PURPOSE

- The purpose is to help the learner understand Parkinson’s disease and what to consider when screening a potential resident with Parkinson’s disease. Additionally, it will review accommodations an AFH provider needs to make when caring for a resident with Parkinson’s disease.

- Anticholinergic effects
- Bradykinesia
- Delusions
- Hallucinations
- Rigidity
- Tremors
OBJECTIVES

The learner will be able to:

- Define what Parkinson’s disease is and symptoms associated with Parkinson’s disease;
- List key questions to ask when screening potential residents with a diagnosis of Parkinson’s disease;
- Describe care guidelines for residents with Parkinson’s disease including common treatment and drug side effects;
- Give examples of mobility and communication interventions for residents with Parkinson’s disease;
- Explore your own physical and emotional limits regarding the type of care required for residents.
INTRODUCTION

- Parkinson’s disease is a slow, progressive disease affecting the brain's control of movement, balance, posture and walking.
- In the later stages of Parkinson’s disease there is unpredictable or major fluctuations in mobility which creates anxiety and adds uncertainty to daily life.
- Parkinson’s disease is not fatal, although complications may occur due to problems with falls, coexisting illness or drug therapy.
MAJOR SYMPTOMS

Symptoms of Parkinson’s disease are:

- Muscle rigidity involving muscles on one or both sides of the body:
  - Facial muscles causes mask-like facial expression and slurred speech;
  - Stooped posture from rigidity of neck and back muscles;
  - Shuffling gait and the head turned downward.

- Tremors may appear in the hands and feet. Stress, fatigue and emotions cause tremors to worsen. Tremors disappear with full relaxation and sleep;
Bradykinesia is one of the more disabling symptoms of Parkinson’s disease and is characterized by:

- Delayed movement initiation, reduction of movement and sudden inability to move;
- Contributes to trouble with balance, legs “freezing,” difficulty walking or turning, and lack of facial expression;
- Difficulties in and out of a chair or car or finishing self-care activities such as dressing. The person begins the activity, then slows down/wavers before completing it;
- Weakness or fatigue is commonly experienced.
MOBILITY CHANGES

Problems commonly associated with Parkinson’s disease:

- Loss of automatic movement - the person must concentrate on moving;
- Balance - the person’s reaction to an impending fall comes too late, too slowly, to regain balance;
- Unnatural gait - gait is short-stepped and shuffling. The person tends to break into a run or trot, especially when starting to walk after getting up from a chair, which may increase risk of falling;
MOBILITY CHANGES CONTINUED

- Fluctuations in mobility - the person may be able to carry out an action or movement on one occasion, but not on another;
- Reduced ability to start an activity - they know what they want to do, but have trouble making the initial movement;
- Leg freezing - while walking, the person suddenly cannot move. It seems as though one of the person’s feet has “stuck to the floor.” Moments later the foot frees itself.
COGNITIVE CHANGES

- Personality changes occur such as irritability, suspiciousness and a lack of motivation.
- Depression can be a natural occurrence or a side effect of levodopa, the drug treatment of choice for Parkinson’s disease.
- Intellectual changes are not usually impaired by the disease. However, dementia occurs in 10 to 20 percent of the people who have Parkinson’s disease. Mental changes resemble symptoms of Alzheimer’s disease.
COMMUNICATION PROBLEMS

- Low speech volume and monotone voice - the muscles that control breathing are weakened affecting speech.
- Decreased facial expression due to loss of muscle control. Lack of facial expression and abnormal facial movements sometimes interfere with understanding the person.
- Decreased use of gestures. People who have Parkinson’s disease may not be able to use their body to communicate nonverbally.
PHYSICAL PROBLEMS

- Aches and pains including soreness in the arms or legs due to tremors or rigidity, foot cramps during the night or when getting out of bed in the morning, chest pain from rigid chest and backaches caused by stooping.
- Swelling (edema) of the feet and ankles.
- Extreme sweating. This is a common but unpredictable problem in Parkinson’s disease.
PHYSICAL PROBLEMS CONTINUED

- Itching or burning of the eyes (conjunctivitis) due to decreased frequency of eye blinking which results in dust particles, smoke and other irritants remaining on the eye longer.
- Visual problems include blurred, double vision and irregular eye movements.
- Unusual sensations such as feelings of warmth, burning. Some people complain of inner restlessness, nervousness and trouble sleeping at night.
Sleep disturbances:

