

# Parkinson's Nurse Team

Central Lancashire  
Jennifer Dawber



Always  
Safety First

Neurology

- It is estimated that there are 153,000 people with a diagnosis of Parkinson's in the UK.

It is the fastest growing neurological condition.

- 1 in 37 people alive today in the UK will be diagnosed with Parkinson's in their lifetime.

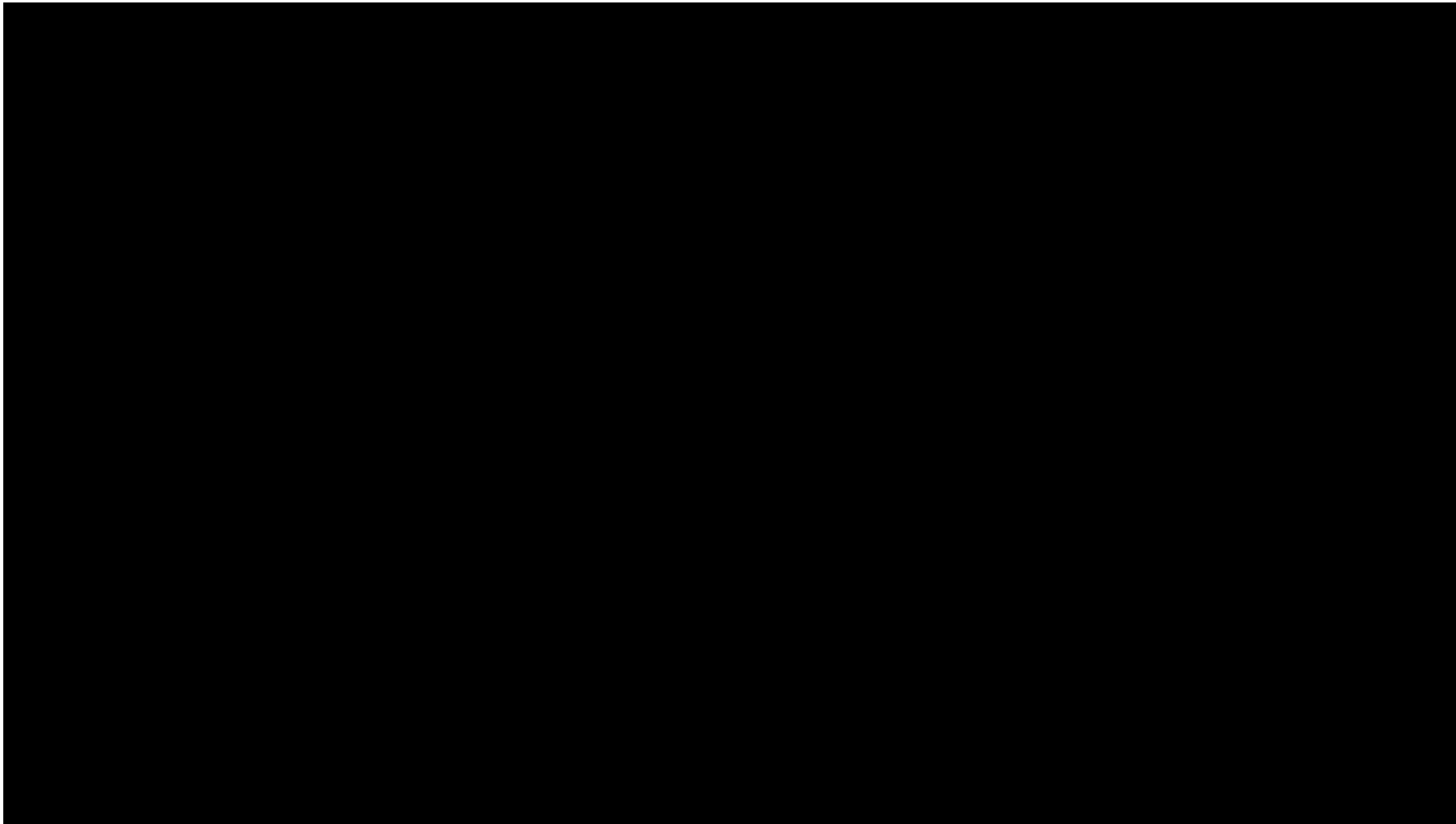
Parkinson's UK 2023



Always  
Safety First



Lancashire Teaching  
Hospitals  
NHS Foundation Trust



Always  
Safety First

   @LancsHospitals

# What is Parkinson's

Parkinson's is a neurodegenerative condition, that is caused by death of dopamine producing cells in the substantia nigra.

