

- When patients cannot take medication orally, a nasogastric or PEG (percutaneous endoscopic gastrostomy) feeding tube may be required.
- While providing medication through a nasogastric or PEG feeding tube, it is prudent to avoid long-acting medications and crushing levodopa preparations.
- For more information on managing gastrointestinal symptoms, please refer to the modules on lifestyle interventions (diet and nutrition) for people with PD and their caregivers

5. RESPIRATORY MANAGEMENT

- **Sleep Apnea:** People with PD can have sleep-related breathing disorders, such as obstructive sleep apnea, and may benefit from continuous positive airway pressure (CPAP) therapy.
- **Aspiration Pneumonia:** Aspirations occur due to swallowing difficulties; therefore, managing food textures and using appropriate swallowing techniques is crucial.

6. BONE HEALTH

- **Osteoporosis:** Regular screening and treatment for osteoporosis are important, as falls are common in PD. Calcium, vitamin D supplements, and weight-bearing exercises can help maintain bone health.

7. PHYSICAL REHABILITATION

- **Diet and Exercise:** A balanced diet and regular exercise tailored to the

patient's abilities can help manage diabetes and enhance overall health. Please refer to the module on lifestyle interventions for individuals with PD and their caregivers for additional information.

5. IN HOSPITAL MANAGEMENT BEFORE ANY SURGERY

The suggested approach for managing medications for people with PD during the perioperative period includes

- Continuing oral levodopa treatment until the morning of surgery, if possible. Administer one dose with a sip of water on the morning of surgery.
- Considering alternative delivery methods during the nil-by-mouth period, including the use of a transdermal rotigotine patch, administration via nasogastric or other enteral tubes, apomorphine injections or continuous infusion when available.
- To administer levodopa through the nasogastric route, use the dispersible or immediate release preparation. Do not crush or split the controlled - release preparations.
- Monitor for changes in PD symptoms and side effects. Resume oral medications as soon as clinically possible. The rotigotine patch can be removed after the next oral dose.



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MANAGING OTHER CONDITIONS IN PEOPLE WITH PARKINSON'S DISEASE



People with Parkinson's Disease (PD) face unique challenges when dealing with health issues. It is advisable to keep all treating physicians informed of the diagnosis of PD and the medications the patient takes while managing other health conditions.

Specific issues that must be addressed are:

1. MEDICATION INTERACTION

- **Drug Interactions:** It is essential to carefully consider drug interactions. Some medications for other conditions may worsen PD symptoms or negatively interact with PD medications
- **Adjusting Doses:** Medications might need to be adjusted based on the patient's overall health, kidney and liver function, and other medical conditions.
- Monitor and report any side effects when starting the new drug or adjusting the dose. Always consult your doctor before stopping or changing medications.

2. MANAGING CARDIOVASCULAR DISEASE

Blood Pressure Monitoring: People with PD often experience orthostatic hypotension, a drop in blood pressure when standing up. Regular monitoring, lifestyle modifications, and medication adjustments can help manage this condition.

- **Blood Sugar Monitoring:** Regular monitoring of blood glucose levels, lifestyle modifications, and adjustment of diabetes medications as needed.
- **Heart Disease:** Management of heart disease in people with PD should involve lifestyle modifications, appropriate use of medications, and regular cardiovascular check-ups.

3. ADDRESSING MENTAL HEALTH ISSUES

- A multidisciplinary approach involving neurologists, psychiatrists, and psychologists is beneficial for addressing mental health issues.
- Treatment should be personalized, taking into account symptoms, comorbidities, drug interactions, and side effects.
- Regular monitoring and follow-up are essential to assess treatment effectiveness and make adjustments as necessary.
- Depression and anxiety are common symptoms of PD. They can be managed with a combination of medications, including antidepressants and anti-anxiety drugs, along with therapies such as cognitive-behavioral therapy (CBT).
- Other psychiatric symptoms in PD includes hallucinations (seeing or hearing things that are not there), delusions (abnormal beliefs) and impulse control disorders (difficulty in controlling pleasurable behaviors) also occur in PD as part of the disease or as a side effect of medications.

The management strategies for psychotic symptoms in (PD) include:

- Adjusting medications contributing to psychotic symptoms, using antipsychotic drugs such as quetiapine, clozapine, or pimavanserin that are less likely to worsen motor symptoms while avoiding those that have a negative impact on motor function.
- Addressing medical conditions that trigger psychosis.
- Implement non-pharmacological strategies, such as psychoeducation, cognitive behavioural therapy (CBT), and environmental modifications (such as improved lighting and decreased visual clutter).

4. MANAGING GASTROINTESTINAL ISSUES

- Constipation :
 - A common issue in PD can be managed with dietary changes, increased fluid intake, and medications like laxatives or stool softeners. However, we must keep in mind that prokinetics and antiemetics, which work by blocking dopamine receptors, can worsen PD symptoms.
- Swallowing Difficulties:
 - Regular assessment by a speech therapist and modifications to diet (like pureed foods) can help manage dysphagia.