

Women with Parkinson's may feel as if their concerns are not being taken seriously and therefore, a sensitive approach should be adopted towards their concerns regarding menstruation and menopause. Women in many parts of the world are dependent upon others to get access to treatment.

RESPONSE TO MEDICATIONS

Research has shown that men and women exhibit different responses to medications. The hormone estrogen may be linked to a decreased risk of Parkinson's in women. The use of birth control pills has also been associated with a lower risk of Parkinson's in women.

The effects of Parkinson's treatments are different for men and women as well. Women are more likely experience abnormal body movements, called dyskinesia, in response to Parkinson's medication. Women with overly slow body movements, called bradykinesia, also do not improve as much as men after deep brain stimulation treatment. These differences between men and women with Parkinson's may be due to differences in hormones or due to different methods of social support. Regardless, these differences make women's experiences with the disease unique. The World Parkinson's Program is striving to improve care of women with Parkinson's in any part of the world by providing medications, education, walking aids and other support services.

DID YOU KNOW?

The number of Parkinson's patients will double by 2040. Millions of Parkinson's patients around the world are suffering from poverty and...

- Cannot afford to buy their medications
- Cannot afford to purchase a cane, walker, or a wheelchair
- Cannot obtain educational literature about Parkinson's in their language
- Are not able to afford consulting a neurologist and remain undiagnosed and untreated

OUR SERVICES

World Parkinson's Program is the only organization that provides the following unique services to Parkinson's patients:

- Parkinson's medications to those patients who can't afford to buy them
- Canes, walkers & wheelchairs to prevent falls
- Parkinson's educational brochures in many languages
- Free electronic educational newsletter
- Chapters of World Parkinson's Program in various parts of the world

JOIN THE FIGHT AGAINST PARKINSON'S

TO DONATE, VISIT PDPROGRAM.ORG

This information is not a substitute of medical advice. Consult your Physician before applying this information.

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Frequently asked questions about PARKINSON'S DISEASE & WOMEN



ENGLISH - 14

Parkinson's disease is a progressive condition that causes degeneration of the brain, causing tremors, slowness of movements, stiffness, and balance problems. In addition, Parkinson's has many non-motor symptoms such as memory or cognitive issues, speech and swallowing problems, depression, and sleep difficulties. It affects almost 10 million individuals around the world.

DOES PARKINSON'S AFFECT MEN AND WOMEN DIFFERENTLY?

Research has shown that women with Parkinson's disease have different complaints, symptom severity, and responses to medication than men. Men are more likely to develop Parkinson's than women. These differences may be due to the male genetic makeup itself, certain gender roles, or activities that men engage in more so than women. These differences can include work exposures like toxins (herbicides, pesticides, heavy metals, etc.) and head trauma, which may be risk factors for Parkinson's.

Age of Onset: Women tend to develop Parkinson's later in life than men. This could be related to higher lifetime estrogen exposure. In particular, more childbirths, higher age of menopause, and earlier age of first period are all things that increase lifetime estrogen exposure and hence are associated with a later onset for Parkinson's.

Symptoms of Parkinson's: Women have tremors at the start of their Parkinson's symptoms more often than men. Women are also more likely to have more unstable posture and worse non-motor symptoms (e.g., emotional instability) than males. They also report feeling more fatigued and having worse cardiovascular symptoms. Men on the other hand experience worse sexual dysfunction, hyper-salivation and daytime sleepiness. Women may be more likely to experience worsening of brain function and are at a higher risk for developing dementia than men. They also tend to have more difficulty carrying out activities of daily living at the onset of their disease. Overall, women with Parkinson's experience a lower quality of life than men.

Osteoporosis: Parkinson's patients may be more prone to osteoporosis and hip fractures, which are likely the leading cause of fracture-related deaths in postmenopausal women.

Societal Roles and Feelings: Women with Parkinson's struggle to fulfill some of their roles as caregivers, partners, mothers and daughters of aging parents as societal norms. Their worsening of health-related quality of life is due to both physical and emotional reasons. They also have changing lifestyles and body images.

Meanings of wellbeing in women with Parkinson's is the need for caring family and friends, a sense of belonging, spiritual acts such as meditation, and planning daily activities to feel well.

Impact of Symptoms: Women experience a great deal of suffering from worsening walking posture, fatigue, loss of facial expressions, and difficulty conveying emotions of sadness or joy.

Self-Image: As completing daily tasks become increasingly difficult, problems with dressing and grooming often lead to struggles with self-image. Women with Parkinson's experience pain or tremor if they are disengaged from their respective tasks associated with a positive mindset. Research has shown disability to be more common in women with Parkinson's than men.

MENSTRUATION, MENOPAUSE AND ESTROGEN THERAPY

Since the usual age of onset of Parkinson's is 55 to 60, it has special impact on women with Parkinson's as they undergo their normal age-related challenges and menopause. During menstruation, medications are less effective, off-times is increased, and symptoms in general worsen.