

Parkinson's Disease

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Parkinson's Disease

Parkinson's disease (PD) mostly affects older people but can occur in younger adults. PD results from the gradual degeneration of brain cells that produce dopamine in the portion of the midbrain that controls body movements. Dopamine is a chemical that relays messages to control movements in the human body. When approximately 60-80 percent of the dopamine-producing cells are damaged and do not produce enough dopamine, the motor symptoms of Parkinson's disease appear.

Motor Symptoms of Parkinson's Disease

Symptoms vary from person to person, but generally there are four main motor symptoms of Parkinson's disease:

1. Shaking or tremor at rest
2. Slowness of movement, called bradykinesia
3. Stiffness or rigidity of the arms, legs or trunk
4. Trouble with balance and falls.

Other Symptoms of Parkinson's Disease

- Depression/anxiety/irritability
- Cognitive changes
 - Attention span
 - Memory problems
 - Personality changes
 - Psychosis/hallucinations
- Lightheadedness and low blood pressure upon standing
- Constipation
- Excessive sweating (especially of hands and feet)
- Dry skin
- Urinary urgency, frequency and incontinence
- Loss of sense of smell
- Sleep disorders
- Pain
- Tightness
- Tingling
- Burning
- Micrographia (pronounced mahy-kruh-graf-ee-uh): small, cramped handwriting
- Reduced arm swing
- Slight foot drag on affected side creating a shuffled walk
- "Freezing"—the phenomenon of being "stuck in place" when attempting to walk
- **Hypomimia** (pronounced hahy-puh-mim-ia): Loss of facial expression due to rigidity of facial muscles
- **Hypophonia** (pronounced hahy-puh-foh-nee-uh): low voice volume or muffled speech
- **Retropulsion**: tendency to fall backwards
- Decreased ability in automatic reflexes, such as blinking and swallowing.

Source:

<http://www.parkinson.org/Parkinson-s-Disease/PD-101/How-do-you-know-if-you-have-PD-> (Accessed 4,29,14)

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Common Eye Problems with Parkinson's Disease

- Blurred vision or difficulty focusing, may be due to difficulty in moving the eyes or side effects of some medications
- Double vision
- Excessive tearing
- Dry eyes
- Difficulty differentiating between slightly different colors
- Depth perception
- Hallucinations
- **Blepharospasm** (pronounced blef-er-uh-spaz-uh m): involuntary spasms of the eyelids
- **Asthenopia** (pronounced as-thuh-noh-pee-uh): weakness or fatigue of the eyes
- **Photophobia**: sensitivity to bright light.

Bathing Tips

- Provide privacy.
- Use a transfer bench to assist clients in and out of the tub.
- Use a shower chair so a client can sit while bathing.
- Encourage the client to dry off using several small towels rather than one large towel. Smaller towels can be easier to handle.
- Ask the client to use handrails in the bathtub or shower for stability. Call the franchise office immediately if handrails are not installed.
- Check for a non-skid rubber bath mat prior to bathing. All rugs should have a rubber backing.
- Encourage the client to use liquid soaps or soap-on-a-rope. Do not use bar soap; it can be slippery and hard to hold. If bar soap is the only option, cut one leg off a pair of nylons, drop the soap into the leg and tie the other end to the handrail. The client can lather up through the nylon without dropping it.

Grooming Tips

A client with Parkinson's disease can experience rigidity and tremors, making grooming difficult. Encourage the client to sit down to brush her teeth, shave and when performing other grooming activities to reduce the risk of falling and to save energy. Do not rush the client while grooming. Plan ahead to allow plenty of time to complete the tasks.



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Toileting Tips

- Try to establish a regular bathroom schedule.
- Avoid caffeinated drinks, such as coffee, tea and soda, which can worsen urinary problems.
- Limit fluid intake two hours prior to bedtime.
- If your client complains of burning pain, call the franchise office immediately.
- Encourage clients to use pads or other incontinent products if they are prone to accidents or can't be near a bathroom.
- Allow plenty of time to use the toilet.
- Offer the client a bell to ring to alert you when she needs help.
- Offer the client a urinal, bedpan or commode to use at night to help reduce bathroom trips.
- Call the franchise office if your client could benefit from a modification to the bedroom or an assistive device.

