

section 2.6.2: Neurodegenerative conditions

Parkinson's disease

General description of the disease and progression

A relatively common, progressive, age-related, neurologic disorder, Parkinson's disease has three major clinical features: tremor – usually at rest; rigidity – variable muscle stiffness; and bradykinesia – slowness of movement. The disease characteristically involves the muscles of the limbs, however axial muscles can also be involved. At this time there is no diagnostic test or form of neuro-imaging that can provide a positive diagnosis and diagnosis may only be able to be confirmed in 80% of patients.

Treatment for Parkinson's disease does not alter the progression of the disease, and pharmacological interventions are based around the use of levodopa preparations. Doses are titrated against symptoms and medication side effects will limit use. Other dopamine agonists (bromocriptine, carbergoline and pergoline) can be added, lessening the side effects of levodopa; however, significant side effects causing acute psychotic episodes are still possible.

Potential problems

Related to pharmacology – one-off dose failures, delayed effect of a particular dose; end of dose failure, rapid fluctuations in symptoms which are not necessarily related to dose, dyskinesias (peak dose or off time), dystonias and freezing.

Identification of potential problems

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| constipation | seborrhoea |
| urinary symptoms | blepharitis |
| issues with sexuality | falls |
| depression | neuropsychiatric symptoms |
| orthostatic hypotension | behavioural changes |
| impaired thermo-regulation, increased sweating | sleep disorders, nightmares |
| pain | restless legs syndrome |
| dysphagia | |

Special considerations

- a significant consideration for patients with Parkinson's disease who have a terminal illness of other origins such as cancer, is the requirement for sudden cessation or reduction of antiparkinsonian medication, due to other medical factors. This can lead to an acute kinetic rigid state with the onset of a neuroleptic malignant like syndrome.¹
- advance directives are essential to guide the treatment of co-morbidities and acute events^{2,3}

references

- ¹ Therapeutic Guidelines – Neurology Version 2; (2002), Therapeutic Guidelines Ltd, Victoria.
- ² Burns, R in Consider the Options- end stage clinical care for chronic degenerative disorders: a resource for caring for the older person requiring palliative care(1999). Eds Paris. M, McLeod A. Resthaven Incorporated. Malvern, South Australia.
- ³ Therapeutic Guidelines – Neurology Version 2; (2002) Therapeutic Guidelines Ltd, Victoria.