Dopamine is a neurotransmitter, which is responsible for a number of functions particularly movements.

Up to 80% of the cells have died when a patient is diagnosed

We don't know what causes Parkinson's, but it is thought to be a combination of genetic and environmental factors that leads to a reduction of dopamine producing cells.



Always  
Safety First

## How is Parkinson's Diagnosed

- Diagnosis is made by either a Neurologist or a Care of the Elderly physician, NICE(2017) guidelines state that if Parkinson's is suspected then the person should be referred to a specialist in a timely manner.
- Diagnosis is made by clinical assessment, this includes assessing for rigidity, bradykinesia, tremor to receive a diagnosis of Parkinson's then these symptoms should be evident ( important to note not all patients have tremor)

## First signs of Parkinson's

**Parkinson's UK states that there are 10 early symptoms of Parkinson's**

1. Tremors
2. Muscle stiffness
3. Slowness of movements
4. Problems with your sleep – insomnia due to certain symptoms – tremor, stiffness, pain, RLS.
5. Losing your sense of smell – some people with Parkinson's may notice that their sense of smell may not be as strong or may of disappeared.
6. Smaller handwriting – due to a person's movements being smaller and less forceful, this can result in writing becoming smaller or becoming gradually smaller as they write.

## First signs of Parkinson's cont

7. Problems with bladder or bowel – this can be an overactive bladder and constipation
8. Depression - in some cases you may experience depression months before you notice any other symptoms of Parkinson's
9. Anxiety – people with Parkinson's may experience anxiety.
10. Feeling fatigued – a tiredness that just won't go away.

## What causes Parkinson's and who is at risk

We don't know what causes Parkinson's, but it is thought to be a combination of genetic and environmental factors that leads to a reduction of dopamine producing cells.

We are an aging population therefore there is an increase in diagnosis but it is also important to be aware that Parkinson's doesn't just affect older people, young people can be diagnosed and will be classed as young onset.

We cannot reduce the risk of Parkinson's although research is looking at gut health.

