurological conditions as well as stroke and encephalitis (inflammation of the brain).

PREPARING FOR YOUR DOCTOR'S APPOINTMENT

If you suspect that you may have PD and have booked an appointment with your doctor, do the following prior to the appointment:

- Make a list of all the medication that you are taking - prescription and non-prescription
- Keep written track of all the symptoms that you are experiencing so that your doctor can go through them with you
- Make notes of recent life changes, stresses, injuries or accidents that you need to share with your doctor
- Ask a family member or friend to accompany you
- Make notes of the questions that you might have for your doctor

HOW TO COPE

- Stay informed about the disease and new developments in treatment but watch out for all the masses of false information.
- Have regular follow-ups with your doctor
- Exercise is very important and one of the few things that can change the course of the disorder.
- Build support through family, friends and joining a local PD support group.

AVOIDING FALLS

- Avoid leaning and rather distribute weight evenly between the feet
- Always walk forwards and never backwards
- Watch where you are going
- Avoid carrying heavy things that can throw you off balance and/or obscure your view of where you are stepping

WHAT TO EXPECT

As with all other chronic diseases careful follow up and adjustments to treatment will be necessary to maintain good symptom control.

Please Note: This is an educational information leaflet only and should not be used for diagnosis. For more information on Parkinson's Disease, consult your healthcare professional.

References: 1. Butler, N. (2010), 'Parkinson's Disease Guidelines', SA Pharmaceutical Journal 2. Kies, C.B. and Fine, J. (2009), 'Guideline for the Treatment of Parkinson's Disease', SAMJ, vol.99, no. 10. 3. De Maagd, G. and Philip, A. (2015), 'Part 1: Disease Entity, Risk Factors, Pathophysiology, Clinical Presentation and Diagnosis', Parkinson's Disease and its Management, 40(8), pp. 504-510, 532. 4. Davie, C. A. (2008), 'A Review of Parkinson's Disease', British Medical Bulletin, vol. 86, no.1, pp. 109-127. 5. Jankovic, J. (2008), 'Parkinson's Disease: Clinical Features and Diagnosis', Journal of Neurology, Neurosurgery & Psychiatry, vol. 79, no. 4. 6. Savitt, J.M., Dawson, V.L. and Dawson, T.M. (2006), 'Diagnosis and Treatment of Parkinson Disease: Molecules to Medicine', The Journal of Clinical Investigation. Ayano, G. (2016), 'Parkinson's Disease; A Concise Overview of Etiology, Epidemiology, Diagnosis, Comorbidity and Management', Journal of Neurological Disorders.



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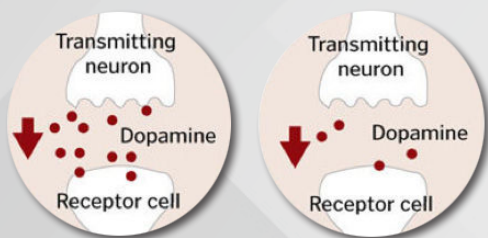
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PARKINSON'S DISEASE

WHAT IS PARKINSON'S DISEASE?

- A chronic (long-term), degenerative disorder of the brain, which is caused when an inadequate amount of dopamine is produced by the nerve cells.
- Dopamine is a chemical that plays a role in controlling movement. Thus, when the nerve cells fail to produce enough of it, there is a subsequent loss of movement control.
- It is most prevalent amongst the elderly and men, in particular, are more vulnerable. However, there are cases of earlier onset.
- The pace of the progression and the degree of impairment vary from person to person.



HEALTHY PATIENT

PARKINSON'S PATIENT

RISK FACTORS

- Family history
- Exposure to chemicals, pesticides and toxins
- History of serious head injury

SIGNS AND SYMPTOMS

- Shaking
- Slow movement
- Muscle stiffness
- Stooped posture
- Imbalance
- Impaired unconscious movements, such as blinking and arm swing
- Speech difficulties
- Struggling to write
- Swallowing and sphincter control problems may occur late in the disorder.
- Reduced sense of smell
- Constipation
- Decreased mobility
- Reduced facial expression

STAGES

- 1
 - Mild symptoms
 - Tremor, slowness and stiffness on one side of the body only
- 2
 - Moderate symptoms
 - Changes to the facial expression
 - Tremor can be present on both sides of the body
- 3
 - Progressive decline
 - Imbalance
- 4
 - Drastic changes are observed
 - The individual needs help with daily tasks and mobility
- 5
 - Advanced stage with severe impairment of mobility

DIAGNOSIS

Usually diagnosed by a neurologist (a specialist trained in the nervous system) based on medical history, physical examination and symptoms.

- Other disorders can be ruled out with the help of specialised scans and ultrasounds.
- Sometimes medication intended for PD is given and an improvement in the symptoms confirms the diagnosis.

POSSIBLE COMPLICATIONS

- Pneumonia
- Injuries from falling
- Choking
- Depression
- Sleep disturbances
- Dementia

TREATMENT

- Even though there is no existing cure for PD, medication can help with the management of the symptoms.
- These medications are usually designed to increase the amount of dopamine in the brain either by replacing it, mimicking its action, or increasing its amount by inhibiting its breakdown.
- In cases of advanced PD, brain surgery has proved to be beneficial.
- Specialised physiotherapy, occupational therapy and speech therapy may assist.
- Following a healthy lifestyle and exercising is recommended.
- In some cases, supporting medication for other symptoms, such as depression, reduced concentration, impaired bladder control and bowel control, pain and spasms may be required.

