

PrescQIPP Parkinson's webinar 1:

Diagnosis and early management

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Anna Delf



Viv Horton



Disclosures

- Neurology Academy, Bial
- PDSPN meeting sponsorship from
 - Abbvie
 - Bial
 - Brittanica
 - Ethypharm
 - EverProfile
 - Merz
 - UCB

Learning Outcome

Incidence and prevalence

Diagnostic criteria

Differential diagnosis

Initial management options

Consultation skills

Tips for self-management

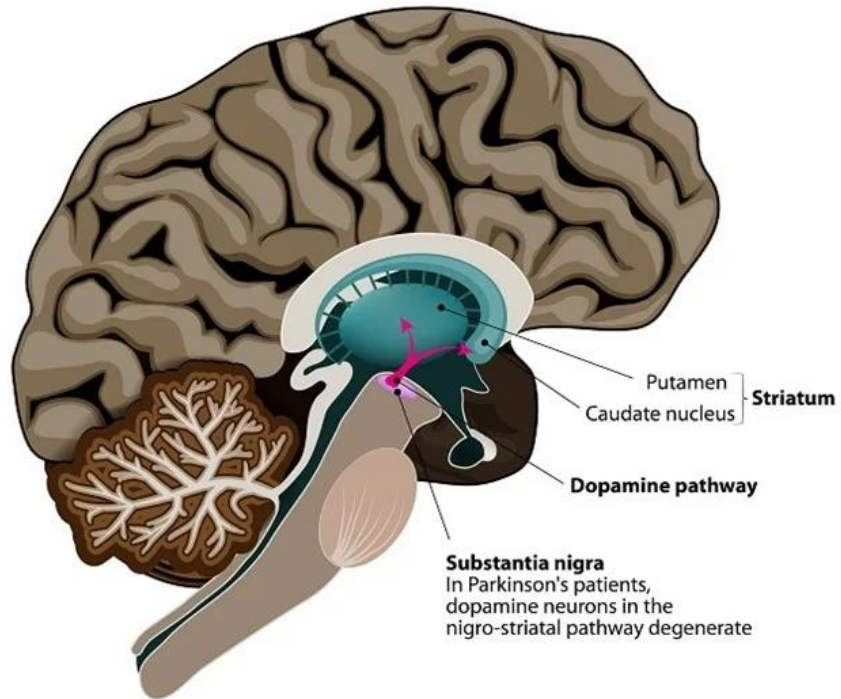
Scale of the problem

- Parkinson's is
 - Common
 - Costly
 - Complicated

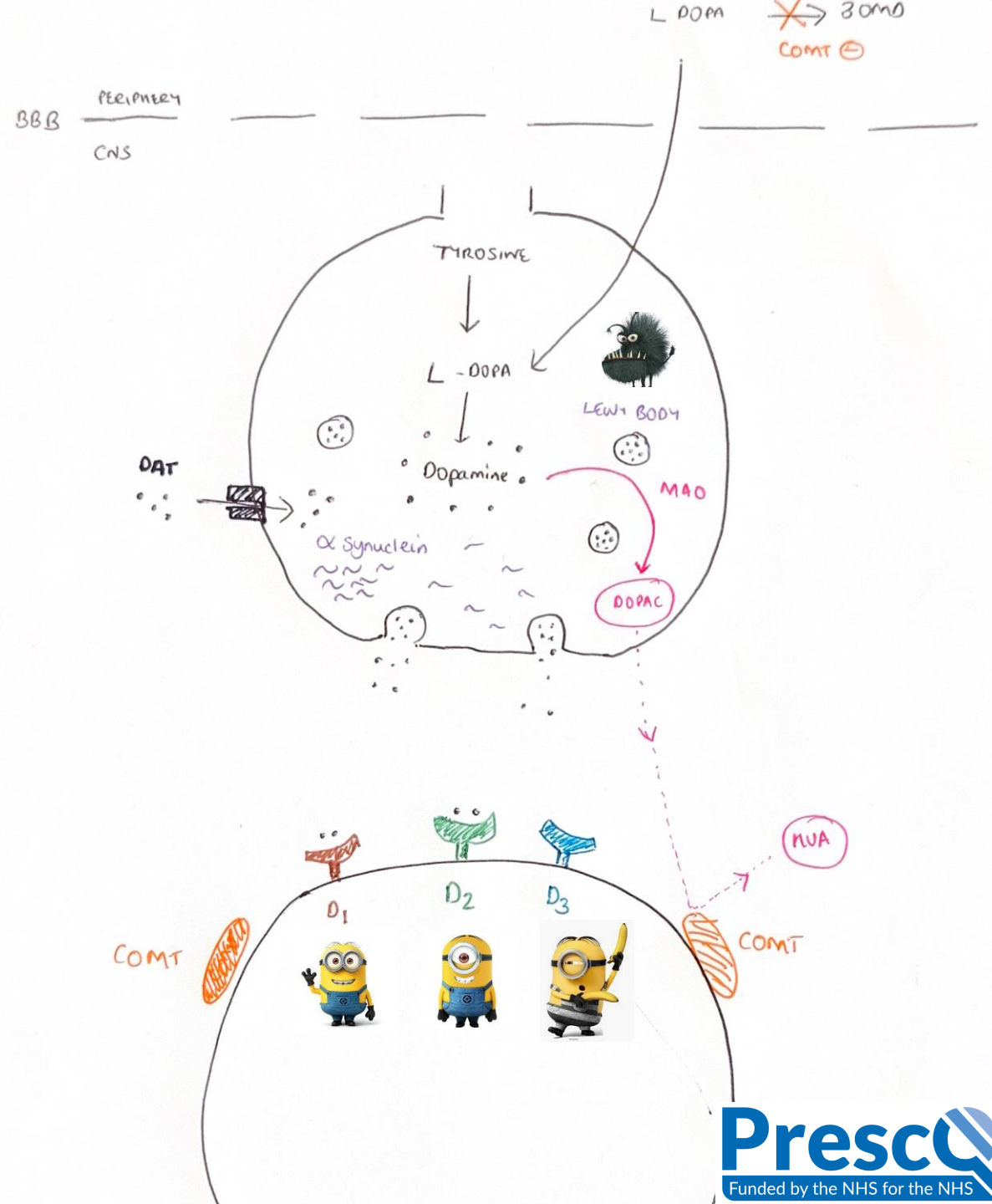


Pathophysiology

