

# Perceiving Parkinson's

## Synopsis - The Myriad Diverse Symptoms In Parkinson's (Day 66)

Parkinson's is clearly one of the most diverse conditions known to mankind. It's time to recap the symptoms and their conventional treatments.

### (1) The Patient's Story

Every person with Parkinson's has a **story** to tell, a story with **two phases** - the pre-diagnosis phase, in which Parkinson's creeps up on a person in a slow and subtle manner, and the post-diagnosis phase, in which the person chooses how to respond to their Parkinson's. Nobody chooses how their Parkinson's announces itself, but everybody can choose **how they respond** to that announcement.

### (2) The Neurologist's Assessment

Despite the inherent uncertainty associated with the long-term prognosis of Parkinson's, **quality of life can remain high for many years and life expectancy is essentially normal**. How successfully a person achieves such a high quality, long life largely depends on how much they learn about their Parkinson's, and act on that knowledge.

### (3) Troublesome Motor Symptoms

Clearly, there are a lot of motor symptoms that may occur in Parkinson's. Thankfully, unlike many other neurodegenerative conditions, there are oral medications that can **improve** the motor symptoms in Parkinson's.

### (4) Dopaminergic Oral Medications

Many dopaminergic oral medications may be used in Parkinson's. Levodopa is the gold standard, but there are many options and it may not be necessary to go straight to levodopa. Remember, it's **your decision** regarding if, when, and what medication should be started.

### (5) Autonomic Dysfunction In Parkinson's

If you suffer from postural hypotension, lost urinary control, erectile dysfunction, or excessive sweating, make sure your levodopa cover is optimal and **try the strategies** outlined earlier.

### (6) Enteric Dysfunction In Parkinson's

If you suffer from significant difficulty swallowing, drooling, postprandial bloating, or constipation, make sure your levodopa cover is optimal and **try the strategies** outlined earlier.

### **(7) Mood Disorders In Parkinson's**

Clinically significant depression and anxiety are not mere mood disturbances but **medical illnesses** that occur as part of the condition that is Parkinson's; if they are not treated, management strategies for all remaining symptoms of Parkinson's will be compromised. Since mood disorders are treatable, if you need help, **seek it**.

### **(8) Sleep Disruption In Parkinson's**

Insomnia is particularly common in Parkinson's and best managed by optimizing sleep hygiene and treating excessive "off" periods, and possibly by using a medication for sleep. If your sleep is not ideal, identify which form of sleep disruption you have and do all you can to **improve it**.

### **(9) Pain In Parkinson's**

Pain in Parkinson's is often secondary to the Parkinson's itself, and nothing else. Thus, the best way to manage pain in Parkinson's is to increase the dosing or improve the timing of the dopaminergic oral medications, particularly levodopa - in other words, **just treat the Parkinson's**.

### **(10) Cognitive Difficulties In Parkinson's**

In a person with Parkinson's as well as dementia or psychosis, it is imperative to **exclude reversible sources** for the dementia or psychosis. If a reversible source is found, its removal can result in a drastic reduction or elimination of the cognitive difficulties.

Nobody chooses to have Parkinson's, yet everybody has the power to choose how they manage their Parkinson's. **You are not powerless; don't ever believe that you are**. There are many management options out there, yet some people either don't know they have a certain symptom, don't know what the management options are, or if they do know these things, don't know how to act on them.

How to do so? Here is one method:

(1) First, sit down and **list the motor and nonmotor symptoms that afflict you**, from the most to least bothersome; you may not have previously realized that some problems, such as depression or pain, are in fact manifestations of the Parkinson's.

(2) Second, peruse the previous emails in the series and **list each of the treatment options** for each symptom. This includes treatments you are already on, such as levodopa, that could be improved in terms of dosing or timing, and it also includes treatments you may not have yet tried.

(3) Third, circle the options that interest you the most **and act on them**. Some you can do right now, some will require help from other people, such as your neurologist. Yet they are all actionable.

It's a step-wise process - (1) **understand** your Parkinson's, (2) **learn** about the treatments available to you right now, (3) **act** on the treatments that interest you.

The conventional treatments we've discussed so far can make you feel a lot better. Despite this, we cannot avoid one inescapable truth, which is that conventional medical therapies merely **mask the symptoms** of Parkinson's. Recall that dopaminergic oral medications prolong, mimic, or replace the body's dopamine, but **at no point do they stop or even slow down the Parkinson's**. To really stop or slow down Parkinson's, we need more than a symptomatic therapy - we need a disease-modifying therapy that stops or slows the neuron-killing process in Parkinson's, one that somehow **protects neurons throughout the body**, especially the neurons lost in Parkinson's.

Perhaps such a disease-modifying therapy is sitting in front of us.

The ancient Greek physician Hippocrates once stated "Let food be thy medicine and medicine be thy food." Unlike medical therapies, **diet is essential for life** - many people live their lives without taking any regular medications, but nobody can live a full life without the nourishment and sustenance of food.

Diet, health, and disease are **inseparable from each other**, a fact that is constantly downplayed in the modern era of medication-based medicine. Yet harmful changes to diet over the past century play a major role in the epic rise of the so-called "lifestyle diseases" that plague humanity - conditions such as obesity, diabetes, heart attacks, and strokes. If so, it logically follows that **beneficial changes in diet should be able to stop or slow down these conditions**, and many emerging studies are beginning to support this assertion. Unfortunately, well-conducted studies on the effects of diet in Parkinson's are still virtually non-existent.

We have the potential to **change that**.

To **discover the right dietary therapy in Parkinson's**, from June-August 2017 the Waikato Hospital Neurology Department will be running a randomized controlled study on the effects of diet in Parkinson's. We will be sending out a **recruitment email tomorrow** to see how many people are interested in joining us for the study. We've been working extremely hard to get **something special ready for you** with this study, so I hope that many of you will be eager to join us...

Regarding the email series, still more to come!

Matt (Neurologist, Waikato Hospital).