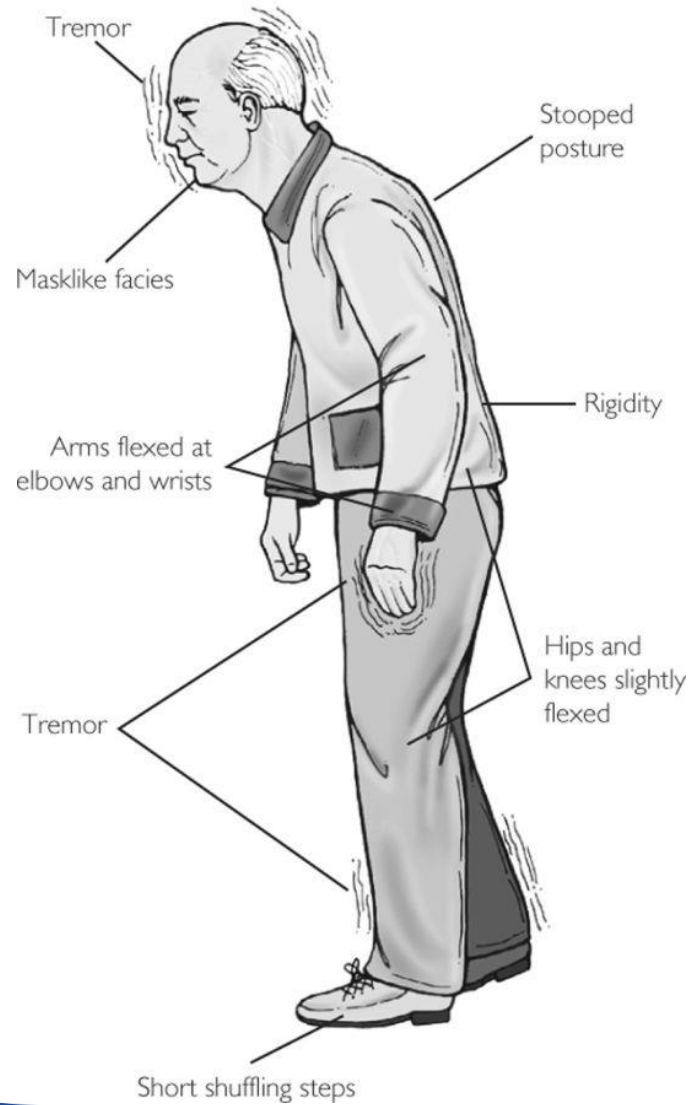


# Motor Symptoms

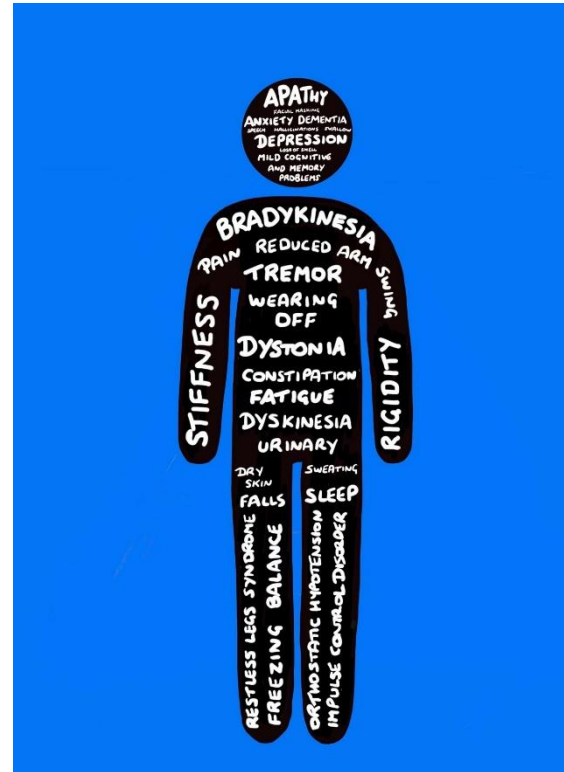
- Rigidity
- Tremor
- Slowness of movement
- Falls and dizziness
- Freezing
- Muscle cramps and dystonia

# Non Motor Symptoms

- Bladder and Bowel problems
- Fatigue
- Depression
- Anxiety
- Sweating
- Sleep problems
- Swallowing problems
- Speech problems
- Eye problems
- Pain
- Dementia
- Hallucinations
- Mild memory



# A Modern Contemporary Parkinson Disease Image



# Treatments and long-term management

- We use various treatments to help our patients maintain a good quality of life and also to help to control symptoms
- Medications are the main treatment for Parkinson's, the medications work by restoring the dopamine levels or by mimicking its actions
- Levodopa and dopamine agonists are the main oral medications chosen based on the individual and circumstances.



# Things to consider

- Age at diagnosis- dyskinesia's and motor fluctuations after several years of treatment.
- Postural hypotension
- The person's clinical circumstance e.g. comorbidities and risk of polypharmacy
- Medications to be taken regularly and on time
- Lifestyle, preference, goals
- Bowels
- Infections

# Things to consider

- Hallucinations
- Impulsive/compulsive behaviours
- Dyskinesia
- Sleepiness
- Falls

# Advanced therapies

- Apomorphine-pump/pen
- Duodopa -pump
- Deep Brain Stimulation





# Nil by mouth

- Medications are critical if your resident/patient cannot or will not take their medications you should always seek help and advice from your local Parkinson's Team or GP.
- This must be address immediately to avoid any delay in Parkinson's medications.