PARKINSON'S DISEASE



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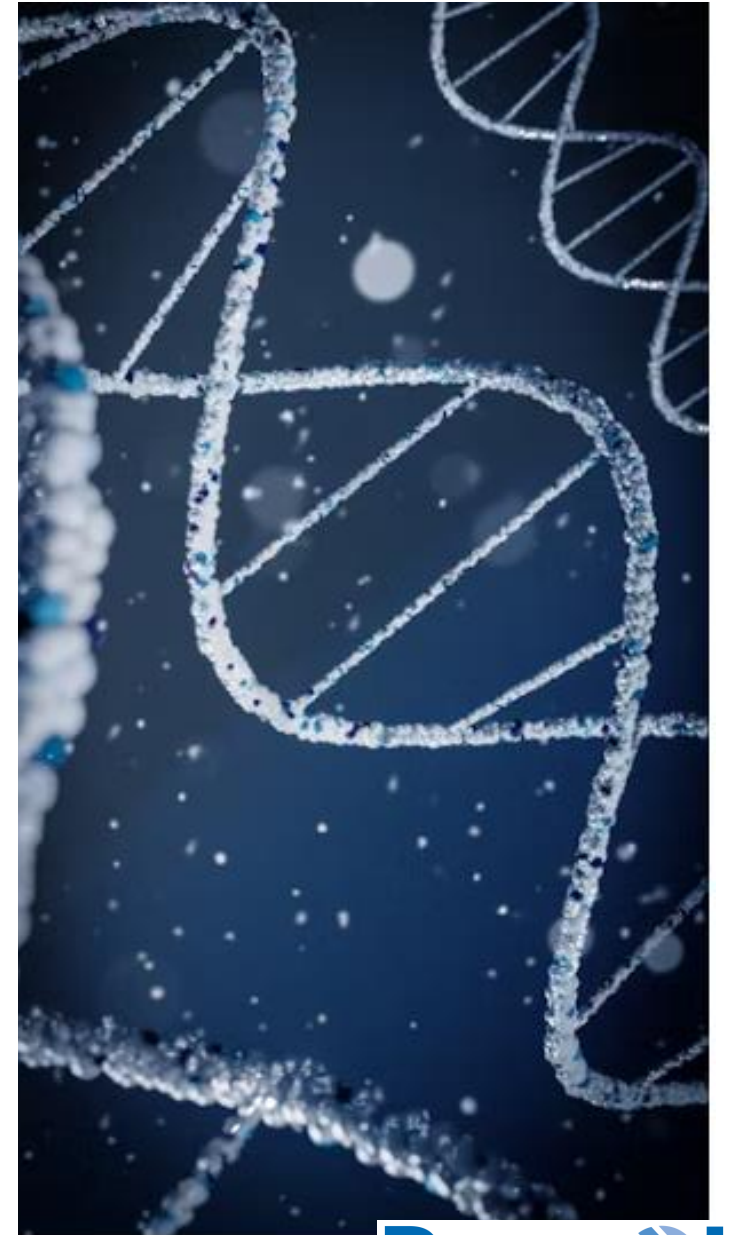


What Causes Parkinson's Disease?

Most cases idiopathic

Genetic

- Only a **small number** of cases are hereditary
- Certain **gene mutations increase risk**, but not all carriers develop the disease
- **Younger-onset** Parkinson's stronger genetic link



What Causes Parkinson's Disease?

- **Environmental Factors:**
- **Traumatic brain injury**
→ small long-term increase in risk
- **Exposure to pesticides/herbicides**
→ possible link (research ongoing)
- Some **viral/bacterial infections** may contribute



