

View this article online at: [patient.info/news-and-features/could-it-be-parkinsons-disease](https://patient.info/news-and-features/could-it-be-parkinsons-disease)

## Could it be Parkinson's disease?

Parkinson's disease affects the brain cells and nerves that help you move your muscles in a co-ordinated way. It mostly affects people over 50 – about 1 in 200 people in their 60s and 1 in 50 over-80s. There are exceptions – Michael J. Fox developed the condition young – and in younger people, it's more likely to run in families.

All your muscles are controlled by messages from your brain, passed along nerves cells which run through your spinal cord. Various chemicals called neurotransmitters transmit these signals. Different parts of your brain control different functions – movement, sight, sensation, thought processes, emotions.

The part of your brain which controls smooth muscle movements mainly uses a neurotransmitter called dopamine. In [Parkinson's disease](#), cells in this part of the brain gradually die, reducing the amount of dopamine your brain produces.

## Early symptoms

Symptoms of Parkinson's disease often come on fairly gradually and may be mistaken for just getting older. This is particularly true of one of the three main groups of symptoms – slowness of movement. You may start to walk more slowly, or find it harder to get up from sitting or lying. As time goes on, you walk with a shuffle, and once you get going you have trouble stopping or turning.

The other main symptoms are more typical of Parkinson's:

- Shaking or 'tremor' which is most noticeable when you're at rest or anxious and mostly affects your arms and hands. It doesn't always happen and may come on after the other symptoms. It usually improves when you're moving your hands.

- Muscle stiffness can make it hard to make fine movements, like picking up small objects, or writing. Your writing often becomes smaller; you may find it harder to swing your arms when you walk; and your balance may be affected, making you prone to falls.

Parkinson's can also affect muscle movement in your face, slowing your speech and leading to a face and voice lacking in expression. A dear friend of mine with Parkinson's deals with his condition with great humour – he likes to remind me that these days he'd make a great poker player because his face never changes.

## Later stages

As time goes on, some people develop other symptoms including bladder problems, [constipation](#), [tiredness](#), hallucinations and [sleep](#) issues. Balance can be affected, making you prone to falls and, in the late stages, it can be hard to swallow. This makes you prone to 'aspirating' food into your lungs, which can leave you prone to infections, including pneumonia. However, many patients have fairly mild or stable symptoms for several years.

People with Parkinson's are also prone to [depression](#) and [anxiety](#). You might imagine that this would happen more as your condition worsens – in fact, people with mild symptoms are also more likely than average to develop symptoms of depression. Treatment with medication and [talking therapy](#) is often effective. There is also a link between Parkinson's and [dementia](#) – about half of people with Parkinson's develop it. However, it rarely affects younger people with Parkinson's.

## Management and treatment

Although there is no cure for Parkinson's, there have been significant advances in treatment in recent years. A new form of brain surgery called deep brain stimulation can make a dramatic difference to movement problems for some people.

At first, you may not need any treatment. When symptoms become more troublesome, you're likely to be offered medication which increases the amount of dopamine in your brain. Levodopa produces significant improvement for most people, although [feeling sick](#) can be a problem at first.

Over time, levodopa tends to become less effective, and can lead to troublesome muscle problems. If either of these happen, your team can adapt your medication. But medications are only part of the management.

You should be referred to a specialist clinic; most of these have a specialist Parkinson's nurse who will be your first port of call. They can provide information and support, as well as monitoring your treatment and adjusting it if needed. They will take advice from a consultant neurologist. Other members of the team who can help include a physiotherapist, an occupational therapist (for home adaptations if needed) a dietician and a speech and language therapist to help with swallowing and speech issues.

If your loved one has Parkinson's, don't forget to speak with your GP about your needs - you're eligible for an annual carer's assessment.

*With thanks to My Weekly magazine, where this article was originally published.*

**Disclaimer:** This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

<b>Last updated by:</b> Dr Sarah Jarvis MBE, FRCGP 14/07/2020	
<b>Peer reviewed by:</b> Dr Colin Tidy, MRCP 14/07/2020	

---

View this article online at: [patient.info/news-and-features/could-it-be-parkinsons-disease](https://patient.info/news-and-features/could-it-be-parkinsons-disease)

Discuss Could it be Parkinson's disease? and find more trusted resources at [Patient](#).



To find out more visit [www.patientaccess.com](http://www.patientaccess.com)  
or download the app



Follow us

