

PARKINSON AND MOVEMENT DISORDER ALLIANCE

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10 NON-MOTOR SYMPTOMS YOU SHOULD KNOW ABOUT

Parkinson's Disease is not just
Tremor!

Living with Parkinson's Disease



A COMPLETE GUIDE FOR
PATIENTS AND CAREGIVERS

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OBJECTIVES

01

Learn that Parkinson's disease causes many symptoms beyond tremor and movement changes.

02

Discuss 10 common non-motor symptoms in Parkinson's disease.

03

Learn pearls for management of non-motor symptoms.



THE 10 “NON-MOTOR” SYMPTOMS WE WILL DISCUSS TODAY:

Sialorrhea (drooling)

Constipation

Urinary symptoms

Orthostatic hypotension

Pain- Is it the Parkinson's disease?

Apathy

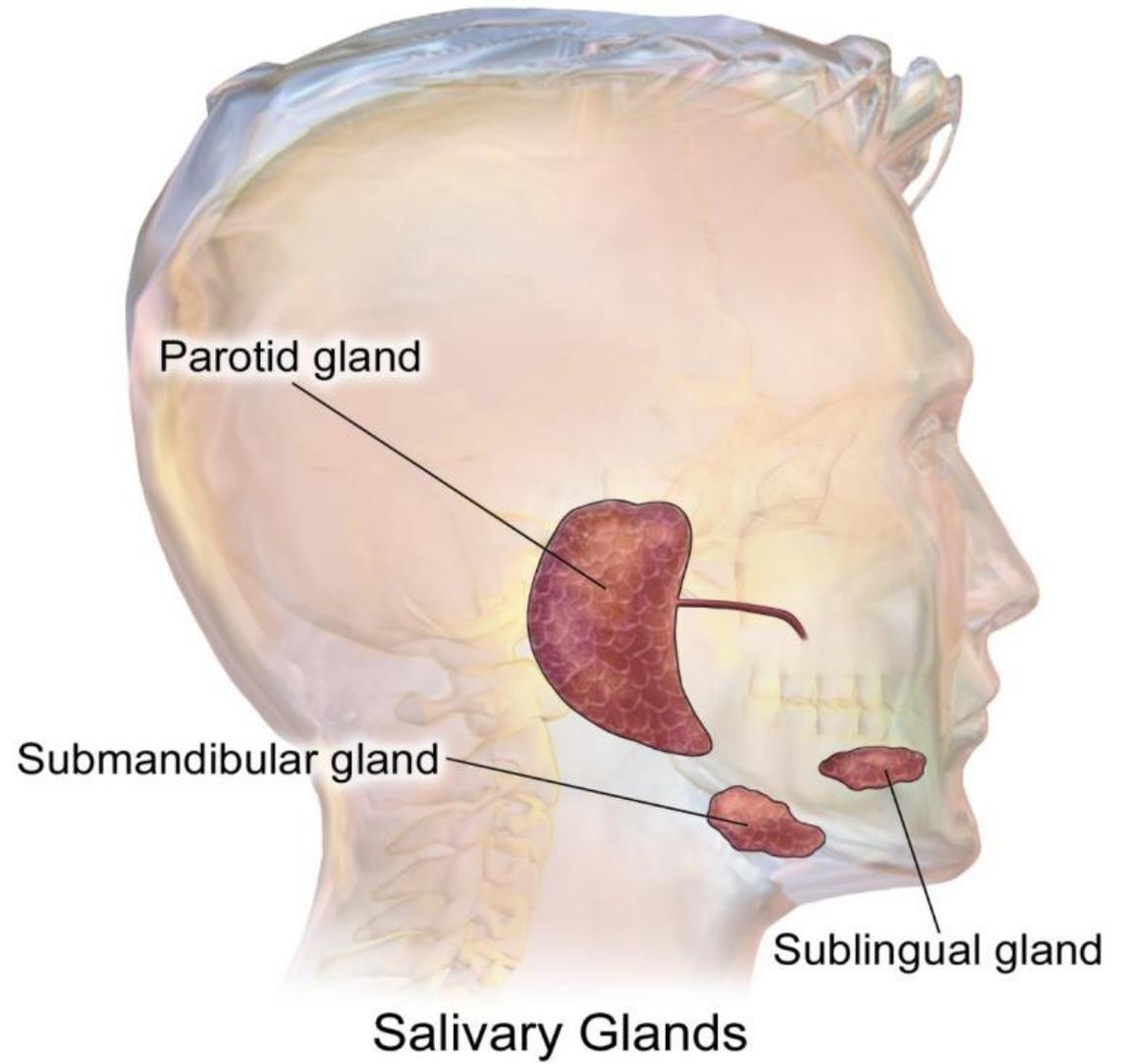
Depression

Memory

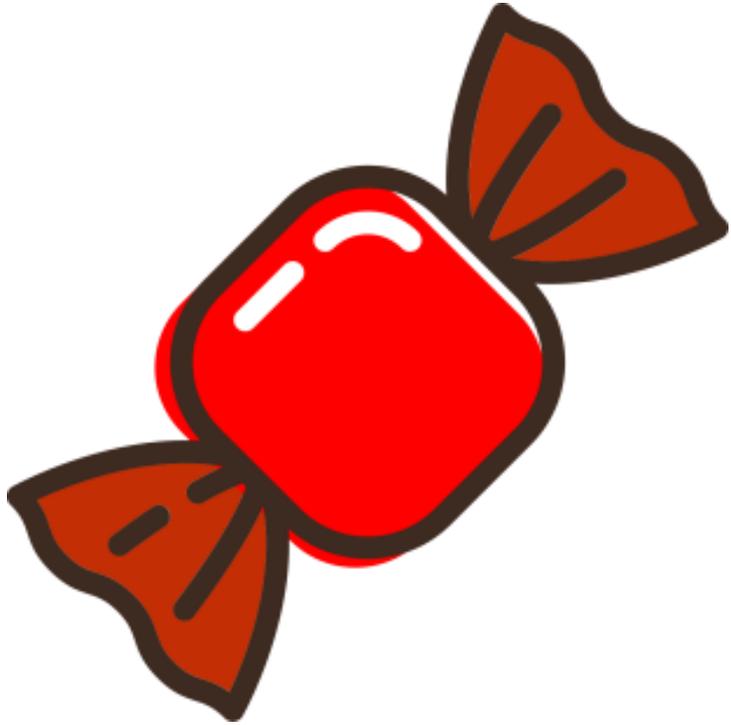
Hallucinations

Sleep

SIALORRHEA



TIPS TO CONTROL DROOLING



Sips of fluid

Sucking on candy or chewing gum

Atropine drops

“Anticholinergic” medications

