Parkinson’s Disease Essentials for the Non-specialist

Overall thoughts:-
The management of Parkinson’s disease can appear to be a dark art but there are some principles that will help any non-specialist to manage a range of scenarios. The first thing to remember is that the condition evolves over very long time periods. By the time it becomes manifest the degenerative processes will have been going on for years; perhaps even decades. This means that increases to or initiation of Parkinson’s medication is usually not urgent (or even desirable sometimes).

Known Parkinson’s disease, reduced mobility
Q: Is the deterioration recent and rapid? If so then it is probably something else that is affecting the Parkinson's rather than a sudden change in what is usually a very slowly progressive condition. Look for other issues and request a physiotherapy assessment.
If the deterioration has been over many weeks or months then we may need to consider an increase in treatment. If Dr Genever is not around you could take advice from Christine Smith, Parkinson’s nurse specialist (5719). Christine does not work at Chesterfield Royal Hospital but may be able to provide advice.

Known Parkinson’s disease, unable to swallow.
Get advice from pharmacy. The best treatment is something that is very close to the patient’s usual medication. The worst (and potentially fatal) option is no treatment. Ask if the patient really needs to be Nil by Mouth. Co-beneldopa or co-careldopa can be converted to dispersible co-beneldopa (same dose), which is dissolvable if swallowing pills is the issue.

Known Parkinson’s disease, increased confusion or hallucinations
Q: Is this a sudden change or a gradual decline? Again a sudden change is unlikely to be related to Parkinson’s or its treatment alone. Think about the causes of delirium (‘PINCH ME’ – Pain, INfection, Constipation, Hydration/Hypoxia, Medication, Environment).
If the deterioration has been more gradual (or followed the introduction of a new Parkinson’s drug) then a change to medication may be necessary.
Rules:
  1) ‘Last in, first out’ – Reverse a recent change to medication that was followed by new confusion or psychosis.
  2) If no recent change to Parkinson’s treatment the order to gradually reduce medication is:-
      Anticholinergics then tricyclics, MAOB-Is, Amantadine, other antidepressants, dopamine agonists, COMT-inhibitors, Apomorphine, Ldopa (source – Hindle, J Neural Trans 2013)

Suspected Parkinson’s disease (first presentation)
If the patient is ready for discharge and Dr Genever is not available to see please send a short referral letter to the movement disorder clinic (or ask the GP to refer)
If there is concern that discharge will not be possible without Parkinson’s medication and Dr Genever is not available advice could be taken from Christine Smith, Dr Rashid (Eastwood ward), Dr Addy or other elderly medicine consultants or SpRs.

Dr RW Genever, August 2016