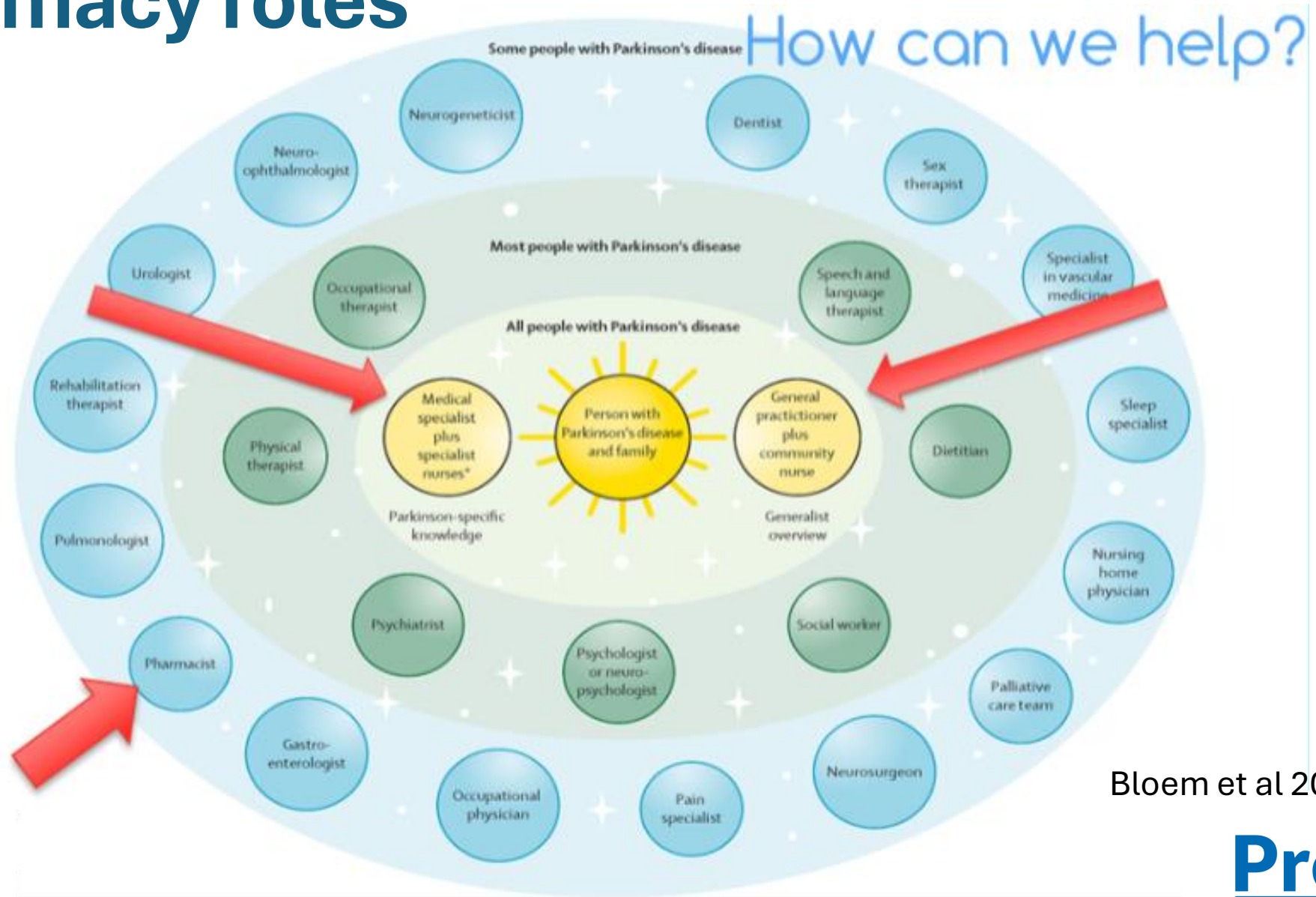
What Causes Parkinson's Disease

Lifestyle Factors:

- **Caffeine and smoking** → may *reduce* risk (mechanism unclear)
- **Statin use** → some studies suggest lower risk
- **Regular exercise** → Associated with *reduced* risk



