When caring for someone with Parkinson’s Disease if there is a change in their condition it can leave you feeling unsure of what to do and when it may be necessary to contact someone. This leaflet has been written to help Patient’s, relatives, Carers and other Health Professionals in giving information of various complications and what to do.

### Sudden Deterioration of Parkinson's Symptoms.

People with Parkinson’s disease sometimes experience a worsening of their symptoms. It is unusual for a rapid deterioration to be caused by the Parkinson’s disease alone, often there are other reasons.

**IF THE PATIENT IS CLEARLY VERY I.E. EXTREMELY BREATHLESS, LOSING CONSCIOUSNESS OR IN CONSIDERABLE PAIN SEEK MEDICAL HELP OR DIAL 999 IMMEDIATELY.**

### Has the Patient's anti-Parkinson's Treatment recently changed?

**Common side effects are:**
- Nausea and vomiting
- Feeling dizzy or light headed (may be due to low blood pressure)
- Feeling tired and sleeping excessively during the day.
- Involuntary movements (termed as dyskinesia)
- Confusion
- Hallucinations (seeing things that are not there.)

**Ensure all medication is given at the times recommended, if you are not sure of these times please phone your Parkinson’s Specialist Nurse.**

If you suspect a change of Medication has caused the Patient to feel unwell contact the Parkinson’s Nurse, GP, Neurologist Pharmacist or the Parkinson’s UK helpline to discuss the issue NEVER STOP PD MEDICATION ABRUPTLY WITHOUT DISCUSSING IT WITH A HEALTH CARE PROFESSIONAL. Drug information can be found in the PD UK booklet that can be accessed through PDUK website or from Specialist Nurses (PTO for contact numbers)

### Could the person have a Urinary Tract infection (UTI)

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| UTI’s can cause a worsening of PD symptoms and even cause hallucinations or confusion in some people. | Symptoms of urine infection can include:  
* Passing urine more often  
* Discoloured or cloudy urine (some drugs used to treat PD may make urine darker or orange)  
* Unpleasant smelling urine  
* Pain on passing urine  
* Passing blood in your urine  
* Abdominal or back pain  
* Generally feeling unwell  
* Raised temperature or feeling feverish. | If a urine infection is suspected, seek advice from your GP. If the patient is known to District Nurses you could also tell them. A sample of urine may be required for testing. Antibiotics are usually effective.  
If symptoms persist once an antibiotic course has finished, it may be necessary to request that the urine is re-tested. |

### Could the person have a chest infection?

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| Chest infections may also worsen Parkinson’s symptoms | Symptoms include:  
* Persistent chesty cough  
* Feeling breathless or wheezy  
* Coughing up yellow or green phlegm  
* Chest pain  
* Raised temperature or feeling feverish.  
* Generally feeling unwell. | If a chest infection is suspected, seek advice at your GP’s surgery. Not all infections require antibiotics and mild infections usually resolve themselves in around 3 weeks. If you are having problems with swallowing, this might be a cause of the chest infection. Please inform your PD Nurse or Neurologist if you suspect this is the case. |

### Could the person have any other infection?

Other infections can cause temporary worsening of your PD symptoms.

If symptoms persist once an antibiotic course has finished, it may be necessary to request that the urine is re-tested.

### Could the person be Dehydrated?

Dehydration is common in the general population. Sometimes if severe this can make your Parkinson’s worse. You should aim to drink 6-8 glasses (2 litres) of fluid a day, possibly more in hot weather or if you are ill with diarrhoea etc.

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| Symptoms of mild dehydration include:  
* Thirst  
* Dizziness or light-headedness  
* Headache  
* Tiredness  
* Dry mouth, lips and eyes  
* Concentrated urine (dark yellow)  
* Passing only small amounts of urine infrequently (less than three or four times a day) | If infection is suspected, seek advice from the GP. You will need to rest and drink plenty of fluids. Regular Paracetamol (max 4g a day) should help to treat fever and any aches and pains you may have. |

Severe dehydration is a serious condition; you will need to seek medical help quickly as you may require admission to hospital for an intra-venous drip.
Could the Person be constipated?

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| Constipation is common in the general population particularly as we age. Mild constipation is not uncommon in PD and it could result in a worsening of your PD. Constipation can usually be managed by a healthy diet with plenty of dietary fibre, fluids and exercise. Sometimes laxatives may be required: see the Parkinson’s UK fact sheet ‘Looking after your bladder and bowels’ for further information. Chronic constipation can increase the risk of faecal impaction (where dried, hard stools collect in your rectum and anus). Once you have faecal impaction, it is very unlikely that you will be able to get rid of the stools naturally. Faecal impaction worsens constipation because it makes it harder for stools and waste products to pass out of your anus as the path is obstructed. If you experience faecal impaction, it can lead to a number of other complications. | Possible complications of constipation include:  
* Swelling of the rectum  
* Losing sensation in and around your anus  
* Faecal incontinence, when you uncontrollably leak soft or liquid stools  
* Bleeding from your anus  
* Rectal prolapse, when part of your lower intestine falls out of place and protrudes from your anus | The leaking of liquid stools is sometimes mistaken for diarrhoea and any treatments for diarrhoea will only make the problem worse. If you suspect faecal impaction and laxatives have not helped, suppositories or enemas will be required. You may need to contact your surgery and ask for a District Nurse to help you administer these if you are unable to do so. You will also need to see your GP or district nurse if the impaction doesn’t resolve or if you feel unwell. |

**Once the underlying cause for the deterioration of your Parkinson’s Symptoms has been successfully treated the Parkinson’s should return to how it was in a few weeks. If after four weeks your Parkinson’s is still causing concern please contact your Parkinson’s Nurse for a review.**

**Further information and support**

- Out of Hours Doctors (via the number on your GP telephone service)
- Parkinson’s UK free helpline 0808 800 0303 Mon-Fri 9am-8pm and Sat 10am-2pm
- NHS Choices Website [http://www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx)
- NHS Direct: Tel: **111** - You should use the NHS 111 service if you urgently need medical help or advice but it’s not a life-threatening situation
- Coventry & Warwickshire Regional Parkinson’s Service Website: [www.uhcw.nhs.uk/parkinsons](http://www.uhcw.nhs.uk/parkinsons)

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