# Medications on time

- Parkinson's medications are time critical; timings are set by working with the patient and their Consultant/Nurse to make an individual regime tailored to their need.
- Parkinson's UK (2023) NICE (2017) and CQC all highlight the importance of medications on time. They should be taken/given within 30 mins of the time prescribed.



# What happens if Medications are given late?

- For the vast majority of people with Parkinson's, medication is the only means of controlling their symptoms. If medication is not given in accordance to their routine, this may result in people being:
  - unable to swallow (increasing the risk of aspiration)
  - unable to speak and/or move (increasing their dependence on staff)

At worst, Parkinsonism-hyperpyrexia syndrome (also called neuroleptic-like malignant syndrome) may develop which can be fatal. **UK Parkinson's Excellence Network (2017)**
- When medications are given late the patient will begin to feel slower in their movements, a feeling of shutting down, slower in their thought process, increased anxiety levels, a feeling of losing control



# Parkinsonism

- Parkinson's nurses look after patients with PSP, CBD, Lewy body dementia and MSA
- Support referrals to MDT, Social services, falls team, MSA Trust and PSP association
- Rapid deterioration and life limiting
- Advanced care planning

# Challenges of having Parkinson's

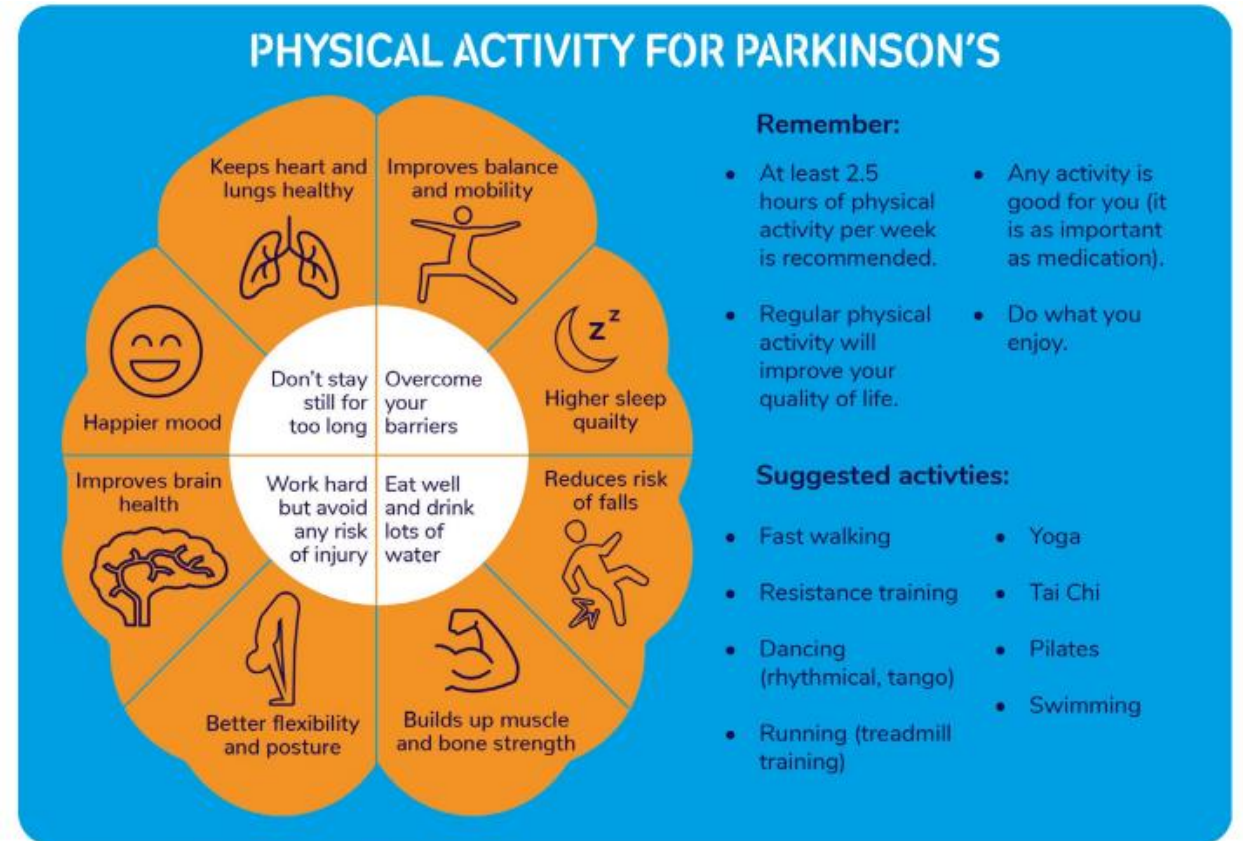
- Difficulties with activities of daily living, washing, dressing, accessing food and drink.
- Being heard, often people with Parkinson's will let others speak for them as its easier, this can be due to slower thought processes and quieter voice.
- People with Parkinson's report people accusing them of being drunk due to involuntary movements.
- Every day is a challenge for a person with Parkinson's and no two hour/days will be the same. It is important to be aware of ON/OFF.

