

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

Caring for your patient with Parkinson's

Information for ward staff



Resources for professionals

Lisa and Sheena

Parkinson's is one of a range of conditions you may come across in a hospital setting.

This booklet looks at the physical, mental and emotional symptoms of Parkinson's and the medication used to treat it. It also suggests actions that you can take to improve the care of your patient with Parkinson's.

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What is Parkinson's?

Parkinson's is a condition that mainly affects movement, but there is a range of symptoms. All can have an impact on activities of daily living.

People with Parkinson's don't have enough of the chemical dopamine because the nerve cells in the brain that make it have died. Dopamine-producing nerve cells are found in the basal ganglia, a section located deep in the lower region of the brain. Dopamine plays a big part in movement and cognitive actions. The clinical signs of Parkinson's will start to be seen when between 60% and 80% of the dopamine-producing nerve cells have died.

There is a range of physical Parkinson's symptoms and there are a number of mental and emotional symptoms, too. It's important to remember that not everyone with Parkinson's has the same symptoms. They progress at a different speed and affect each person in a different way.

About one person in every 500 has Parkinson's. That's about 120,000 people in the UK. Most people who get Parkinson's are aged 50 or over, but younger people can get it too.

Parkinsonism

The main symptoms of Parkinson's are also the main symptoms of a range of conditions that together are called 'parkinsonism'. Parkinson's disease is the most common form of parkinsonism. Other types include multiple system atrophy (MSA), progressive supranuclear palsy (PSP) and cortico basal degeneration (CBD).

Find out more: see our [information sheet *Parkinsonism*](#).

Care planning

How someone's Parkinson's symptoms affect them can change from day to day and even hour to hour. This can be either caused by Parkinson's or the medication used to treat it. Because of this, it's hard to assess the needs of someone with the condition. Symptoms will get worse when someone's Parkinson's drugs are wearing off and improve again after Parkinson's drugs are taken.

Action to take

- Speak to your patient and their carer about individual needs. They know best how the condition affects them.



What are the symptoms?

Stiff, rigid or frozen muscles

Simple movements, such as getting up from a chair, rolling over in bed or moving fingers to write or fasten a button, can be difficult or painful for someone with Parkinson's. Stiff and painful joints, especially shoulders, are common. Some people with the condition have frozen facial muscles, which can make it hard to smile or speak, and gives them a blank expression.

For some people, often just before they are due to take their next dose of Parkinson's medication, their body slows down so much that they stop in one position. This is often called 'switching off'.

Some people with Parkinson's will suddenly freeze when starting or making a movement like walking. This can't always be treated by changing medication, so some people with Parkinson's use strategies to help them when they freeze.

Actions to take

- Find out if your patient has any problems with freezing.
- Often it is the start of a movement that is hard, such as taking the first step to walk. A physiotherapist can give your patient tips to help with this.
- A physiotherapist can advise on 'cues': techniques your patient can use to restart or continue a movement after freezing. These include counting steps and using trigger words to encourage movement.
- If you see your patient with Parkinson's regularly 'switching off' or freezing, speak to their GP, specialist or Parkinson's nurse.
- Encourage your patient to take regular exercise. This can help to strengthen muscles, increase mobility in their joints and build up their general fitness and health.

Find out more: see our information sheet [Freezing in Parkinson's](#).

Slow movements (bradykinesia)

It might be hard for your patient with Parkinson's to move as quickly as they want to. This can be frustrating for them. Their ability to move might change very quickly, so at times they can move well, but within minutes they might slow down or stop.

Actions to take

- Give your patient plenty of time, support and patience.
- See if they need to be referred for physiotherapy or for walking aids.
- They may have trouble getting up from a chair or find it hard to turn over in bed. They might also lack co-ordination in their hands.
- Remember that it might also take them longer to answer questions because of speech and swallowing problems related to slow movements.