Glycopyrrolate

Scopolamine patch

Botulinum toxin injections

CONSTIPATION

What is constipation?

Causes of constipation?



TIPS TO CONTROL CONSTIPATION

A NATURAL CONSTIPATION STRATEGY

We often share the following recipe (refined by Janet Romrell, a PA at UF):

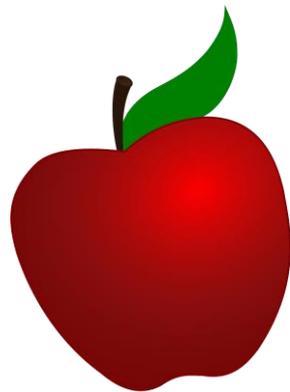
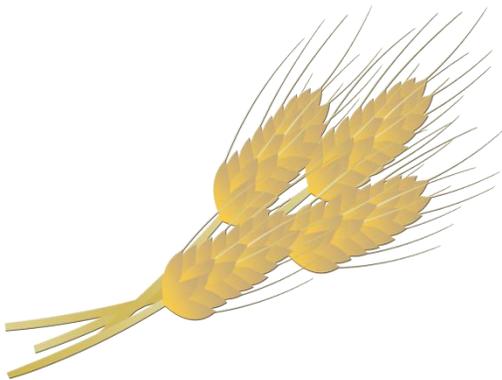
1 cup
unprocessed
wheat bran



½ cup apple
sauce



½ cup prune
juice



URINARY SYMPTOMS

Multiple types



TIPS TO MANAGE URINARY SYMPTOMS

NON-INVASIVE AND NON-PILL-BASED APPROACHES

Fluids

Protective briefs and pads

Pelvic rehabilitation services

Bedside urinal

ORTHOSTATIC HYPOTENSION

Common cause for emergency room presentations



TIPS TO MANAGE ORTHOSTATIC HYPOTENSION

ACTIVITIES AND TIPS

Drink a tall glass of water (cold) in the morning to start the day

Sit on the edge of the bed for a few seconds or minutes before standing

Pump the legs before standing, or bring your knees to your chest a few times in bed

