

What is Parkinson's Disease?



Parkinson's disease (PD) is a chronic, progressive, neurological disorder of the central nervous system. PD is a disease that is characterized by these major features:

- Rigidity of the musculature either in widespread areas of the body or in isolated areas - the rigidity in this disease is somewhat different from that which occurs in decerebrate rigidity. Parkinsonian rigidity is more of a "plastic" type. Sudden movement usually is not met by intense resistance from the stretch reflexes.
- Tremor at rest of the involved areas (in most, but not all instances). Tremor usually, but not always occurs in Parkinson's disease. Its frequency is normally four to six cycles per second. When the patient performs voluntary movements, the tremor becomes temporarily or partially blocked, presumably because other motor control signals override the abnormal basal ganglia signals.
- A serious inability to initiate movement (akinesia). Though the muscle rigidity and the tremor are both distressing to the Parkinsonian patient, even more serious is the akinesia that occurs in the final stages of the disease. To perform even the simplest of movement, the person must exert the highest degree of concentration, and the mental effort, even mental anguish, that is necessary to make the movement "go" is often almost beyond the patient's willpower. Then, when the movement does occur, it is often staccato in character instead of occurring with smooth progression.

What is the prognosis?

If left untreated, PD progresses to total disability, often accompanied by general deterioration of all brain functions, and may lead to death. Possible complications with PD include: varying degrees of disability, difficulty swallowing, eating, walking and difficulty with ADLs.

If treated, PD impairs people in different ways. The majority of people respond to some extent to medications. What will vary from person to person are the side

effects of medications, the relief of symptoms and how long the medications will work to relieve the symptoms.

Palliative Care

Parkinson's disease is a chronic disorder that requires broad-based management including patient and family education, support group services, general wellness maintenance, physiotherapy, exercise, and nutrition. The average life expectancy of a person diagnosed with PD is 10 years after diagnosis. Death usually occurs due to aspiration pneumonia and/or infection.

The National Parkinson Foundation and the American Parkinson Disease Association are two websites that can be a resource for the patient and family. Also, these websites can assist the patient and family locate a support group. At present, there is no cure for PD, but medications or surgery can provide relief from the symptoms. Medications you may see used in the treatment for PD include:

- Levodopa preparations:
 - ✓ Levodopa/Carbidopa (Sinemet® Long acting form: Sinemet CR®)
- COMT inhibitors:
 - ✓ Entacapone (Comtan®)
 - ✓ Tolcapone (Tasmar®)
- Dopamine agonists:
 - ✓ Pramipexole (Mirapex®)
 - ✓ Ropinirole (Requip®)
- Amantadine:
 - ✓ Amantadine (Symmetrel®)
- Anticholinergic medications:
 - ✓ Benzotropine mesylate (Cogentin®)
 - ✓ Procyclidine (Kemadrin®)
 - ✓ Trihexyphenidyl (Artane®)
- Selegiline preparations
 - ✓ Selegiline (Eldepryl®)

Documentation

Document the following signs and symptoms:

- Weight Loss



- Dehydration/hypovolemia
- Assistance needed with ADLs
- Ability to understand speech
- Dyspnea at rest
- Signs of infection (look for pneumonia, any wounds present)
- Pressure ulcers/wounds
- Fevers
- Sepsis

Documentation Tips

Document all signs and symptoms affecting physical function including onset of disease and changes over time. Include information relating the psychosocial and spiritual needs and interventions which impact the overall quality of life.

References

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- Grauer P, Shuster J & McCrate-Protus B. (2008). Palliative Care Consultant: A reference guide for palliative care 3RDed. Kendall/Hunt publishing Co.*
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- Stuart B, et al. Medical Guidelines for Determining Prognosis in Selected Non- Cancer Diseases. Arlington, VA, National Hospice Organization, 1996.*
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