- Difficulty falling and remaining asleep at night;
- Frequent nighttime wakening leaves the person exhausted in the morning;
- Some individuals reverse sleeping patterns; they take frequent daytime naps and stay awake at night;
- Other sleep problems include vivid dreams, talking during sleep and involuntary jerking limb movements.
PHYSICAL PROBLEMS CONTINUED

- Dizziness upon standing.
- Shortness of breath with minor exertion may be experienced.
- Difficulty swallowing (dysphagia).
- Drooling
- Weight loss
- Reduced bowel activity
- Bladder problems
Medical treatment focuses on reducing symptoms. Anti-Parkinson drugs work primarily through:

- Replacing dopamine to restore concentrations to near normal levels for optimal functioning.
- Mimicking the action of dopamine to maintain communication between cells. These are called dopamine agonists.
- Preventing the breakdown of dopamine/levodopa to increase the amount available in the brain.
The timing of medications for Parkinson’s is extremely important. If a medication is given too early or too late, it can disrupt the balance and can have severe consequences for the person with Parkinson’s. This may result in:

- Discomfort and loss of function and independence for the rest of the day or even longer; AND
- Can lead to falls or other potentially dangerous situations. A good guideline for timing is to keep within 15 minutes of the prescribed time.
LEVODOPA

- A common side effect of Levodopa is the development of involuntary movement called “dyskinesia” such as twitches, jerks, nods, twisting or writhing of the body, lip smacking, head rolling or simple restlessness.

- Serious side effects include hallucinations

- Other side effects of treatment include:
  - Loss of appetite, nausea and vomiting;
  - Nervousness and agitation;
  - Sleep problems, including bad dreams;
  - Confusion and agitation.
Dietary protein affects the action of levodopa or Sinemet. High protein meals can hinder the availability of drug to the brain.

Timing of medication and meals is also important in effective treatment. Follow these basic guidelines:

- Resident should take Sinemet (R) 15-30 minutes before meals for predictable absorption. A low protein snack (fruit or crackers) may be eaten if nausea occurs.
MANAGEMENT

- Your role in the management of Parkinson’s disease is:
  - Help resident cope with the disease;
  - Prevent accidents and complications; and
  - Monitoring diet and exercise.

- A physical therapist can help the person maintain independence and function.

- A speech therapist may work with the person to correct speech, communication, and swallowing problems.
Your general responsibilities are to:

- Understand and follow the medical treatment plan:
  - Drugs for Parkinson’s disease are taken as prescribed;
  - Careful timing to maintain a therapeutic level of the drug;
  - Never abruptly stop medications.

- Be alert to functional changes:
  - Consult the resident’s health care practitioner if recent changes are caused by drug side effects of medication;
  - Have the resident’s chart and MAR handy for quick reference whenever you contact care team members;
Be alert to changes and problems related to disease progression:

- Due to the progressive nature of the disease, individuals may require increasingly higher doses of medication to relieve symptoms;
- The drug occasionally ‘wears off early or suddenly loses its effectiveness. An adjustment in the dosage may be required.

When doing an evaluation of a prospective resident, be sure to learn if medications ever wear off before the next scheduled dose or if on-off periods have been experienced.
To ensure that the resident who has Parkinson’s disease remains independent, comfortable and safe as possible, follow these recommendations:

- Maintain the resident’s sense of control;
- Allow the resident plenty of time. Rushing increases stress and the risk of freezing or falls;
- Encourage daily exercise;
- Plan activities when medications are at the most effective levels;
- Encourage self-care. Be prepared to help when needed, especially in starting a task.
GUIDELINES FOR CARE CONTINUED

Bathing and grooming:

- The bathroom is especially hazardous for people who have impaired balance, difficulty walking or tremors. Take these steps to enhance safety:
  - Place non-skid strips in tubs and showers;
  - Remove glass doors from around tubs and showers;
  - Provide a bath bench or shower chair;
  - Install grab bars and a hand-held shower.
GUIDELINES FOR CARE CONTINUED