Use mechanical compression aids

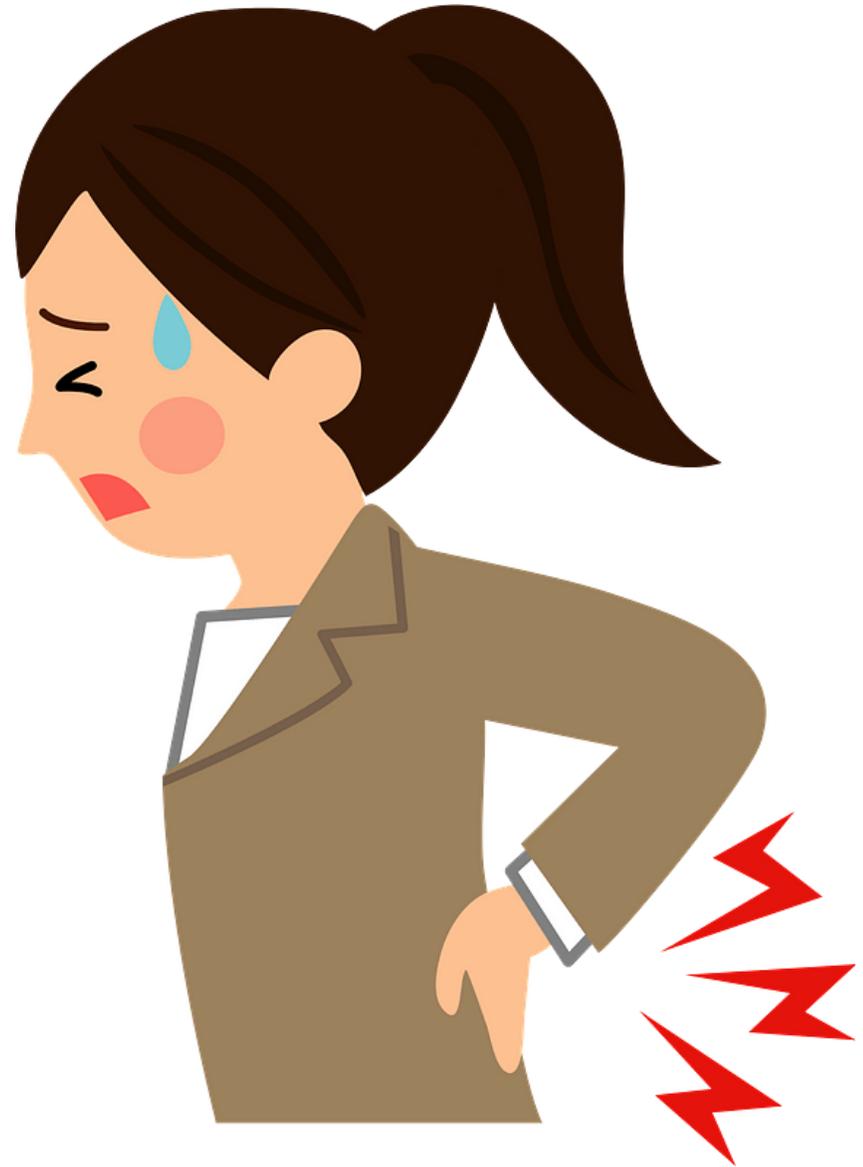
Hydrate

...

PAIN

Many reasons

- Medication fluctuations
- Dystonia
- Arthritis
- Nerve pain
- ...



TIPS TO MANAGE PAIN

Find the cause!

Adjust medications for PD

Engage in physical therapy

Consider local treatments when needed

Consider risk-benefit of pain medications



APATHY

Loss of motivation or drive (*“My get up and go got up and went!”*)

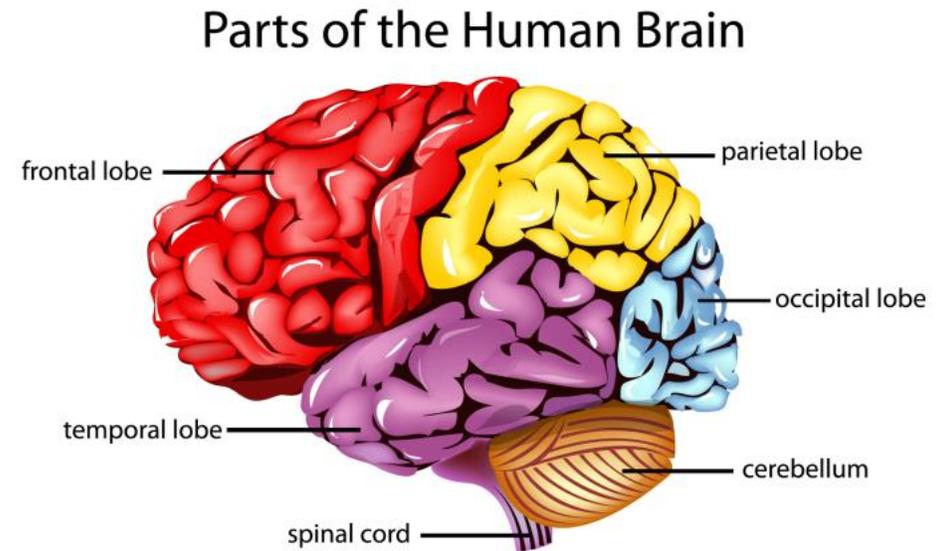
May appear less interested in starting conversation or new activities

May appear indifferent

This can be independent of depression.