Dressing Tips

- Allow the client to do as much as she can.
- Allow plenty of time for dressing. Rushing the client can lead to stress and frustration.
- Encourage the client to sit down when dressing. Choose a chair with firm support and arms. Do not sit on the edge of the bed – this can lead to loss of balance and falling.
- Use a footstool to make it easier to put on shoes and socks.
- Choose clothing with fewer buttons, zippers and other closures that can be difficult to use.
- Ask the client to wear pants with elastic waistbands. These are easier to put on than zipper or button pants. Avoid pants with elastic ankle bands, such as sweatpants.
- Replace buttons with Velcro®.
- Encourage the client to wear loose fitting clothing made of stretchy fabric. It is easier to put on and may be more comfortable.
- Avoid socks with tight elastic bands.
- Ask the client to wear non-skid socks instead of slippers that can slide off, causing a fall.
- Suggest wearing Velcro® shoes or elastic shoelaces. It is easier to put on and take these shoes off.
- Ask the client to wear low- or flat-heeled shoes instead of high-heeled shoes to improve stability and prevent falls.
- If your client could benefit from an assistive device, call the franchise office.



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Eating Tips

CAREGivers can assist a client with PD while eating. Here are some ideas:

- Cut food into bite-size size pieces so it is easier to chew and swallow.
- If the client has swallowing problems, ask her to avoid drinking thin liquids or use a straw to prevent choking.
- Encourage the client to sit as straight as possible and stay upright for at least 30 minutes after each meal.
- Be patient. A person with Parkinson's disease may take longer to eat.
- Provide smaller, more frequent meals, rather than three large meals per day.
- Ask the client to eat well-balanced meals and drink fluids throughout the day.
- Follow the client's physician's instruction regarding diet restrictions and making meal time safe.

Mobility Tips

Parkinson's disease leads to rigidity, impaired balance and slowness of movement or freezing. Even when someone with PD foresees a potential hazard, she may not respond quickly. As the condition progresses, the client may shuffle her feet while walking because she is unable to lift her legs. Here are some tips:

- Make sure pathways are well-lit and free of clutter, such as shoes, clothes and newspapers.
- Encourage the client to use a hand rail in the bathroom and in bed to assist with turning over and getting in and out.
- If your client could benefit from a home modification (hand rails), call the franchise office.

Getting into bed:

1. A satin sheet or piece of satin material tucked across the middle of the bed can make it easier to turn.
2. Flannel sheets and heavy blankets can make turning in bed more difficult. Avoid them.
3. Ask the client to back up to the bed, as she would approach a chair, until her legs touch the mattress.
4. With the help of her arms, slowly sit down on the bed.
5. Leaning on her forearm on the side she plans to lay on, the client can move her torso down to the bed. She may need assistance moving her legs.
6. Use cushions and pillows to comfortably support the client in bed.
7. Keep blankets over the client's feet loose to make turning easier.



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Mobility Tips

Getting out of bed:

1. Ask the client to bend her knees with her feet flat on the bed.
2. The client can then roll on her side toward the edge of the bed by letting the knees fall to that side.
3. Reach the arm furthest from the edge of the bed across the body.
4. Swing the legs from the bed while the client pushes with her arms into a sitting position.

Getting up from a chair, wheelchair or bed:

1. Allow plenty of time for the client to prepare herself and to feel comfortable to stand. Do not rush the process.
2. If the client is in a wheelchair, lock the wheels.
3. The client's feet need to be flat on the ground, shoulder distance apart.
4. Encourage the client to use solid chairs with armrests.
5. Ask the client to lean forward, "nose over toes".
6. Avoid pulling on the client's arms or shoulders to help her up.
7. Use a transfer (gait) belt to assist her out of the chair if necessary.
8. Note: One PD symptom is loss of balance. Stay close to the client to prevent falls.



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Fall Prevention

As the disease progresses, often the frequency and severity of falls increases. With time, a person loses confidence and becomes more prone to falling by “second guessing” movements and counter-movements when standing and walking. Visual problems should also be considered as a possible cause of falls in Parkinson's disease.

Fall injuries are a common cause for hospitalization for people with Parkinson's disease. Frequent falls may lead to repeated fractures and other soft tissue injury. Fractures can lead to longer periods of immobilization which can cause depression and loss of confidence.

Tips for assisting in preventing falls:

- Remove clutter from pathways.
- Encourage the client to use walking aids (canes, walkers).
- Do not use small rugs.
- Allow enough space to walk around furniture.
- Encourage the client to use handrails.
- Suggest the client keep one hand free when walking to allow her to grab onto a sturdy object to stop a fall.
- Minimize distractions and help the client focus while walking.
- Allow plenty of time for activities and tasks.

A symptom of PD mentioned earlier is “freezing,” the involuntarily inability to move temporarily. If your client is experiencing this, encourage her to relax, and then count aloud to help the client get started again.

Source:

<http://pdring.com/falls-in-parkinsons-disease-causes-effects-prevention-tips.htm> (Accessed 6/4/14)



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