

Parkinson's Disease Webinar

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Société Parkinson du Centre et du Nord de l'Ontario
In Partnership with Parkinson Society Canada

Section 1: What is Parkinson's?



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Key Points

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- Chronic, progressive, neurodegenerative
- Loss of dopamine, movement controlling chemical
- No known cause or cure
- Affects each individual differently
 - Symptoms, both motor and non motor
 - As well as response to treatment
- Advanced Parkinson's
 - Decreased ability to function independently
 - New and more symptoms appear and may be less responsive to treatment

Motor Symptoms

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TRAP

T: Tremor
R: Rigidity
A: Akinesia/Bradykinesia
P: Postural Instability

- Loss of dopamine causes movement issues
- *This is how it feels*

Non-motor symptoms

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- **Sense of overall weakness and fatigue**
- Restlessness, nervousness
- Autonomic system (automatic response i.e. blood pressure)
- Sleep disturbances: RLS, REM disorder, problems falling/staying asleep
- **Emotional changes: depression, anxiety, apathy**
- Loss of impulse control
- Pain - dystonia
- **Constipation, bladder urgency**
- **Dizziness**
- **Cognitive problems – bradyphrenia, slowness of thought**
- **Loss of executive function/multitasking**
- Communication difficulties

Common Cognitive Changes

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- Depression
- Anxiety
- Bradyphrenia
- Abstract Reasoning
- Memory
- Language
 - Communication
- Visual Orientation

Parkinson's and Cognitive Change



- Cognitive impairment now thought to begin early
- Depression and anxiety common
- Diffuse Lewy body disease (aka Lewy Body Dementia, Dementia with Lewy Bodies) common form of dementia in PD
- Different than Alzheimer's
- DLBD is also different than Parkinson's with Dementia

Communicating with PLWP



- Choose the best time to communicate
- Set the stage – avoid distractions
- Speak slowly, clearly, and carefully
- Use closed questions
- Be aware of (your own) non-verbal communication
- Show and talk
- Repeat essentials

The Parkinson's Umbrella

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- Parkinsonism
 - Drug Induced
 - Vascular
- Parkinson's Plus
 - Lewy Body Disease
 - Corticobasal degeneration
 - Progressive Supranuclear Palsy
 - Multiple System Atrophy

Section 2: Medications

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Treatments

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- Drug therapy
- Surgical Interventions
 - Deep Brain Stimulation
- Exercise Therapy

Parkinson's and Medication

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- Main treatment is individually prescribed medication
- Drugs replace lost dopamine, or mimicking its actions
- Medication's cannot 'cure', goal is maximum quality of life
- Often people will be on a combination of meds
- Individual, nature of condition means that frequent modifications may be necessary
- The prescribing specialist should be contacted if symptoms appear not to be controlled despite taking medication at proper times

'Get it on time'

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- Getting meds on time is our goal
- Medications not on time are the most common reason for decreased symptom control
- Schedule effectiveness
- Residents may need pills over night, regardless of sleep pattern

Medication Types

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- Levodopa (Sinemet, Prolopa)
- Dopamine Agonists (bromocriptine – Parlodel, Mirapex, ropinirole – ReQuip)
- Amantadine (Symmetrel)
- COMT Inhibitors (entacapone – Comtan)
- Levodopa/carbidopa/entacapone (Stalevo)
- MAO-B Inhibitors (selegiline, rasagiline – Azilect)

Medication Effectiveness

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- Factors that can interfere
 - Stage of Parkinson's
 - Stress
 - Other medical condition
 - Other medications
 - Constipation
 - Dehydration
 - Infections
 - Generic Substitution
 - Diet and Nutrition
 - Protein: take meds 1 hour before or 2 hours after eating
 - Empty stomach allows for best absorption of meds in intestine
 - **Timing**

Freezing

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- Many people experience freezing
- Sudden inability to move – i.e. when walking, or getting out of a chair
- Feeling of being rooted to the spot
- Typically occurs when obstructed by wall, rounding corners, change in floor tiles/environment, etc.
- Motor tricks such as marching in place, counting, or walking over tape on the floor (or some other visual cue) often helps restart movement

Freezing

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REFER TO VIDEO

Motor Fluctuations “On and Off”

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Dyskinesias

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Section 3:
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Getting the Most out of Medication

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- Take each dose with a glass of water to aid absorption
- Do not break, crush or chew CR tablets
- IF you miss a dose, don't double up
- Frequent medication adjustments may be required in dosage and timing
 - If medications are given at proper times and symptoms are not controlled, contact the prescribing specialist

