



Impact of non motor symptoms in Parkinson's

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Parkinson's



“Parkinson’s is a complex and intensely personal disease. Each person, patient, carer or health professional is affected in different ways, and each person has a story to tell. I am repeatedly reminded that each person has a unique version of the disease.”

-Neurologist Barry Snow, 2011

Who gets Parkinson's?



- 1 in 500 in the general population
- In NZ around 10,000 New Zealanders
- Average age of diagnosis 59 years
- 53% men, 47% women

Diagnosis



A sometimes long and frustrating journey



Four cardinal features



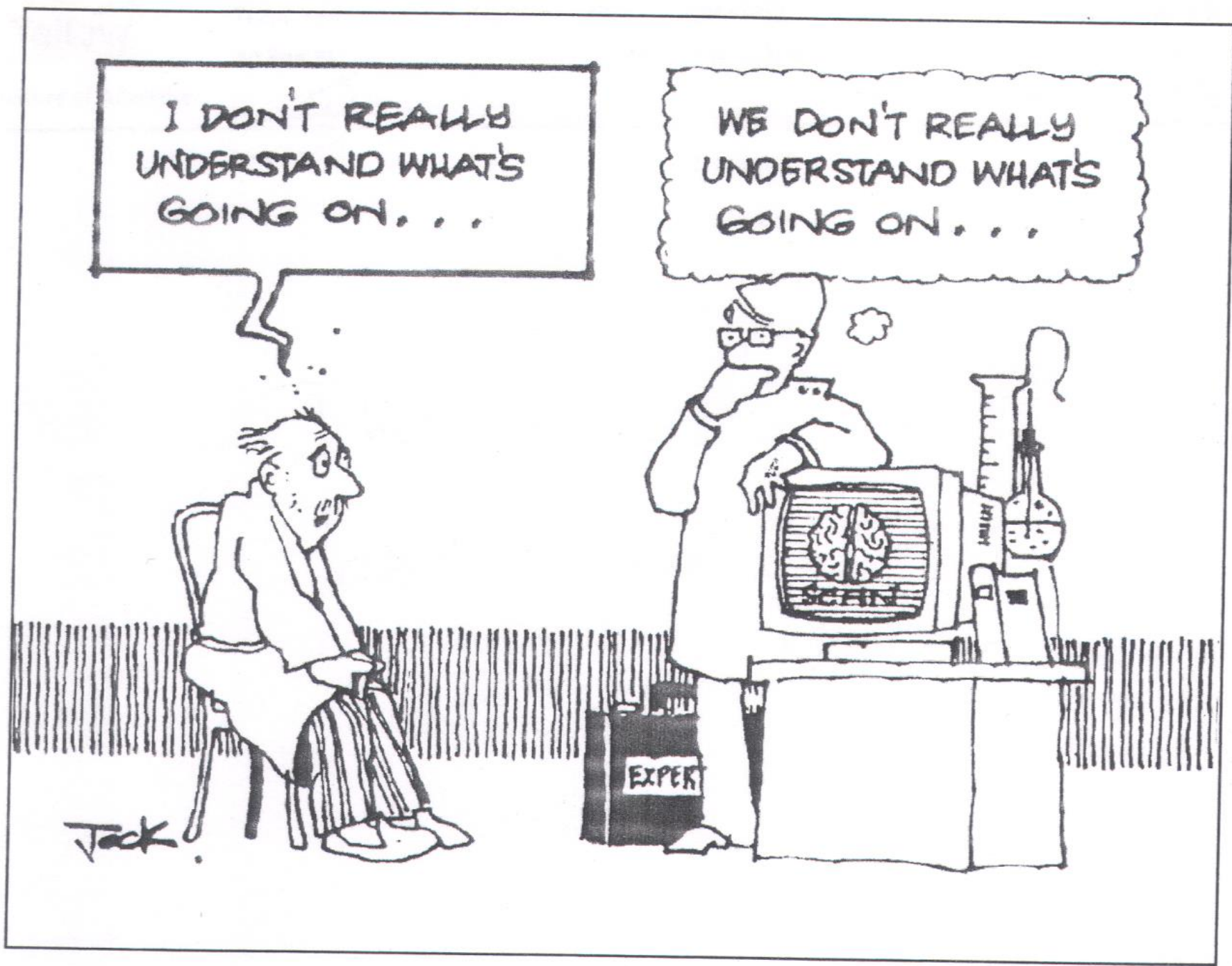
- Resting tremor
- Stiffness and rigidity
- Bradykinesia
- Postural instability

I DON'T REALLY
UNDERSTAND WHAT'S
GOING ON...

WE DON'T REALLY
UNDERSTAND WHAT'S
GOING ON...

Jack

EXPERT



Non motor symptoms



What lies beneath the surface



Patient diary










Non motor symptoms - the list is long!



- Mood
- Anxiety
- Psychotic disorder
- Sleep disorder
- Apathy/reduced activity/fatigue
- Impulse control disorders
- Light headedness
- Sweating
- Salivation
- Constipation
- Dysphagia
- Gastroparesis
- Bladder dysfunction
- Erectile dysfunction
- Cognition
- Pain

Bristol Stool Chart

| | | |
|--------|---|--|
| Type 1 |  | Separate hard lumps, like nuts (hard to pass) |
| Type 2 |  | Sausage-shaped but lumpy |
| Type 3 |  | Like a sausage but with cracks on its surface |
| Type 4 |  | Like a sausage or snake, smooth and soft |
| Type 5 |  | Soft blobs with clear-cut edges (passed easily) |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool |
| Type 7 |  | Watery, no solid pieces. Entirely Liquid |



Constipation



“There is nothing so overrated as sex and nothing so underrated as a good bowel motion.”

Sleep disorders



- Insomnia
- REM sleep disorder
- Restless leg syndrome

Depression in Parkinson's



- Mostly just the same
- Diagnosis complicated as overlap between Parkinson's features and clinical features of depression especially
 - Motivation
 - Bradykinesia
 - Fatigue
 - Sleep changes
- In Parkinson's, less guilt, more anxiety

What people can do



- Ask for help
- Stay active physically and mentally
- Stress management and relaxation
- Encouraging social activity

Pain



“I just assumed that it was part of getting old.” –
Client statement

Carer Burden



Conclusion



“When you’ve seen one person with Parkinson’s
you’ve seen one person
with Parkinson’s.”

–Neurologist Barry Snow, 2011



References

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www.continence.org.nz

www.parkinsons.org.nz