

PARKINSON'S^{UK} CHANGE ATTITUDES. FIND A CURE. JOIN US.

Clefyd Parkinson a chi



About Parkinson's

Chris

Gall cael eich diagnosisio â chlefyd Parkinson fod yn brofiad emosiynol iawn. Mae rhai pobl yn teimlo'n ysgytiedig ac yn ddryslyd – mae eraill yn teimlo'n ddig neu ar bigau drain. Mae rhai pobl hyd yn oed yn teimlo'n ysgafnach eu calon i gael eglurhad ynghylch eu symptomau.

Mae'r llyfryn hwn yn anelu at ateb cwestiynau cyffredin ynglŷn â'r hyn y mae clefyd Parkinson yn ei olygu, sut y gellir trin y cyfiwr a sut y gallai effeithio ar eich bywyd pob dydd. Hefyd mae ganddo fanylion ynghylch ble y gallwch chi ddod o hyd i wybodaeth a chyngor sy'n ddefnyddiol.

Pan ydych chi'n barod i ddarganfod rhagor, gallwch chi ffonio ein llinell gymorth gyfrinachol ddi-dâl*ar **0808 800 0303**. Os hoffech chi siarad â rhywun ar y llinell gymorth yn eich iaith eich hunan, gallwn ni ddarparu cyfieithydd. Ffoniwch i'w drefnu os gwelwch yn dda.

Er y gall bywyd fod yn anodd ar brydiau, mae llawer o bobl sydd â chlefyd Parkinson yn parhau i fyw bywydau sy'n weithgar a boddhaus.

*Mae galwadau'n ddi-dâl oddi wrth linellau tir a'r mwyafrif o rwydweithiau ffôn symudol.

Cynnwys

Ffeithiau cyflym	5
Ynglŷn â chlefyd Parkinson	7
Beth yw clefyd Parkinson a beth sy'n ei achosi?	7
Beth yw'r symptomau?	7
Ydy pawb yn cael y symptomau hyn	8
Sut mae clefyd Parkinson yn cael ei ddiagnosisio?	8
Pa mor gyflym ydy'r cyflwr yn cynyddu?	9
Oes iachâd?	9
All pobl farw oherwydd clefyd Parkinson?	10
Mae plant gyda fi. Ydyn nhw mewn perygl o gael clefyd Parkinson?	10
Ydy clefyd Parkinson yn heintus?	10
Faint o bobl sydd â chlefyd Parkinson?	10
Beth yw oedran pobl pan ydyn nhw'n cael clefyd Parkinson?	10
Triniaethau a therapïau	11
Sut y trinir clefyd Parkinson?	11
Pa ddewisiadau llawfeddygol sydd ar gael?	11
Pa weithwyr proffesiynol meddygol sy'n gallu fy helpu?	11
Ydy therapïau cyflenwol o les?	16
Mae cyflwr meddygol arall gyda fi heblaw clefyd Parkinson.	
Beth ddylwn i ei wneud?	16

Byw gyda clefyd Parkinson	17
Fyddda i'n gallu parhau i weithio?	17
Oes hawl gyda fi dderbyn budd-daliadau?	19
Fyddda i'n gallu gyrru o hyd?	19
Beth ddylwn i ei wneud os ydw i'n byw ar fy hunan?	20
Ddylwn i newid fy neiet?	21
Alla i wneud ymarferion corfforol o hyd?	22
Oes ffyrdd eraill imi wella fy symudoldeb?	23
Pa fath o offer fydd eisiau arna i efallai?	23
Materion emosiynol	25
Sut fydd fy nheulu'n cael eu heffeithio?	25
Dweud wrth eich plant am eich cyflwr	26
Sut ydw i'n dweud wrth bobl bod clefyd Parkinson gyda fi?	26
Sut fydd fy mherthnasau personol yn cael eu heffeithio?	27
Rydw i'n teimlo'n isel – oes rhywbeth y galla i ei wneud?	28
Teulu, ffrindiau a gofalwyr	33
Gwybodaeth a chefnogaeth oddi wrth glefyd Parkinson DU	35
Cysylltiadau defnyddiol	39
Fy nghysylltiadau i	40

FFEITHIAU CYFLYM

- Mae clefyd Parkinson yn gyflwr niwrolegol cynyddol, nid yn salwch angheuol.
- Rydyn ni o hyd yn ceisio deall pam mae pobl yn cael clefyd Parkinson.
- Mae un person ymhob 500 yn cael clefyd Parkinson.
- Mae'r mwyafrif o bobl sy'n cael clefyd Parkinson o'r oedran 50 neu'n uwch, ond gall pobl iau ei gael hefyd.
- Dydy clefyd Parkinson ddim yn heintus a fel arfer dydy e ddim yn rhedeg mewn teuluoedd.
- Mae profiad pawb o glefyd Parkinson yn wahanol.
- Er nad oes iachad ar hyn o bryd, mae ystod o feddyginiaethau a thriniaethau ar gael i reoli'r symptomau.

“Roedd clywed diagnosis o glefyd Parkinson yn rhyddhad mewn ffordd, o leiaf roeddwn i'n gwybod beth oedd yn bod arna i..”

Anne, a ddiagnosiwyd yn 2009



Lucas, Paul and Hattie

YNGLŶN Â CHLEFYD PARKINSON

Beth ydy clefyd Parkinson a beth sy'n ei achosi?

Mae clefyd Parkinson yn gyflwr niwrolegol cynyddol. Does dim digon o gemeg o'r enw dopamin â phobl sy'n dioddef â chlefyd Parkinson oherwydd bod rhai nerfelloedd yn eu ymennydd wedi marw. Hebdo gall pobl ddarganfod bod eu symudiadau'n mynd yn arafach, felly mae'n cymryd mwy o amser i wneud pethau.

Dydyn ni ddim yn gwybod eto pam yn union mae pobl yn cael clefyd Parkinson, ond mae ymchwilwyr yn amau mai cyfuniad o ffactorau genetig ac amgylcheddol sy'n achosi i nerfelloedd sy'n cynhyrchu dopamin farw.

Beth ydy'r symptomau?

Y symptomau sy'n gysylltiedig â chlefyd Parkinson fel arfer ydy cryndod, cyffni ac arafwch o ran symud.

Cryndod

Gall clefyd Parkinson achosi i ddwylo a chyrff rhai pobl siglo, sy'n gallu gwneud gweithgareddau pob-dydd yn anodd. Yn aml mae cryndod yn mynd yn fwy amlwg os yw rhywun sydd â chlefyd Parkinson yn bryderus neu'n gynhyrfus. Fel arfer mae'r cryndod yn bresenol ar un ochr y corf.

Dyma'r symptom o glefyd Parkinson sy'n fwyaf adnabyddus, ond nid pawb sydd â'r cyflwr fydd yn cael cryndod.

Sythder neu gyffni cyhyrol

Oherwydd bod eu cyhyrau'n anystwyth, mae rhai pobl sydd â chlefyd Parkinson yn cael problemau wrth droi o gwmpas, wrth godi o gadeiriau, wrth droi drosodd yn y gwely neu wrth wneud symudiadau main â'u bysedd megis ysgrifennu neu gao botwm.

Mae rhai pobl yn darganfod bod eu hystum yn mynd yn gefngrwm neu fod eu wyneb yn mynd yn anystwyth, sy'n golygu bod ystumiau wynebol yn fwy anodd.

Arafwch wrth symud

Gall dechrau symud fod yn fwy anodd i bobl sydd â chlefyd Parkinson. Gallan nhw ganfod ei fod yn cymryd mwy o amser i wneud pethau a maen nhw'n blino'n haws. Gall diffyg cydgysylltiad fod yn broblem hefyd.

Symptomau eraill

Heblaw anawsterau ynghylch symud, efallai bydd pobl sydd â chlefyd Parkinson yn profi symptomau megis blinder, poen, iselder ysbryd a rhwymedd. Yn aml cyfeirir at y rhain fel symptomau anysogol a gallan nhw effeithio ar fywydau pob-dydd pobl.

Ydy pawb yn profi'r symptomau hyn?

Dydy pawb sydd â chlefyd Parkinson ddim yn profi'r un cyfuniad o symptomau – maen nhw'n amrywio o berson i berson.

Hefyd, gall y ffordd mae clefyd Parkinson yn effeithio ar rywun newid o ddydd i ddydd, a hyd yn oed o awr i awr – efallai fydd symptomau sy'n amlwg ar un diwrnod ddim yn broblem ar y diwrnod nesaf.

Sut mae clefyd Parkinson yn cael ei ddiagnosisio?

Mae clefyd Parkinson yn tueddi i ddatblygu'n raddol a mae'n gallu cymryd misoedd, neu hyd



Alun

yn oed blynyddoedd, cyn bod y symptomau'n mynd yn ddigon amlwg i rywun siarad â'u meddyg.

Dydy e ddim yn hawdd i ddiagnosio'r cyflwr, felly mae'n bwysig i weld arbenigwr clefyd Parkinson i gael diagnosis cywir

Fel arfer bydd yr arbenigwr yn edrych am ddau neu fwy o'r prif symptomau o gryndod, sythder neu arafwch wrth symud.

Hefyd byddan nhw'n ystyried eich hanes meddygol a gwneud archwiliad cyn gwneud diagnosis. Gall symptomau clefyd Parkinson gael achosion eraill ac efallai y cewch eich cyfeirio i gael profion a sganiau pellach er mwyn eu diyst

Pa mor gyflym mae'r cyflwr yn cynyddu?

IMae'n anodd rhagweld pa mor gyflym y bydd clefyd Parkinson yn cynyddu, oherwydd bod y cyflwr yn wahanol i bawb. Felly bydd y symptomau mae rhywun yn profi a pha mor gyflym mae'r cyflwr yn datblygu'n amrywio o'r naill berson i'r llall.

I lawer o bobl, efallai bydd y cyflwr yn cymryd blynyddoedd i gynyddu i bwynt ble mae'n gallu achosi problemau mawr, a gellir trin llawer o'r symptomau.

“ Deng mlynedd wedi'r diagnosis, dydy pethau ddim mor ddrwg ag oeddwn I'n ofni y bidden nhw erbyn hyn. Ond rydyn ni'n poeni am y ddeng mlynedd nesaf. ”

Gofalwr â gŵr sydd â chlefyd Parkinson

Oes iachâd?

Does dim iachâd am glefyd Parkinson ar hyn o bryd, ond mae ymchwilwyr a gwyddonwyr yn cynyddu wrth ddeall y cyflwr, ei achosion a sut i'w drin orau.

Mewn gwirionedd, mae ymchwil wedi gwneud mwy o gynnydd tuag at ddarganfod iachâd yn y degawd diwethaf nag erioed o'r blaen. Hefyd mae meysydd newydd cyffrous o ymchwil wedi eu cychwyn er mwyn darganfod iachâd i glefyd Parkinson, gan gynnwys therapi genynnau a therapi celloedd bonyn.

Gallwch chi ddod o hyd i ragor ynghylch yr ymchwil rydyn ni'n ei hariannu ar: parkinsons.org.uk/research

All pobl farw oherwydd clefyd Parkins

Dydy clefyd Parkinson ddim yn achosi i bobl farw'n uniongyrchol. Sut bynnag, gall rhai o'r symptomau mwy datblygedig arwain at anabledd cynyddol ac afiechyd, sy'n gallu golygu bod rhywun yn fwy agored i gael ei heintio.

Y peth pwysicach yw i geisio rheoli eich cyflwr gystal ag y gallwch chi heb gymorth gweithwyr gofal iechyd proffesiynol.

Mae plant gyda fi. Ydyn nhw mewn perygl o glefyd Parkinson?

Mae'n brin i gael mwy nag un person mewn teulu sydd â chlefyd Parkinson. Mae ymchwilwyr yn credu y gellir etifeddu'r cyflwr weithiau, ond mae hyn yn digwydd mewn o gwmpas 5% o achosion yn unig.

Ydy clefyd Parkinson yn heintus?

Nac ydy, ni ellir dal clefyd Parkinson fel ffluiw neu'r frech goch. Does neb yn gwybod beth sy'n ei achosi, ond mae arbenigwyr yn cytuno nad yw'n heintus.

Faint o bobl sydd â chlefyd Parkinson?

Yn fyd-eang, mae o gwmpas pedwar miliwn o bobl â chlefyd Parkinson. Yn y DU, mae o gwmpas 120,000 o bobl â'r cyflwr, a phob blwyddyn mae o gwmpas 10,000 o bobl yn cael eu diagnosisio.

Beth yw oedran pobl pan ydyn nhw'n cael clefyd Parkinson?

Mae'r perygl o ddatblygu clefyd Parkinson yn cynyddu ag oedran. Mae'r mwyafrif o bobl sy'n cael clefyd Parkinson o'r oedran 50 neu drosodd, ond gall pobl iau ei gael hefyd. Mae un mewn 20 o dan oedran 40 pan ydyn nhw'n cael eu diagnosisio.

TRINIAETHAU A THERAPIAU

Sut mae clefyd Parkinson yn cael ei drin?

Er nad oes iachâd ar hyn o bryd, mae ystod o gyffuriau, triniaethau a therapiau ar gael i reoli llawer o'r symptomau.

Fel arfer meddyginiaeth yw'r brif driniaeth am glefyd Parkinson, ond mae hyn yn amrywio o berson i berson. Mae sawl math o gyffur a ddefnyddir i drin clefyd Parkinson, a maen nhw'n gweithredu mewn ffyrdd gwahanol i leddfu rhai o'r symptomau.

