

Parkinson's Competency knowledge for RGN'S

Please ensure you adhere to your local protocols, policies and guidelines relating to Parkinson's

<p>What is Parkinson's? Parkinson's is a neurodegenerative disease caused by the death of neurons, cells critical to the production of dopamine, an important neurotransmitter in the brain.</p> <p>How is it diagnosed? A specialist will follow the criteria developed by the Parkinson's UK Brain Bank. A diagnosis is given when any two of the three classic symptoms of Parkinson's are present. These are tremor, slowness of movement and rigidity.</p> <p>What are the stages of disease? Diagnosis Maintenance Advanced (often called the 'complex phase') Palliative</p> <ul style="list-style-type: none"> •The progression of Parkinson's is not always straightforward. •It is possible for their condition to reverse from the advanced to the maintenance stage with changes to medication. 	<p>https://www.parkinsons.org.uk/information-and-support/what-parkinsons</p> <p>Overview Parkinson's disease in adults Guidance NICE</p> <p>NICE Diagnosis of Parkinson's disease (2017) www.cks.nice.org.uk/topics/parkinsons-disease</p>
<p>Understanding & Managing Symptoms</p>	

<p>Bradykinesia (slow movements) Tremors Muscle stiffness Communication and speech Eating & Drinking difficulties Sleep problems Hallucinations Bladder and Bowel problems Falls Depression</p>	<p>Parkinson's UK (2022) www.parkinsons.org.uk/information-and-support/what-parkinsons</p> <p>Understanding Parkinson's Excellence Network (2022) www.parkinsons.org.uk/professionals/ukparkinsons-excellence-network</p>
<p>Know what the universal care plan is and how to access it.</p> <p>The Universal Care Plan is an NHS service that enables every Londoner to have their care and support wishes digitally shared with healthcare professional across the capital.</p> <p>A care plan is created following a conversation between a health care professional (such as a doctor or nurse) and the person in their care. The care plan is then created and is visible to all health and care services who use it.</p> <p>This includes the London Ambulance Service, 111 and Out of Hours GP service.</p> <p>.</p>	<p>About – Universal Care Plan (onelondon.online)</p> <p>13 Treatment escalation plans and resuscitation (youtube.com)</p>
<p>Medication management priorities.</p> <p>Medication is the main treatment for Parkinson's. When someone with Parkinson's doesn't get their medication on time, their</p>	<p>Parkinson's UK (2022) www.parkinsons.org.uk/information-and-support/what-parkinsons</p>

<p>symptoms worsen increasing care needs considerably. If any of the drugs used for treating Parkinson's need to be stopped, it is important this is done gradually.</p> <p>Parkinson's UK has a campaign called 'Get It On Time' highlighting the importance of giving medication on time, every time.</p>	<p>Parkinson's UK (2019) www.parkinsons.org.uk/get-involved/get-it-time</p>
<p>Understanding Medication types.</p> <p>Levodopa: has been used to treat Parkinson's since the 1960 and remains the most effective drug. This drug is a chemical building block that the body converts to dopamine.</p> <p>Benserazide: aids levodopa to convert dopamine in the brain.</p> <p>Carbidopa: is a drug that blocks conversion of levodopa to dopamine outside of central nervous system (CNS). This inhibits side effects of levodopa to organs located outside of CNS during management of Parkinson's.</p> <p>Dopamine Agonist : While levodopa is converted in the brain into dopamine, dopamine agonists mimic the effects of dopamine without having to be converted.</p>	<p>www.bnf.nice.org.uk/search/?q=levodopa</p> <p>Dopamine agonists (pramipexole, ropinirole) Parkinson's UK (parkinsons.org.uk)</p> <p>www.medlineplus.gov/druginfo/meds/a601236.html</p>

COMT inhibitors:

Inhibitors that prevent levodopa breakdown and is used in combination to treat the end-of-dose 'wearing-off' symptom.

MAO-B inhibitors:

Help nerve cells improve the use of the dopamine. The drugs stop Monoamine oxidase type B enzyme absorbing dopamine that is not being used by your brain.

Awareness of side effects to medication.

Constipation.

Dizziness.

Headaches.

Indigestion.

Irregular heart rhythms (arrhythmia).

Nausea and vomiting.

Domperidone is the anti-emetic of choice.

Orthostatic hypotension (feeling lightheaded or passing out when standing up too quickly).

www.parkinsons.org.uk/information-and-support/managing-drug-treatments-parkinsons

Understanding Parkinson's Dementia & Lewys Bodies:

Around **3 in 10 people** with Parkinson's have Parkinson's-related dementia at any one time.

When someone has Parkinson's symptoms for at least 1 year before experiencing dementia,

NHS Parkinson's Disease (2022)
www.nhs.uk/conditions/parkinsons-disease

<p>this is known as Parkinson's dementia.</p> <p>There is a greater risk of Parkinson's dementia if the diagnosis of Parkinson's in later life.</p> <p>Lewy bodies is diagnosed when someone has symptoms of dementia first, prior to Parkinson's.</p> <p>Usually more aggressive than Parkinson dementia.</p> <p>Lewy bodies are tiny protein deposits that develop inside nerve cells in the brain, causing cell death.</p> <p>May not respond well to Parkinson's medications.</p> <p>People with this form of dementia commonly experience visual hallucinations, which can be quite vivid.</p>	<p>www.nhs.uk/conditions/dementia-with-lewy-bodies/</p>
<p>Support and Guidance. View these charity sites for further resources on support.</p> <p>What We Do - Parkinson's Care and Support UK (parkinsonscare.org.uk)</p> <p>Parkinson's UK (2022) www.parkinsons.org.uk/information-and-support/what-parkinsons</p>	

