# How Will Parkinson's Disease Affect Me?

Parkinson's is now recognised as one of the most common neurological disorders to affect people over the age of 55. It is a slowly progressive disorder which is life altering, not life threatening. With good medical care patients may live a normal life span.

The area of the brain affected in Parkinson's is the substantia nigra, meaning black substance. A substance called dopamine is manufactured in this part of the brain. Dopamine is essential for smooth co-ordinated movement. All of the following symptoms are in some way related to this loss of **movement**. (See sheet entitled *"Frequently Asked Questions about Parkinson's Disease"*.

Each person with Parkinson's will have a different combination of symptoms and these symptoms will change over time. Some symptoms will be the result of Parkinson's itself and some may be due to the medication or to a combination of the illness and medication. There are three main symptoms of Parkinson's, but not everyone will have all three and each person will be affected in a different way.

# **Primary Symptoms**

**Tremor** – a shaking movement which occurs without the person intending it to happen. This is the earliest symptom to appear in about 70% of patients. The tremor starts in one arm or leg and can progress to include all four limbs. This is worse at rest and better when the arms are being used.Because of this. the tremor experienced does not tend to.be physically disabling. It is often not completely controlled by medications.

**Rigidity** —causes muscles to move more slowly and may give rise to stiffness, pains and cramps.

#### Slowness of Movement (Bradykinesia)

This symptom is the most disabling, but responds well to treatment. It can manifest in different ways:

- Fine movements become clumsy
- It is often hard to begin a movement (e.g. getting up from a chair
- there may be a sudden stop in ongoing movement (e.g. when turning corners, going through doorways).
- Movements may become more restricted and less spontaneous.

These symptoms can be made worse temporarily when you are anxious or under stress.

# Secondary Symptoms

There are a number of secondary symptoms that may develop later in the course of the disease. Not all people will have these to the same degree.

### Reduced facial expression (Hypomimia) -

People with Parkinsonism appear to look uninterested or sad when they are not.

**Impaired Balance** – Normally, reflexes allow us to make rapid adjustments to changes in the body's centre of gravity when standing and walking. As the condition progresses these reflexes become impaired. To compensate for this you may walk with short shuffling steps and have a tendency to fall forward so you have to run to keep your balance. A referral to your occupational therapist and/or physiotherapist can help to deal with this problem. **Softness of Voice (Hypophonia)** – As the disease pregresses there may be some difficulty in being heard, particularly on the phone. In addition the rhythm and shading of the voice are reduced. Referral to a speech therapist can help greatly.

### Small cramped handwriting (Micrographia) -

Writing may be normal size for the first few words and then trail off and get smaller. Medication or advice from your occupational therapist should improve this symptom.

**Constipation** – is common due to the condition itself and the drugs used for its treatment. It is important to embark on a programme of prevention rather than crisis management. Refer to the article in this series entitled "Nutrition and Parkinson's Disease". Your doctor can refer you to a dietician.

# "When one door closes in your life do not sit so long and look at that closed door that you do not see other doors opening up,'

#### Depression

The symptoms of depression range from the feelings of sadness and discouragement which we all feel at times, to a deeper and more serious feeling of sadness and withdrawal. This is a special medical condition and needs active treatment. Depression is more common in Parkinson's patients than in the general population. It is common when patients learn their diagnosis, but most manage to come to terms with this quite quickly. There is reason to think that people with Parkinson's are more likely to develop depression as a result of chemical changes in the brain. The symptoms persist and may become serious, needing treatment with antidepressants. If you are depressed you may be the last person to recognise it.

Several types of antidepressant drugs are compatible with those used m the treatment of Parkinson's and can be extremely effective at relieving the symptoms of depression. If the first one doesn't suit you it is important to go back to your doctor to try another. Counselling can also help.

## Symptoms of depression

Sadness Sleep Disturbance Suicidal ideas Tiredness Problems concentrating Weight loss or weight gain Appetite change, usually loss Feelings of worthlessness Anxiety Irritability Apathy Unwillingness to join in or go out Loss of interest in sex and reduced performance Panic attacks

A good Life

# - A strength to manage the things life exposes one to

# - To be able to positively adjust to the impediments which may have come to $\frac{1}{2}$

stay

(Dr. Svend Anderson, Danish Clinical Psychologist and Parkinson's Sufferer)

### Always Remember:

- It is very important to keep as active and as fit as possible. Maintain as normal a routine as you can, physically, socially and emotionally.
- You should continue to do as much for yourself as you can, even if it takes you longer.
- Your doctors, relatives, therapists and patient organisations can help you keep as active as possible and overcome symptoms, but it is primarily you determination and persistence to overcome difficulties that will help you to succeed.
- Some symptoms may be related to the treatment instead of the disease itself, so always discuss new symptoms with your doctor.
- If you have a problem, don't be afraid to ask for advice. Simple measures such as adjusting your tablets, exercise or counselling, may help.