Pharmacy roles

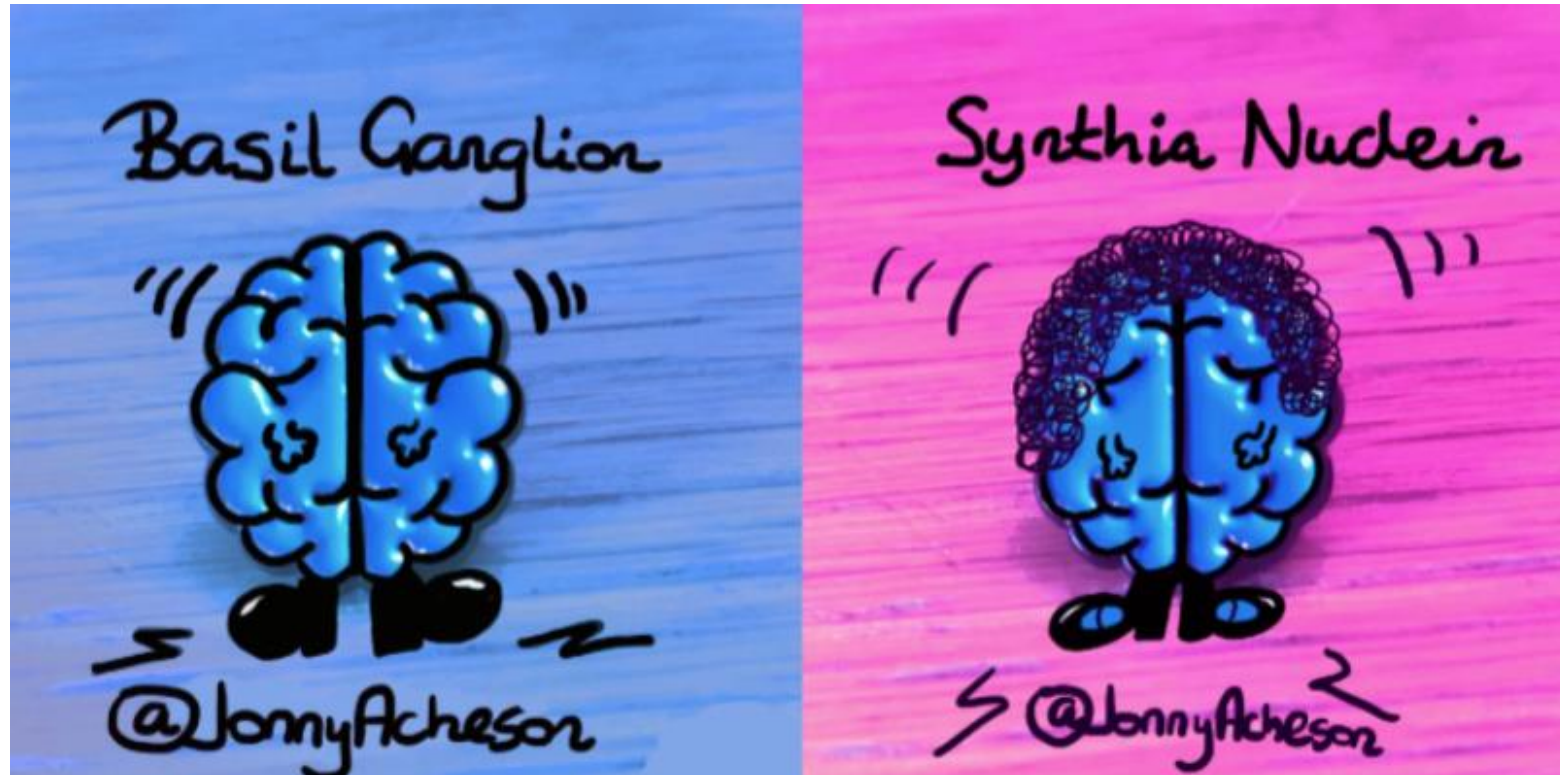


Bloem et al 2021

Parkinson's Journey



Diagnosis – what would you expect?



Referral

Referral



Kindly review

Slowed up
Rest tremor
Intention('al') tremor
Balance
Falls
Stiff

History and Examination

- Medical history
- Neurological examination
 - **Bradykinesia**, rigidity and/or tremor, (postural instability)



Red flags



Early hallucinations or cognitive decline

Early falls, 'plonking', 'rocket', sunglasses, reduced/absent eye movements

Early autonomic symptoms – orthostatic hypotension, erectile dysfunction, bladder disturbance, odd nocturnal breathing

Meds – dopamine blockers, metoclopramide, prochlorperazine, antipsychotics



Green Flags

Bradykinesia

Gradual onset – asymmetrical

Motor clues – difficulty turning in bed, shuffling gait, reduced arm swing

Non motor clues – loss of smell, depression, constipation, dream enactment/sleep fragmentation, urinary urgency/nocturia

Tremor

Red flag



Fine

On action

Symmetrical

Head – ‘yes-yes’, ‘no-no’