I lawer o bobl sydd newydd gael eu diagnosio, gall cyffuriau clefyd Parkinson fod o gymorth mawr. Sut bynnag, os yw eich symptomau'n fwyn, efallai byddech chi'n penderfynnu, gyda'ch arbenigwr, i ohirio triniaeth â chyffuriau nes bod y symptomau'n cynyddu.

Os ydych chi'n penderfynnu cymryd meddyginiaeth neu beidio yn y camau cyntaf, mae'n bwysig i sicrhau bod eich ffordd o fyw mor iach â sy'n bosibl, gan ganolbwyntio ar ymarfer corfforol, ymlacio a deiet.

Os oes eisiau meddyginiaeth arnoch, efallai bydd rhaid ichi gymryd nifer o gyffuriau ar yr un pryd, a chyffuriau a dognau gwahanol wrth i'ch symptomau newid.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303

Pa ddewisiadau llawfeddygol sydd ar gael?

Mae ysgogi yn nwfyn yr ymennydd yn un fath o lawfeddygaeth a ddefnyddir i reoli rhai o symptomau clefyd Parkinson. Mae'n golygu pasio llifau trydanol bach trwy electrodau sydd wedi'u plannu'n barhaol yn yr ymennydd.

Dydy hwn ddim yn ddewis addas ar gyfer pawb a, fel unrhyw lawfeddygaeth, mae rhai beryglon yn gysylltiedig. Fel arfer mae'n cael ei ystyried fel dewis dim ond os yw eich symptomau'n ddifrifol a dydy meddyginiaeth ddim yn helpu bellach.

Siaradwch â'ch arbenigwr am ragor o fanylion.

Dewch o hyd i ragor: Ffoniwch ein llinell gymorth ar 0808 800 0303

Pa weithwyr proffesiynol sy'n gallu fy helpu?

Efallai bydd llawer o bobl yn gysylltiedig wrth eich helpu i reoli'ch cyflwr. Bydd rhai'n cael rôl sy'n fwy na'r lleill, gan ddibynnu ar eich symptomau.

Gall eich meddyg teulu, arbenigwr neu nyrs clefyd Parkinson (os oes un gyda chi) wneud atgyfeiriadau i'r gweithwyr gofal iechyd a chymdeithasol proffesiynol a restrir. Mewn rhai ardaloedd, efallai byddwch chi'n gallu hunanatgyfeirio.

Hefyd gall gwybodaeth Clefyd Parkinson DU a gweithwyr cymorth

ddarparu gwybodaeth am eich gwasanaethau lleol a dolenni iddych nhw.

Gall asesu'r ystod lawn o symptomau clefyd Parkinson fod yn anodd. Mae gan Glefyd Parkinson DU holiadur sydd ar gael i helpu i chi a'ch MT, eich arbenigwr neu eich nyrs clefyd Parkinson edrych ar eich symptomau anysgogol.

Gallwch chi lawrlwytho'r holiadur oddi wrth ein gwefan – parkinson's.org.uk – neu archebu copi oddi wrthyn ni (gweler y tu mewn i'r clawr cefn am fanylion cyswllt).

Yng nghefn y llyfryn hwn, mae lle ichi gadw manylion am yr holl weithwyr proffesiynol rydych chi'n



eu gweld. Hefyd gallwch chi fynd â hwn gyda chi i'ch penodiadau MT, arbenigwr neu nyrs clefyd Parkinson i'ch atgoffa ynghylch pa weithwyr proffesiynol yr hoffech chi gael eich atgyfeirio atyn nhw.

Gall [deietegwyr](#) eich helpu os oes gennych chi broblemau ynghylch eich deiet, er enghraifft os ydy'ch pwysau'n rhy isel neu'n rhy uchel, neu os oes gennych chi broblemau treuliadol, megis rhwymedd.

Gall [Meddygon Teulu \(MTau\)](#) eich atgyfeirio at ystod o weithwyr proffesiynol gofal iechyd sy'n gallu eich helpu, megis arbenigwyr ysbyty, seicolegwyr a ffisiotherapyddion.

Mae'n debyg y bydd eich MT yn eich adnabod yn dda, sy'n gallu bod yn gymorth. Ond yn gyffredinol mae gan MT dim ond tri neu bedwar o gleifon sydd â chlefyd Parkinson, a dydy e ddim yn debyg y byddan nhw'n gwybod cymaint am y cyflwr ag y bydd arbenigwyr. Felly rydyn ni'n argymhell eich body n gweld arbenigwr i gael cyngor am glefyd Parkinson.

Mae [therapyddion galwedigaethol](#) yn gallu helpu pobl sydd ag anabledau i aros mor annibynnol â sy'n bosibl. Maen nhw'n asesu i ba raddau rydych chi'n gallu cynnal gweithgareddau dydd-i-ddydd gan awgrymu ffyrdd o wneud eich cartref

a'ch gweithle'n fwy diogel neu'n haws i'w rheoli. Gallan nhw eich cynghori ynghylch addasiadau, cymhorthion neu offer. Hefyd gall therapyddion galwedigaethol ddweud wrthy'ch chi am weithgareddau hamdden sy'n bleserus a sy'n gallu'ch helpu i aros yn heini.

Mae [nyrsys clefyd Parkinson](#) yn nyrsys profiedig a chofrestredig sydd wedi cyflawni cwrs arbennig ar glefyd Parkinson. Gallan nhw eich helpu i reoli'ch symptomau'n effeithiol, trwy adolygu'ch meddyginiaeth, trwy gynnig cyngor a chymorth emosïynol, a thrwy weithredu fel dolen rhwng y gweithwyr proffesiynol sy'n gysylltiedig yn eich gofal.

Rydyn ni'n credu ei fod yn bwysig iawn eich bod yn cael mynediad i ofal nyrsio arbenigol. Nid pawb sy'n cael mynediad i nyrs clefyd Parkinson, felly rydyn ni'n ymgyrchu'n weithredol i sicrhau bod hyn yn digwydd.

I ddarganfod a oes nyrs clefyd Parkinson yn eich ardal chi, cysylltwch â'ch MT, eich arbenigwr neu'ch gweithiwr gwybodaeth a chymorth Clefyd Parkinson DU. Mae [arbenigwyr clefyd Parkinson](#) yn feddygon ysbyty, fel arfer niwrolegwyr neu arbenigwyr yn y gofal o bobl hŷn (geriatregwyr) sydd â diddordeb neilltuol ynghylch clefyd Parkinson.

Sicrhewch eich bod yn cael eich atgyfeirio at arbenigwr gan fod clefyd Parkinson yn gyflwr cymhleth sy'n anodd i'w ddiagnosio, a sy'n gallu galw am driniaeth gymhleth â chyffuriau.

Dydy pob niwrolegydd ddim yn arbenigo yng nghlefyd Parkinson, felly ceisiwch sicrhau eich bod yn cael eich atgyfeirio at un sydd yn arbenigo os oes un yn eich ardal.

Efallai byddwch chi'n canfod y bydd mynediad i weithwyr proffesiynol eraill, megis nyrsys clefyd Parkinson, therapyddion a dietegwyr, yn haws trwy arbenigwr, gan eu bod yn gweithio'n aml mewn timau â gweithwyr proffesiynol gofal iechyd perthnasol eraill. Mae [gweithwyr gwybodaeth a](#)

[chymorth Clefyd Parkinson DU](#) yn darparu cymorth a gwybodaeth sy'n gyfrinachol a sydd un-i un i chi ac i'ch teulu. Gallan nhw eich arwain at wasanaethau lleol, ddarparu manylion ynghylch budd-daliadau a'ch helpu â'r broses o wneud cais. Maen nhw'n gweithredu hefyd fel llais cynorthwyol os ydych chi'n cael problemau ynghylch asesu'ch anghenion.

Gall [fferyllyddion](#) helpu ichi ddeall y feddyginiaeth a ragnodir ichi gan egluro sut i'w chymryd.

Os oes gennych unrhyw afiechydon neu gyflyrau eraill sydd angen meddyginiaeth, gall eich fferyllydd roi arweiniad ichi ynghylch sut i gymryd y rhain wrth ochr eich meddyginiaeth am glefyd Parkinson.



Laura and Sudhansu

“ Mae fy ngweithiwr gwybodaeth a chymorth lleol yn wych. Gall ceisiadau am fudd-daliadau fod yn gymhleth iawn, ond maen nhw wir wedi fy helpu drwy'r broses. ”

David, wedi'i ddiagnosis yn 2008

Hefyd gallan nhw gynghori ar ddosbarthu cymhorthion, megis amserwyr pils, gan gynnig cyngor os ydych chi'n ei gael yn anodd i agor poteli.

Mae [ffisiotherapyddion](#) yn defnyddio triniaethau corfforol, gan gynnwys ymarferion corfforol, i helpu rheoli unrhyw gyffni mewn cymalau ac i adfer cryfder yn y cyhrau a symudoldeb. Hefyd gallan nhw gynghori'ch gofalwr (os oes un gyda chi) ynghylch ffyrdd diogel i'ch helpu os ydych chi'n cael problemau wrth symud, gan awgrymu ffyrdd i osgoi syrthio. Gall gweld ffisiotherapydd wneud gwahaniaeth go iawn, a bydden ni'n argymhell eich body n gofyn am gael eich atgyfeirio.

Mae [nyrsys ymarfer](#) yn gweithio mewn ymarferion MT. Maen nhw'n

cynnal gwiriadau rheolaidd a rhedeg sesiynau cynghori. Gallan nhw fod yn ffynhonnell ddefnyddiol i gael gwybodaeth, yn arbennig ynghylch problemau iechyd cyffredinol.

Gall [seicolegwyr a chynghorwyr](#) gefnogi pobl sydd efallai angen help wrth ymgymodi â'u cyflwr. Hefyd gallan nhw eich helpu i reoli unrhyw deimladau o bryder, dymer isel neu iselder ysbryd.

Gall [gweithwyr cymdeithasol](#) gynghori ynghylch cefnogaeth yn y cartref, hawlio budd-daliadau a gofal seibiant. Hefyd maen nhw'n gyfrifol am eich asesiad gofal cymunedol ac am asesiadau gofalwyr. Cysylltwch â'ch Adran Gwasanaethau Cymdeithasol leol, neu eich Adran Gwaith Cymdeithasol os ydych chi'n byw yn Yr Alban, i gael mynediad i weithiwr cymdeithasol.

Mae [therapyddion lleferydd a iaith](#) yn weithwyr proffesiynol gofal iechyd sy'n arbenigo ymhob agwedd ar fynegi, o fynegi wynebol a iaith y gorff i leferydd a chymhorthion mynegi. Hefyd maen nhw'n arbenigo mewn problemau llyncu. Gall therapyddion lleferydd a iaith fod yn gymorth anferth, felly rydyn ni'n argymhell eich bod yn siarad ag un cyn gynted ag y gallwch chi.

Ydy therapiau cyflenwol o fudd?

Rydyn ni'n cael llawer o ymholiadau ynglŷn â therapiau cyflenwol. Mae llawer o bobl yn canfod eu bod yn helpu ynglŷn ag ystum, ffitrwydd, ymlacio, rhyngweithio cymdeithasol a lles cyffreinol. Canfyddwyd bod therapiau ymlacio'n arbennig o gynorthwyol, gan fod pwysau'n gallu gwneud symptomau clefyd Parkinson yn waeth. Mae'r technegau a ddefnyddir yn cynnwys aciwbigo, techneg Alexander, aromatherapi, therapi celf, hydrotherapi, tyliino, therapi cerddoriaeth, adweitheg, t'ai chi a ioga.

Rydyn ni'n argymhell eich bod yn ymgynghori â'ch meddyg i gael cyngor os hoffech chi geisio therapiau cyflenwol, i ddarganfod a ydyn nhw'n addas i chi. Mae hyn yn arbennig o wir am feddyginiaethau llysiuol neu unrhyw therapi sy'n golygu cymryd fitaminau gan y gallai rhai o'r rhain ymyrryd â'r feddyginiaeth clefyd Parkinson. Hefyd mae'n bwysig i ddefnyddio therapydd cyflenwol cymwys – yn aml gall meddygfaoedd MT ddarparu rhestr o ymarferwyr lleol.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303

Mae gen i gyflwr meddygol arall yn ogystal â chlefyd Parkinson. Beth ddylwn i ei wneud?

Os oes gyflwr meddygol arall gyda chi a rydych chi'n pryderu ynghylch sut fydd hyn yn effeithio ar eich clefyd Parkinson neu i'r gwrthwyneb, siaradwch â'ch MT, eich arbenigwr neu eich nyrs clefyd Parkinson.



BYW GYDA CHLEFYD PARKINSON

Fydda i'n gallu parhau i weithio?

I bobl sydd yn gweithio llawn-amser neu'n rhan-amser, efallai bydd diagnosis o glefyd Parkinson yn achosi pryder. Mae gwaith yn ffynhonnell bwysig o incwm, ond hefyd gall adeiladu hyder, hunan-barch a bodlonrwydd personol.

Oherwydd eich bod chi wedi'ch diagnosiso â chlefyd Parkinson, dydy e ddim yn golygu bod rhaid ichi stopio gweithio. Mae llawer o bobl â'r cyflwr yn dal i weithio am flynyddoedd wedi'u diagnosis.

Os ydych chi angen neu os ydych chi'n dymuno parhau i weithio, mae'n wir bwysig i ddarganfod y driniaeth fwyaf effeithiol am eich symptomau gyda'ch arbenigwr.