Tremor

A tremor is an uncontrollable shaking movement that affects a part of the body, usually the hand. Many people think that all people with Parkinson's have a tremor, but not everyone with the condition does. A tremor may be more obvious when your patient with Parkinson's is resting or when they get worried or excited.

Actions to take

- Remember that anxiety and stress can make your patient's tremor worse.
- Your patient's specialist may be able to suggest changes to drug treatment that will improve this symptom.

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

Bladder and bowel problems

Incontinence (where someone can't control their bladder or bowel) and constipation (where someone has trouble passing stools) are common for people with Parkinson's. They can be caused either by the condition or by Parkinson's medication. Someone with Parkinson's may have practical problems too – like trouble unzipping their trousers.

Actions to take

- If your patient with Parkinson's has movement problems, you may need to help them to visit the toilet.
- Someone with Parkinson's might need to urinate often and may need to visit the toilet without much warning.
- Allow plenty of time so they feel comfortable and are unhurried.

Find out more: see our booklet *Looking after your bladder and bowel in Parkinson's*.

Communication problems

Frozen facial muscles make smiling and speaking difficult, but this doesn't mean your patient with Parkinson's is not interested or doesn't understand you. For some people with Parkinson's, a quiet voice and problems producing certain sounds make it hard to communicate. They may also need time to form sentences. When they are tired their voice may be harder to understand.

Actions to take

- Be patient with them as they may need time to answer your questions.
- A speech and language therapist may be able to help.

Find out more: see our information sheet *Communication and Parkinson's*.

Dementia and problems with thinking and memory

Many patients with Parkinson's can show signs of confusion. This is often worse in the evening or at night.

Some people with Parkinson's have hallucinations, where they see, hear, feel or smell things that aren't there. Some may have delusions, where they have thoughts that aren't real, but they might believe they are real. These symptoms can be caused by a combination of Parkinson's and the long-term use of Parkinson's drugs. They are also a symptom of dementia with Lewy bodies (see later). Infection, other illnesses or anaesthetic can make these symptoms worse.

Actions to take

- Although your patient is in an unfamiliar place, try to make them feel as comfortable as possible.
- Encourage someone with dementia to keep engaging and interacting with other people.
- Take care with communication. Use familiar phrases, speak clearly, listen well and give your patient time to respond to you.
- If your patient does have an infection, it must be treated early with antibiotics.
- Your patient's specialist or Parkinson's nurse can change their drug treatment to make symptoms better. Some patients will be taking medication (anticholinesterases) for dementia.
- Many people won't tell you when hallucinations or delusions happen, so ask your patient with Parkinson's if you suspect they are experiencing hallucinations or delusions. Again, their Parkinson's specialist may be able to adjust medication to ease symptoms.
- Where appropriate, a mental health referral may be required.

Find out more: see our information sheets *Dementia and Parkinson's*, *Hallucinations and delusions in Parkinson's* and *Mild memory problems*.

Dementia with Lewy bodies

This is a condition that is very similar to Parkinson's, but the symptoms are slightly different. Dementia with Lewy bodies is diagnosed when someone has the symptoms of dementia first and then develops Parkinson's-like symptoms.

It is the second most common form of dementia in the UK. It affects concentration and attention, memory, language, the ability to recognise faces and objects, to carry out simple actions and to reason. Some people see things that aren't there and fall more easily, and might show some of the symptoms of Parkinson's, like slow movement, stiffness and tremor.

Find out more: see our information sheet *Dementia and Lewy bodies*.

Depression and anxiety or worry

Depression affects many people with Parkinson's. Some of the features of depression, such as slowness of thinking, are like those of Parkinson's.

Depression can change how someone thinks, feels and functions. Someone who is depressed will typically have a low mood, lack of interest in their usual activities and slow thinking or difficulty concentrating.

