

Supporting Care Homes

PARKINSON'S DISEASE

GUIDANCE SHEET

How common is Parkinson's disease and what causes it?

One person in every 500 has Parkinson's disease. That's about 127,000 people in the UK. Most people who get Parkinson's disease are aged 50 or over but younger people can get it too. Parkinson's disease is a condition where nerve cells in the brain become damaged. This damage causes problems with movement and mental processes. To date there is no cure for Parkinson's and it is not clear why people get the condition.

The effects of Parkinson's disease

The three main symptoms of Parkinson's disease are:

- Tremor – an involuntary shaking of limbs
- Slow movement
- Stiff or rigid muscles

A wide range of other symptoms are often experienced. Some of these include depression, constipation, problems sleeping, memory problems and tiredness. The range and severity of symptoms will vary from person to person. How much any of these symptoms affect a person can change from hour to hour and from day to day. Symptoms will also get worse when Parkinson's drugs are wearing off and improve again after they are taken.

Parkinson's disease is a progressive disease meaning the symptoms will increase over time. This may happen slowly in some people but much more quickly in others.

Treating Parkinson's disease

Medication is the main treatment used to manage the symptoms of Parkinson's disease.

People with Parkinson's disease (and their carers) are often experts in their condition. They should be asked about their needs and how they manage their symptoms. If you need more information about the medication a resident is taking then talk to their GP, specialist, Parkinson's nurse or pharmacist.

The importance of getting medicine on time in Parkinson's disease

If people with Parkinson's disease are unable to take their medication at the right time for them, their Parkinson's disease may become uncontrolled and moving becomes difficult. This can be unpredictable and it can take someone a long time to get back to their baseline. It could even result in a hospital admission.

People with Parkinson's disease may be very anxious about getting their drugs on time. Timings of their medicines will vary from person to person and should not be altered to fit in with drug rounds.

If there is an issue with sourcing a Parkinson's medication from the pharmacy (medication shortages etc.) it is vital that you liaise with the GP surgery and local pharmacies to ensure that there is no break in supply, and that the patient does not miss any doses.

How to improve medicine optimisation for your resident with Parkinson's disease

- A person with Parkinson's disease may have a medication diary; make sure you check it. Ask your resident, and family or carers how their symptoms change when they need medication.
- Where possible encourage your resident to look after their own medicines. Support should be offered to allow this to happen (which would include a risk assessment).
- An alarm could be obtained if your resident has difficulty remembering when to take their next dose. An alarm may also be helpful for care staff doing the medication rounds.
- It is important to note that it is dangerous to stop medication suddenly. If your resident becomes unwell and cannot manage their medicines then their GP or specialist should be contacted as a priority.
- Swallowing problems can become a problem for many people with Parkinson's disease. If these develop then this should be discussed with their GP or specialist.

Medicines for Parkinson's disease

Listed below are some of the most commonly used Parkinson's medicines. This is not a full list. If you have a resident with Parkinson's disease it is a good idea to find out which of their medicines are for this. A BNF will tell you this information.

Generic Names	Brand Names
Amantadine	▶ Only generic available
Co-beneldopa	▶ Madopar [®] , Madopar [®] CR and Madopar [®] dispersible
Co-careldopa	▶ Sinemet [®] , Sinemet [®] CR, Sinemet [®] Plus, Half Sinemet [®] , Caramet [®] CR, Duodopa [®] intestinal gel
Co-careldopa plus Entacapone	▶ Stalevo [®] , Sastravi [®]
Entacapone	▶ Comtess [®]
Pergolide	▶ Only generic available
Pramipexole	▶ Mirapexin [®] , Mirapexin [®] Prolonged Release, Pipexus [®] and Oprymeal [®]
Rasagiline	▶ Azilect [®]
Ropinirole	▶ Requip [®] , Requip [®] XL, Ralnea XL [®] , Ipinnia XL [®]
Rotigotine	▶ Neupro [®] patches
Selegiline	▶ Eldepryl [®] , Zelapar [®]

- There are a wide range of different strengths and formulations available. These include standard tablets or capsules, slow release products and dispersible tablets. Some residents may be taking more than one type or strength of these medicines so it is very important to carefully check the labels to ensure the correct one is being given at the correct time.
- Follow the instructions on the pharmacy label carefully. Do not crush, dissolve or break capsules or tablets unless specifically stated.
- Some residents may need to take their first dose of medication 30 minutes before they get out of bed to allow them to 'get going'.

Side effects of medication vary between each person but some people are more sensitive than others.

- Potential problems can include confusion/hallucinations or compulsive behaviours such as gambling, hyper-sexuality and risk-taking behaviours. If you notice any change to a resident's behaviour it is important to inform a doctor or Parkinson's nurse as soon as possible.
- In some cases medicines may be prescribed several times a day. The specific times for these should be marked on the resident's MAR chart. **It is very important that these times are adhered to even if they do not match 'normal' drug round times.**
- Some residents may have been told by their specialist to take certain medicines (e.g. Madopar[®] or Sinemet[®]) 30 minutes before food as if they take these medicines on a full stomach it does not work as well. It is important to establish if this is the case for your resident.
- People with Parkinson's disease are likely to be taking other medications to manage some of the other symptoms related to the effects of the disease. Medications commonly required can include laxatives, pain killers and anti-depressants.

Care planning for residents with Parkinson's disease

It may be helpful to have listed in the care plan any key points related to medication issues for residents with Parkinson's disease. Most patients with Parkinson's disease will have had some contact with a Parkinson's disease specialist nurse. These nurses have specialist experience, knowledge and skills that will help you to provide the best care for your resident with Parkinson's disease.

This service can be a useful point of contact if you wish to discuss aspects of your resident's care. Make sure you have contacts for these services in your area available to members of staff, in case there are any issues.

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Please visit our website for more information: <https://www.westhampshireccg.nhs.uk/medicines-in-care-homes>

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