Os yw gwaith yn achosi problemau ymarferol, gall therapydd galwedigaethol wneud asesiad a helpu canfod datrysiad. Y dyddiau hyn bydd llawer o fusnesau'n trefnu hyn ar eich cyfer.

“Wrth gwrs bydd fy mywyd yn newid wrth imi stopio gweithio gan fod fy swydd yn cymryd y rhan fwyaf o'm amser. Ar y llaw arall dydw i ddim eisiau stryffagligio ymlaen, gan ganfod bod pethau'n mynd yn fwyfwy anodd.”

Richard, wedi'i ddiagnosiso yn 2009

Wrth gwrs mae rhai swyddi a allai achosi problemau ichi, er enghraifft, os yw eich swydd yn gofyn am lawer o egni neu gryfder corfforol. Os mai dyma'r sefyllfa, efallai bydd angen ichi ystyried swydd amgen.

Os ydych chi'n penderfynnu stopio gweithio, mae'n bwysig i feddwl yn ofalus am yr ymhlgyiadau ariannol, emosïynol ac ymarferol.

Ein cyngor ni yw i beidio â brysio i mewn i benderfynnu – rhowch amser i'ch triniaeth sefydlogi.

Hyd yn oed os ydych chi'n hapus â'ch penderfyniad i roi'r gorau i weithio'n gynnar, mae'n werth siarad â chyflogwyr a chyrrff proffesiynol neu gyrff llafur i sefydlu'r telerau gorau ichi, a phenderfynnu pryd rydych chi eisiau ymddeol.

Wrth ystyried ymddeol, mae'n bwysig i feddwl am ffyrdd i aros yn iach ac yn weithgar. Mae rhai gwmnïau'n annog i'w gweithwyr fynychu cyrsau ar baratoi am ymddeol, a mae rhai golegau Addysg Bellach Lleol yn rhedeg cyrsau ar y testun hwn.

Efallai y bydd yn ddefnyddiol ichi ddod o hyd i ragor o wybodaeth ynghylch eich hawliau cyflogaeth ac ynghylch dyletswyddau eich cyflogwr (os yw hyn yn berthnasol i chi).

Os oes gennych chi ragor o gwestiynau ynghylch gweithio â chlefyd Parkinson, gallwch chi gysylltu â'n llinell gymorth ar **0808 800 0303** neu e-bostiwrch **hello@parkinsons.org.uk** Hefyd gallwch chi gael cyngor a gwybodaeth oddi wrth eich Canolfan Cyngor ar Bopeth Lleol a'ch gwasanaeth budd-daliadau lles leol.



Oes gen i hawl i unrhyw fudd-daliadau?

Mae cael digon o arian i'ch cynnal eich hunan yn hanfodol ac efallai byddwch chi'n gymwys I dderbyn cymorth ariannol. Mae'r rheolau ynghylch mynediad I fudd-daliadau'n gymhleth a gallan nhw newid. I gael rhagor o wybodaeth a chanllawiai cysylltwch ag:

- ein llinell gymorth ar **0808 800 0303**
- ein gweithwyr gwybodaeth a chymorth (ffoniwch ein llinell gymorth neu ymwelwch â **parkinsons.org.uk/isw**)
- eich Canolfan Cyngor ar Bopeth leol
- eich swyddfa fudd-daliadau leol (a geir yn y llyfr ffôn o dan 'Llywodraeth')
- asiantaethau cyngor ar fudd-daliadau
- swyddogion hawliau anabledd o'ch Adran Gwasanaethau Cymdeithasol/Gwaith Cymdeithasol

Fydda i'n gallu gyrru o hyd?

Dydy cael clefyd Parkinson ddim o angenrheidrwydd yn golygu y bydd eich trwydded gyrru'n cael ei heffeithio, a mae llawer o bobl â chlefyd Parkinson yn parhau i yrru am flynyddoedd wedi'r diagnosis.

“Oherwydd nad ydw I'n gallu sefyll yn dda, mae fy ngŵr wedi bod yn gwneud y rhan fwyaf o'r coginio a'r gwaith tŷ. Â'r arian o fudd-daliadau prynais i gymorth cerdded a nawr rydyn ni'n cael help am ddwy awr yr wythnos.”

Diana, wedi'i diagnosisio yn 2004

Eto mae rhwymedigaeth gyfreithiol arnoch chi i hysbysu'r Asiantaeth Trwyddedu Gyrrwyr a Cherbydau (DVLA) ynghylch eich diagnosis, ond mae'n syniad da i drafod gyrru gyda'ch MT neu gyda'ch arbenigwr cyn mynd at y DVLA.

Unwaith eich bod chi wedi dweud wrth y DVLA, byddan nhw'n cysylltu â'ch MT neu eich arbenigwr i gadarnhau eich ffitrwydd i yrru.

Efallai bydd angen ichi gael prawf meddygol, gymryd prawf gyrru, neu efallai y byddwch chi'n cael trwydded adnewyddadwy am un-, dwy-, neu dair blynedd.

Mae rhai bobl yn canfod bod eu meddyginiaeth yn peri iddyn nhw

deimlo'n gysglyd a felly allan nhw ddim gyrru – felly mae'n bwysig ichi ystyried hyn.

Mae unrhyw berson sy'n gyrru tra'i fod yn anghymwys yn fwriadol yn debyg o annilysu ei sicrwydd yswiriant, felly mae'n hanfodol eich bod chi'n hysbysu'ch cwmni yswiriant ynghylch unrhyw newid yn eich iechyd a allai effeithio ar eich gallu i yrru.

Mae yn erbyn y gyfraith i wneud datganiad ffug neu i guddio gwybodaeth er mwyn cael yswiriant car.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.

Beth ddylwn i ei wneud os ydw i'n byw ar fy hunan?

I rai bobl â chlefyd Parkinson mae

byw ar eu hunain yn bryder, ond mae llawer o bobl â'r cyflwr yn byw ar eu hunain a maen nhw'n ymdopi'n dda iawn. Un pryder cyffredin yw syrthio, ond gellir gwneud llawer i wneud y cartref yn llai peryglus, gan gynnwys y dilynol:

- Aildrefnu celfi i wneud ystafelloedd yn fwy diogel.
- Ychwanegu rheiliau gafael o gwmpas y tŷ (grisiau, bath neu gawod , er enghraifft).
- Gwneud y goleuadau'n fwy disglair i sicrhau bod symud o gwmpas yn fwy diogel.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.



Mike

Ddylwn i newid fy neiet?

Does dim newidiadau penodol sydd angen eu gwneud ond, fel pawb, byddwch chi'n elwa trwy fwyta mor iach â sy'n bosibl.

Argymhellir deiet cytbwys a maethlon sy'n cynnwys tri phryd o fwyd y dydd (neu bedwar pryd o fwyd llai). Dylech chi anelu at fwyta cymysgedd o fwydydd startshlyd (megis bara, reis, tatws, nwdls, gwrawnfwyd, cracers, ceirch, iamau) ffrwyth a llysiau, cynhyrchion llaeth, a phroteinau (cig, pysgod, wyau, ffa neu gorbys). Dylid bwyta bwydydd seimlyd a bwydydd siwgraidd yn gymedrol.

Hefyd mae'n bwysig i yfed digon o hylifau. Oni bai fod eich meddyg

Lefodopa a phrotein

Efallai y bydd nifer fach o bobl sy'n cymryd meddyginiaeth lefodopa'n canfod bod pryd o fwyd sy'n uchel o ran protein yn effeithio ar y ffordd mae eu meddyginiaeth yn gweithio. Os ydych chi'n sylwi ar hyn, rydyn ni'n argymhell eich bod yn siarad â'ch arbenigwr neu â'ch nyrs clefyd Parkinson. Hefyd mae rhai pobl yn canfod bod cymryd eu meddyginiaeth o gwmpas 30 munud cyn eu prydau bwyd yn fwy effeithiol.



Dorothy

wedi'ch cyngori i'r gwrthwyneb, dydy rhywfaint o ddiodydd alcoholig ddim yn niweidiol.

Mae llawer o bobl â chlefyd Parkinson yn mynd yn rhwym. Fel arfer bydd ymarfer corfforol, ar y cyd â maint rheolaidd o hylifau a bwydydd sy'n uchel o ran ffeibr, megis gronynnau gwrawnfwyd, bara gwenith cyflawn a phasta, reis brown, hadau, cnau, ffrwyth, llysiau a uchel o ran ffeibr, yn helpu.

Os ydych chi'n gorbwyso, efallai y bydd rhaid ichi dorri i lawr ar fwydydd seimlyd a charbohydradau. Hefyd bydd gostwng eich pwysau'n eich helpu i symud o gwmpas, gan y bydd yn lleihau'r straen ar eich cymalau.

Os, fel sy'n digwydd weithiau, ydych chi'n colli pwysau, efallai

bydd angen arolygiad dietegol arbennig ac atchwanegiadau arnoch chi. Sicrhewch eich bod yn siarad â meddyg neu â dietegydd cyn ystyried unrhyw newidiadau i'ch deiet.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.

Alla i wneud ymarferion corfforol o hyd?

Gallwch. Mewn gwirionedd, mae gwneud ymarferion corfforol yn arbennig o bwysig i bobl â chlefyd Parkinson. Bydd cadw'n heini'n helpu cyhyrau a chymalau rhag mynd yn anystwyth ac yn anhyblyg.

Yn ogystal â helpu â symudoldeb, gall ymarfer corfforol godi eich hwyliau. Hefyd mae'n gallu rhoi cyfle ichi gymdeithasu os ydych chi'n ymuno â grŵp ymarfer corfforol neu glwb chwaraeon lleol.

Mae llawer o bobl â chlefyd Parkinson yn cymryd rhan mewn chwaraeon bywiog, megis chwaraeon rased, bowlio, hwylio, sgïo a seiclo.

Hefyd mae nifer o ddewisiadau ymarfer corfforol 'anamlwg' i'ch cadw chi'n ystwyth ac yn fywiog, megis ioga, t'ai chi, cerdded, garddio, golf ac estyniadau dyddiol.



Tony, Nicole and Debbie

Os ydych chi'n ansicr ynghylch addasrwydd neu ddiogelwch unrhyw ymarfer y hoffech chi ei wneud, siaradwch â'ch MT neu ofynnwch am atgyfeiriad at ffisiotherapydd.

Y prif beth yw i geisio aros yn fywiog, ond i wneud pethau ar eich cyflymder eich hunan, hyd yn oed os yw'n cymryd mwy o amser na'r hyn a ddisgwylir.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.

Oes ffyrdd eraill y galla i wella fy symudoldeb?

Ymarfer corfforol, meddyginiaeth ac aros yn fywiog yn gyffredinol yw'r ffyrdd gorau i aros mor symudol â sy'n bosibl. Ond, yn dibynnu ar eich symptomau, mae ystod lydan o offer sydd ar gael a allai helpu hefyd.

Mae'n gallu bod yn anodd i dderbyn yr angen i ddechrau defnyddio cymhorthion, ond mae llawer o bobl yn canfod bod offer arbenigol, er enghraifft rheiliau gafael neu ffyn, yn eu helpu i fod yn fwy annibynnol.

Pa fath o offer fydd angen arna i efallai?

Mae pob math o gymhorthion ac offer bach ar gael i helpu pobl sydd efallai'n profi problemau wrth wneud pethau megis ymolchi, gymryd bath, estyn, bwyta ac yfed. Efallai y bydd angen ystyried addasiadau mwy.

Os ydych chi'n meddwl am brynu offer i'ch helpu chi o ddydd i ddydd, rydyn ni'n argymhell yn gryf eich bod yn cael asesiad oddi wrth y therapydd perthnasol yn gyntaf.

Gall ffisiotherapydd neu therapydd galwedigaethol eich cynghori ynghylch yr hyn sydd ar gael i gydfynd â'ch anghenion.

Os yw'r therapydd yn awgrymu offer, dylai e neu hi fod yn gallu'ch cynghori ar gyflenwyr ac unrhyw ariannu sydd, efallai, ar gael. Siaradwch â'ch MT am atgyfeiriadau at y gwasanaethau hyn.



MATERION EMOSIYNOL

Sut fydd fy nheulu'n cael ei effeithio?

Mae pawb yn ymdopi â bywyd mewn ffridd gwahanol, ond os yw rhywun yn y teulu'n cael ei ddiagnosisio â chlefyd Parkinson, mae'n gallu cael effaith fawr ar bawb.

Os oes pryderon neu ofidion â'r rhai hynny sy'n agos atoch chi, efallai byddan nhw'n canfod bod siarad â chynghorydd yn gallu helpu. Hefyd gallan nhw ffonio ein llinell gymorth ar **0808 800 0303** i gael gwybodaeth a chymorth.

Efallai y bydd rolau o fewn teuluoedd yn newid yn raddol wrth i'ch clefyd Parkinson gynyddu, oherwydd efallai byddwch chi eisiau mwy o help. Gall y newidiadau hyn fod yn anodd i bawb, ond efallai bydd eu trafod yn agored o fewn y teulu'n esmwytho pethau.

Efallai byddwch chi'n ei ystyried yn ddefnyddiol i ddweud wrth bobl pan ydych chi'n profi anhawster er mwyn iddyn nhw eich helpu. Sicrhewch eich bod yn rhoi gwybod

iddyn nhw hefyd pan nad ydych chi'n cael problemau – bydd eich teulu a'ch ffrindiau eisiau eich helpu gymaint ag y gallan nhw, ond mae'n bwysig ichi aros mor annibynnol â sy'n bosibl.