Depression may be a side effect of your patient's Parkinson's medication. If this is the case, their drugs should be reviewed by their Parkinson's specialist. The treatment of depression has to be tailored to each person with Parkinson's, as medication for depression can be difficult to combine with their other drug treatment.

Some people with Parkinson's get feelings of anxiety. These can be intense, especially if physical symptoms aren't under control. When their drugs are wearing off, your patient with Parkinson's might feel anxious, depressed or hopeless. After they've taken their medication, their mood may lift again.

Actions to take

- Be aware of changes in emotions and any link with communication problems.
- A change in drug treatment can help, but if someone is regularly unhappy or negative, you should report it to their specialist or Parkinson's nurse.
- The treatment of depression has to be tailored to each person with Parkinson's. Medication for depression may be difficult to combine with their other drug treatment.

Find out more: see our information sheets *Depression and Parkinson's* and *Anxiety and Parkinson's*.

Dyskinesia

Your patient with Parkinson's might have involuntary muscle movements that they can't control. This is a side effect of some Parkinson's drugs, when they have been used for a long time. These random body movements can also make it hard to balance and walk.



Gerald and Edward

Eating and drinking difficulties

Your patient with Parkinson's might need a lot of time to enjoy eating on their own, or they might need your help at every meal.

Actions to take

- Look at how well they can use and co-ordinate their hands.
- If they want to eat on their own, allow them lots of time as they may be slow.
- Make sure they drink enough fluids.
- Your patient might use specially designed cutlery or cups – an occupational therapist can advise on the best ones to use.
- Ask your patient if they have problems with chewing and swallowing, which could cause choking or breathing problems.

Swallowing and saliva problems

Many people with Parkinson's have trouble swallowing at some point during the course of the condition. Excess saliva is one of the first signs of a swallowing problem. This will happen because your patient can't close their lips properly, they find it hard to swallow regularly, or because they aren't sitting in a good position. Both of these can cause saliva to collect in the mouth, making it harder

to swallow. Your patient may also show signs of a swallowing problem if they:

- can't clear food from their mouth or if food sticks in their throat
- have pain or discomfort in their chest or throat
- have an unclear voice
- cough or choke on food, drink or saliva
- have trouble swallowing their medication
- have heartburn, acid reflux or lots of chest infections

Tests to assess the problem include a video examination (videofluoroscopy), a fiberoptic endoscopic examination of swallowing safety (FEES) or a laryngoscopy.

Actions to take

- Try making changes to the person's posture when they're eating or drinking – having their head tilted forwards will make it harder for food to go to the lungs.
- A speech and language therapist can help with exercises to strengthen the lip, tongue and throat muscles. They can also advise on ways to improve breathing techniques.



- A dietitian can advise on changes to the diet so that foods and liquids are easier and safer to swallow – avoid hard, dry or crumbly foods.
- Liquids may be thickened with powdered thickeners, milk powder, instant potato powder or plain yoghurt, as thicker liquids move more slowly and are easier to control.
- Make sure that medication is taken on time so your patient can swallow well at meal times.
- A doctor may inject botox (botulinum toxin) into the salivary glands to quickly reduce saliva.

For some people, these solutions will not be enough and a different feeding method might be needed. The Royal College of Physicians has a publication, *Oral feeding difficulties and dilemmas*, that you might want to read.

Weight loss

If your patient with Parkinson's leaves their food, it doesn't necessarily mean they're not hungry. They might need your help, or the food might have gone cold because it has taken them a long time to eat.

Actions to take

- A speech and language therapist or a dietitian can help with these issues. They can also advise you which foods and fluids are easiest for your patient to eat and drink and ways to thicken liquids to increase nutritional value.
- If your patient's dentures are loose and uncomfortable, they'll need to see a dentist.

Find out more: see our information sheet *Eating, swallowing and saliva control* and our booklet *Diet and Parkinson's*.

Falls

Problems with balance and posture are more common in older people with Parkinson's. A person with Parkinson's may walk very slowly, take small, unsteady steps and stoop forward, which makes them more likely to fall.