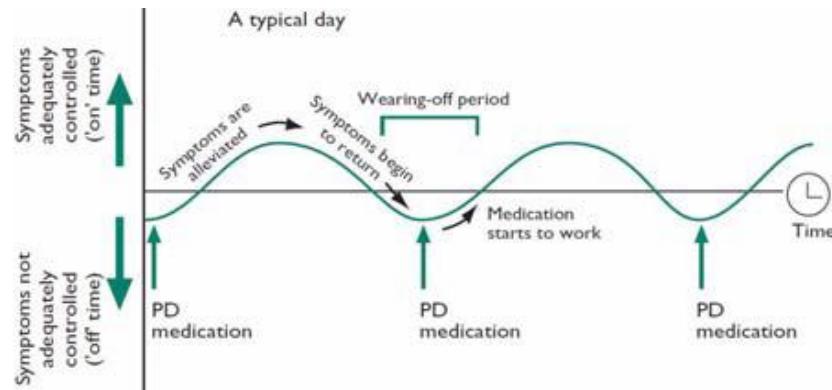
Why 'Get it on time'?

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- Medications on time maximizes normal function
 - Late medication can cause unneeded problems for the person
- Uneven release of dopamine means that PLWP may notice a big change
- Once a medication routine is disrupted, it may take hours, days or even weeks for a person's Parkinson's to stabilize
- Increased complications, risk for accidents, falls

A Typical Day with PD

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Lorne's Story

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Easing the Burden

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- Although meds outside of rounds may be difficult, it can also make the rest of your day with the PLWP (Person Living With Parkinson's) easier, thus easing the burden on the patient and staff
 - Maximized symptom control means greater independence
- Take advantage of the moments when symptoms are responding best to medications
 - Best time to assist with daily activities (bathing, brushing teeth, getting dressed) and the PWP is more independent

'Get it on time' Action Steps

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- Place a 'get it on time' sticker on the patient's file to remind staff of giving Parkinson's meds on time
- Tell your colleagues how important medication timing is
- Pill timers/alarms for staff and patient
- Reduction of 'the window'
- Consider patient self-administration of meds

Section 4: Helpful Hints



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Know the Person Behind the Mask



- Remember each PLWP is different
 - Copes with their Parkinson's differently
- May feel insecure about the disease, their appearance, etc.
- Facial masking and communication difficulties can isolate
- Looking beyond the condition, and the mask

Managing Cardinal Motor Symptoms

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- Remind the person to focus on one task at a time (tremor)
- Minimize potential stressors
- Encourage the person to try assistive devices
- Avoid pushing or pulling a rigid patient
- Try to be patient – it may take extra time to complete tasks
- In consultation with physiotherapist guide the patient in light stretching, etc.
- Muscle relaxation techniques (heat/hydro therapy)
- Administer medication 1 hour before, or 2 hours after meals
- Medication timing is everything!

Fall Prevention

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- General Best Practices
- PD Specific
 - Nocturia
 - Give PLWP extra time to complete an action
 - Remind PLWP they can help prevent falls by consciously thinking about their walking.
 - Avoid passive movement
 - Daily posture improvement exercises, maintain muscular strength & flexibility

The Muscles You Can't See

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- Rigidity, slowness of movement, and communication with the muscles affects obvious body parts, but other body systems as well
- There is a risk of some very serious complications
 - Swallowing
 - Eating/feeding issues
 - Aspiration pneumonia
 - Can be life threatening
 - Bowel
 - Bowel obstruction
 - Fractures/Falls

GIOT Resources

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- GIOT Kits/Stickers
- GIOT Posters
- GIOT Lanyards
- GIOT DVD and Online Quiz
- GIOT Patient Advocacy Tools
- GIOT Medication Information Card
- GIOT Pill Timers
- GIOT Wall Chart Medication Tracking
- ... something you need? Ask!
- www.parkinsoncno.ca 800-565-3000



GIOT Conclusion

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- The Ask: Think about the content – and the difference it can make for PLWP.
- Our goal is, in any way that works for your facility, to find a way to ensure that PLWP get their medication on time- every time.
- Your facility has been given several ‘Get it on time’ kits with Parkinson’s information, promotional materials/reminders, and post it notes. Please consider identifying PLWP by placing the post it on their chart, etc.
- DVD
- Evaluations – feel free, be honest. What worked, what didn’t? What do you need more of.

Key Points

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- Parkinson’s affects everyone differently
 - And changes within the patient
- TRAP motor symptoms
- Parkinson’s ≠ Dementia (bradyphrenia)
- Parkinson’s Plus Conditions
- Schedule your day/resident’s day effectively
- Timing around meals: constipation/absorption of meds and protein
- Why on time? Resident may suddenly not be able to move, big change in condition, increased complications: constipation/bowel impaction, balance issues, choking/aspiration pneumonia. May take a significant amount of time to stabilize.
- Optimum timing makes your job easier
- Use Stickers/Pill Timers. Benefits of self administration.
- Know the person behind the condition (facial masking) and talk to family about home medication regimen

Supporters

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The Michael Kingdon Estate
 Elaine Conner in honour of Lois Harper
 Nora Fischer
 The Estate of Dorothy Pearl Morrison

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Credits

- Parkinson UK
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