

Parkinson's Disease Symptoms Guide



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Some symptoms of Parkinson's disease (PD) are hard for even specialists to detect. Others are obvious even to an untrained eye. Parkinson's symptoms are different for each patient and not every person will experience every possible one. While several management options are available for many of the symptoms, the best treatment regimen for each person is unique to that individual.

Motor Symptoms of Parkinson's Disease

People are usually more familiar with the motor symptoms of PD, as these are the signs of the disease that are noticeable from the outside. These symptoms are known as the “cardinal” symptoms of PD.

BRADYKINESIA

Bradykinesia is a slowing down and/or loss of spontaneous and voluntary movement.

A person with bradykinesia may move more slowly in general, swing one arm less while walking or demonstrate a decrease in facial expression.

Treatment:

- » Parkinson's medications may increase movement.
- » Physical therapy, specifically the LSVT BIG program, can be helpful to improve the speed and size of movements.

DYSTONIA

Sustained or intermittent muscle contractions that cause abnormal, sometimes repetitive, movements and/or postures. These can be twisting or turning, and are often painful.

- » Dystonia can affect any body part but is most seen in the neck or one of the limbs.
- » This can be a symptom associated with Parkinson's disease but is also a separate neurological disease. It is the third most common movement disorder after essential tremor and Parkinson's disease.

Treatment:

- » Parkinson's medications may increase movement.
- » Physical therapy, specifically the LSVT BIG program, can be helpful to improve the speed and size of movements.

FREEZING OF GAIT

Freezing occurs when people want to move forward but the body does not respond right away. Walking through doorways and turning around are common triggers.

- » If you experience a freezing episode, try one of these tricks:
 - » March in place.
 - » Count out loud.
 - » Sing or hum a rhythmic melody.
 - » Aim your next step at a specific spot on the floor or over someone's foot. If there's a part of your home where you tend to freeze, place two strips of colored tape in the area to act as a visual cue.
 - » Try moving in a different direction, such as backwards or from side to side.
 - » Use a cane with a laser beam that you can activate to step over when needed.
- » Work with a physical therapist who specializes in treating Parkinson's. This clinician can help you minimize freezing spells and risk of falling.

MICROGRAPHIA

Micrographia is small, cramped handwriting that can be hard to read.

Treatment:

- » An occupational therapist can prescribe exercises to improve the size and legibility of handwriting.
- » Parkinson's medications may also help this symptom.

POSTURAL INSTABILITY

Impairment or loss of balance often associated with a feeling of unsteadiness.

- » This leads to problems with standing or walking and increases risk of falls.
- » Doctors look for this on examination with the "pull test" in which they stand behind you and tug on your shoulders to see if you can maintain an upright stance.

Treatment:

- » This symptom can unfortunately be difficult to treat. It does not consistently respond to dopamine replacement therapy or deep brain stimulation.
- » Researchers are investigating medications that work on neurotransmitters (brain chemicals) other than dopamine and deep brain stimulation of different brain targets to find better treatments for these symptoms.

RESTING TREMOR

Tremor is an uncontrollable rhythmic movement that affects a limb when it is at rest and stops for the duration of a voluntary movement.

- » In many cases of Parkinson's, a tremor starts in the fingers of one hand and may spread up the arm.

Treatment:

- » Many find that Parkinson's disease medication helps this symptom.

RIGIDITY

Rigidity is an unusual stiffness in a body part. In Parkinson's, the shoulder and arm are most commonly affected.

- » Rigidity may be associated with pain. If the arm and shoulder are involved, a person will tend to hold the arm still while walking.
- » A doctor can detect rigidity on physical examination.

Treatment:

- » Parkinson's medications may help with rigidity.
- » Regular exercise can help to lessen rigidity by strengthening muscles and improving flexibility. A physical therapist can design a program that fits your needs.

Non-Motor Symptoms

Doctors are increasingly recognizing the presence and effects of other symptoms of PD that are called “non-motor symptoms.” These are symptoms that affect systems of the body other than the motor system. These symptoms are very common and can have a major impact on quality of life. They can be difficult to recognize and sometimes challenging to treat.

ANXIETY, DEPRESSION AND APATHY

Mood disorders such as anxiety and depression are real clinical symptoms of Parkinson's, just like rigidity and tremor are.

- » At least half of all Parkinson's patients may experience clinical depression at some point during the course of their disease, according to some estimates.
- » Be on the lookout for a lack of enjoyment in activities and situations that once brought you joy. Also pay attention to observations made by family and friends because you or your physician may not always recognize the signs of depression and anxiety.

Treatment:

- » Depression and anxiety can be treated with medications, lifestyle changes and therapy or counseling from a qualified practitioner.
- » Support groups for people with Parkinson's may also be source of help.

COGNITIVE IMPAIRMENT

Not everyone with Parkinson's experiences symptoms of cognitive impairment. These may include memory loss, difficulty multi-tasking or problems concentrating. Symptoms can range from mild cognitive impairment to dementia.

- » Dementia is cognitive impairment that is severe enough to interfere with everyday life, social and/or occupational functioning.

Treatment:

- » Doctors recommend regular physical and cognitive exercise (reading, crossword or other puzzles, etc.), social activities and a healthy, balanced diet for memory health.

- » If you or a loved one is experiencing these symptoms, talk with your doctor.

