

## PARKINSON DISEASE FACT SHEET

*Fact: EVERY PATIENT IS DIFFERENT!*

Parkinson's disease is a progressive, incurable neurological disorder associated with a loss of dopamine generating cells in the brain that results in a complex array of symptoms. It is primarily associated with progressive loss of motor control, but there are many more non-motor symptoms. Parkinson's impacts an estimated one million people in the United States. PD affects 1 in 100 people over age of 60. Average age is 60. 40 years or younger is considered young onset.

### Common Symptoms of Parkinson's Disease

#### **Motor**

- Shaking or tremor at rest
- Bradykinesia or freezing—being stuck in place when attempting to walk
- Low voice volume or muffled speech
- Lack of facial expression
- Stiffness or rigidity of the arms, legs or trunk
- Trouble with balance and falls
- \*Stooped posture
- \*Decreased ability to swallow (dysphagia) and drooling.
- \*Handwriting small and/or shaky

#### **Non-Motor**

- Depression
- Anxiety
- Constipation
- Cognitive decline and dementia
- Impulse control disorders
- Orthostatic hypotension
- Pain
- Hallucinations and psychosis
- Sleep disturbances
- Sexual dysfunction
- Urinary dysfunction
- \*Heat intolerance

**EXERCISE is critical in treatment of PD!**

## HOSPITAL STAY & E. R.

- **Do not substitute** Parkinson's medications or stop levodopa therapy abruptly.
- To avoid serious side effects, Parkinson's patients need their medications on time, every time. Do not skip or postpone dose.

**\*DEMEROL is contraindicated!**

**\*DBS- (Deep Brain Stimulation) patients CANNOT have an MRI.**

**\*EKG & EEG-** Must turn off DBS

**\*Diathermy & Electrocautery procedures to be avoided.**

- Write down the exact times of day medications are to be administered so that doses are given on the same schedule the patient follows at home. Family members may be asked to bring PD meds and schedule of times.

**\*Food service and timing of Carbidopa-Levodopa is also a critical issue. Protein digestion affects the efficacy of PD meds and must not be ingested within one hour of taking C/L.**

- Resume PD medications immediately following procedures, unless vomiting or severely incapacitated.

**\*\*Keep an Emergency hospital bag prepared with current list of Medications & times as well as the Meds themselves and Doctors & Ins. contact information in cases of need for evacuation or E.R. visit.**

**Coding is key for ambulance fee.**



## **BIG EASY FLEUR DE LIS' PARKINSON'S SUPPORT GROUP METAIRIE, LA**

Meetings are held on the last Monday of each month at East Jefferson Hospital in the first floor Conference Center, Room-Esplanade 1  
1:00 – 3:00 pm

We welcome Parkinson's Patients, their families, friends & caregivers. We share tips & tricks for easier living with PD, news about medications, treatments, and current Parkinson's research.

We are about "Living an Amazing Life".

Meetings are free of charge.

*Our Mission: Provide assistance, information & support while actively advocating, "LIVE WELL WITH PARKINSON'S"*

Guest speakers include on a rotating basis: Doctors, specialists, drug manufacturers representatives, support services professionals, physical therapists, occupational therapists, and senior services personnel.

**\* Stay busy, Smile, EXERCISE ! \***

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## HOME / CARE GIVER

*Fact: EVERY PATIENT IS DIFFERENT!*

- \*Eating- PD appropriate utensils, plate guard  
Be alert for symptoms of dysphagia  
(trouble swallowing)
- \*Drinking- take time drinking/swallowing;  
cup with straw; watch for choking
- \*Hygiene- Electric toothbrush, Floss aid
- Walking-** Watch balance. Assistance devices  
or persons. Exercise!
- Freezing-** laser light, metronome beat  
**Fire department** responds to falls.
- Medicine- On time all the time. Set alarms**
- Protein & Meds-** Parkinson's medicines  
and proteins at least 1 hour apart.
- Nausea- Try Ginger ale and crackers**
- Voice-** May be low & mumbled; listen  
patiently
- Heat intolerance-** keep in cool area
- Dementia-** Don't challenge, approach from  
front with a smile.
- Hallucination-** Do not upset or argue with  
patient. Keep log of occurrences.
- Pain-** Back rubs or light massage with cream  
on painful muscles. Discuss pain  
anagement with doctors.
- Cognitive Changes-** be aware of memory  
& personality changes- change daily.
- Dystonia-** Restless leg.  
Creams & supplements available.
- Insomnia -** Quiet sleep area;  
consistent bedtime

**Daily log-** Keep a log of client's  
"On" and "Off" times - helpful for  
doctor visits.

**"On Time"** periods of adequate  
control of PD symptoms.

**"Off Time"** periods of the day  
when the medication is not working  
well, causing worsening of  
Parkinsonian symptoms.

**"Wearing Off"** episodes may  
occur predictably and gradually, or  
they may emerge suddenly and  
unexpectedly.

\*\*\*\*\*

### DRUGS TO BE AVOIDED:

**DEMEROL, Chlorpromazine,  
Fluphenazine, Haloperidol,  
Loxapine, Molindone,  
Olanzapine, Perphenazine,  
Risperidon, Thioriduzine,  
Thiothiexene, Trifluoperazine.**



Big Easy Fleur De Lis Parkinson's  
Support Group  
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## TYPICAL PARKINSON MEDICATIONS:

### L-DOPA

Sinemet or Sinemet CR (Carbidopa/ Levodopa)  
Stalevo (Carbidopa/ Levodopa/Entacapone)  
Parcopa (Carbidopa/ Levodopa oral disintegrating)  
Rytary (Carbidopa/ Levodopa extended release)  
Duopa(Carbidopa/ Levodopa enteral solution)

### DOPAMINE AGONIST

Requip (Ropinirole)  
Mirapex (Pramipexole)  
Neupro Patch (Rotigotine)  
Apokyn (Apomorphine)

### MAO-B INHIBITORS

Azilect (Rasagiline)  
Selegiline (l-deprenyl, Eldepryl)  
Xadago (Safinamide)  
Amantadine

### Anti-Cholinergics

Artane ( Trihexyphenidyl)  
Cogentin (Benztropine)  
Parsitan (Ethopropazine)

### COM-T Inhibitors

Comtan (entacapone)  
Tasmar (tolcapone)  
Stalevo ( carbidopa/levodopa/entacapone)  
\* has L-DOPA in formulation  
Symadine (amantadine)