

#HospiceLink

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A snapshot on Parkinson's Disease – Mate pākenetana

Parkinson's is a progressive neurological condition that develops when the cells are damaged or die in the substantia nigra. Cells in this part of the brain are responsible for producing dopamine, which acts as a messenger between the parts of the brain and the nervous system that help control and coordinate body movements – everything from walking, talking, writing and even smiling. If these nerve cells die or become damaged, the dopamine in the brain is reduced, and the part of the brain controlling movement cannot work normally.

The loss of nerve cells is a slow process. Symptoms usually only develop when around 80% of the nerve cells in the substantia nigra have been lost.

In the beginning, signs are subtle, like smaller handwriting, but as more dopamine-producing cell death occurs, problems with movement get worse. It's not fully understood why or how dopamine cells are lost, but researchers are working towards developing better treatments and a cure.

In addition to dopamine, the serotonin pathway also plays a significant role in Parkinson's. A decrease in serotonin can cause mood and anxiety disorders, sleep disturbances and changes in eating patterns.

There are over 40 symptoms of Parkinson's but some common ones include:

- Postural instability
- Tremor
- Rigidity (stiffness)
- Slowness of movement and speed – or progressive hesitations
- Mild memory and thinking problems
- Sleep problems
- Pain
- Mental health problems, including anxiety and depression.



[More information on symptoms](#)

People with Parkinson's overall will have a mildly higher mortality rate than their non-Parkinson's counterparts. At later stage Parkinson's patients have a greater risk of falls and choking, aspirations. It would be fair to say that Parkinson's can be a life-limiting condition that may lead to premature death but each person is different. Co-morbidities have a considerable impact on overall risk of death.

Planning for the future

It is important for the patient to have the chance to think about what they may like to happen if/when they become unwell, or if they experience symptoms of cognitive decline. Discussing wishes with family, and writing them down, can help if needing to make decisions about care. [ACP info](#)

Advanced stage' means a time when Parkinson's symptoms are more complex and may be having more of an effect on daily life. It may be a time when Parkinson's drugs are less effective at managing symptoms, or their side effects are outweighing the benefits.

The focus now moves to that of a comfort-based approach to care. There is recognition that the patient may be getting closer to the end of their life. Palliative care aims to address the challenges that impede quality of life, providing relief from any symptoms, stress and pain of the condition. If requiring specialists to assist, the input of the Hospice palliative care team may be useful.

Previously it was suggested to continue Parkinson's medication for as long as possible. Now there are thoughts that when the medications are no longer therapeutic a slow reduction of the medications should be considered with the aim of avoiding a sudden cessation when the patient can no longer take them. It may be appropriate to discuss this with specialist palliative care.

Parkinson's Medications

How do they work??

Many medications traditionally used in palliation have the potential to alter the dopamine system, or worsen Parkinson's symptoms. Some common drugs to **avoid** are:

Valproate, antiseizure drug

Serotonin reuptake inhibitors (SSRIs), such as fluoxetine, sertraline, and paroxetine, used as antidepressants and mood stabilizers

Traditional antipsychotic medications, such as haloperidol, risperidone, and quetiapine, that block dopamine

Drugs for headache or gastrointestinal dysmotility, such as prochlorperazine, promethazine, and metoclopramide, that also block dopamine.

Can you crush meds?? – Anything that is controlled release can not be crushed – see below

LEVODOPA/CARBIDOPA	Sinemet	Tablet	May be crushed or dispersed in water but is very slow to disperse and may require crushing first ⁴ The tablet can be divided to aid swallowing but should be consumed as a whole dose ³
LEVODOPA/CARBIDOPA CR	Sinemet CR	Tablet	Controlled release ³ Do not divide, crush, chew or disperse ³ Immediate release preparations available ³
LEVODOPA/BENSERAZIDE (dispersible)	Madopar Rapid	Tablet	Soluble dispersible tablet ³ Disperse in 10mL water before taking ⁴
LEVODOPA/BENSERAZIDE	Madopar	Capsule	Open the capsule and disperse the contents in water, will disperse within 1min to form an even suspension ⁴
LEVODOPA/BESERAZIDE (long acting)	Madopar HBS	Capsule	Modified release; swallow whole, do not crush, chew, disperse or open capsules ^{3,4} Immediate release and dispersible preparations available ³

****Guide for Crushing Oral Medication for Residents with Swallowing Difficulties in Residential Aged Care. Te Whatu Ora Waitematā, New Zealand.**

For further in depth information about Medications please check this fantastic resource from Parkinson's NZ – [pretty much has everything you need to know!!](#)

Other gems of resources!!

- Useful link regarding falls, orthostatic hypotension in [Parkinsons](#)
- www.parkinsons.org.uk
- <https://www.parkinsons.org.nz>
- <https://www.goodfellowunit.org/elearning> - A great on line learning module/ approx 1 hr

Monthly Brain teaser:

Last months answer: Stone



Congratulations to Princess Naranja at Summerset Mountain View! Can I add it was a record breaking time of 6 minutes!! Speedy!

This months brain teaser: If an electric train is heading east at 60mph and there is a strong westerly wind, which way is the smoke from the train drifting?

Upcoming Education

Hospice New Zealand Palliative Care Lecture series

7th September 2023

Wound Care in Palliative Care, Professor Keryln Carville

7.30am – 8.30am

Watch them wherever you are, via [this link](#)

If you wish to listen to earlier lectures, please go to - [listen now](#)

Syringe Driver Competency

Wednesday 6 September 1pm – 3pm [click here](#)

Syringe Driver Refresher

Wednesday 13 September 1 pm – 2.30 pm [Click here](#)