# Diet, hydration and Parkinson's

- Some people find that protein may interfere with the effects of the levodopa medication. We advise our patients that they should take their Parkinson's medication at least 30 to 45 minutes before meals.
- We recommend that people have good healthy diets with lots of fruit, vegetables and fibre to help with constipation, people with Parkinson's are prone to constipation and can affect the absorption of levodopa resulting in a reduced response to medications.
- Many of our patients have postural hypotension to avoid large meals, reduce carbohydrate intake, especially sugary foods, add salt to diet if able to do, increase fluid intake.
- Good fluid intake helps with postural hypotension, constipation and overall wellbeing. Having fluids with medications can also help to activate the Parkinsons medications, in turn they will quicker and the patient will be ON sooner.

# Exercise and Parkinson's

We encourage people with Parkinson's to be as active as possible as long as they are safe to do so



Based on an original image by Aiden Painter



# Support

- Local Parkinson's UK groups
- Ncompass
- Exercise classes – dancing, boxing, sit and be fit, chair yoga, Neurological gym in Blackburn
- Newly diagnose sessions run in partnership with Parkinson's UK and LTHTR started January 2023 – running 6 monthly
- Podcasts – movers and shakers

# How can you help

- Listen
- Do not rush a person with Parkinson's
- Have a good understanding of the condition
- Contact the Parkinson's nurses and access our help and expertise.



Always  
Safety First

## Further training

There is lots of training via Parkinson's UK Excellence Network this can be found on Parkinsons.org.uk website under the professional's section.

Some examples are

Bone health

Medications on time

Parkinson' awareness

The screenshot shows the website's navigation bar with the following links: Information and support, Get involved, Research, Professionals, About us, and a yellow 'Donate' button. Below the navigation bar is a grid of four content cards, each with a photograph and a title:

- Parkinson's nurses**: A photograph of a nurse in blue scrubs talking to an elderly man in a chair.
- Occupational therapists, physiotherapists, speech and language therapists**: A photograph of a healthcare professional in a white coat talking to a patient.
- Health and care staff**: A photograph of a woman in a blue polo shirt talking on a mobile phone while holding a stack of papers.
- Pharmacy professionals**: A photograph of a pharmacist in a white coat standing in a pharmacy aisle.

# How to Contact us

Lancashire Teaching Hospital Parkinson's Nurses 01772 523575 (answer machine)

01772 524154 (direct line – Health Professionals only)

Email – [Parkinson.Nurses@lthtr.nhs.uk](mailto:Parkinson.Nurses@lthtr.nhs.uk)

Twitter - @LancsParkinsons

Currently we only accept referrals for patients that are under the care of a Neurologist at LTHTR and live in Preston, Chorley, Blackburn with Darwen

East Lancashire Parkinson's Nurses – 01282 222688

Blackpool, Fylde and Wyre Parkinson's Nurses – 01253 954954 option 2

Lancaster Parkinson's Nurses – email [parkinsons.enquiries@mbht.nhs.uk](mailto:parkinsons.enquiries@mbht.nhs.uk)



Always  
Safety First



# Questions?



Always  
Safety First