Ceisiwch ddal i wneud y pethau rydych chi wastad wedi eu mwynhau fel teulu. Cofiwch na ddylai clefyd Parkinson reoli popeth.

“ Rydyn ni'n galw 'Michael' ar fy nghlefyd Parkinson a mae wedi gweithio. Rhywsut mae ei wneud yn endid gwahanol wedi ei wneud yn haws l'm merch ddelio â fe. ”

Andrea, wedi'l diagnosis yn 2006

Dweud wrth eich plant am eich cyflwr?

Gall cael rhiant â chlefyd Parkinson fod yn anodd i rai plant neu bobl ifainc. Efallai y bydd yn gymorth iddyn nhw gael rhywun i siarad â nhw a gofyn cwestiynau iddyn nhw am glefyd Parkinson, megis MT neu nyrs clefyd Parkinson. Hefyd mae'n helpu os allan nhw gael gafael ar wybodaeth am y cyflwr yn hawdd.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.

Sut ydw i'n dweud wrth bobl fod clefyd Parkinson gyda fi?

Gall ddweud wrth bobl bod clefyd Parkinson gyda chi fod yn frawychus. Mae'n anodd i ddarganfod y geiriau iawn, yn arbennig os ydych chi'n poeni am y ffordd y byddan nhw'n ymateb. Efallai y byddwch chi'n poeni os fydd pobl yn gwybod bod clefyd Parkinson gyda chi, byddan nhw'n eich barnu neu eich adnabod gan yr hyn maen nhw'n gwybod neu'r hyn maen nhw'n meddwl am y cyflwr.

Chi a ddylai penderfynnu bwy ydych chi'n mynd i ddweud wrthyn nhw a beth ydych chi'n mynd i ddweud wrthyn nhw. Ond efallai y byddwch chi'n cael yr awgrymiadau dilynol yn ddefnyddiol:

“Rydw i'n credu'n gadarn mai unwaith fy mod i wedi fy nerbyn fy hunan fel person sydd â chlefyd Parkinson heb feddwl amdanaf fy hunan fel person sy'n llai o'i herwydd, wedyn bydd pobl eraill yn meddwl yn yr un ffordd. Nid dyna'r peth pwysicaf amdana i.”

Caroline, wedi'i diagnosis yn 2003

- Dywedwch wrth o leiaf un person sy'n agos ichi. Bydd hyn yn golygu bod rhywun gyda chi i siarad â nhw am eich clefyd Parkinson. Hefyd byddan nhw'n gallu'ch helpu chi wrth ddweud wrth bobl eraill.
- Dewiswch yn ofalus pryd a sut ydych chi'n dweud wrth bobl. Efallai byddwch chi eisiau casglu pawb ynghyd i ddweud wrth bawb ar unwaith, neu efallai byddwch chi eisiau dweud wrth bobl dim ond pan fydd angen. Mae rhai bobl yn ei gael yn haws i ddweud wrth bobl mewn llythyr neu fewn e-bost, yn hytrach na wyneb i wyneb.
- Ymarferwch yr hyn rydych chi eisiau ei ddweud o flaen llaw.

Paratowch eich hunan gan feddwl trwy'r ymatebion posibl y gallech chi eu cael a sut y gallech chi deimlo.

- Siaradwch â phobl sydd â chlefyd Parkinson am y ffordd maen nhw wedi dweud wrth eraill am eu cyflwr. Efallai y byddan nhw'n gallu rhoi awgrymiadau ichi. Gallwch chi geisio gysylltu â nhw trwy eich grŵp Clefyd Parkinson DU, neu ar eiñ fforwm arlein.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.

Sut fydd fy mherthnasau personol yn cael eu heffeithio?

Dydy cael clefyd Parkinson ddim yn golygu y byddwch chi'n profi anawsterau o angenrheidrwydd, ond weithiau gall y cyflwr gael effaith ar berthnasau personol.

Gall clefyd Parkinson ei wneud yn fwy anodd i symud yn rhydd a gwneud ystumiau byrffyr. Hefyd efallai y bydd priod neu gymar rhywiol yn ei chael yn anodd i newid o'ch cefnogi chi at fod yn bersonol o safbwynt rhywiol. Hefyd gall straen a phryderon gael effaith.

Os ydych chi'n profi rhai o'r problemau hyn, mae ffyrdd i'w



Clif and Marjorie

rheoli. Gall siarad â'ch cymar am y ffordd rydych chi'n teimlo helpu. Os yw blinder yn broblem gallech chi geisio newid yr amser o'r dydd rydych chi'n cael rhyw.

Hefyd efallai y bydd yn ddefnyddiol i drafod unrhyw broblemau â'ch arbenigwr neu â'ch nyrs clefyd Parkinson a gallan nhw eich atgyfeirio at ffynonellau eraill o gymorth, megis cynghorwyr perthynas neu therapyddion seicorywiol.

Cofiwch na ddylai clefyd Parkinson rwystro bywyd rhyw sy'n bleserus ac yn foddhaus.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.

Rydw i'n teimlo'n isel – oes rhywbeth y galla i ei wneud?

Mae'r mwyafrif o bobl â chlefyd Parkinson yn stryffaglo â'u hemosiynau o bryd i'w gilydd. Mae'n naturiol i deimlo'n ddig neu'n bryderus – yn arbennig pan ydych chi'n cael eich diagnosiso gyntaf. Wrth i amser symud ymlaen, efallai y bydd y teimladau hyn yn gostwng, ond hefyd gallan nhw ailymddangos wrth i'ch cyflwr gynyddu.

Straen a phryderon

Os ydych chi'n teimlo bod straen arnoch chi, efallai y bydd yn helpu i siarad â'ch MT neu eich arbenigwr am eich pryderon. Efallai y byddan nhw'n esmwytho'ch meddwl trwy

gynnig gwybodaeth neu trwy eich cyfeirio at weithwyr proffesiynol sy'n gallu'ch helpu. Hefyd efallai y bydd siarad â'ch teulu a'ch ffrindiau agos yn achosi ichi deimlo'n well.

Gall pryderon neu straen achosi i symptomau waethygu. Hefyd gallan nhw ymyrryd â chwsg, gan achosi ichi deimlo'n flinedig neu'n luddedig, felly mae'n wir bwysig eich bod yn darganfod ffyrdd i ymlacio. Gall ymarfer corfforol eich helpu i ddadweindio a gwella 'ch synnwyr o les. Hefyd mae rhai pobl wedi canfod bod therapiau cyflenwol, megis aromatherapi, ioga, adweitheg a therapi cerddoriaeth a chelf wedi helpu i wella'u hwyliau a lleddfu teimladau o bryder a straen.



David

Mae'n bwysig i gael cyngor os ydych chi'n canfod bod teimladau fel pryder neu straen yn ymyrryd yn ddifrifol â'ch bywyd. Siaradwch â'ch MT, eich arbenigwr neu eich nyrs clefyd Parkinson os oes pryderon gyda chi.

Iselder ysbryd

Mae llawer o bobl â chlefyd Parkinson yn profi teimladau o iselder ysbryd rywbyrd. Hefyd mae'n ymateb ddealladwy i'r effaith mae clefyd Parkinson yn ei chael ar eich bywyd. Efallai y bydd symptomau o iselder ysbryd yn cynnwys hwyliau neu hunan-barch isel, ddiffyg diddordeb yn y pethau rydych chi'n arfer eu mwynhau, flinder ac anawsterau cysgu.

Efallai y bydd eich meddyg yn awgrymu eich bod yn cymryd gwrthisyddion, sy'n gallu bod yn effeithiol iawn cyhyd â'u bod yn gyson ag unrhyw feddyginiaeth rydych chi'n ei chymryd am glefyd Parkinson. Hefyd gall cynghori a therapi gwybyddol fod yn fuddiol. Hefyd gall ymarfer corfforol esmwytho teimladau o iselder ysbryd.

Gall fod yn anodd i deulu neu i ffrindiau agos os yw rhywun ag iselder ysbryd difrifol, yn arbennig os ydyn nhw'n ymgysylltiedig yn eu gofal. Mae'n bwysig i fod yn

“Roeddwn i'n teimlo bod fy myd wedi'i ddinistrio wedi cael fy niagnosio â chlefyd Parkinson. Er fy mod i wedi'i amau.”

Adrian, wedi'i ddiagnosio yn 2008

ymwybodol o'r symptomau ac i ddysgu ychydig mwy am y cyflwr a gall hyn wneud y sefyllfa'n haws i'w rheoli. Mae hyn yn arbennig o bwysig os ydych chi wedi cael iselder ysbryd cyn cael eich diagnosio â chlefyd Parkinson.

Dewch o hyd i ragor: ffoniwch ein llinell gymorth ar 0808 800 0303.

Rhwystredigaeth

Os ydych chi'n cael problemau wrth symud, gall yr ymdrech ychwanegol mae'n cymryd i wneud pethau achosi ichi deimlo'n rwystredig.

Mae'n anodd i osgoi'r rwystredigaeth hon yn gyfangwbl, ond gall canfod y driniaeth a'r

cymorth orau posibl, gadw'n fywiog a dysgu sut i drefnu'ch diwrnod helpu.

Mae llawer o bobl yn gofyn: "Pam fi?" Yn anffodus does dim ateb i'r cwestiwn hwn, ond mae llawer o bobl sy'n byw â chlefyd Parkinson sydd wedi dod o hyd i ffyrdd i dderbyn y sefyllfa orau y gallan nhw gan symud ymlaen â'u bywydau.

Does dim un ffordd benodol o wneud hyn, ond efallai y gallai siarad â rhywun sy'n deall esmwytho'ch rhwystredigaeth (ac unrhyw anawsterau emosiynol eraill). Efallai y bydd hyn yn golygu ffrind agos, rywun arall â chlefyd Parkinson neu arbenigwr, megis eich nyrs clefyd Parkinson.

Cymorth emosiynol

Yn eich grŵp lleol o Glefyd Parkinson DU gallwch chi gwrdd â phobl eraill sydd mewn sefyllfa debyg.

I gael rhagor o wybodaeth am eich grŵp lleol ymwelwch â **parkinsons.org.uk/localgroups**. Hefyd gallwch chi gysylltu â'n llinell gymorth ar **0808 800 0303** neu ar **hello@parkinsons.org.uk**

Hefyd gallwch chi ymuno â'n fforwm arlein er mwyn rhannu'ch profiadau a siarad â phobl eraill. Ymwelwch â **parkinsons.org.uk/forum**

“ Rydw i'n gwneud y pethau y galla i eu gwneud. Y pethau alla i ddim ... wel, gall rhywun arall eu gwneud. Peidiwch â chuddio i ffwrdd. Mae rhaid ichi ddal i fynd. Cymerwch un dydd ar y tro a gwenwch. ”

Derek, wedi'i ddiagnosis yn 2009

Aros yn gadarnhaol

I'r mwyafrif o bobl, mae clefyd Parkinson yn cael ei drin â meddyginiaeth a therapiau corfforol, ond os ydych chi'n ceisio cadw agwedd gadarnhaol, efallai y bydd hyn yn dylanwadu ar eich ymateb i driniaeth.

Efallai y bydd yn anodd ar brydiau, ond mae'n gallu helpu i fod yn gadarnhaol, i feddwl am yr hyn y gellir ei wneud yn hytrach na'r hyn na ellir ei wneud, ac i edrych ar broblemau fel heriau, yn hytrach na fel rhywbeth sy'n amhosibl.

Mae llawer o bobl â chlefyd Parkinson yn dilyn bywydau sy'n fywiog a sy'n foddhaus, nid trwy ffugio nad oes dim o'i le, ond trwy ddeall sut mae eu clefyd Parkinson

yn effeithio arnyn nhw ac yna drwy weithio o'i gwmpas.

Aros yn fywive

Hefyd mae treulio amser yn cymdeithasu'n helpu i gadw llawer o bobl yn gadarnhaol ac yn fywiog, a gall agwedd teulu a ffrindiau ddylanwadu ar hyn. Mae angen iddyn nhw eich annog chi i ddilyn bywyd sydd mor normal a mor fywiog â phosibl.

Mae dod o hyd i weithgareddau hamdden rydych chi'n eu mwynhau a chael lles oddi wrthyn nhw'n hanfodol i ddilyn bywyd iach. Mae hyn yn wir os oes clefyd Parkinson gyda chi neu os ydych chi'n gofalu am rywun â chlefyd Parkinson.

Efallai eich bod chi'n hoffi gwneud chwaraeon neu fynd i gampfa, dreulio amser ar hobïau megis dosbarthiadau celf, gymryd rhan mewn grwpiau drama neu gorau.

Hefyd mae llawer o gyfleoedd addysgiadol efallai y byddech chi'n hoffi meddwl amdany'n nhw, o grefftau, ieithoedd neu'r celfyddydau milwraidd drwodd i raddau prifysgol.

Cynghori

Efallai y bydd hyd yn oed y person mwyaf optimistaidd ac egniol ei chael yn anodd i fod yn gadarnhaol



ar unwaith ar ôl iddo gael ei ddiagnosisio. Efallai y bydd eraill sy'n tueddi i boeni yn ei chael yn anodd drwy'r amser, ond yn sicr mae'n werth ceisio dilyn yr agwedd gadarnhaol.

Os ydych chi'n cael anawsterau wrth fod yn gadarnhaol, dylech chi siarad â'ch MT am y bosibilrwydd o gynghori.