Also, look out for low blood pressure (hypotension) as this can make someone dizzy when they stand up, so they're more likely to fall over. As blood pressure can be difficult to regulate for people with Parkinson's, their balance may be affected and they may have a history of falls.

Action to take

- Your patient may benefit from physiotherapy.

Find out more: see our information sheet *Falls and Parkinson's*.

Pain

Uncontrollable muscle contraction (dystonia) is another problem of Parkinson's. It is very painful, like bad cramp, and hurts most when Parkinson's drugs are 'wearing off'.

Action to take

- Your patient with Parkinson's might take pain relief as part of their drugs regime. If they're not happy with what they take, or if pain relief needs to be added to their regime, initiate a review of their medication with their specialist or Parkinson's nurse.

Find out more: see our information sheet *Pain in Parkinson's*.



Sleep problems and tiredness

The most common sleep problems are pain and nightmares caused by Parkinson's medication. Parkinson's, or the medication that treats it, can cause vivid dreams or trouble sleeping. Not getting enough sleep can cause problems similar to the symptoms of depression. It can make someone with Parkinson's confused or irritated and can make it more likely that the person will experience hallucinations or delusions. Your patient's Parkinson's symptoms might get worse when they are tired.

Because your patient with Parkinson's might find it hard to turn over in bed, you should see if they need any care for pressure ulcers.

Restless legs can cause pain at night for people with Parkinson's. It can be caused by some Parkinson's drugs, drugs 'wearing off' or by restless legs syndrome. This is common in people without Parkinson's, but is found more often in people with the condition.



Ruth and Sheila

Your patient's Parkinson's symptoms might get worse when they are tired.

Actions to take

- Keep a call bell within their reach, so they know help is at hand at night when it's harder to move.
- They will need reassurance if they are experiencing nightmares. These can be very distressing.

Find out more: see our information sheets [Sleep and night-time problems in Parkinson's](#) and [Hallucinations and delusions in Parkinson's](#).

Personal hygiene

Your patient with Parkinson's may need more help with tasks such as cleaning their teeth and shaving. This is likely if they are less able to use their hands well. If they find it harder to move or stand up, make sure there is seating in the shower.

Going home

Your patient's return home should be planned on their admission to hospital. You may need to speak to a hospital social worker about the arrangements. An occupational therapist may visit your patient's home to see if there are any tasks that might be difficult on their return. It can be stressful to stay in hospital. It might take someone with Parkinson's longer to get over their treatment.

Treating Parkinson's

Drug treatments

Drugs are the main treatment to control Parkinson's symptoms. There are drugs that work by replacing or mimicking the actions of dopamine, the chemical that is in short supply in the brains of people with Parkinson's.

Find out more: see our booklet *Drug treatments for Parkinson's*.

Types of Parkinson's drugs

Your patient may be taking one or more of the following types of drugs. Some of these are available in generic form, as well as the branded options mentioned.

Levodopa

This replaces dopamine, the chemical that is missing from the brains of people with Parkinson's. Examples of branded drugs include Madopar®, Sinemet® and Duodopa® (intestinal gel). Generic versions of the tablets are available. These are called co-beneldopa (Madopar®) and co-careldopa (Sinemet®). These drugs contain chemicals that stop levodopa being changed to dopamine before it gets to the brain.

There are different forms of each drug. There is a dispersible form of Madopar that may be swallowed whole or dissolved in water. Note that Madopar capsules should NOT be broken. There is no dispersible Sinemet, but Sinemet tablets can be crushed. For details of controlled-release (CR) options, see our booklet, *Drug treatments for Parkinson's*.

For a small number of people with Parkinson's, food interferes with how well levodopa medication works, by stopping how well the drug is absorbed by the body.

If this affects one of your patients with Parkinson's, they might benefit from taking their medication at least 30 minutes before they eat. Talk to their Parkinson's specialist about this first.