Improved with alcohol

Green flag



Coarse

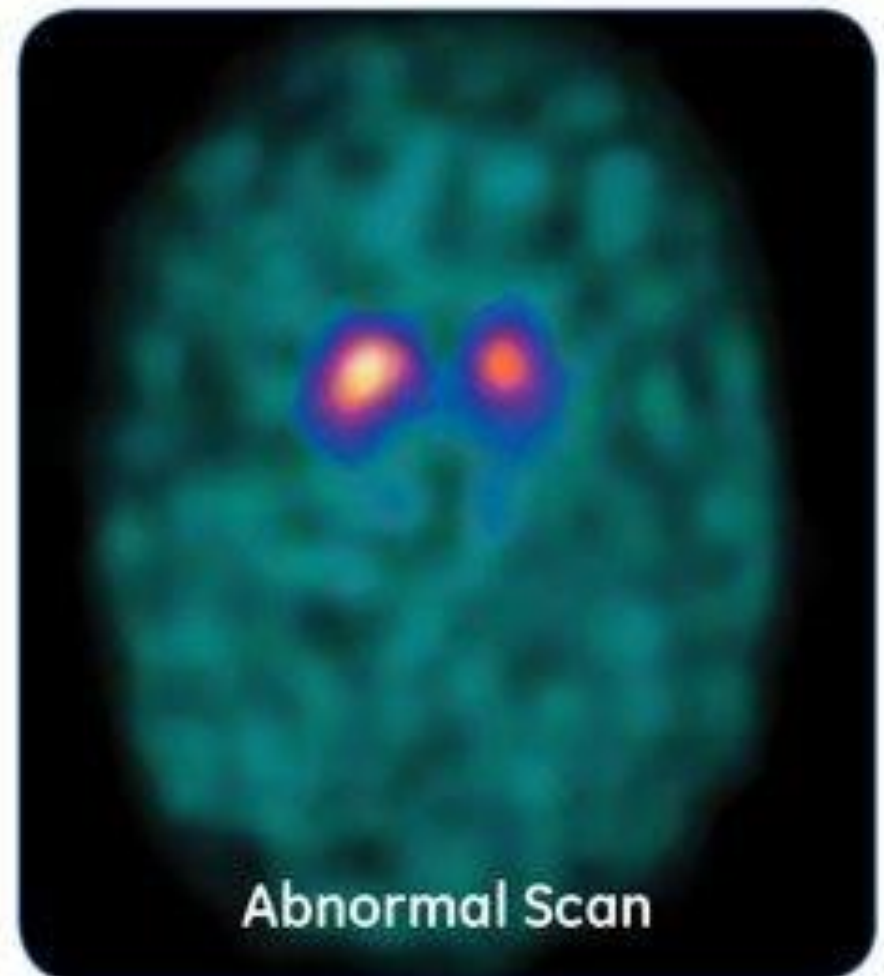
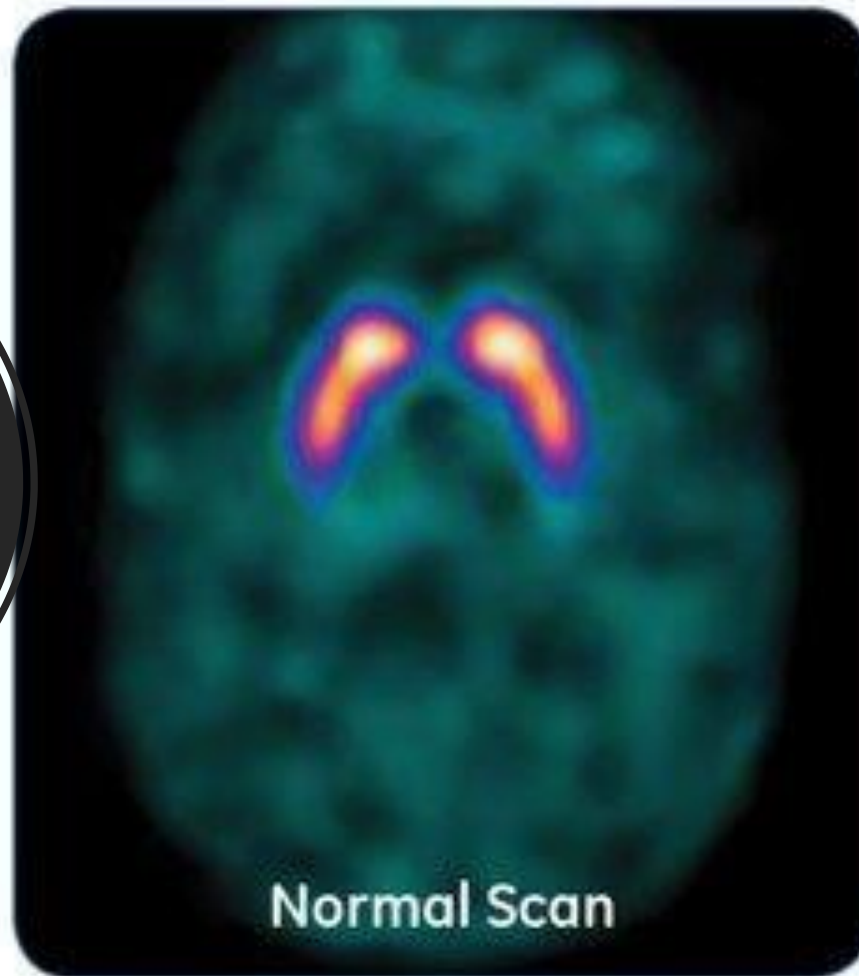
At rest

Re emergent on changing posture

Asymmetrical

Arms, legs, jaw

Brain scan -
an exception!



Diagnostic Conversation

- Build rapport
- Clinical diagnosis
- Ongoing follow up
- Written information to follow
- Explain follow up and safety netting