Richard and Patricia

TEULU, FFRINDIAU A GOFALWYR

Os ydych chi'n darparu cymorth i rywun â chlefyd Parkinson, weithiau fe'ch ystyrir fel ei 'ofalwr'. Dydy pawb ddim yn hoffi'r term hwn, a mae'n gallu golygu llawer o bethau. Efallai eich bod yn darparu cymorth emosynol, help ymarferol neu ofal personol i rywun am gyfnod o amser sy'n amrywio bob wythnos.

Mae'n bwysig i gydnabod y gall y modd mae'r cyflwr yn effeithio ar rywun newid o ddydd i ddydd. Meddyliwch am bryd y dylech chi adael iddo orffwys a phryd i gynnig help. Dydy'r rhain ddim yn farnau sy'n hawdd i'w gwneud, felly peidiwch â digalonni os ydych chi'n cael pethau'n anghywir weithiau. A sicrhewch eich bod yn meddwl am eich anghenion eich hunan yn ogystal ag anghenion y person rydych chi'n gofalu amdano.

Dyma rai awgrymiadau:

- Meddyliwch am eich teimladau a cheisiwch siarad amdany'n nhw â'r person rydych chi'n gofalu amdano.
- Byddwch yn glir ynghylch yr hyn rydych chi'n gallu neu rydych chi'n

fodlon ei wneud fel gofalwr i sicrhau nad oes disgwyliadau afrealistig.

- Dewch o hyd i help am y tasgau nad ydych chi'n gallu neu nad ydych chi'n fodlon eu gwneud cyn bod unrhyw anawsterau'n codi.
- Gofalwch amdanoch eich hunan, yn arbennig eich iechyd, gan gadw ychydig o amser ar gyfer eich bywyd cymdeithasol, eich hobiau a'ch diddordebau eich hunan.
- Ceisiwch i barhau i wneud y pethau mae'r ddau ohonoch chi'n mwynhau gyda'ch gilydd.
- Mae cadw'ch synnwyr digrifwch yn helpu i gadw pethau mewn persbectif.
- Fel gofalwr, efallai y bydd hawl gyda chi i gael cymorth ariannol. Ffoniwch ein llinell gymorth – **0808 800 0303** – neu Gofalwyr DU ar eu llinell gyngor – **0808 808 7777** – i gael rhagor o wybodaeth.



Diane

GWYBODAETH A CHYMORTH ODDI WRTH GLEFYD PARKINSON DU

Gall gwybod ble i ddod o hyd i atebion i'ch cwestiynau neu gael rhywun i siarad â nhw wneud byd o wahaniaeth i fywyd â chlefyd Parkinson. with Parkinson's.

Dyma'r manylion ynghylch yr holl wybodaeth a'r holl gymorth rydyn ni'n eu darparu.

Ein llinell gymorth

Mae ein nyrsys arbenigol a staff ein llinell gymorth yma i ddarparu gwybodaeth amhleidiol ynglŷn â chlefyd Parkinson, gan gynnwys cymryd meddyginiaeth, hawlio budd-daliadau a llawer mwy. A gallwch chi gysylltu â nhw os ydych chi ond eisiau siarad â rhywun am fyw â'r cyflwr.

Gall unrhyw berson a effeithir gan glefyd Parkinson ffonio neu ebostio'r llinell gymorth i gael cymorth a gwybodaeth. Mae'r gwasanaeth yn gyfrinachol a mae galwadau'n rhad ac am ddim o linellau tir a'r mwyafrif o rwydweithiau ffonau symudol.

Mae gwasanaeth cyfieithu ar gael i'r rhai hynny nad ydyn nhw'n siarad Saesneg.

Llinell gymorth gyfrinachol sy'n rhad ac am ddim

0808 800 0303

Dydd Llun i Ddydd Gwener
9am–8pm (heblaw am wyliau'r banc), Dydd Sadwrn 10am–2pm
Trosglwyddo Testun

18001 0808 800 0303

(ar gyfer defnyddwyr ffôn testun yn unig)

Ebost hello@parkinsons.org.uk

Ein gweithwyr gwybodaeth a chymorth

Gall ein gweithwyr gwybodaeth a chymorth ddarparu gwybodaeth a chyfeirio cyfrinachol un-i un, gan gynnwys:

- gwybodaeth am, a dolenni i, wasanaethau lleol sy'n gallu'ch helpu chi
- gwybodaeth am fudd-daliadau a help â'r broses o wneud caisroces

- llais cefnogol os ydych chi angen gwneud cwyn neu os ydych chi'n cael problemau wrth gael rhywun i asesu'ch anghenion neu i gwrdd â'ch anghenion
- cymorth emosiynol i chi a'ch teulu family

Gallwch chi drefnu i weithiwr gwybodaeth a chymorth ddarparu gwybodaeth gan e-bost neu mewn llythyr, neu ffoniwch i siarad dros bethau. Hefyd gallan nhw gwrdd â chi os oes angen. Gellir trefnu gwasanaeth cyfieithu.

I gael manylion am y gweithiwr gwybodaeth a chymorth yn eich ardal chi, cysylltwch â'r linell gymorth ar **0808 800 0303** neu **hello@parkinsons.org.uk**

Hefyd gallwch ddod o hyd i ragor ar ein gwefan ar **parkinsons.org.uk/isw**

Cwrdd ag eraill sy'n byw â chlefyd Parkinson

AYn eich grŵp lleol o Glefyd Parkinson DU gallwch chi gwrdd â phobl eraill sy'n byw â chlefyd Parkinson i gael cymorth, cyfeillgarwch a gwybodaeth.

Mae llawer o grwpiau'n trefnu gweithgareddau hefyd, megis dosbarthiadau ymarfer corfforol, trafodaethau, teithiau diwrnod a dawnsio, yn ogystal â digwyddiadau i godi arian. Hefyd mae grwpiau a sefydlir yn benodol ar gyfer pobl sydd o dan yr oedran o 65.



I ddod o hyd i ragor am eich grŵp agosaf cysylltwch â'n llinell gymorth ar **0808 800 0303** neu ebostiwch **hello@parkinsons.org.uk**.
Neu ymwelwch â'n gwefan ar **parkinsons.org.uk/localgroups**

Hefyd rydyn ni'n trefnu dyddiau gwybodaeth ledled y DU. Mae'r digwyddiadau di-dâl hyn yn gyfle gwyh i gwrdd ag aelodau o'ch tîm lleol o Glefyd Parkinson DU, i ddarganfod pa gymorth sydd ar gael yn eich ardal, ac i gael gwybodaeth am fyw â chlefyd Parkinson.

I gael rhagor o wybodaeth, cysylltwch â'ch gweithiwr gwybodaeth a chymorth lleol.

Hefyd gallwch chi ddod o hyd i ragor am eich tîm lleol a'r cymorth y gallan nhw ei gynnig ar **parkinsons.org.uk/regionalteams**

Ein gwefan

Mae ein gwefan yn llawn dop â gwybodaeth am glefyd Parkinson.

Byddwch chi'n darganfod y newyddion diweddaraf, cyhoeddiadau a diweddariadau ymchwil, yn ogystal â manylion cyswllt am grwpiau cymorth yn eich ardal chi.

Ymunwch â'n fforwm trafod arlein i rannu'ch profiadau o fyw â chlefyd

Parkinson ac i siarad â phobl eraill sydd yn yr un sefyllfa. Mae croeso i bawb a effeithir gan y cyflwr ymuno, gan gynnwys aelodau'r teulu a gofalwyr.

Ymwelwch â **parkinsons.org.uk**

Hefyd gallwch chi ddod o hyd inni ar Facebook a Twitter. Ymwelwch â **www.facebook.com/parkinsonsuk**
www.twitter.com/parkinsonsuk

Adnoddau gwybodaeth

Ffordd wych arall o ddod o hyd i ragor ar fyw â chlefyd Parkinson yw trwy ein cyhoeddiadau, DVDau a thapiau clywedol.

Maen nhw'n ymdrin ag ystod o destunau, gan gynnwys symptomau, triniaethau, budd-daliadau a materion emosiynol. A gallwch chi ofyn inni am gyfieithu ein hadnoddau i ieithoedd eraill.

Gallwch chi lawrlwytho'r cyhoeddiadau o'n gwefan ar **parkinsons.org.uk/publications** neu gysylltwch â ni am gatalog a ffurflen archebu ar gyfer popeth sydd ar gael.
Ffoniwch **01473 212115**
Ebostiwch **resources@parkinsons.org.uk**



Pauline

CYSYLLTIADAU DEFNYDDIOL

Age UK

(gynt Age Concern a Help
the Aged)

Ymwelwch â www.ageuk.org.uk

Age UK England Advice

Ffoniwch **0800 169 6565**

Age Scotland Advice

Ffoniwch **0845 125 9732**

Age NI Advice

Ffoniwch **0808 808 7575**

Age Cymru Advice

Ffoniwch **0800 169 6565**

Carers UK

Ffoniwch **020 7378 4999**

Llinell gyngor **0808 808 7777**

Ebostiwch advice@carersuk.org

Ymwelwch â www.carersuk.org

Disability Living Foundation

Ffoniwch **020 7289 6111**

Llinell gymorth **0845 130 9177**

Ffôn testun **020 7432 8009**

Ebostiwch helpline@dlf.org.uk

Ymwelwch â www.dlf.org.uk

ATGCh

Ffoniwch **0300 790 6801**

Ffôn testun **0300 123 1278**

Ebostiwch eftd@dvla.gsi.gov.uk

Ymwelwch â www.dvla.gov.uk

Princess Royal Trust for Carers

Ymwelwch â www.carers.org

Swyddfa Llundain

Ffoniwch **0844 800 4361**

Ebostiwch info@carers.org

Swyddfa Glasgow

Ffoniwch **0141 221 5066**

Ebostiwch infoscotland@carers.org

Swyddfa'r Gogledd

Ffoniwch **01257 234 070**

Ebostiwch infochorley@carers.org

Swyddfa Cymru

Ffoniwch **02920 221788**

Ebostiwch infowales@carers.org

RELATE

Ffoniwch **0300 100 1234**

Ebostiwch enquiries@relate.org.uk

Ymwelwch â www.relate.org.uk

Fy nghysylltiadau

MT	
Arbenigwrt	
Nyrs clefyd Parkinson	
Gweithiwr Gwybodaeth a Chymorth	
Ffisiotherapydd	
Therapydd Galwedigaethol	
Therapydd Lleferydd a Iaith	
Cysylltiadau grŵp lleol Clefyd Parkinson DU	
Erail	
Mewn argyfwng cysylltwch â	

Clefyd Parkinson a chi

Os oes gennych sylwadau neu awgrymiadau ynglŷn â'r llyfryn hwn, bydden ni wrth ein boddau i glywed oddi wrthyhych chi. Bydd hyn yn ein helpu i sicrhau ein bod ni'n darparu gwasanaeth sydd mor dda â sy'n bosibl. Bydden ni'n ddiolchgar iawn pe gallech chi lenwi'r ffurflen hon a'i dychwelyd i:

Information Resources Team

Parkinson's UK

215 Vauxhall Bridge Road

London SW1V 1EJ

Neu gallwch chi'n ebostio ni ar publications@parkinsons.org.uk. Diolch!

Ticiwch os gwelwch yn dda...

- Mae Clefyd Parkinson gyda fi. Pryd gawsoch chi eich diagnosis?
- Rydw i'n aelod o deulu/ffrind/ofalwr rhywun sydd â Chlefyd Parkinson.
- Rydw i'n weithiwr proffesiynol sy'n gweithio gyda phobl sydd â Chlefyd Parkinson.

O ble gawsoch chi'r llyfryn hwn?

Ticiwch os gwelwch yn dda...

- MT, arbenigwr neu nyrs Clefyd Parkinson
- Grŵp lleol neu ddigwyddiad Clefyd Parkinson DU
- Ein gwefan
- Gweithiwr gwybodaeth a chefnogaeth
- Wedi'i archebu oddi wrthyn ni'n uniongyrchol
- Arall

Pa mor ddefnyddiol mae'r llyfryn hwn wedi bod ichi?

(1 = ddim yn ddefnyddiol, 4 = defnyddiol iawn) 1 2 3 4

Ydy'r cyhoeddiad wedi bod yn hawdd i'w ddarllen/ei ddefnyddio? Ydy Nac ydy



Continued over the page

Pa agweddau oedd yn fwyaf cynorthwyol?

.....
.....
.....

Oeddech chi'n chwilio am unrhyw wybodaeth nad ymdrinwyd â hi?

.....
.....
.....

Oes gennych chi unrhyw sylwadau eraill?

.....
.....
.....
.....

Os hoffech chi ddod yn aelod o Glefyd Parkinson DU, neu os oes diddordeb gyda chi mewn ymuno â'n Grŵp Adolygu Gwybodaeth, llenwch y manylion isod os gwelwch yn dda a byddwn ni'n cysylltu â chi.

Aelodaeth

I Grŵp Adolygu Gwybodaeth

(sy'n rhoi adborth inni ar adnoddau newydd a diweddaredig)

Enw

.....

Cyfeiriad

.....

Ffôn

Ebost



Diolch i bawb sydd wedi cyfrannu at y llyfryn hwn a'i adolygu:

Abdul Ajid, Gweithiwr Gwybodaeth a Chymorth, Clefyd Parkinson DU

Annette Hand MA, Dip HE, RCN, Ymgynghorydd Nyrs, Ymddiriedolaeth Sefydledig Gofal Iechyd Northumbria

Yr Athro K Ray Chaudhuri, Cyfarwyddwr, Canolfan Ragoriaeth Genedlaethol Sefydliad Clefyd Parkinson, Ysbyty Coleg y Brenin ac Ysbyty Lewisham a Phartneriaid King's Health, Llundain

Diolch hefyd i'n grŵp adolygu gwybodaeth a phobl eraill a effeithir gan glefyd Parkinson sydd wedi darparu adborth.