- Dressing is easier if clothing is a size larger than the person usually would wear. Energy-saving features include:
  - Non-cling, stretchy or tightly woven fabrics that do not stick to the body;
  - Raglan or loose fitting sleeves and Non-tapered pant legs;
  - Roomy waistline (suspenders, instead of belts);
  - Elastic shoe laces which allow shoes to be slipped on while tied;
  - Garments that fasten in front, slip over the head and have large buttons or Velcro closures.
Diet and mealtime:

- People who have Parkinson’s disease often feel isolated because messy eating, choking and drooling interferes with eating and upsets others. Because chewing and swallowing require conscious thought, they need to eat slowly:
  - Food tends to collect in the mouth and at the back of the throat;
  - Eating too fast causes coughing and choking;
  - Rushing them through meals can lead to malnutrition.
Follow these guidelines to help ensure adequate calories and nutritional intake:

- The person should hold the head upright so saliva collects at the back of the mouth. This helps automatic swallowing and reduces drooling;
- *Persons with Parkinson’s disease are at high risk for aspirating (choking) on food or fluids*;
- Provide a quiet, non-distracting surrounding;
- Discourage skipping meals or overeating.
TOILETING

- Common bladder problems experienced are overfilling/flowing bladder; and spastic bladder. Which leads to frequent bathroom trips and bladder infections:
  - Encourage fluid intake.
  - Understand potential drug interactions.
  - Provide special devices, if needed.
  - Allow for privacy, time and scheduled bathroom trips

- Parkinson’s disease slows bowel activity increasing the risk of constipation.
SLEEP AND REST

- Sleep may be disturbed by vivid dreams, mental confusion from the dreams, and the need to use the bathroom. Consider:
  - Encouraging an hour nap instead of catnaps;
  - Discouraging the use of sleeping pills including OTC;
  - Adjusting the resident’s bed so it is easy to get in and out of promotes safety and self-care. The bed should not be lower than knee-high;
SLEEP AND REST CONTINUED

- Suggesting assistive devices for bed use:
  - A trapeze over the top of the bed or bed “pulls” at the end or sides of the bed to help with position changes;
  - A sturdy cardboard box or footboard under the covers at the foot of the bed frees the feet while turning.

- If stiffness/rigidity is a problem, when getting out of bed suggest:
  - Turning on the side close to the edge of the bed;
  - Drop the legs while pushing down with the elbow that is on the bed and with the opposite hand;
  - Tuck in the chin and lift the head.
COMMUNICATION

A person with Parkinson’s disease may have some or all of the following speech problems:

- Difficulty starting to speak;
- Low voice volume or voice that fades; little expression or change in tone of voice;
- Breathy, shaky, higher pitched, piercing or hoarse;
- Slurred speech;
- Rapid speech and words crowded together;
- Uncontrollable repetition of words or phrases;
- Drooling; the person must swallow before speaking;
- Lack of facial expression or use of gestures.
There are exercises to improve speaking skills. Consult a speech therapist. You can help:

- Give the resident your complete attention. Face the person so you can lip read;
- Give the resident feedback. Repeat what you understood and ask the resident to continue;
- Ask the resident to spell words you cannot understand. Repeat each letter;
- Be patient. Give the person adequate time to respond or react. Avoid speaking or filling in words for them;
- Encourage the use of a speaking aid.
Handwriting becomes smaller. Words at the end of a sentence may be in smaller than at the beginning. Offer these suggestions:

- Use paper with dark or raised lines;
- Use a different shade of ink than the color of the lines;
- Try medium-tipped felt pens;
- Use print instead of cursive letters;
- Say each word as it is written. This technique may aid in controlling the motion and speed of the pen;
- Use a computer when trying to communicate.
Reading becomes difficult due to irregular, jerky movements and failure of the eyes to return to the left side of the page after finishing a line. Suggestions:

- Use a colored line guide to isolate one line of reading at a time;
- Use written cues on the line guide for left-to-right scanning, if needed;
- Use finger tracking; point to each word across the line;
- Read aloud;
- Try large print books. Use magnifiers, if suitable.
IMPORTANT RESOURCE

- This section only covered a portion of the necessary information you, as a AFH provider, must know if you accept a resident with Parkinson’s Disease. Consider contacting Parkinson’s Resources of Oregon for additional assistance for residents with Parkinson’s Disease.

  - www.parkinsonsresources.org