

Parkinson's Disease Guideline Recommendations



Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network

Definition: Parkinson's disease (PD) is a neurodegenerative disorder that affects predominately dopamine-producing neurons in a specific area of the brain called substantia nigra.

Characteristics: may include bradykinesia, tremor, rigidity, hypokinesia. As the disease progresses, symptoms can move from unilateral to bilateral. Additional signs may include postural instability, cognitive impairment and orthostatic hypotension.

Information and Support

- Individuals may develop impaired cognitive ability, communication problems and/or depression. Professionals must provide both oral and written communication throughout the course of the disease, which should be individually tailored and reinforced as necessary.
- Provide consistent communication from the professionals involved.
- Give family members and carers (as appropriate) information about the condition, their right to a Carer's Assessment and the support services available.
- Individuals should have a comprehensive care plan agreed between the person, their family members and carers (as appropriate), and specialist and secondary healthcare providers.
- Offer an accessible point of contact with specialist services. This could be provided by a specialist nurse.
- Advise they should inform the Driver and Vehicle Licensing Agency and their car insurer of their condition when diagnosed.

Physiotherapy and Physical Activity

- Consider referring people who are in the early stages to a physiotherapist with expertise in PD for assessment, education and advice, including information about physical activity.
- Offer disease-specific physiotherapy for people who are experiencing balance or motor function problems.
- Consider the Alexander Technique for people who are experiencing balance or motor function problems.

Occupational Therapy

- Consider referring people who are in the early stages to an occupational therapist with expertise in PD for assessment, education and advice on motor and non-motor symptoms.
- Offer disease-specific occupational therapy for people who are having difficulties with activities of daily living.

Speech and Language Therapy

- Consider referring people who are in the early stages to a speech and language therapist with expertise in PD for assessment, education and advice.
- Offer speech and language therapy for people experiencing problems with communication, swallowing or saliva. This should include: strategies to improve the safety and efficiency of swallowing to minimise the risk of aspiration, such as expiratory muscle strength training; strategies to improve speech and communication, such as attention to effort therapies.
- Consider referring people for alternative and augmentative communication equipment that meets their communication needs as PD progresses and their needs change.

Nutrition

- Consider referring people to a dietician for specialist advice.
- Discuss a diet in which most of the protein is eaten in the final main meal of the day (a protein redistribution diet) for people on levodopa who experience motor fluctuations.
- Advise people to avoid a reduction in their total daily protein consumption.
- Advise people to take a vitamin D supplement. See the NICE guideline on vitamin D for recommendations on vitamin D testing, and the NICE guidelines on falls in older people and osteoporosis.
- Do not offer creatine supplements to people with PD.

Depression

- For guidance on identifying, treating and managing depression in people with PD, see the NICE guideline on depression in adults with a chronic physical health problem.

Palliative Care

- Offer people with PD and their family members and carers (as appropriate) opportunities to discuss the prognosis of their condition. These discussions should promote people's priorities, shared decision-making and patient-centred care.
- Offer available support services, for example, personal care, equipment and practical support, financial support and advice, care at home and respite care.
- Consider referring people at any stage of PD to the palliative care team to give them and their families / carers the opportunity to discuss palliative care and care at end of life.

For further profession specific recommendations refer to www.parkinsons.org.uk