A diolch i'r staff a'r cleifion yn yr Uned Glefyd Parkinson, Ysbyty Cymunedol Edgware, Llundain.

Mae Clefyd Parkinson DU yn gwneud pob ymdrech i sicrhau bod ei wasanaethau'n darparu ffeithiau diweddar, amhleidiol a chywir. Rydyn ni'n gobeithio y bydd rhain yn ychwanegu at unrhyw gyngor proffesiynol rydych chi wedi'i gael ac ar yr un pryd rydyn ni'n gobeithio y bydd hyn yn eich helpu i wneud unrhyw benderfyniadau a fydd, o bosibl, yn eich wynebu. Parhewch, os gwelwch yn dda, i siarad â'ch tîm gofal iechyd a chymdeithasol os ydych chi'n poeni am unrhyw agwedd ar fyw â chlefyd Parkinson.

Sut i archebu ein hadnoddau

Ffoniwch **01473 212115**

Ebost **resources@parkinsons.org.uk**

Ymwelwch â **parkinsons.org.uk/publications**

Allwch chi helpu?

Yng Nghlefyd Parkinson DU, rydyn ni'n gwbl dibybynnol ar roddion oddi wrth unigolion a chyrff wrth ariannu'r gwaith rydyn ni'n ei wneud. Mae sawl ffordd y gallwch chi'n helpu i gefnogi pobl sydd â chlefyd Parkinson. Os hoffech chi ymgysylltu, cysylltwch â'n tîm Gwasanaethau Cefnogwyr ar **020 7932 1303** neu ymwelwch â'n gwefan ar **parkinsons.org.uk/support**. Diolch.

Bob awr, dywedir wrth rywun yn y DU ei fod â chlefyd Parkinson. Oherwydd ein bod ni yma, does neb yn gorfod wynebu clefyd Parkinson ar ei hunan.

Rydyn ni'n dod â phobl sydd â chlefyd Parkinson, eu gofalgwyr a'u teuluoedd ynghyd trwy ein rhwydwaith o grwpiau lleol, trwy ein gwefan a thrwy ein llinell gymorth gyfrinachol sy'n rhad ac am ddim. Mae nyrsys arbenigol, ein cefnogwyr a'n staff yn darparu gwybodaeth a hyfforddiant ar bob agwedd ar glefyd Parkinson.

Fel elusen gymorth ac ymchwil clefyd Parkinson yn y DU rydyn ni'n arwain y gwaith i ddarganfod iachâd, a rydyn ni'n agosach nag erioed. Hefyd rydyn ni'n ymgyrchu i newid agweddau ac i fynnu gwasanaethau gwell.

Mae ein gwaith yn gwbl ddbynnol ar roddion. Helpwch ni i ddarganfod iachâd ac i wella bywyd i bawb a effeithir gan glefyd Parkinson.

Clefyd Parkinson DU

FLlinell gymorth sy'n rhad ac am ddim*

0808 800 0303 9 (Dydd Llun i Ddydd Gwener 9am–8pm, Dydd Sadwrn 10am–2pm)
Trosglwyddo Testun **18001 0808 800 0303**
(ar gyfer defnyddwyr ffôn testun yn unig)

hello@parkinsons.org.uk

parkinsons.org.uk

*Mae galwadau'n rhad ac am ddim oddi wrth linellau tir y DU a'r mwyafrif o rwydweithiau ffonau symudol.

Diweddarwyd olaf Mis Gorffennaf 2010. Diweddariad nesaf ar gael Mis Gorffennaf 2012.

B181W

© Parkinson's UK, Mis Gorffennaf 2010. Clefyd Parkinson DU yw enw gweithredu Cymdeithas Glefyd Parkinson y Deyrnas Unedig. Elusen sy'n gofrestredig yng Nghymru a Lloegr (258197) ac yn Yr Alban (SC037554).



Every hour, someone in the UK is told they have Parkinson's. Because we're here, no one has to face Parkinson's alone.

We bring people with Parkinson's, their carers and families together via our network of local groups, our website and free confidential helpline. Specialist nurses, our supporters and staff provide information and training on every aspect of Parkinson's.

As the UK's Parkinson's support and research charity we're leading the work to find a cure, and we're closer than ever. We also campaign to change attitudes and demand better services. Our work is totally dependent on donations. Help us to find a cure and improve life for everyone affected by Parkinson's.

Parkinson's UK

Free* confidential helpline **0808 800 0303**

(Monday to Friday 9am–8pm, Saturday 10am–2pm). Interpreting available.

Text Relay **18001 0808 800 0303**

(for textphone users only)

hello@parkinsons.org.uk

parkinsons.org.uk

*Calls are free from UK landlines and most mobile networks.

Last updated July 2010. Next update available

July 2012.

B181W

© Parkinson's UK, July 2010. Parkinson's UK is the operating name of the Parkinson's Disease Society of the United Kingdom. A charity registered in England and Wales (258197) and in Scotland (SC037554).



Thank you to everyone who contributed to and reviewed this booklet:

Abdul Ajid, Information and Support Worker, Parkinson's UK

Annette Hand MA, Dip HE, RCN, Nurse Consultant, Northumbria
Healthcare NHS Foundation Trust

Professor K Ray Chaudhuri, Director, National Parkinson Foundation
Centre of Excellence, King's College Hospital and Lewisham Hospitals
and King's Health Partners, London

Thanks also to our information review group and other people
affected by Parkinson's who provided feedback.

And thank you to staff and patients at Parkinson's Unit, Edgware
Community Hospital, London

'Parkinson's and you' is supported by Crerar Hotels and we are
grateful for their generous gift. Our supporters don't have any input
into the content of our publications.

We make every effort to make sure that our services provide up-to-
date, unbiased and accurate facts. We hope that these will add to any
professional advice you have had and will help you to make any decisions
you may face. Please do continue to talk to your health and social care
team if you are worried about any aspect of living with Parkinson's.

References for this booklet can be found in the Microsoft Word version
at parkinsons.org.uk/publications

How to order our resources

Call 01473 212115

Email resources@parkinsons.org.uk

Visit parkinsons.org.uk/publications

Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals
and organisations to fund the work that we do. There are many ways that
you can help us to support people with Parkinson's. If you would like to
get involved, please contact our Supporter Services team on **020 7932
1303** or visit our website at parkinsons.org.uk/support. Thank you.



.....
Email

.....
Telephone

.....

.....
Address

.....

.....
Name

- Membership
 - Information Review Group
- (who give us feedback on new and updated resources)

If you would like to become a member of Parkinson's UK, or are interested in joining our Information Review Group, please complete the details below and we'll be in touch.

.....

 Do you have any other comments?

.....

 Were you looking for any information that wasn't covered?

.....

 What aspects did you find most helpful?

Parkinson's and you

If you have comments or suggestions about this booklet, we'd love to hear from you. This will help us ensure that we are providing as good a service as possible. We'd be very grateful if you could complete this form and return it to:

Information Resources Team
Parkinson's UK
215 Vauxhall Bridge Road
London SW1V 1EJ

Or you can email us at publications@parkinsons.org.uk. Thanks!

Please tick...

- I have Parkinson's. When were you diagnosed?
- I'm family/a friend/a carer of someone with Parkinson's
- I'm a professional working with people with Parkinson's

Where did you get this booklet from?

Please tick...

- GP, specialist or Parkinson's nurse
- Parkinson's UK local group or event
- Our website
- Information and support worker
- Ordered from us directly
- Other

How useful have you found this booklet?

- (1 is not useful, 4 is very useful) 1 2 3 4

Have you found the publication easy to read/use? Yes No



Continued over the page

My contacts	
	GP
	Specialist
	Parkinson's nurse
	Information and support worker
	Physiotherapist
	Occupational therapist
	Speech and language therapist
	Parkinson's UK local group contacts
	Other
	In an emergency please contact

USEFUL CONTACTS

Age UK

(formerly Age Concern)

and Help the Aged)

Visit www.ageuk.org.uk

Age UK England Advice

Call 0800 169 6565

Age Scotland Advice

Call 0845 125 9732

Age NI Advice

Call 0808 808 7575

Age Cymru Advice

Call 0800 169 6565

Carers UK

Call 020 7378 4999

Advice line 0808 808 7777

Email advice@carersuk.org

Visit www.carersuk.org

Disability Living Foundation

Call 020 7289 6111

Helpline 0845 130 9177

Textphone 020 7432 8009

Email helpline@dlf.org.uk

Visit www.dlf.org.uk

DVLA

Call 0300 790 6801

Textphone 0300 123 1278

Email efd@dvla.gsi.gov.uk

Visit www.dvla.gov.uk

Princess Royal Trust

for Carers

Visit www.carers.org

London Office

Call 0844 800 4361

Email info@carers.org

Glasgow Office

Call 0141 221 5066

Email infoscotland@carers.org

Northern Office

Call 01257 234 070

Email info@carers.org

Wales Office

Call 02920 221788

Email infowales@carers.org

RELATE

Call 0300 100 1234

Email enquiries@relate.org.uk

Visit www.relate.org.uk



Everyone affected by the condition is welcome to join, including family members and carers.

Visit parkinsons.org.uk

You can also find us on Facebook and Twitter. Visit

www.facebook.com/parkinsonsuk

www.twitter.com/parkinsonsuk

[Information resources](#)

Another great way to find out more about living with Parkinson's is through our publications, DVDs and audio tapes.

They cover a range of topics, including symptoms, treatments, benefits and emotional issues.

And you can ask us about translating our resources into other languages.

You can download the publications from our website at

parkinsons.org.uk/publications

or contact us for a catalogue and order form of everything that's available.

Call **01473 212115**

Email

resources@parkinsons.org.uk

To find out about your nearest group contact our helpline on

0808 800 0303 or email hello@parkinsons.org.uk.

Or visit our website at

parkinsons.org.uk/localgroups

We also organise information days across the UK. These free events are a great opportunity to meet members of your local Parkinson's UK team, find out what support is available in your area, and get information about living with Parkinson's.

For more information, contact your local information and support worker.

You can also find out more

about your local team and the support they can offer at

parkinsons.org.uk/regionalteams

[Our website](#)

Our website is packed with

information about Parkinson's.

You'll find all the latest news,

publications and research updates,

as well as contact information

for support groups in your area.

Join our online discussion forum

to share your experiences of living with Parkinson's and chat to other

people in the same situation.

- a supporting voice if you need to make a complaint or are having problems getting your needs assessed or met
- emotional support for you and your family

You can arrange for an information and support worker to provide information by email or letter, or just give them a call to talk things through. They can also meet with you if needed. An interpreting service can be arranged.

For details about the information and support worker in your area, contact the helpline on **0808 800 0303** or **hello@parkinsons.org.uk**

You can also find out more on our website at **parkinsons.org.uk/isw**

Meeting others living with Parkinson's

At your local Parkinson's UK group you can meet other people living with Parkinson's for support, friendship and information.

Many groups also organise activities, such as exercise classes, talks, day trips and dancing, as well as fundraising events. There are also groups set up specifically for people under 65.



INFORMATION AND SUPPORT FROM PARKINSON'S UK

Knowing where to find answers to your questions or having someone to talk to can make a real difference to life with Parkinson's.

Here are the details of all the information and support we provide.

Our helpline

Our expert nurses and helpline staff are here to provide impartial information about all aspects

of Parkinson's, including taking medication, claiming benefits

and much more. And you can contact them if you just need to talk to someone about living

with the condition.

Anyone affected by Parkinson's

can call or email the helpline for support and information. The

service is confidential and calls are free from landlines and most mobile

networks.

An interpreting service is available for anyone who doesn't speak English.

Free confidential helpline

0808 800 0303

Monday to Friday 9am–8pm,
Saturday 10am–2pm

Text Relay

18001 0808 800 0303

(for textphone users only)

Email hello@parkinsons.org.uk

Our information and support workers

Our local Parkinson's information and support workers can

provide confidential one-to-one information and signposting,

including:

- information about, and links to, local services that can help you
- information about benefits and help with the application process



FAMILY, FRIENDS AND CARERS

If you provide support to someone who has Parkinson's, you are sometimes considered to be their 'carer'. Not everyone likes this term, and it can mean many things. You may provide emotional support, practical help or personal care for someone for a varying amount of time each week.

It's important to recognise that how the condition affects someone can change from day to day. Think about when to allow them to rest and when to offer help. These are not easy judgements to make, so don't be too discouraged if you sometimes get it wrong. And make sure you think about your own needs as well as those of the person you care for.

Here are some tips:

- Think about your feelings and try to talk about them with the person you care for.
- Be clear about what you are able or willing to do as a carer so there are no unrealistic expectations.

- Find help for the tasks you are not able or willing to do before any difficulties arise.
- Look after yourself, particularly your health, and keep some time for your own social life, hobbies or pastimes.
- Try to carry on doing the things you both enjoy together.
- Keeping your sense of humour helps to keep things in perspective.
- As a carer, you may be entitled to financial support. Call our helpline – **0808 800 0303** – or Carers UK on their advice line – **0808 808 7777** – for more information.

Find out more: see our booklet
The carers' guide.



Richard and Patricia

need to encourage you to lead as normal and active a life as possible.

