

Parkinson's Disease and the Family

A NEW GUIDE

Nutan Sharma, M.D.

Elaine Richman, Ph.D.

HARVARD UNIVERSITY PRESS

Cambridge, Massachusetts

London, England

2005



members are quick to note apathy or inappropriate laughter. Despite these guiding principles, they still turn out to be crude criteria for making a diagnosis within a group of poorly understood diseases.

Adding to the difficulty is a form of dementia that has some of the motor features of Parkinson's disease. This condition is known as Diffuse Lewy Body Disease (DLBD) and consists of a marked decline in intellectual function, visual hallucinations, and signs of bradykinesia, rigidity, and possibly rest tremor. DLBD is a disease that has been differentiated from other forms of dementia and formally studied only recently. As a result, information regarding the prevalence of DLBD is limited at this time.

Conventional laboratory investigations typically do not contribute to the diagnosis or management of Parkinson's disease. Computed tomography (CT) and magnetic resonance imaging (MRI) scans of the brain, which provide detailed anatomic information about the brain, do not reveal any consistent abnormalities in people with Parkinson's disease. An experimental imaging technique called positron emission tomography (PET) may be more helpful. PET examines blood flow and metabolism in the brain. Another experimental imaging technique is single photon emission computed tomography (SPECT). SPECT is used to examine blood flow in the brain and the activity of various receptors in the brain. At this time, both PET and SPECT are only performed as part of a research study and are not standard clinical tools.

Questions the Doctor Might Ask

Making a diagnosis of Parkinson's disease can be difficult, even for an experienced physician. Thus any symptoms that the patient and family members or friends describe for the doctor _____

can be especially helpful. Patients are sometimes unaware of signs—such as stooped posture, slow movement, or changes in facial expression—that other people notice. On a visit to the doctor, it is very important to have a thoughtful and observant companion accompany the patient.

The following are some questions that a doctor typically asks a patient when considering the diagnosis of Parkinson's disease. We list the questions here to give the person who is about to visit the doctor a chance to think about the answers. It is often helpful to mull over answers in advance, and to have family members report what they have noticed:

- Are you walking more slowly?
- Do you take longer to get ready in the morning?
- Do you have trouble turning in bed?
- Do you cough or choke while eating or drinking?
- Do you take longer to handle utensils and eat a meal?
- Do you have a tendency to lean or fall backward?
- Do friends and family complain that you are more difficult to understand on the telephone?
- Do coworkers, friends, or family members complain that your handwriting has become more difficult to interpret?
- Are you having daily, or every other day, bowel movements, or are you having trouble with constipation?
- Have you noticed a tendency to drool?

A yes or no answer does not necessarily indicate Parkinson's disease or one of the Parkinson's plus disorders.

What Does a Diagnosis of PD Mean?

So you or someone important in your life has been diagnosed ____
with Parkinson's disease. As you gather information, you will ____