Sometimes other diseases like depression, vitamin deficiencies or medication side effects can mimic symptoms of cognitive impairment. Your doctor can look for these other problems and also may be able to arrange for formal memory testing.

The only currently approved medication to treat Parkinson's disease dementia is rivastigmine (Exelon).

CONSTIPATION AND GASTROINTESTINAL ISSUES

Constipation is defined as difficulty emptying the bowels due to a change in the frequency or consistency of an individual's usual pattern of bowel movements.

- » Colon transit time is prolonged in Parkinson's meaning waste takes longer to move through the body. This can cause discomfort and affect medication absorption.
- » People with Parkinson's may also experience other gastrointestinal issues, such as gastroparesis (delayed emptying of the stomach).
 - » This may be due to abnormal stomach muscle movement
 - » Symptoms may include nausea, vomiting, stomach fullness, and inability to finish a meal
 - » This can affect absorption of medication and lead to delayed symptom relief

Treatment:

- » Dietary adjustments can ease gastrointestinal issues. Recommendations include:
 - » Eat more fiber.
 - » Eat foods containing probiotics.
 - » Drink more water.

- » Eat smaller meals throughout the day instead of fewer, larger meals.
- » Work with your doctor before trying medications such as stool softeners and laxatives to ensure regular use is safe and doesn't impede other medications' efficacy. Certain physical therapy exercises may help pelvic floor dysfunction and ease constipation.

HYPOSMIA (DECREASED SENSE OF SMELL)

While most people with a reduced sense of smell will not develop Parkinson's, many people with PD have hyposmia. In fact, it's an early sign of the disease that precedes the motor signs by many years. It can also impact quality of life — smell loss can interfere with taste and therefore decrease appetite and food intake.

Treatment:

- » While this symptom can't specifically be treated, it's playing an important role in Parkinson's disease research.
- » The Foundation's flagship Parkinson's Progression Markers Initiative (PPMI) study is following a cohort of people with hyposmia to help determine the underlying connection between smell loss and Parkinson's. This may help lead to a better understanding of Parkinson's, diagnostic markers and even improved treatments for PD.

ORTHOSTATIC HYPOTENSION

Orthostatic hypotension is a drop in blood pressure upon changing positions, such as moving from sitting to standing.

- » It may cause fatigue or lightheadedness and dizziness, which can result in passing out. It can also contribute to gait instability and falls.

- » Orthostatic hypotension can result from Parkinson's disease itself, drugs used to treat Parkinson's, medications for other conditions (high blood pressure and depression, for instance) and dehydration, to give a few examples.

Treatment:

- » Treatment depends on symptoms and the main reasons for low blood pressure.
- » Your doctor may suggest dietary modifications, compression devices to be worn on the legs and/or abdomen or medication changes.
- » Some tips for managing low blood pressure:
 - » Change positions cautiously and slowly.
 - » Raise the head of the bed at night or use more pillows.
 - » Drink a full, cold glass of water prior to standing up.
 - » Avoid prolonged standing, or shift positions frequently if you do.
 - » Engage in regular physical exercise.

PROBLEMS SLEEPING

Several different sleeping problems can be a part of Parkinson's disease, including:

- » Insomnia: Difficult initiating or maintaining sleep
- » Daytime sleepiness/hypersomnia: Excessive tiredness during the day and/or sudden sleep attacks
- » REM behavior disorder: Acting out one's dreams
- » Restless leg syndrome: Uncomfortable urge to move the legs which can interfere with falling asleep at night
- » Sleep apnea: Pauses in breathing or shallow breaths while sleeping; often associated with snoring

Treatment:

- » Parkinson's disease and the medications used to treat it can cause or contribute to these conditions.
- » Your doctor may order an overnight sleep study (polysomnogram) or refer you to a sleep specialist to evaluate sleep problems.
- » Your physician may also change your medications or prescribe another therapy to treat sleep problems. Dopamine agonists, for example, may cause significant sleepiness in some people.
- » You can also work to practice good "sleep hygiene." Some suggestions include:
 - » Don't nap during the day.
 - » Avoid caffeine, alcohol and exercise later in the day.
 - » Use the bedroom only for sleep (no watching television or reading in bed, for example).

SPEECH AND SWALLOWING PROBLEMS

Difficulty swallowing, called dysphagia, can happen at any stage of Parkinson disease but is more common in later stages of disease.

- » Signs and symptoms can range from mild to severe and may include:
 - » Difficulty swallowing certain foods or liquids
 - » Coughing or throat clearing during or after eating or drinking
 - » Feeling as if food is getting stuck while swallowing
- » Parkinson's can also cause communication problems, such as slurred speech, lack of vocal expression or a quieter voice.
- » Drooling may also occur because people don't swallow their saliva as much.

Treatment:

- » A referral to a speech therapist is helpful if speech or swallowing problems arise. This clinician can determine where in the swallowing process the problem is occurring and prescribe specific exercises and strategies to help.
- » For swallowing problems, recommendations may include a change in consistency of foods, avoiding straws or tucking the chin to the chest when swallowing.
- » For speech problems, specific exercises may be prescribed to improve volume and clarity of voice.
- » To reduce drooling, try to keep your chin up and lips closed when you aren't speaking or eating. Sugar-free hard candy can be helpful to stimulate swallowing. Talk with your doctor about other options for medications and botulinum toxin injections if drooling is particularly bothersome or embarrassing.