How to care for people with Parkinson’s disease

In this article...

- An overview of Parkinson’s disease and its treatment
- The role of specialist nurses in managing the condition
- Key advice on nursing care

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Patients with this complex and debilitating condition need individualised nursing care tailored to their needs to give optimal symptom control and improve quality of life.

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Parkinson’s disease

Parkinson’s disease is a progressive neurological condition that impairs movement and is recognised as a movement disorder. It is the result of insufficient dopamine, which is caused because nerve cells in the brain that produce this chemical have died. Without dopamine, movements become slower, so people with Parkinson’s take longer to do things than others (National Institute for Health and Clinical Excellence, 2006).

The condition was first described in 1817 by James Parkinson, in his essay The Shaking Palsy (Morrison and Rose, 1989). Although it is not yet known exactly why people develop Parkinson’s, researchers suspect it is a combination of genetic and environmental factors that cause the dopamine-producing nerve cells to die (Stoessl, 1999).

Incidence and prevalence

There are around 127,000 people with Parkinson’s in the UK, which is around one in 500 people (Parkinson’s UK, 2012). Although the condition is often associated with older people, around one in 20 people with Parkinson’s are under the age of 40 when diagnosed (Parkinson’s UK, 2007). By 2020, it is expected that around 162,000 people will be living with the condition – an increase of 28%, based on ageing population estimates (UK National Statistics, 2012).

Diagnosis

The condition is diagnosed clinically and should be done by a Parkinson’s specialist, taking into account the medical history. This is often investigated after the appearance of early symptoms such as tremor, slowness of movement, difficulties with handwriting, loss of sense of smell or difficulties in making facial expressions.

A DaTSCAN is often used to distinguish between Parkinson’s and essential tremor and Parkinson’s plus syndromes. However, this investigation cannot give a definitive diagnosis of idiopathic Parkinson’s – the most common form of the disease – and will only help if the diagnosis is uncertain. The DaTSCAN, which takes images of the brain after the patient has been injected with a neuro-imaging drug, is not available in all parts of the country.

Signs and symptoms

The symptoms most often associated with Parkinson’s are tremor (typically occurring at rest), stiffness (rigidity) and slowness of movement (bradykinesia) (NICE, 2006). A fourth sign – postural instability (loss of balance) – has also been identified but is usually associated with the later stages of the condition (Clarke, 2002).

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