Finding leisure activities you enjoy and feel benefit from is essential for leading a healthy life. This is true whether you have Parkinson's or care for someone with Parkinson's.

You might like playing sports or going to a gym, spending time on hobbies such as art classes, taking part in drama groups or choirs.

There are also a lot of educational opportunities you might like to think about, from crafts, languages or martial arts through to university degrees.

Counselling

Even the most optimistic and energetic person may find it difficult to be positive immediately after they've been diagnosed. Others who are prone to worry might always find it hard, but it is certainly worth trying the positive approach.

If you're having difficulties in being positive, you should talk to your GP about the possibility of counselling.



Many people ask: "Why me?" Unfortunately there is no answer to this question, but there are lots of people living with Parkinson's who have found ways to accept the situation as best they can and get on with their lives.

There is no one way to do this, but your frustration (and any other emotional difficulties) may be eased by talking to someone who understands. This might be a close friend, someone else with Parkinson's or an expert, such as your Parkinson's nurse.

Emotional support

At your local Parkinson's UK group you can meet other people in a similar situation.

To find out about your nearest group visit

parkinsons.org.uk/localgroups.

You can also contact our helpline

on **0808 800 0303** or at

hello@parkinsons.org.uk.

You can also join our online forum

to share your experiences and chat

to other people. Visit

parkinsons.org.uk/forum

Staying positive

For most people, Parkinson's

is treated with medication and

physical therapies, but if you try

to keep a positive attitude,

“ I do the things I can. The things I can't ... well, someone else can do. Don't hide away. You must keep going. Take one day at a time and smile.”

Derek, diagnosed in 2009

it might influence your response to treatment.

It might be difficult at times, but

being positive, thinking about

what can be done rather than

what can't, and viewing problems

as challenges, rather than as

something impossible, can all help.

Many people with Parkinson's lead

active and fulfilling lives, not by

pretending that nothing is wrong,

but by understanding how their

Parkinson's affects them and then

working around it.

Staying active

Spending time socialising also helps keep many people positive and active, and the attitude of family and friends can influence this. They

Adrian, diagnosed in 2008

“ I was devastated about being diagnosed with Parkinson’s. Even though I suspected it. ”

is important and can make the situation easier to manage. This is especially important if you’ve had depression before being diagnosed with Parkinson’s.

Find out more: see our

Information sheet Depression and Parkinson’s.

Frustration

If you are having problems moving, the extra effort it takes to do things can make you feel frustrated.

It is difficult to avoid this frustration altogether, but finding the best possible treatment and support, keeping active and learning how to organise your day can help.

It’s important to get advice if you find feelings like anxiety or stress are seriously interfering with your life. Speak to your GP, specialist or Parkinson’s nurse if you have any concerns.

Depression

A lot of people with Parkinson’s experience feelings of depression at some point. This can be due to the chemical changes in the brain caused by the condition. It’s also an understandable reaction to the effect Parkinson’s has on your life. Symptoms of depression may include low mood or self-esteem, a lack of interest in things you usually enjoy, tiredness and difficulty sleeping.

Your doctor might suggest you take antidepressants, which can be very effective as long as they are compatible with any medication you are taking for Parkinson’s.

Counselling and cognitive therapy can also be beneficial. Exercise can also help ease feelings of depression.

It can be hard for family or close friends if someone has serious depression, especially if they are involved in their care. Being aware of the symptoms and learning a bit more about the condition



I'm feeling down – is there anything I can do?

Most people with Parkinson's struggle with their emotions from time to time. It's natural to feel angry, depressed or anxious – particularly when you are first diagnosed. As time goes on, these feelings may subside, but they can also reappear as your condition progresses.

Stress and anxiety

If you are feeling stressed, it might help to speak to your GP or specialist about your concerns. They might help ease your mind by offering information and by signposting you to professionals who can help.

Talking to your family and close friends might also make you feel better.

Anxiety or stress can make symptoms worse. They can also interfere with sleep, leaving you feeling tired and worn down, so it's really important to find ways to relax.

Exercise can help you unwind and improve your sense of wellbeing. Some people have also found complementary therapies, such as aromatherapy, yoga, reflexology and music and art therapy have helped improve their mood and relieved feelings of anxiety and stress.

- Talk to people with Parkinson's about how they told others about their condition. They may be able to give you tips. You can try contacting them through your local Parkinson's UK group, or our online forum.

Find out more: see our

information sheet [Telling people about Parkinson's](#).

How will my intimate

relationships be affected?

Having Parkinson's doesn't mean you'll necessarily have difficulties, but sometimes the condition can have an effect on intimate relationships.

Parkinson's can make it harder to move freely and make spur-of-the-moment gestures. A spouse or sexual partner might also find it hard to switch from supporting you to being intimate in a sexual way. Stress and anxiety can also have an effect.

If you experience any of these problems, there are ways to manage them. Talking to your partner about how you feel can help. If tiredness is a problem you could try changing the time of day you have sex.



Cliff and Marjorie

Discussing any issues with your specialist or Parkinson's nurse might also be useful and they can refer you to other sources of help, such as relationship counsellors or psychosexual therapists.

Remember that Parkinson's shouldn't stand in the way of an enjoyable and fulfilling sex life.

Find out more: see our booklet

[Intimate relationships and Parkinson's](#).

Telling your children about your condition

Having a parent with Parkinson's can be difficult for some children or young people. It might help for them to have someone to talk to and ask questions about Parkinson's, such as a GP or Parkinson's nurse. It also helps if they can get hold of information about the condition easily.

Our range of children's books are designed to help you explain the condition to children aged three to seven.

How do I tell people I have Parkinson's?

Telling people you have Parkinson's can be daunting. It's hard to find the right words, especially if you're worried how people will react. You might worry that if people know you have Parkinson's, they'll judge or identify you by what they know or think about the condition.

Who you tell and what you tell them is up to you. But you might find the following tips helpful:

- Tell at least one person close to you. This will give you someone to talk to about your Parkinson's. They'll also be able to help you tell other people.
- Choose when and how you tell people carefully. You may want to get everyone together to tell them all at once, or to tell people only when you need to. Some people find it easier to tell people in a letter or an email, rather than face to face.
- Practise what you want to say before. Prepare yourself by thinking through the possible reactions you may get and how you might feel.

Caroline, diagnosed in 2003

“I firmly believe that once I accepted myself as a person with Parkinson's, and did not think of myself as a lesser person because of this, then other people did the same. It is not the most important thing about me.”

EMOTIONAL ISSUES

How will my family be affected?

Everyone copes with life in different ways, but if someone in the family is diagnosed with Parkinson's, it can have a big effect on everyone.

If your loved ones have any concerns or worries, they might find talking to a counsellor can help.

They can also call our helpline on **0808 800 0303** for information and support.

Roles within families may gradually change as your Parkinson's progresses, because you might need more help. These changes can be difficult for everyone, but discussing them openly within the family might make things easier.

You may find it useful to tell people when you're having difficulty so they can help you. Make sure you also let them know when you're not having any problems – your family and friends will want to help you

as much as they can, but it's important for you to stay as independent as possible.

Try to keep doing the things you have always enjoyed as a family. Remember that Parkinson's shouldn't dominate everything.

“We call my Parkinson's 'Michael' and it worked. Somehow making it a separate entity made it easier for my daughter to deal with.”

Andrea, diagnosed in 2006



If you are thinking about buying equipment to help you day to day, we strongly advise that you have an assessment from the relevant therapist first.

A physiotherapist or occupational therapist can advise on what is available to suit your needs.

If the therapist suggests equipment, he or she should be able to advise you on suppliers and any funding that may be available. Talk to your GP about referrals to these services.

Are there any other ways

I can improve my mobility? Exercise, medication and generally staying active are the best ways to stay as mobile as possible. But, depending on your symptoms, there is a wide range of equipment available that might also help.

It can be difficult to accept the need to start using aids, but many people find specialist equipment, for example grab rails or walking sticks, actually helps them to be more independent.

What sort of equipment

might I need?

There are all kinds of small aids and equipment available to help people who might have problems doing things such as washing, bathing, reaching, eating and drinking. It might be necessary to think about larger adaptations.



Can I still exercise?

Yes. In fact, exercise is especially important for people with Parkinson's. Keeping fit will help muscles and joints from becoming stiff and rigid.

As well as helping with mobility, exercise can lift your mood. It can also give you a chance to socialise if you join a local exercise group or sports club.

Many people with Parkinson's get involved in active sports, such as racquet sports, bowling, sailing, skiing and cycling.

There are also a number of

'low-key' exercise options to keep you flexible and active, such as yoga, tai chi, walking, gardening, golf and daily stretches.

If you are unsure about the suitability or safety of any exercise you would like to do, talk to your GP or ask for a referral to a physiotherapist.

The main thing is to try to stay active, but do things at your own pace, even if it takes longer than expected.

Find out more: see our booklet and DVD *Keeping moving*.

Should I change my diet?

There are no specific changes you need to make but, like everyone, you will benefit from eating as healthily as possible.

A balanced and nutritious diet including three meals a day (or four smaller meals) is recommended. You should aim to eat a mix of starchy foods (such as bread, rice, potatoes, noodles, cereal, crackers, oats, yams) fruit and vegetables, dairy products, and proteins (meat, fish, eggs, beans or pulses). Fatty or sugary foods should be eaten in moderation.

It is also important to drink plenty of fluids. Unless your doctor has advised you otherwise, alcoholic drinks in small amounts are not harmful.

Levodopa and protein

A small number of people taking levodopa medication may find a meal that's high in protein affects how well their medication works. If you notice this, we recommend talking to your specialist or Parkinson's nurse. Some people also find that taking their medication about 30 minutes before their meals is more effective.



Many people with Parkinson's find they get constipated. Exercise, combined with a regular intake of fluids and fibre-rich foods, such as cereal grains, wholemeal bread and pasta, brown rice, seeds, nuts, fruit, vegetables and pulses, will usually help.

If you are overweight, you may need to cut down on fatty foods and carbohydrates. Losing weight will also help you to move around, as it will ease the strain on your joints. If, as occasionally happens, you lose weight, you may need special dietary supervision and supplements. Make sure you talk to a doctor or dietitian before considering any changes to your diet.

Find out more: see our booklet *Diet and Parkinson's*.



Some people find their medication can make them drowsy and, therefore, unable to drive – so it's important you keep this in mind.

Anyone who knowingly drives while unfit may invalidate their insurance cover, so it is essential to inform your insurance company of any change in your health that might affect your ability to drive. It is against the law to make a false statement or withhold information in order to get car insurance.

Find out more: see our booklet *Driving and Parkinson's*.

What should I do if I live alone?

For some people with Parkinson's living alone is a concern, but a lot

of people with the condition live on their own and manage very well. A common concern is fear of falling, but a lot can be done to make the home less hazardous, including the following:

- Rearranging furniture to make rooms safer.
- Adding grab rails around the house (stairs, bath or shower, for example).
- Making lighting brighter to make moving around much safer.

Find out more: see our information sheet *Living alone with Parkinson's*.

Am I entitled to any benefits?

Having enough money to support yourself is essential and you might be eligible for financial help. The rules about access to benefits are complex and can change. For more information and guidance contact:

• our helpline on **0808 800 0303**

• our information and support

workers (call our helpline or visit

parkinsons.org.uk/!sw)

• your local Citizens Advice Bureau

• your local benefits office

(found in the telephone directory

under 'Government')

• benefits advice agencies

• disability rights officers from

your Social Services/Social Work

Department

Find out more: we have a range of information sheets covering a variety of benefits.

Will I still be able to drive?

Having Parkinson's doesn't necessarily mean your driving licence will be affected, and many people with Parkinson's continue to drive for years after diagnosis.

“Because I can't stand well, my husband had been doing most of the cooking and housework. With the money from benefits I bought a walking aid and now we have help for two hours a week.”

Diana, diagnosed in 2004

You do have a legal obligation to inform the Driver and Vehicle Licensing Agency (DVLA) of your diagnosis, but it is a good idea to discuss driving with your GP or specialist before approaching the DVLA.

Once you've told the DVLA, they will contact your GP or specialist to confirm your fitness to drive.

You may be required to have a medical, take a driving test, or be issued with a one-, two- or three-year renewable licence.



Even if you're happy with your decision to stop working early, it's worth talking to employers and professional or trade organisations to establish the best terms for you, and decide exactly when you want to leave. When considering retirement, it is important to think of ways to remain healthy and active. Some firms encourage their employees to attend courses on preparing for retirement, and some local Further Education colleges run courses on this subject.

If you have more questions about working with Parkinson's, you can contact our helpline on **0800 800 0303** or email hello@parkinsons.org.uk. You can also get advice and information from your local Citizens Advice Bureau and your local welfare benefits service.

Find out more: see our *Employment guide.*

You might find it useful to be more informed about your employment rights and what the duties of your employer are (if this is relevant to you).

LIVING WITH PARKINSON'S

Will I be able to carry on working?

For people who are in full- or part-time work, a diagnosis of Parkinson's may be a concern. Work is an important source of income, but can also build confidence, self-esteem and personal satisfaction.

Just because you've been diagnosed with Parkinson's, it doesn't mean you have to stop work. Many people with the condition keep working for years after their diagnosis.

If you do need or want to carry on working, it is really important to work out the most effective treatment for your symptoms with your specialist.

If work causes practical problems, an occupational therapist can do an assessment and help find a solution. A lot of businesses will now organise this for you.

Our advice is not to rush into a decision – give your treatment time to settle down.

