

ACOI BALTIMORE MAY 2019

PARKINSON'S DISEASE AND THE HOSPITAL

OVERVIEW

- ▶ Parkinson's is a complex disease requiring meticulous medication management.
- ▶ PD patient's are unlikely to be admitted because of the disease itself, but rather for a disease related event such as a fall, pneumonia, UTI or DBS surgery or even due to an undated medical issue.
- ▶ PD patient's often have longer stays and require rehab post inpatient stay.

SYMPTOMS: MOTOR AND NON-MOTOR

- ▶ Tremors: most commonly present at rest: UE or LE
- ▶ Muscle rigidity/'cogwheeling': it could be intermittent. Look at arm swing with ambulation, finger and toe tapping.
- ▶ Bradykinesia, muffled speech/vocal changes, masks-like facies, decreased eye blink,
- ▶ changes in throat muscles causing drooling, swallowing issues
- ▶ posture changes and instability: retropulsion, festinating gait
- ▶ micrographia

COMMON SYMPTOMS OF PARKINSON'S DISEASE

Motor

- ▶ Shaking or tremor at rest
- ▶ Bradykinesia or freezing (being stuck in place when attempting to walk)
- ▶ Low voice volume or muffled speech
- ▶ Lack of facial expression
- ▶ Stiffness or rigidity of the arms, legs or trunk
- ▶ Trouble with balance and falls
- ▶ Stooped posture
- ▶ Decreased ability to swallow

Non-Motor

- ▶ Depression
- ▶ Anxiety
- ▶ Constipation
- ▶ Cognitive decline and dementia
- ▶ Impulse control disorders
- ▶ Orthostatic hypotension
- ▶ Pain
- ▶ Hallucinations and psychosis
- ▶ Sleep disturbances
- ▶ Sexual dysfunction
- ▶ Urinary dysfunction

SYMPTOMS:

- ▶ Freezing of forward motion: hesitation of movement: common when turning/pivoting, walking on uneven surfaces (inc fall risk)
- ▶ Insomnia and sleep disorders: REM behavior disorders, RLS/PLMS, vivid dreams (med SE)
- ▶ mood and cognitive disorders: depression, anxiety, hallucinations, delusions, slow thought, problems with focus, Impulse control disorders (usually med SE)
- ▶ constipation, genitourinary problems (urgency and incontinence), hyperhidrosis, pain, fatigue, Seborrhea

Typical Parkinson's Medications

L-DOPA	Dopamine Agonist	MAO-B Inhibitors	Anticholinergics	COMT Inhibitors	Other
carbidopa/levodopa (Sinemet or Sinemet CR)	ropinirole (Requip)	rasagiline (Azilect)	trihexyphenidyl (formerly Artane)	entacapone (Comtan)	amantadine (Symadine, Symmetrel)
carbidopa/levodopa oral disintegrating (Parcopa)	pramipexole (Mirapex)	selegiline (l-deprenyl, Eldepryl)	benztropine (Cogentin)	tolcapone (Tasmar)	
carbidopa/levodopa/entacapone (Stalevo)	rotigotine (Neupro)	selegiline HCL oral disintegrating (Zelapar)	ethopropazine (Parsitan)	carbidopa/levodopa/entacapone (Stalevo) <i>*has L-DOPA in formulation</i>	
carbidopa/levodopa extended-release capsules (Rytary)					
carbidopa/levodopa enteral solution (Duopa)					

MANAGEMENT

- ▶ Parkinson medications must be on time, everytime- do not skip or postpone doses. Get an exact time schedule they take their meds
- ▶ Do not substitute parkinson's medication use the patient's home meds if needed)
- ▶ Do not stop levodopa therapy abruptly: hyperthermia and/or a neuroleptic malignant-like syndrome may occur.
- ▶ Resume meds immediately after procedures. missing a dose may cause anxiety or pain.
- ▶ If an antipsychotic is needed: Nuplazid (pimavanserin), quetiapine or clozapine. Other antipsychotics have a much higher risk of causing extrapyramidal side effects and worsening their symptoms.

MANAGEMENT

- ▶ pain management after surgery as PD patient's are often more sensitive to pain.
- ▶ Get a neurologic consult. Monitor for dysphagia/pneumonia risk
- ▶ DO NOT USE: metoclopramide, compazine, promethazine or droperidol, or haloperidol: they deplete dopamine
- ▶ If they have moderate/severe disease, recommend someone stay with them
- ▶ *****GET THEM UP AND OUT*** MOVE THEM! Ambulate ASAP**

IF YOU HAVE A DEEP BRAIN STIMULATION DEVICE (DBS):

- ▶ MRI should not be performed unless the hospital has MRI experience imaging a DBS device safely.
- ▶ MRI should never be performed if the pacemaker is placed anywhere other than the chest or abdomen
- ▶ Under certain conditions, some DBS devices are safe for full-body MRI and do not need to be turned off. In other cases, devices should be turned to 0.0 volts and MRI should not be used to image structures of the body lower than the head, as dangerous heating of the lead could occur
- ▶ Always check with your DBS team before having an MRI to make sure the procedure will be safe for you.

EKG or EEG Warning:

- ▶ Turn off the DBS device before conducting EKG or EEG
- ▶ Diathermy should be avoided.

WHAT THE PATIENT/FAMILY CAN DO

- ▶ <https://Parkinson.org> has many resources to help the patient's plan for a hospitalization.
"HOSPITAL ACTION KIT"
- ▶ communicate with the anesthesiologist prior to a planned elective surgery. Local or regional anesthesia if possible.
- ▶ Communicate with your neurologist. If you will not be able to eat or drink, parcopa (an ODT caridopa/levadopa) is available to substitute (may not be on formulary)

The Parkinson's Foundation's Aware In Care campaign aims to help people with Parkinson's get the best care possible during a hospital stay.

For more information please visit

[Parkinson.org/awareincare](https://www.parkinson.org/awareincare) or call

[1-800-4PD-INFO \(473-4636\)](tel:1-800-4PD-INFO).