Dopamine agonists (oral)

These work in a similar way to dopamine to improve movement symptoms. Examples include bromocriptine (Parlodel® or generic form), ropinirole (Requip®, Requip® XL or generic form), rotigotine (Neupro®), pramipexole (Mirapexin® or Mirapexin® PR), cabergoline (Cabaser® or generic form) and pergolide (Celance® or generic form).



Lisa, Dennis and Wendy

Dopamine agonists (injection or infusion pump)

Apomorphine (APO-go® or generic form) is given by injection or infusion pump. It is only helpful to people with Parkinson's who respond to Sinemet or Madopar. This medication can cause short-term nausea and sickness, so an anti-sickness drug called domperidone (Motilium®) will also be given for at least two weeks when it is started. Other anti-sickness drugs can make Parkinson's symptoms worse. See page 14 for details of drugs to avoid.

You should be trained how to administer this drug by an expert. There are two types of apomorphine for infusion (APO-go and a generic form). This means that there are two types of infusion pump that look very similar, but the settings on each are very different. Each must be used with the right type of apomorphine. Also, the syringes for the pumps look the same, but they will only fit correctly on their matching model. It can cause great harm if the correct pump, syringe and drug aren't used together.

Find out more: see our [information sheet Apomorphine](#).

Impulsive and compulsive behaviour is a side effect that affects some people taking dopamine agonists. It can also affect some people taking other Parkinson's drugs, including levodopa. See page 14 for more information.

Anticholinergics

These block acetylcholine (a chemical related to movement) in the brain. These drugs are not a standard or first choice treatment for Parkinson's. Examples include trihexyphenidyl/benzhexol (Broflex® or generic form), procyclidine (Kemadrin®, Arpicolin® or generic form) and orphenadrine (Disipal®, Biorphen® or generic form). Benzhexol, orphenadrine and procyclidine are available in liquid form.

Glutamate antagonist

Amantadine (Symmetrel®) is an anti-viral medicine that controls tremor and stiff muscles. Its action in Parkinson's was discovered by chance.

It's thought to increase dopamine in the brain. NHS guidelines say there's not enough evidence for it to be a first choice drug for the condition. It comes in capsule or syrup form.

COMT inhibitors

These are used with levodopa. By blocking the enzyme catechol-O-methyl transferase (COMT) they slow the natural breakdown of the drug levodopa to make sure it reaches the right part of the brain. This increases the amount of levodopa that the body can use. Examples include tolcapone (Tasmar®) and entacapone (Comtess®).

MAO-B inhibitors

These prevent the breakdown of dopamine in the brain by blocking the enzyme type MAO-B. Examples include selegiline (Eldepryl®, Zelapar® or generic form) and rasagiline (Azilect®). This drug is a stimulant, so it is taken in the morning so it doesn't disturb sleep.

Stalevo®

This is a combination drug therapy in one tablet. In addition to carbidopa and levodopa (active ingredients in Sinemet), Stalevo contains entacapone, a substance that enhances the benefits of levodopa.



Actions to take

- Make sure all staff are aware that your patient has Parkinson's and that drugs may have to be given outside of usual drug rounds.
- Make sure everyone knows how important the timing of Parkinson's medication is.
- If you have a self-medication policy in place and the person with Parkinson's meets the criteria, they should be allowed to administer their own medication.
- If your patient with Parkinson's can't swallow tablets, a liquid form of their Parkinson's drugs may be better. Speak to the person's Parkinson's specialist or your ward pharmacist about this.
- If your patient is fed by a tube, their medication should also be in liquid form. Speak to the patient's Parkinson's specialist about their drug routine before a feeding tube is fitted. Consult a pharmacist for other preparations of their drugs.
- It's important to note that it is dangerous to stop medication suddenly. If your patient is going to have an operation, the timing of their medication needs to be carefully planned. Think about how to give their Parkinson's medication so their drug routine is kept to before, during and after surgery. This should be discussed with an anaesthetist.
- Set up a Parkinson's UK training session for staff (see page 15).
- Order our Get It On Time resources to help with staff training and to remind staff how important it is for people with Parkinson's to get their drugs on time.