Of course there are some jobs that might cause problems for you, for example, if your job requires a lot of energy or physical strength. If this is the case, you might need to consider an alternative position. If you do decide to stop working, it is important to think carefully about the financial, emotional and practical implications.

Richard, diagnosed in 2009

“Of course my life will change when I stop work, as my job takes up most of my time. On the other hand, I don't want to struggle on, finding things more and more difficult.”

I have another medical condition as well as Parkinson's. What should I do?

If you have another medical condition and are concerned about how this will affect your Parkinson's or vice-versa, speak to your GP, specialist or Parkinson's nurse.



Do complementary therapies have any benefit?

We get a lot enquires about complementary therapies. Many people find they help with posture, fitness, relaxation, social interaction and general wellbeing. Relaxation therapies have been found to be particularly helpful, as stress can make the symptoms of Parkinson's worse. Techniques used include acupuncture, Alexander technique, aromatherapy, art therapy, hydrotherapy, massage, music therapy, reflexology, tai chi and yoga.

We recommend that you consult your doctor for advice if you're interested in trying complementary therapies, to find out if they are suitable for you. This is particularly true of herbal medicines or any therapy that involves taking vitamins, as some of these might interfere with Parkinson's medication. It is also important to use a qualified complementary therapist – GP surgeries can often provide a list of local practitioners.

Find out more: see our booklet *Complementary therapies and Parkinson's*

David, diagnosed in 2008

“My local information and support worker is brilliant. Benefit applications can be very complicated, but they really helped me through the process.”

Physiotherapists use physical treatments, including exercise, to help manage any stiffness in joints and to restore muscle strength and mobility. They can also advise your carer (if you have one) in safe ways to help you if you have problems moving, and suggest ways to prevent falls. Seeing a physiotherapist can make a real difference, and we'd recommend you ask to be referred.

Practice nurses work in GP practices. They carry out regular checks and run advice sessions. They can be a useful source of information, particularly about general health problems.

Psychologists and counsellors can support people who might need help coming to terms with their condition. They can also help you manage any feelings of anxiety, low mood or depression.

Social workers can advise on home support, claiming benefits and respite care. They are also responsible for your community care assessment and for carers' assessments. Contact your local Social Services Department, or Social Work Department if you live in Scotland, for access to a social worker.

Speech and language therapists are healthcare professionals who specialise in all aspects of communication, from facial expression and body language to speech and communication aids. They are also experts in swallowing problems. Speech and language therapists can be extremely helpful, so we recommend you speak to one as soon as you can.

complex condition that is difficult to diagnose, and can require complex drug treatment.

Not all neurologists specialise in Parkinson's, so try to ensure that you are referred to one who does if there is one in your area.

You may find that access to other professionals, such as Parkinson's nurses, therapists and dietitians, might be easier through a specialist, as they often work in teams with other related healthcare professionals.

Parkinson's UK information and support workers provide

confidential one-to-one support and information for you and your family. They can signpost you to

local services, provide details about benefits and help you with the application process. They also act as a supporting voice if you are having problems getting your needs assessed.

Pharmacists can help you

understand the medication you are prescribed and explain how to take it. If you have other illnesses or conditions that you need medication for, your pharmacist can guide you on how to take these alongside your Parkinson's medication.

They can also advise on dispensing aids, such as pill timers, and offer advice if you find opening bottles difficult.



At the back of this booklet, there's a space for you to keep details of all the professionals you see. You can also take this along to your GP, specialist or Parkinson's nurse appointments to remind you which professionals you would like to be referred to.

Dietitians can help if you have problems with your diet, for example if you are under or overweight, or have digestive problems, such as constipation.

General Practitioners (GPs) can refer you to a range of healthcare professionals who can help you, such as hospital specialists, psychologists and physiotherapists.

Your GP will probably know you well, which can be helpful. But the average GP generally has only three or four patients with Parkinson's, and it's unlikely they will know as much about the condition as specialists do. So we recommend you see a specialist for advice about Parkinson's.

Occupational therapists can help people with disabilities to stay as independent as possible. They assess how able you are to carry out day-to-day activities and suggest ways of making your home and workplace safer or more

manageable. They can advise you about appropriate adaptations, aids or equipment. Occupational therapists can also tell you about leisure activities that are enjoyable and can help you stay fit.

Parkinson's nurses are experienced registered general nurses who have completed a special course in Parkinson's. They can help you manage your symptoms effectively, by reviewing your medication, offering advice and emotional support, and acting as a link between the professionals involved in your care.

We believe it's very important that you have access to specialist nursing care. Not everyone has access to a Parkinson's nurse, so we are actively campaigning to make this happen.

To find out if there is a Parkinson's nurse in your area, contact your GP, specialist or Parkinson's UK information and support worker.

Parkinson's specialists are hospital doctors, usually neurologists or specialists in the care of older people (geriatricians) with a particular interest in Parkinson's. Make sure you are referred to a specialist because Parkinson's is a

Which professionals can help me?

A lot of people might be involved in helping you to manage your condition. Some will have a bigger role than others, depending on your symptoms.

Your GP, specialist or Parkinson's nurse (if you have one) can make referrals to the health and social care professionals listed on pages 13 to 15. In some areas, you might be able to refer yourself.

Parkinson's UK information and support workers can also provide information about and links to your local services.

Assessing the full range of Parkinson's symptoms can be difficult. Parkinson's UK has a questionnaire available to help you and your GP, specialist or Parkinson's nurse look at your non-motor symptoms.

You can download the questionnaire from our website – parkinsons.org.uk – or order a copy from us (see the inside back cover for contact details).



TREATMENTS AND THERAPIES

How is Parkinson's treated?

Although there's currently no cure, a range of drugs, treatments and therapies are available to manage many of the symptoms.

Medication is usually the main treatment for Parkinson's, but this varies from person to person. There are several types of drugs used to treat Parkinson's, and they act in different ways to relieve some of the symptoms.

For a lot of people who have just been diagnosed, Parkinson's drugs can be a great help. However, if your symptoms are mild, you might decide, together with your specialist, to postpone drug treatment until symptoms increase. Whether or not you decide to take medication in the early stages, it's important to make sure your lifestyle is as healthy as possible, focusing on exercise, relaxation and diet.

If you do need medication, you might need to take several drugs

What surgical options are there?

Deep brain stimulation is a form of surgery that is used to control some of the symptoms of Parkinson's. It involves passing small electrical currents through electrodes that are permanently implanted in the brain. This isn't a suitable option for everyone and, like any surgery, there are some risks involved. It is normally only considered as an option if your symptoms are severe and medication isn't helping any more. Talk to your specialist for more details.

Find out more: see our [Information sheet Surgery and Parkinson's](#).

at once, and different drugs and dosages as your symptoms change.

Find out more: see our booklet [Drug treatments for Parkinson's](#).

How many people have Parkinson's?

Worldwide, about four million people have Parkinson's. In the UK, there are roughly 120,000 people with the condition, and each year, approximately 10,000 people are diagnosed.

How old are people when they get Parkinson's?

The risk of developing Parkinson's increases with age. Most people who get Parkinson's are aged 50 or over, but younger people can get it too. One in 20 is under the age of 40 when they are diagnosed.

Can people die from Parkinson's?

Parkinson's doesn't directly cause people to die. However, some of the more advanced symptoms can lead to increased disability and poor health, which can make someone more vulnerable to infection.

The most important thing is to try to manage your condition as best you can with the help of specialist healthcare professionals.

I have children. Are they at risk of Parkinson's?

It's rare to find more than one person in a family who has Parkinson's. Researchers believe the condition can sometimes be inherited, but this only happens in approximately 5% of cases.

Is Parkinson's infectious?

No, Parkinson's can't be caught like flu or measles. No one knows what causes it, but experts agree that it is not infectious.

the symptoms become obvious enough for someone to talk to their doctor.

It is not easy to diagnose the condition, so it's important to see a Parkinson's specialist to get an accurate diagnosis.

The specialist will usually look for two or more of the main symptoms of tremor, rigidity or slowness of movement.

They will also consider your medical history and carry out an examination before making a diagnosis. The symptoms of Parkinson's can have other causes and you may be referred for further tests and scans to rule these out.

How quickly does the condition progress?

It's difficult to predict how quickly Parkinson's will progress, because the condition is different for everyone. So the symptoms someone might have and how quickly the condition develops will differ from one person to the next.

For many people, the condition may take years to progress to a point where it can cause major problems, and many of the symptoms can be treated.

“Ten years after

diagnosis, things are not as bad as I feared they might be at this stage.

But we are worried about the next ten.”

A carer whose husband has Parkinson's

Is there a cure?

There is no cure for Parkinson's at the moment, but researchers and scientists are making advances in understanding the condition, its causes and how best to treat it.

In fact, research has made more progress towards finding a cure in the last decade than ever before. There have also been some exciting new areas of research into a cure for Parkinson's, including gene therapy and stem cell therapy.

You can find out more about

the research we fund by visiting parkinsons.org.uk/research



Slowness of movement

Starting to move can be more difficult for people with Parkinson's. They can find it takes longer to do things and they get tired more easily. A lack of co-ordination can also be a problem.

Other symptoms

As well as difficulties with movement, people with Parkinson's might experience symptoms such as tiredness, pain, depression and constipation. These are often referred to as non-motor symptoms and can have an impact on people's day-to-day lives.

How is Parkinson's diagnosed?

Parkinson's tends to develop gradually and it can be a number of months, or even years, before

Does everyone have these

symptoms?

Not everyone with Parkinson's experiences the same combination of symptoms – they vary from person to person.

Also, how Parkinson's affects someone can change from day to day, and even from hour to hour – symptoms that may be noticeable one day may not be a problem the next.

ABOUT PARKINSON'S

What is Parkinson's and what causes it?

Parkinson's is a progressive neurological condition. People with Parkinson's don't have enough of a chemical called dopamine because some nerve cells in their brain have died. Without it people can find that their movements become slower, so it takes longer to do things.

We don't know yet exactly why people get Parkinson's, but researchers suspect that it's a combination of genetic and environmental factors that cause dopamine-producing nerve cells to die.

What are the symptoms?

The symptoms most often associated with Parkinson's are tremor, stiffness and slowness of movement.

Tremor

Parkinson's can cause some people's hands and bodies to shake, which can make everyday activities difficult. A tremor often becomes more noticeable if someone with Parkinson's is anxious or excited. The tremor is usually present on one side of the body.

This is probably the most well known of Parkinson's symptoms, but not everyone with the condition will have a tremor.

Muscular rigidity or stiffness

Because their muscles are stiff, some people with Parkinson's have problems turning around, getting out of chairs, turning over in bed or making fine finger movements, such as writing or fastening a button.

Some people find their posture becomes stooped or that their face becomes stiff, making facial expressions more difficult.



Lucas, Paul and Hattie

QUICK FACTS

- Parkinson's is a progressive neurological condition, not a terminal illness.
- We are still trying to understand why people get Parkinson's.
- One person in every 500 has Parkinson's.
- Most people who get Parkinson's are aged 50 or over, but younger people can get it too.
- Parkinson's is not infectious and doesn't usually run in families.
- Everyone's experience of Parkinson's is different.
- Although there's currently no cure, there are a range of medicines and treatments available to manage the symptoms.

“Hearing a diagnosis of Parkinson's was a relief in some way. At least I knew what was wrong with me.”

Anne, diagnosed in 2009

17	Living with Parkinson's	17
17	Will I be able to carry on working?	17
19	Am I entitled to any benefits?	19
19	Will I still be able to drive?	19
20	What should I do if I live alone?	20
21	Should I change my diet?	21
22	Can I still exercise?	22
23	Are there any other ways I can improve my mobility?	23
23	What sort of equipment might I need?	23
25	Emotional issues	25
25	How will my family be affected?	25
26	Telling your children about your condition	26
26	How do I tell people I have Parkinson's?	26
27	How will my intimate relationships be affected?	27
28	I'm feeling down – is there anything I can do?	28
33	Family, friends and carers	33
35	Information and support from Parkinson's UK	35
39	Useful contacts	39
35	My contacts	35

Contents

5	Quick facts
7	About Parkinson's
7	What is Parkinson's and what causes it?
7	What are the symptoms?
8	Does everyone have these symptoms?
8	How is Parkinson's diagnosed?
9	How quickly does the condition progress?
9	Is there a cure?
10	Can people die from Parkinson's?
10	I have children. Are they at risk of Parkinson's?
10	Is Parkinson's infectious?
10	How many people have Parkinson's?
10	How old are people when they get Parkinson's?
11	Treatments and therapies
11	How is Parkinson's treated?
11	What surgical options are there?
12	Which medical professionals can help me?
16	Do complementary therapies have any benefit?
16	I have another medical condition as well as Parkinson's. What should I do?

Being diagnosed with Parkinson's can be a very emotional experience. Some people feel shocked or confused – others feel angry or anxious. Some people even feel slightly relieved to have an explanation for their symptoms.

This booklet aims to answer common questions about what Parkinson's is, how the condition can be treated and how it might affect your everyday life. It also has details of where you can find useful information and support.

When you're ready to find out more, our booklet *Living with Parkinson's* looks at how the condition might affect different aspects of your life, including work, relationships and parenting. It also goes into a lot more detail about symptoms and how they can be managed.

Although at times life can be difficult, many people with Parkinson's continue to lead active, fulfilling lives.

Parkinson's and you



About Parkinson's

Chris

PARKINSON'S^{UK} CHANGE ATTITUDES. FIND A CURE. JOIN US.