

The Medical Minute: Parkinson's is a disabling disease among elderly

March 3 2010, By Xuemei Huang

Parkinson's disease is a common neurological disorder in the elderly, and the number of affected people is expected to increase as the population ages over the next decades.

The most common primary symptoms of Parkinson's disease include shakes of the hands, arms, legs and jaw; stiffness of the limbs and trunk; slowness of movement; and impaired balance and coordination.

There also are many secondary symptoms of Parkinson's disease. These include speech changes, loss of facial expression, smaller, cramped handwriting, difficulty swallowing, drooling, fatigue and aching, sleep disturbances, constipation, depression, fear or anxiety, memory difficulties and slowed thinking, and sexual and urinary problems.

The symptoms vary from patient to patient, and not everyone is affected by all of them. The disease persists over a long period of time, and its symptoms generally grow worse over time if untreated. In some people, the disease progresses quickly; in others it does not. Why an individual develops Parkinson's disease remains unknown. The causes likely include both genetic and environmental factors.

Parkinson's disease occurs when a group of cells that produce a chemical called [dopamine](#) -- located in an area of the brain called the substantia nigra -- begin to malfunction and eventually die. Dopamine is a [chemical messenger](#) that transports signals to the parts of the brain that control movement.

The main stream of treatment for Parkinson's disease is to use medications that could enhance dopamine function in the brain. The most commonly used drugs to achieve this are levodopa (sold under the brand name Sinemet, Stalevo, and Parcopa) - a substance that is converted into dopamine in the brain; COMT (Catechol O-methyltransferase) inhibitors such as Comtan or Tasma - a substance that can make levodopa last longer; and dopamine agonists such as Mirapex or Requip - a group of medications that mimic dopamine functions in the brain. There are a number of other kinds of drugs that are also used in treating Parkinson's disease.

The degree of success of each treatment varies among individuals, as does the length of time the treatment option remains effective. The side effects caused by Parkinson's medications also vary from patient to patient. Medication therapy should be closely guided and monitored by the patient's neurologist, preferably one who specializes in treating Parkinson's disease.

Surgery is an option for patients to explore after they have had experience with medications and are no longer satisfied with the results. In recent years a procedure called deep brain stimulation (DBS), a safer and more effective surgery, has replaced older lesion procedures. DBS also leaves open the possibility of other therapies, should they become available in the future. As with any surgical procedure, there are risks and side effects. A person should discuss surgery thoroughly with his or her neurologist before making any decision.

A neurologist can most effectively help a Parkinson's patient if the neurologist and the patient have a good working relationship. Doctors can provide a wealth of information and suggestions for improving quality of life.

Treating [Parkinson's disease](#), however, is not exclusively the doctor's

job; there is much the individual can do to stay as well as possible for as long as possible. Regular exercise, being part of a support group, maintaining a healthy diet and wellbeing practice are some of the things you might consider. Other medical specialists such as physical, speech and occupational therapists can also help Parkinson's patients control their symptoms and make daily life easier.

Provided by Pennsylvania State University

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