Find out more: order our DVD *Get It On Time – Medicine management for patients with Parkinson's* or view it at parkinsons.org.uk



“It is important that other people realise the ‘on/off’ nature of Parkinson's, otherwise they may not give the help needed because they believe the person with the condition is ‘putting it on’.”

Beryl, diagnosed in 1996

‘On’ and ‘off’

Some people with Parkinson's say they're ‘on’ when their drugs are working and their symptoms are mostly under control. If a person with Parkinson's goes ‘off’, their symptoms are not under control and it's harder to move. Some people may stop moving altogether. Someone with Parkinson's might change from ‘on’ to ‘off’ very quickly, like a switch.

‘Wearing off’

This is when someone's Parkinson's drugs wear off before it's time for the next dose.

Get It On Time

It's really important to make sure that people with Parkinson's take their drugs at the right time, every time. These times will change from person to person and may be different to ward drug rounds.

If people with Parkinson's are unable to take their Parkinson's medication at the right time, the balance of chemicals in their body can be severely disrupted. This leads to their Parkinson's becoming uncontrolled – increasing their care needs considerably. This will mean that staff will need to do more for the person with Parkinson's than would otherwise have been necessary. It can take someone with Parkinson's a long time to get back to normal after this. Understandably, your patient with Parkinson's may be very anxious about getting their drugs on time.

Side effects

We cannot list the side effects of all Parkinson's drugs, but some of the drugs used to treat Parkinson's can cause problems with behaviour, thinking and memory. It may not be obvious that these problems are the result of medication.

Impulsive and compulsive behaviour

This is a side effect that affects some people taking dopamine agonists. However, it can affect people taking other Parkinson's drugs too, including levodopa.

Impulsive behaviour is when a person can't resist the temptation to carry out certain activities that could lead them to harm themselves or others. This includes a strong urge to gamble, shop or binge-eat. Some people with Parkinson's experience hypersexuality, where they become so preoccupied with sex that it can cause problems with their work or personal life.

Compulsive behaviour is when a person has an overwhelming drive or urge to act in a certain way, often repetitively, to reduce the worry or tension that they get from their drive or urge. This can include collecting, sorting and organising objects.

In a lot of cases, this behaviour is out of character. Impulsive and compulsive behaviour has a devastating effect on people with Parkinson's and those around them. Healthcare professionals need to:

- make sure that people with Parkinson's and their families know about drug side effects and understand that these can be managed (they can then get help quicker)
- discuss behavioural changes at each medical review
- listen to family members, friends and carers when they're worried about someone with Parkinson's
- ask the patient's Parkinson's specialist to review their medication if you think they're taking too much of their medicine on purpose – this could be a sign of drug-related compulsive behaviour
- visit our website – parkinsons.org.uk – to keep up to date with research news

- if you suspect a severe drug reaction, report it to the Medicines and Healthcare products Regulatory Agency (MHRA) using their yellow card reporting scheme – call **020 3080 6000** or visit mhra.gov.uk

Confusion and hallucinations

Your patient may experience confusion or hallucinations, where they see, hear, feel or taste things that aren't there. Your patient may not report them as problems, as they seem very real to them. It is important that you tell your patient's specialist or Parkinson's nurse if you suspect that your patient has these side effects.

Find out more: see our information sheets *Impulsive and compulsive behaviour in Parkinson's* and *Hallucinations and delusions in Parkinson's*.

Drugs to avoid

Some drugs can bring on Parkinson's-like symptoms and should be avoided, unless they're recommended by a specialist.

