

# PARKINSON DISEASE

VISUAL SUMMARY OF RECOMMENDATIONS FROM THE **CANADIAN GUIDELINE FOR PARKINSON DISEASE, 2ND ED**

## COMMUNICATION

- People with Parkinson disease should be encouraged to participate in choices about their own care.
- Communication should be in verbal and written form.
- Discussions should aim to achieve a balance between providing realistic information and promoting optimism.
- Families and caregivers should be informed about the condition and available support services.



## DIAGNOSIS AND PROGRESSION

- Parkinson disease should be suspected in anyone with tremor, stiffness, slowness, balance problems or gait disorders.
- CT or MRI brain scanning should not be routinely used to diagnose Parkinson disease.
- Patients, especially young, who request genetic testing should be assessed by a movement disorders specialist.
- No therapies are effective for slowing or stopping brain degeneration in Parkinson disease.



## PALLIATIVE CARE

- The palliative care needs of people with Parkinson disease should be considered throughout all phases of the disease.
- If the patient asks, the option of medical assistance in dying should be discussed.



## TREATMENT

- Levodopa is the most effective medication and may be used early.
- A regular exercise regimen begun early has proven benefit.
- Patients with possible diagnosis of Parkinson disease may benefit from a trial of dopamine replacement therapy to help with diagnosis.
- Impulse control disorders can develop on dopaminergic therapy at any stage in the disease but are more common in patients on dopamine agonists.
- Deep brain stimulation and gel infusion are now routinely used to manage motor symptoms.
- Rehabilitation therapists experienced with Parkinson disease can help newly diagnosed patients, and others through all stages.



## NONMOTOR FEATURES

- Botulinum toxin A helps control drooling.
- Drug therapy for low blood pressure includes midodrine, fludrocortisone and domperidone.
- Management of depression should be tailored to the individual and their current therapy.
- Dementia should not exclude a diagnosis of Parkinson disease, even if present early.
- Rapid eye movement sleep behaviour disorder can pre-date the diagnosis of Parkinson disease.