Common source of care partner frustration

Part of Parkinson disease- changes in frontal lobe brain circuits



TIPS TO MANAGE APATHY:

Schedule activities, independent of desire that day to them.

Modify activities, if necessary, to avoid eliminating them. (Ex. Can you golf less holes?)

Have a buddy and encourage each other to show up.

Plan activities around medication timing to optimize your performance.

Get rest and maintain a healthy, balanced diet. Exhaustion and poor energy can compound apathy.

Pace yourself and allow for breaks.

Take note of the activities you enjoy now, and from the past, and keep them or bring them into your daily life.





Depression is a biological part of PD.

Depression and anxiety have the strongest influence on quality of life in PD.

About 35% of people with Parkinson's disease will have clinically significant depression at some point.

It can occur early or later in the course of PD, even before motor symptoms are evident.



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DEPRESSION

TIPS TO RECOGNIZE DEPRESSION:

Sadness, hopelessness

Change in appetite or sleep (more or less)

Loss of interest or enjoyment

Feelings of guilt or worthlessness

Irritability

Concentration problems

Recurrent thoughts of death or suicide

Note: Some of these symptoms can overlap with symptoms of Parkinson's disease (Ex. Fatigue, apathy).



TIPS TO MANAGE DEPRESSION:

Rule out metabolic causes or medication effects (Ex. Thyroid).

Good sleep and exercise are key.

Social support

Treatments include:

Optimizing PD control

Cognitive behavioral therapy

Medications that enhance serotonin. (It's not all a dopamine issue!)

These medications can take 4-6 weeks to take effect. Don't give up too soon!

It may take several trials to find the best medication. Each person is unique.



TIPS TO MANAGE DEPRESSION

Medications include:

Selective serotonin reuptake inhibitors (SSRI)

Selective serotonin norepinephrine uptake inhibitors (SNRI)

Tricyclic antidepressants (TCA)

Monoamine oxidase type B inhibitors (MAO B-I)

Severe cases may be treated with additional therapies (Ex. transcranial magnetic stimulation).