These are some (but not all) of the drugs to avoid:

- Chlorpromazine (Largactil®)
- Fluphenazine (Modecate®)
- Fluphenazine with nortriptyline (Motival®)
- Perphenazine (Fentazin®/ Triptafen®)
- Trifluoperazine (Stelazine®)
- Flupenthixol (Fluanxol®/Depixol®)
- Haloperidol (Serenace®/Haldol®)
- Metoclopramide (Maxolon®)
- Prochlorperazine (Stemetil®)

Domperidone (Motilium®) is the anti-sickness drug of choice to prevent and treat nausea and vomiting caused by levodopa. Other anti-sickness drugs that are generally considered useful include cyclizine (Valoid®) and 5-HT₃ receptor antagonists like ondansetron.

Find out more: see our booklet *Drug treatments for Parkinson's*.

Surgery

Surgery is a treatment option for a small number of people whose symptoms aren't controlled by drugs. The most common form of surgery is deep brain stimulation, and if your patient has been through this procedure, you will need to be aware of how this works and how your patient controls their symptoms. You may wish to talk about this with your patient's specialist or Parkinson's nurse.

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

Parkinson's nurses

Parkinson's nurses make sure that people with Parkinson's have a range of care and support. A Parkinson's nurse can inform and educate people with Parkinson's and people who care

for them, including ward staff. They may work across GP surgeries or a local area. Unfortunately not all areas have a Parkinson's nurse. Ask your patient's GP or Parkinson's specialist, or call our helpline to see if there is a Parkinson's nurse near you.

Training

Parkinson's UK runs courses and seminars for ward staff. These cover the symptoms, medication, side effects and myths about Parkinson's, and how to look after people with the condition. To find out more, see our website: parkinsons.org.uk/education

Find out more: see our information sheets *Parkinson's and hospital stays* and *Going into hospital*.



Sally and Atalie

Checklist for caring for your patient with Parkinson's

- Remember that how the condition affects your patient can vary from hour to hour and day to day. The amount of help and support you give them will need to vary, too.
- Taking medication at exactly the right time is crucial for people with Parkinson's. Make sure you give Parkinson's medication on time, every time.
- People with Parkinson's should have regular medical reviews by a specialist and access to any therapy support they need.
- Parkinson's affects everyone in different ways. Listen to the person with Parkinson's and their family about how the condition affects them.
- Make sure that your patient has access to a varied and balanced diet during their time in hospital, and remember to take account of any swallowing or movement problems that could stop them from getting the nutrients they need.
- Give your patient time to answer when you talk to them. It may take them time to respond, but this doesn't mean they are not listening or don't understand.

Caring for your patient with Parkinson's

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!

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

What aspects did you find most helpful?

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

Do you have any other comments?

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

I'm interested in (please tick):

- Parkinson's UK membership
- Information Review Group for health and social care professionals
(who give us feedback on new and updated resources)
- Professionals' Network (for all the latest Parkinson's information tailored to your professional needs)

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

Dr J V Hindle, Senior Clinical Lecturer in Neurodegenerative Diseases, School of Medical Sciences, University of Bangor and Consultant Physician, Care of the Elderly, Llandudno Hospital

Samantha Pavey, MSA Nurse Specialist, The Multiple System Atrophy Trust

Claire Naisbitt, Staff Nurse, Neurosciences, The James Cook University Hospital, Middlesbrough

Zenita Cowen, Parkinson's Disease Nurse Specialist, The James Cook University Hospital, Middlesbrough

Joanna Holland, Staff Nurse, Theatres, Brighton and Sussex University Hospitals NHS Trust

Caroline Pollington, Practice Educator, Neurology, St. George's Hospital

Tina Hoyle, Clinical Nurse Specialist in Rehabilitation for Older People, Geriatric Department, St George's Healthcare NHS Trust

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

Parkinson's UK makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts.

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.

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 December 2010. Next update available December 2012.

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