

# Parkinson's Disease Guideline Recommendations

**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](http://www.parkinsons.org.uk)