Rapport builds relationships



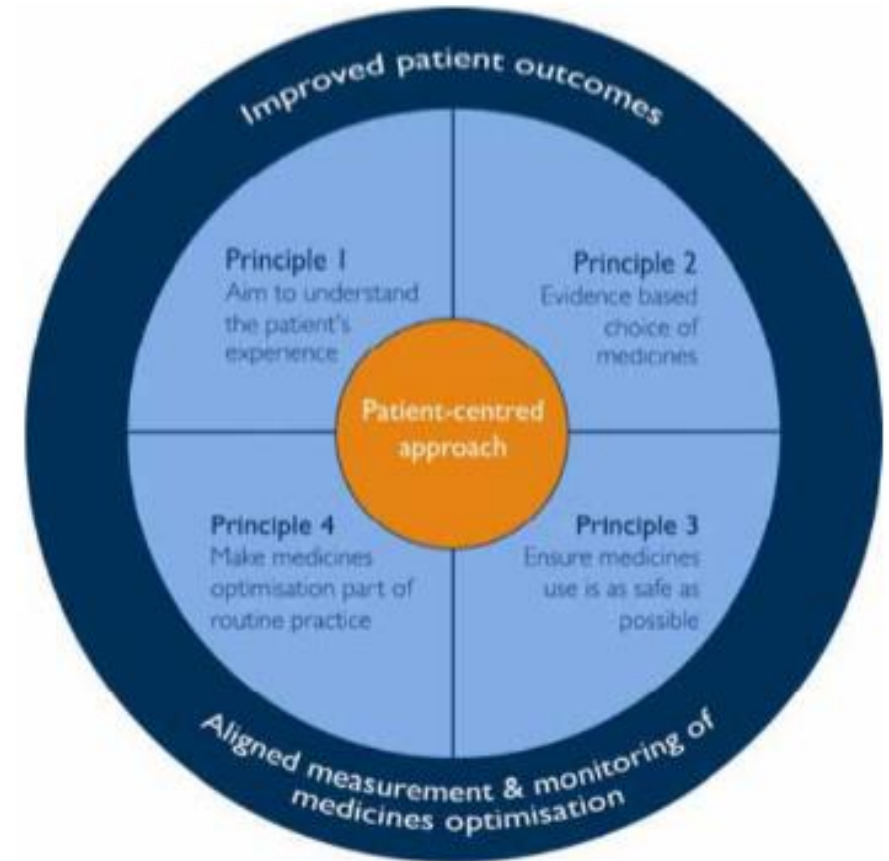
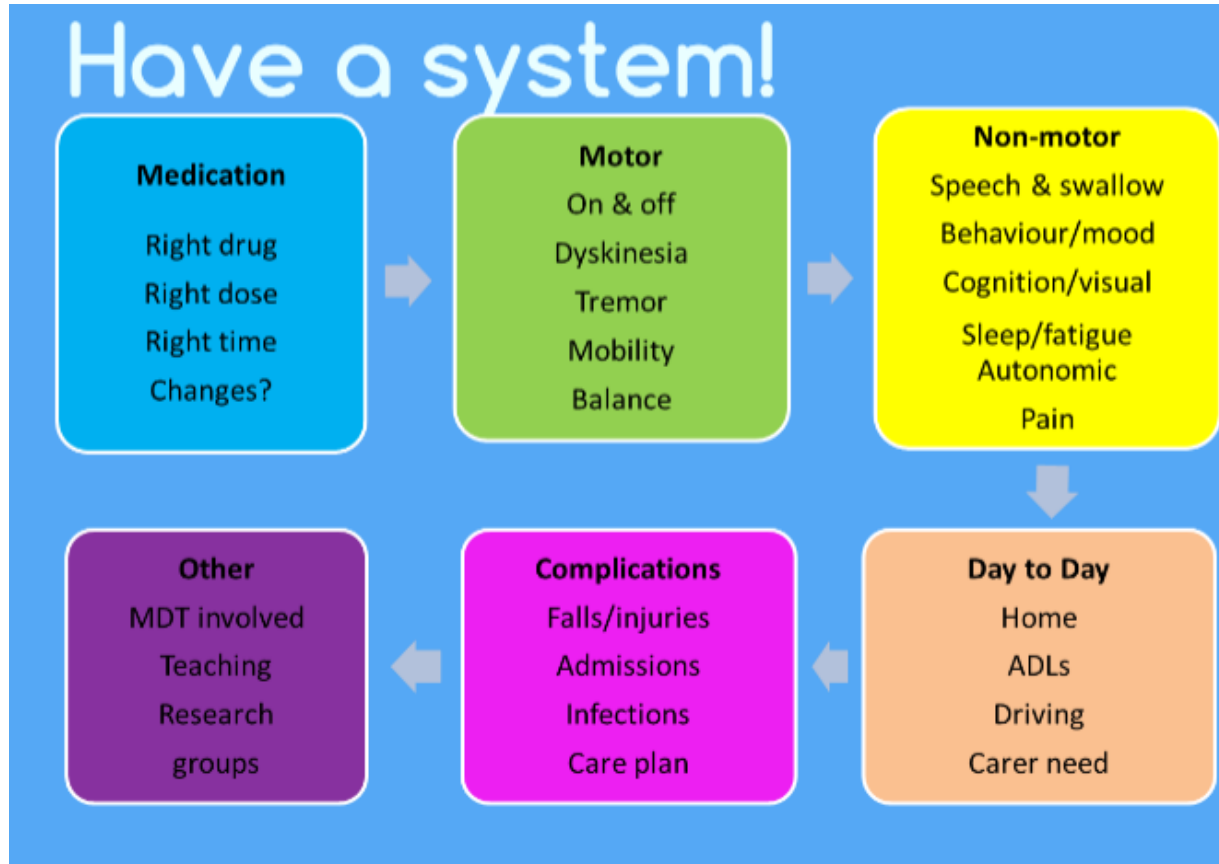
- Awareness of other
- Showing interest
- Sensitivity
- Choosing right words
- Joining the dots

RPS

Figure 1:
The Competency Framework for all Prescribers



The Consultation



Mood

Pain

Sleep/
fatigue

Thinking/
concentration



Bladder/
bowels

Swallow

Speech

Orthostatic
hypotension

Saliva

Non-Motor Symptoms

May need to ask
– might not be seen as part of PD

Can cause significant morbidity
– may be less dopa responsive

What do PwP want? The Parky Charter

- Speedy specialists
- Instant Information
- Parkinson's passport
- Comprehensive care
- Quest for a cure



THE PARKY CHARTER

DO YOU OR SOMEONE YOU KNOW HAVE PARKINSON'S?

THEN CHECK OUT OUR PODCAST

AND SUPPORT THE 'PARKY CHARTER' BY SIGNING OUR PETITION

FIND OUT MORE AT
MOVERSANDSHAKERSPODCAST.COM

1. Speedy Specialists
Parkinson's makes many of us feel like they don't listen or could be stuck in the 19th century. The NHS should have its own genuine experts referred by their GP for a possible Parkinson's diagnosis should not take more than 10 weeks. After diagnosis, there should be no longer than a year between neurological appointments.

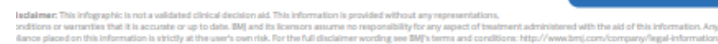
2. Instant Information
When first diagnosed with Parkinson's, patients should be given an instant information pack on the Parkinson's life journey. But the newly diagnosed should also be given a full and detailed pack on diagnosis, treatment and care. This should include a contact card for their Parkinson's nurse and a link to a first appointment, and a reference to local support groups.

