



Caring for people with Parkinson's in a Residential Setting

What is Parkinson's?

Parkinson's is a neurological, complex, degenerative and progressive condition, and there is no cure. It starts because people don't have enough of the chemical dopamine due to some brain cells having died. It is challenging to address because no two people have the same symptoms. You may notice symptoms may be better or worse than other days. These fluctuations are typical. Here are some problems facing the person with Parkinson's (PwP).

Medications

Many people with Parkinson's (PwP) need medication to manage their Parkinson's symptoms. Current medications control the symptoms by making up for the lack of dopamine in the brain. Levodopa based medication such as Madopar or Sinemet tablets can be very effective especially in the early stages of Parkinson's. Unfortunately, they cannot be stored in the body and the PwP will need to take them every few hours as recommended by the consultant.

Some PwPs may require their meds every 2 hours and some at 3 or 4 hour intervals. Should people not get their meds within the prescribed time or very soon after, it can affect their quality of life.

**Getting medicine on
time is critical for
effective control of
Parkinson's symptoms**

Mobility

PwP may have a stooped gait and they often take smaller steps, and they take several steps to turn. Some PwP have 'freezing' episodes. This is when the feet seem to 'stick' to the floor and the PwP has to wait before moving on. This can be a few seconds or much longer. They may respond to counting, music, swaying, perhaps walking sideways crab-style, or by walking in front facing them, and take one step at a time.

Balance is a major issue for PwP and quick movements can result in the PwP toppling or falling. It is safer for the PwP to be seated when dressing in order to avoid falls.

Work with the PwP to find simple tricks to alleviate freezing

Exercise

This is nearly as important as medication. PwP should do some form of regular exercise. It could be structured and led by an exercise teacher, or it could be a walk-about. If mobility is challenged the PwP can do seated exercise. Exercise is best if it includes aerobic and strength exercises. There are plenty of exercise videos available.

Exercise is medicine!

Communication

With reduced facial expression, reduced movement, perhaps a stooped position, reduced voice and handwriting that is so small it is unreadable, it will be no surprise that getting your message across can be challenging. Many PwP find it difficult to get into conversation and they're often unable to find a key word.

Many PwP have blank faces and this is known as the mask. The mask 'hides' what s/he is thinking...happy or sad seems like the same expression. Most PwP have voice changes. Parkinson's affects the volume and clarity of speaking. Try to lean towards the PwP to hear them

Mental health

Depression and apathy can be a problem. It helps if the PwP is positive. This can be hard especially when you cannot do the things you used to. But you can turn this round. If your PwP did woodwork as a hobby, or if embroidery was an interest, it can easily be seen that the PwP can no longer do it. Instead, state

that in their younger days they did some skilful things you could talk about. Keeping a positive outlook is best.

Symptoms you may notice:

Constipation is a frequent difficulty and should be managed. If the PwP becomes constipated the all-important drugs do not get into their system.

Losing the sense of **smell**.

Vivid **dreams** that are often acted out. PwP have no recollection of the dream or that they may have shouted, screamed or lashed about.

Tremor – initially on one side only. This is the symptom most people think all PwP have but 30% of PwP have no tremor.

Movements become slower, it takes longer to do things, and they may get tired easily.

Other symptoms include tiredness, pain, anxiety, depression. memory problems, difficulty swallowing, drooling, constipation, voice and sleep changes, lack of interest and difficulty concentrating

GP and Consultant visits

Most important are the medications prescribed by the GP who has been informed by the neurologist. PwP have just one opportunity a year to discuss their health with their neurologist and there is also an appointment with the Parkinson's nurse. It is important that people plan their appointment ahead of their visit so that time is used wisely

Hospitalisation. The main reasons PwP are admitted to hospital are following a fall, or having a swallowing problem. A fall is not uncommon for PwP who have mobility challenges and with balance being an issue. Swallowing 'the wrong way' can result in choking

Addressing the needs of the person with Parkinson's

For the person with Parkinson's everything takes much longer to do.

Try to be positive and encourage your PwP to keep their interests up.

PwP may need extra time to do things and it's easy for them to give up. They may need help getting dressed. To avoid falls, encourage them to be seated when dressing

PwP sometimes avoid eating in public, because they may need their food to be cut up, or they may be embarrassed if they eat with a spoon. Tremor causes food to spill. To avoid isolation, try to gently encourage them to join in the convivial surroundings of the dining room. Avoid asking them to hurry if they are slow at eating, to avoid swallowing difficulties

Sally Bromley

Parkinson's UK Oxford Branch

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