

SENSORY SYMPTOMS

Loss of smell: Typically occurs before diagnosis of Parkinson's disease (PD). Many notice that food tastes blander.

Pain: Parkinson's-related pain is complex and can be difficult to describe and diagnose. Pain can be experienced as *muscle aching, burning or sharp*. Pain can improve with dopaminergic treatment but may require other interventions.

Visual changes: Some people with PD have blurred or double vision, which can be treated with prism glasses. Problems with color and contrast impair depth perception and increase the risk of falls. Bifocals may be helpful for reading, but can make subtle Parkinson-related vision problems worse. Some neuro-ophthalmologists now recommend replacing bifocals with progressive lens. Alternatively use two separate glasses for reading and distance.

DAYTIME SLEEPINESS AND FATIGUE

Daytime sleepiness and fatigue are actually different issues. Your neurologist may look at your medications to see if any are causing sedation. Improving sleep at night can also help. Fatigue (feeling drained of energy or "unplugged") is often a stubborn problem, but may be helped by optimizing sleep, mood, and minimizing sedating meds.

COGNITIVE AND BEHAVIORAL SYMPTOMS

Cognitive and behavioral symptoms in Parkinson's can present as problems with:

Executive Tasks: Trouble with attention, focusing, planning, and multi-tasking.

Visual-spatial functions: Problems with interpreting and/or negotiating the environment, such as driving.

Apathy (lack of motivation): Having little to no interest, enthusiasm or concern.

Depression: Persistent feelings of sadness and loss of interest in things one used to enjoy.

Anxiety: Intense, excess and persistent worry and fear about everyday situations.

Impulsiveness: Such as gambling, shopping, eating and hypersexual behaviors can worsen with dopamine agonist medications.

Illusion/Hallucinations: Seeing real things as something unreal/seeing things that are not there

Delusions: Believing things that are not true

These symptoms have a large impact on quality of life. It is important to bring these up to your neurologists, as diagnosis and management of these issues is complex, but appropriate treatment can really help.

Parkinson's Disease Research Education and Clinical Centers (PADRECC)
www.parkinsons.va.gov

1-800-949-1001x5769

Revised 5/2017

Parkinson's Disease Research Education & Clinical Centers

Non-Motor Symptoms



PARKINSON'S DISEASE

VA



U.S. Department of Veterans Affairs

NON-MOTOR SYMPTOMS

Parkinson's disease (PD) is typically thought of as a movement (or motor) disorder, but a number of non-motor symptoms commonly occur as well.

Some of these non-motor symptoms occur **before** the movement problems and include loss sense of smell, dream enactment, anxiety, and constipation.

Non-motor symptoms are frequently the most bothersome symptoms, especially later in the disease. It may have a large impact on **quality of life**. These are often under-recognized and frequently undertreated.

It is **very important** to share with your neurologist about seemingly unrelated symptoms. S/he will evaluate if the symptoms are associated with PD or Parkinson's medications. Many of these problems do not respond to the same medications as the motor symptoms of PD.

This handout will highlight some of the most commonly reported symptoms.

For more details go to the website www.parkinsons.va.gov/patients.asp for short videos highlighting some of the non-motor symptoms in this handout.

AUTONOMIC SYMPTOMS

Constipation: Treatment usually begins with increasing hydration, prune juice and exercise. If this is not adequate, your neurologist may recommend several over-the-counter aids.

Bladder Urgency and Frequency: Restricting caffeine, alcohol and evening liquids are important strategies. Planning scheduled trips to the bathroom can prevent accidents. Pelvic floor exercises may also help. Your neurologist might also consider prescribing medications that calm the bladder, but caution should be noted, as some of these can worsen cognition. If early efforts fail, your neurologist may refer you to an urologist for testing and evaluation for other treatments such as botulinum toxin injections or bladder stimulators.

Erectile Dysfunction: Based on your comfort level, explore any concerns in this area with your provider. Options include counseling, finding creative ways for intimacy and the use of medications.

Orthostatic Hypotension: The treatment depends on the cause of the lightheadedness or dizziness. Management include rising slowly and pausing before walking, wearing support stockings, adding more salt to diet, avoiding caffeinated drinks and certain medications. If these measures are not helpful, your neurologist might consider medications that prevent drops in blood pressure.

AUTONOMIC SYMPTOMS

Abnormal Sweating: Patients with PD often report "abnormal sweating responses," as well as heat or cold intolerance.

Speech and Swallowing: Speech problems include quiet or slurred speech, which speech therapy (specifically designed for patients with Parkinson's) can greatly help. Medications such as botulinum toxin can help with drooling. Any swallowing difficulty should be promptly reported to your neurologist, as choking on food or liquid can be dangerous. A swallow evaluation is important and tips include alternating small bites of foods with single sips of thin liquid, avoiding dry foods, crushing pills and taking it with purees, tucking the chin when swallowing and minimizing distractions to focus on eating.

SLEEP DISTURBANCES

Common sleep problems include difficulty **staying** asleep, restless legs, and acting out dreams. Parkinson's medications may worsen these symptoms and your provider may review, adjust or prescribe sleeping aids.

Always remember sleep hygiene! A regular sleep schedule, avoiding afternoon naps over 90 minutes and heavy evening meals, as well as avoiding TV and computer use in bed can really help! Daily exercise and sunlight exposure are also important!