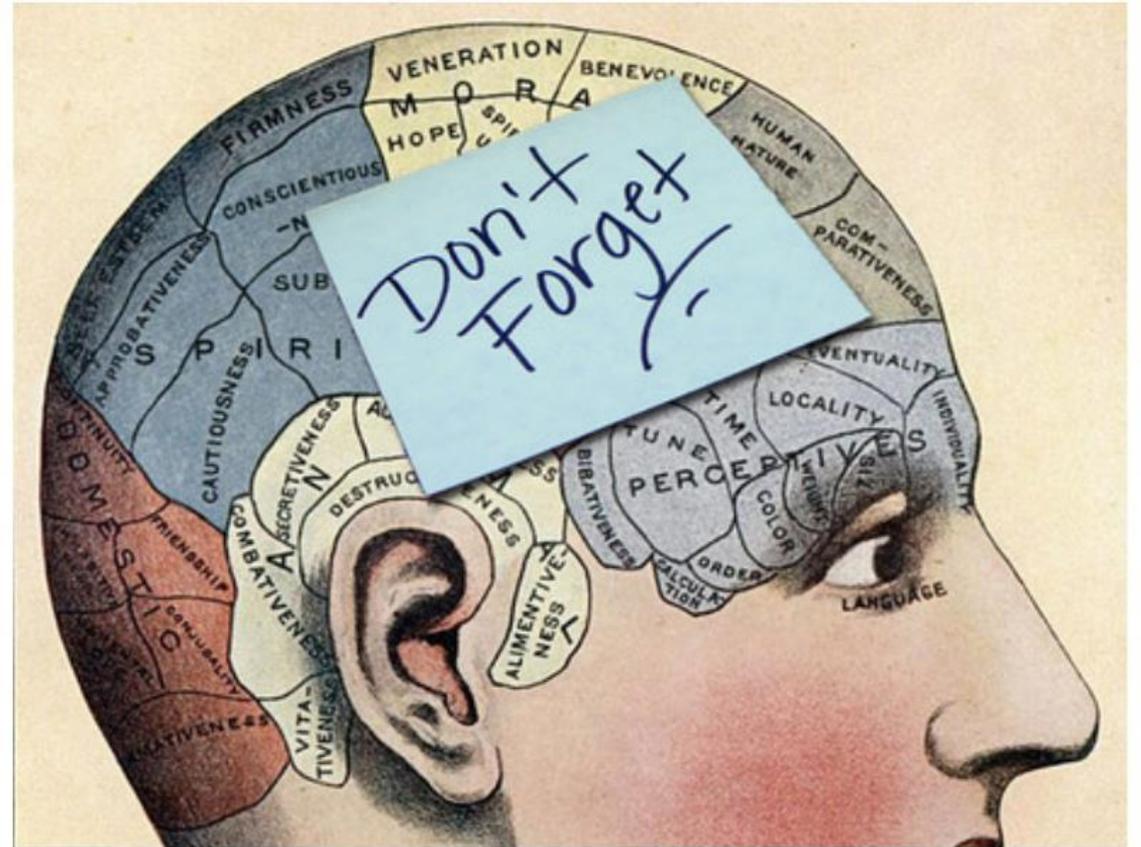
COGNITION

- Mild cognitive impairment- memory or thinking changes that are mild and don't impact daily function
- Severe memory changes that impact daily function- "dementia"



WHAT TYPES OF SYMPTOMS?

- Slowness of thought (bradyphrenia)
- Forgetfulness (memory impairment)
- Word-finding or verbal fluency issues (“It’s on the tip of my tongue!”)
- Trouble multi-tasking (working memory)
- Trouble planning and managing tasks (executive dysfunction)
- Visuospatial processing issues (understanding and processing pictures and objects in the environment)



TIPS FOR COGNITIVE CHANGES:

Make sure depression is not clouding and confusing the picture of memory and thinking issues

Check the medication list! Some drugs such as bladder medicines, pain medicine, and sleeping pills may result in memory and thinking issues.

Optimize sleep.

Identify and treat any infections if changes are sudden.

Review the PD medications. Some, such as amantadine, dopamine agonists and “anticholinergics” can cause confusion.

After dopamine-related medicines are tuned up, medicines for cognition may be considered: (rivastigmine, donepezil, galantamine, memantine)

Exercise may help delay progression of mild cognitive changes.



PARKINSON-RELATED PSYCHOSIS

Some individuals may experience hallucinations or psychosis.

Hallucinations are sensory experiences, like seeing or feeling something that is not really there. Sometimes these can be misinterpretation of objects.

Paranoia is unnecessary suspiciousness.

When the symptoms are mild, they do not always require treatment.

Some medications can contribute.

Sudden changes like infections may provoke these symptoms as well.

TIPS TO MANAGE PSYCHOSIS:

If the symptom is a sudden change, ask that infections and metabolic abnormalities are ruled out.

If new medicine has been started, ask if it should be discontinued.

Ask your doctor to review your medications (including both the PD meds and the meds for other conditions), and see if anything needs to be changed or discontinued.

Sleep is important.

Some dopamine receptor blockers help. Some of these can be used more safely, and some can aggravate PD.

Prescription options that may help: quetiapine, pimavanserin, clozapine, in some cases rivastigmine

Risks and possible side effects have to be considered.

SLEEP

Sleep is very important in Parkinson's disease!

It is also very commonly impaired. Reasons include:

Medication wearing off and intrusion of PD symptoms

Anxiety

Restless legs syndrome

REM sleep behavior disorders

Urinary issues

Additional sleep disorders (Ex. Obstructive sleep apnea)



Dim the lights one hour before bedtime.

Avoid stimulating activity one hour before bedtime.

Have a quiet, comfortable bedroom (including temperature).

Use the bed for two things.

Avoid caffeine after lunch.

Avoid bright screens at bedtime. If you read off a screen, be sure to change the setting to the dimmest backlight.



TIPS FOR MANAGING SLEEP:

TIPS FOR MANAGING SLEEP:

Limit daytime naps to 30 minutes if possible.

Do aerobic exercise during the day to improve sleep quality at night. For most people, it is best to avoid exercise right before bedtime.

If you are awake for a prolonged period during the night, get out of bed and try going back to bed again when you are sleepy.

Maintain a regular sleep schedule.

There is cognitive behavioral therapy for sleep, and there are medications depending on what the cause of the difficulty is, but “sleep hygiene” has to be incorporated first.



Questions are the path to learning

ANY QUESTIONS? |