Top 10 Causes of Sudden* Deterioration in Parkinson's Disease

1. Constipation
2. Illness / Surgery / Infection i.e. chest, urinary tract, influenza
3. Stress Related Episode
4. Dehydration
5. Withdrawal / Change in Medication / Non-compliance
6. Use of Neuroleptics or other Contra-Indicated Drugs
7. Depression
8. Acute / Chronic Pain
9. Anxiety, Panic Attacks
10. Poor Sleep / Lack of Sleep

* Sudden – meaning over the course of a few days or even a few weeks

All of these could potentially cause an increase in:

1. Tremor
2. Stiffness in Muscles
3. Slowness in Moving / Difficulty in Walking
4. Poor Balance / Falls
5. Freezing of Gait
6. Dyskinesia (involuntary movements)
7. Confusion/Delirium
8. Hallucinations
9. Daytime Sleepiness

...and the patient will get back to Baseline

There is usually no need to adjust the Parkinson's Medication unless absolutely necessary. Discuss with local Parkinson's Specialist Team
The Management of Parkinson's Disease
Pharmacological Approach
2nd Edition

Devised by Prof.
Timothy Lynch and
Mr. Brian Magennis,
PD Nurse Specialist,
Mater Misericordiae
University Hospital.

Provide education upon
diagnosis and monitor for
functional impairment or
failure to cope. Consider
referral to consultant
Neurologist or Geriatrician
with an interest in PD on
suspicions of diagnosis.

Monitor for 2 or more cardinal signs
affecting daily function or psychological
impact - Rest Tremor, Rigidity,
Bradykinesia, Poor Balance, Freezing of
Gait, Stooped Posture and Gait
Disturbance. When commencing
medication consideration of patient's
age, lifestyle, personal preference, and
circumstances are essential.

**Levodopa +/- Entacapone
(Q.D.S. Recommended)

Medications may be
adjusted, added or
removed from an
individual's regime
throughout the course
of the disease.

Tolcapone protocol
must be followed.
Prescription indicated if
patient is unresponsive
to entacapone.
Liver function tests
every 2 weeks.

The following options can be
added in during treatment

Amantadine
(Dyskinesia, tremor, rigidity)
Diazepam
(Anti-anxiety, sedation)
Akineton/Kemadrin***
(Predominant tremor)
Laxatives/High Fibre Diet
(Constipation)
Modafinil
(Daytime sleepiness)
Anti-depressants SSRI's / SNRI's
(Adjusting mood)
Quetiapine / Clozapine
(Adjunct therapy)
Acetylcholinesterase inhibitor /
memantine
(Cognitive impairment/dementia)
Clonazepam
(REM sleep behavior disorder)

*Caution: monitor for cardiac valve fibrosis (Caberisone and Pergolide)
**Take half an hour before food if tolerated
***Caution in elderly or cognitively impaired
#Watch for ankle and leg swelling, leg rash, hallucinations and postural hypotension
---Unified Parkinson's Disease Rating Scale

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