

- Avoid prolonged standing at one place.
- Wait before walking and sit down if lightheaded.
- Elastic compression stocking up to thigh may be helpful.
- Avoiding alcohol and excessive exercise
- Take special precautions after heavy meals or hot showers, after bowel movements or after urination.

Your neurologist may need to rule out other contributing medications such as diuretics, beta-blockers and antihypertensive.

PREVENTION FROM FALLS

Patients with Parkinson's are twice as likely to fall as any other neurological disease. They are at high risk due to problems with rigidity, balance and slowness of movement. Serious falls can lead to injuries and complications including head injury, hip bone and other fractures of bones which may require long term hospitalization and rehabilitation. Risk factors include previous falls, balance problems, freezing of gait, and leg muscle weakness.

If the patient cannot get up after a fall then the care partner should call for help immediately. Make sure that the patient is in a comfortable position and keep them warm until help arrives. For fall prevention details, refer to Brochure #6.

DID YOU KNOW?

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

- 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 to consult a neurologist and remain undiagnosed and untreated

OUR SERVICES

We provide unique services for Parkinson's patients including:

- 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 for medical advice. Consult your Physician before applying this information.

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Acknowledgments: Dr. A. Q. RANA Neurologist (Canada)

Frequently asked questions about...

EMERGENCIES IN PARKINSON'S DISEASE



ENGLISH - 20

Parkinson's disease is a progressive neurodegenerative condition characterized by 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.

ANXIETY AND ACUTE STRESS RELATED TO PARKINSON'S

Acute stress comes from unusual demands and pressures of day to day life. Acute stress can be frightening not just for the patient but also for the care partners.

Strategies which may help to resolve this problem include:

- Use all possible means to reduce stress i.e. friends and family.
- Ensure that patients have a safe environment.
- Promote contact with loved ones and other sources of supports.
- Support self-esteem: care partners should help patients understand that their reaction to stress is a normal reaction to an abnormal situation, not a sign of weakness.
- Help patients focus on immediate needs, such as rest, hydration, nutrition, social supports, or a sense of belonging to a community.

Such patients should seek immediate medical attention so they may be given medications if needed and help promote coping mechanism.

CONFUSION AND HALLUCINATIONS

Confusion and hallucinations in patients with Parkinson's is an important factor leading to the placement in nursing homes and can be very stressful.

Strategies which may help to resolve this problem include:

- Improve nighttime sleep.
- Repeated orientation of patient and reassurance.
- Adequate nutrition and fluid intake.
- If the patient wakes up at night confused, light should be turned on immediately.
- Try to explain the patient gently. Don't argue with them that hallucinations are not real and neither reinforce the patient.

Your neurologist may adjust medications and treat conditions such as urinary tract infection, pneumonia, and electrolyte abnormalities, if present.

If psychosis does not improve after the medications are adjusted, your neurologist may prescribe antipsychotics medications if required.

LACK OF EFFECT OF MEDICATIONS FOR PARKINSON'S

Levodopa is the most commonly used drug for treatment of Parkinson's disease. But after continued use for several years, the effectiveness of Levodopa may decline and sometimes patients may not respond to an administered dose. This phenomenon is more pronounced later during the day and may be related to poor absorption of the drug from GI.

Despite adequate drug treatment, some patients with Parkinson's disease may experience major problems with mobility, especially at later stages of Parkinson's. These patients may notice slowness of movement relatively quickly. Unexpected lack of effect of Levodopa may be a source of significant concern in many patients.

Strategies which may help this problem include:

- Taking Levodopa 1 hour before or after meals, it should not be taken with a high protein diet to avoid poor absorption. Treating constipation may help in Levodopa absorption.
- Taking Levodopa with orange juice or carbonated drink may also help.
- Treating constipation may help in Levodopa absorption.
- Taking Levodopa empty stomach may also help.

UNPREDICTABLE MOTOR FLUCTUATIONS

As Parkinson's advances, patients start noticing a clear feeling of onset effect of levodopa, referred as "ON" period and after few hours, wearing off effects may occur i.e. "OFF". In the beginning, these periods of "ON" and "OFF" are predictable, but as disease progresses further, they can become unpredictable. Unpredictable fluctuation (i.e. the random ON-OFF periods) are a treatment challenge and very difficult to treat. You should discuss this with your neurologist so that it can be addressed. Some patients may need surgical treatment at this stage.

STRATEGIES TO PREVENT DIZZINESS

Dizziness is usually due to a drop in blood pressure upon assuming upright position after being supine or sitting for long periods. Sometimes it may be confused with vertigo and patients may present themselves in Emergency department.

Strategies which may help this problem include:

- Increased fluid intake
- Slow rising from supine or sitting positions.