3. Parkinson's Passport
When diagnosed or thought to have a 'Parkinson's passport' which would give an NHS/GP access to other specialists, like physiotherapists, a 'Vital link' and other health-related services. The passport must contain a copy of the GP's report and a copy of the patient's GP's report. It should also contain a copy of the patient's GP's report and a copy of the patient's GP's report.

4. Comprehensive Care
A personal plan ensuring regular meetings with a Parkinson's nurse and a whole lot of other health professionals including physiotherapists, occupational and speech therapists. The comprehensive, multi-disciplinary approach requires a multi-disciplinary response.

5. Quest for a Cure
Parkinson's is a mystery - but it doesn't have to be. We need more research to help us understand how Parkinson's works and what we can do to help. The Government should commit to a major investment in funding for research into Parkinson's brain science - about £2.7 million. This is possible - it's just a matter of time for our country to lead the way.

- START STRONG
- No need to rush
- Post prescription and written info



Medication to avoid

- NO ergot derived dopamine agonists
- RARELY selegiline
- AVOID anticholinergics
 - Avoid storing up problems for later
- Take great care with antiemetics and antipsychotics
 - Most are dopamine blockers
- AVOID metoclopramide
- AVOID chlorpromazine, haloperidol



Meds review

7 STEPS TO APPROPRIATE POLYPHARMACY

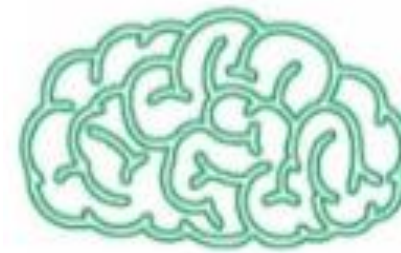


MDT care

- ***NON NEGOTIABLE***
- Parkinson's nurses
- Neurologists/older person's medicine/GP extended scope/ Consultant Pharmacist
- Physio, OT, SALT, dieticians
- Pharmacy team
- Parkinson's UK advisor



W.Disney/Everett/Rex Features



PDSPN
Parkinson's Disease
Specialist Pharmacy Network

Self management – Exercise and more



**PaRkinson's Outreach Advanced
Community Therapies (PROACT)**

HIGH INTENSITY WORKOUT

PARKINSON'S^{UK}



PARKINSONS BALANCE

A 30 minute exercise programme designed to help you keep moving. Join Mary as she takes us through some **balance exercises** to keep you going!





Driving and Parkinson's

Everyday life

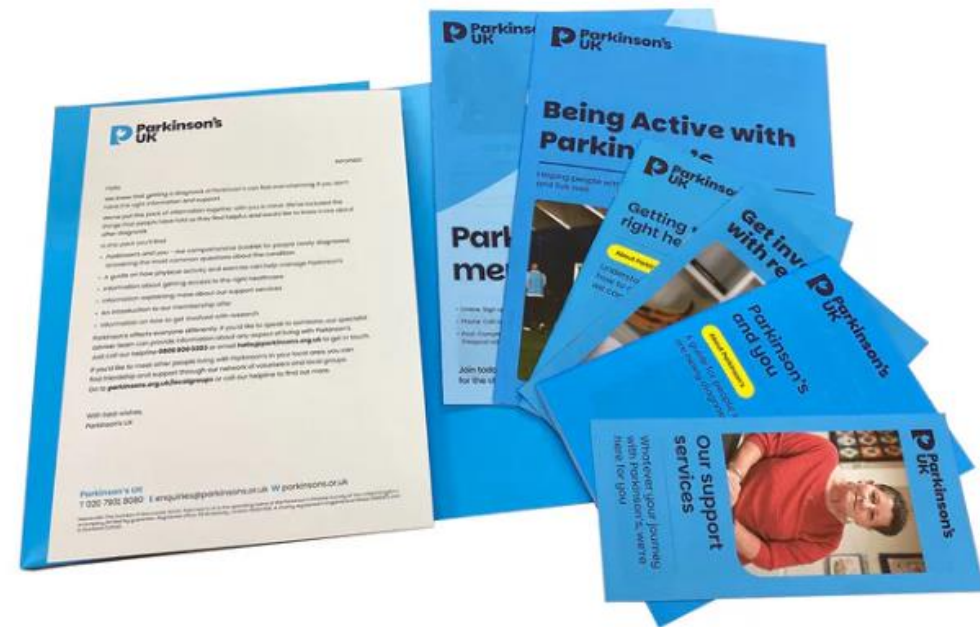
Find out more about driving when you have Parkinson's



Driving

- NOT an exclusion for driving
- BUT must inform
 - DVLA
 - and insurance company

Newly diagnosed resources



Stages

Different staging systems exist. Below as defined by Parkinson's UK

Stage	Description
Early or Diagnosis Stage	The time when someone is first experiencing symptoms, being diagnosed and then coming to terms with this.
Maintenance Stage	When symptoms are controlled, perhaps by medication.
Advanced Stage or 'Complex phase'	Marked by increasing difficulty in managing motor fluctuations and dyskinesia (involuntary movements). A common issue during this phase is <i>"wearing off,"</i>
Palliative Stage	Providing relief from the symptoms, stress and pain of the condition.

Benefits



📞 Helpline 0808 800 0303

Money, benefits and grants

Feeling in control of your finances is so important for your mental and physical health, especially if you have Parkinson's. From benefits to grants and loans, we can help you find out what's available.



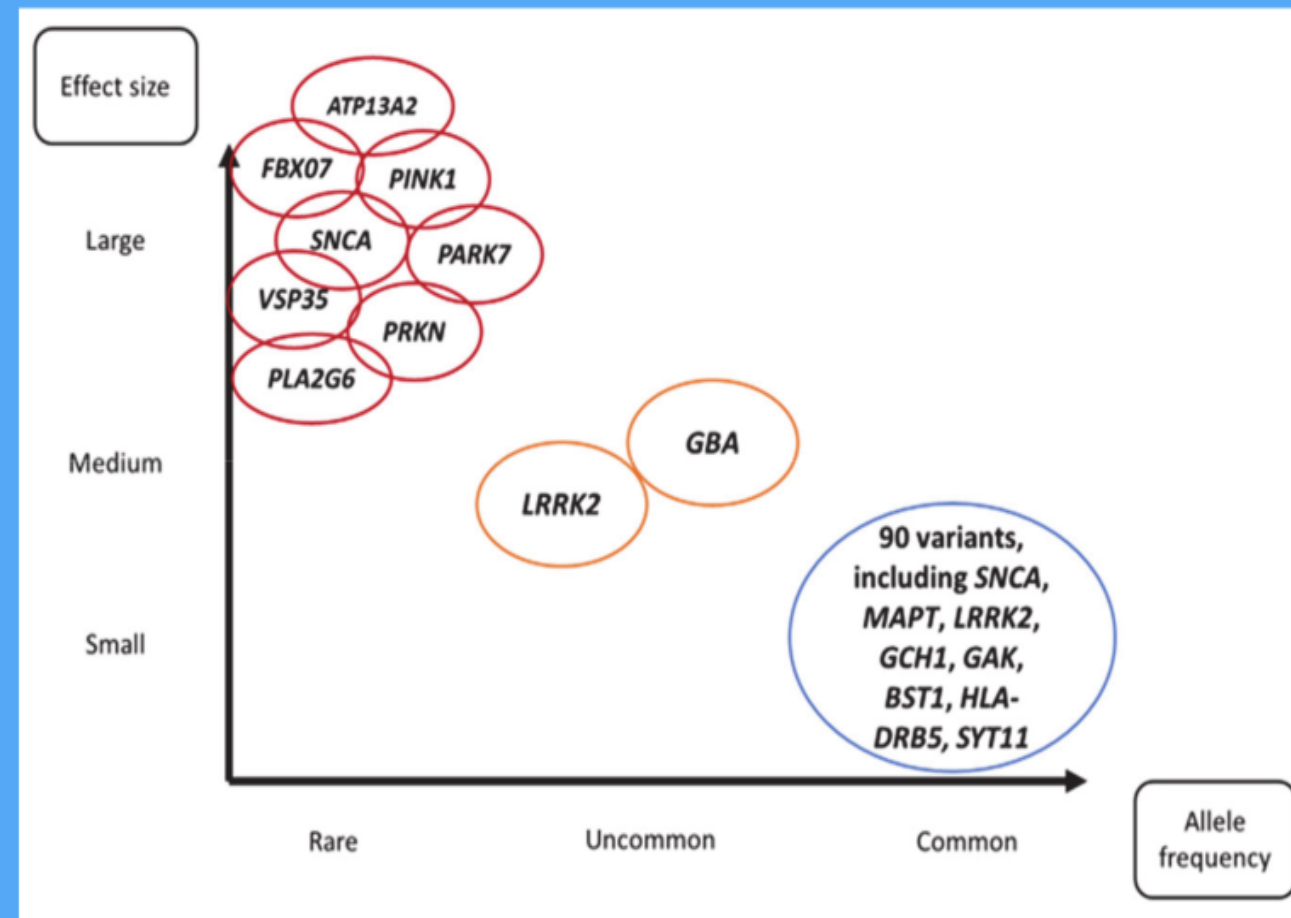
Genetic Testing

YOPD plus FHx = 40% hit rate

Whole genome sequencing now possible

BUT we don't know all genes implicated

AND Parkinson's isn't 'genetic' in the traditional sense



Latest Findings

Biomarkers linked to Parkinson's progression,
offer potential for early diagnosis.



Research

Prasinezumab

Virtual Biotech

World wide collaboration



Cannabidiol for hallucinations and delusions – UK

PX 4728 – delay onset of PD – given to folks with RBD – UK and Australia

HER 096 – delay progression of PD – growth factor – Finland
based on cerebral dopamine neurotrophic factor (CDNF)

Research



NIHR - be part of research

[https://bepartofresearch.nihr.ac.uk/results/search-
results?query=Parkinson%27s&location=](https://bepartofresearch.nihr.ac.uk/results/search-results?query=Parkinson%27s&location=)



Local research teams

Reminder

- **Talk it up** – PwP would like some hope
- **Talk it down** – eg to fill in any PIP - need to imagine ‘their worst day’ – form can’t really cope with fluctuation
- Interdisciplinary working
- Written information
- Safety netting
 - Parkinson’s advice line
 - Team email

More of this
please!



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Questions?

Join us!



Spotlight
YOPD



- PDSPN
- Parkinson's UK
- Cure Parkinson's
- YOPD
- Parkinson's Excellence Network