Managing symptoms of Parkinson's disease (PD)

Ongoing care and support

- **Specialist nursing**
  - People with PD should have regular access to the services provided by a PD nurse specialist.

- **Physiotherapy**
  - Offer PD-specific physiotherapy for people who are experiencing:
    - Balance problems
    - Motor function problems

- **Occupational therapy**
  - Offer PD-specific occupational therapy for people who are having:
    - Difficulties with daily living activities
    - Problems with swallowing or saliva

- **Speech and language**
  - Offer speech and language therapy for people with PD who are experiencing:
    - Communication problems

- **Palliative care**
  - Consider referring people at any stage of PD to the palliative care team to discuss their priorities for care at the end of life.

Managing non-motor symptoms

- While the non-pharmacological management strategies listed above are first line treatments for non-motor symptoms, consider treating refractory problems with the following drugs:

  - **Excessive daytime sleepiness**
    - Modafinil

  - **REM* sleep behaviour disorder**
    - Clonazepam
    - Melatonin

  - **Orthostatic hypotension**
    - Midodrine
    - If contraindicated, not tolerated or not effective: Fludrocortisone

  - **Hallucinations and delusions**
    - Quetiapine
    - If not effective: Clozapine
    - Lower doses needed for people with PD than in other indications

  - **Drooling**
    - Glycopyrronium bromide
    - If contraindicated, not tolerated or not effective: Other anticholinergic medicines

  - **Dementia**
    - Specialist referral for Botulinum toxin A
    - If person’s risk of cognitive adverse effects is minimal: Other anticholinergic medicines

Advanced Parkinson's disease

- Offer best medical therapy, which may include:
  - Intermittent apomorphine injection and/or Continuous subcutaneous apomorphine infusion

- Consider deep brain stimulation if symptoms are not adequately controlled.

Managing motor symptoms

- If symptoms affect daily life, offer levodopa.
- If symptoms do not affect daily life, offer a choice.

- **Levodopa**
  - Symptoms
  - Activities
  - Motor comp.

- **Dopamine agonists**
  - Symptoms
  - Activities
  - Motor comp.

- **MAO-B inhibitors**
  - Symptoms
  - Activities
  - Motor comp.

- **COMT inhibitors**
  - Symptoms
  - Activities
  - Off-time
  - Hallucinat.

- **Adjuvant therapy**
  - If dyskinesia or motor fluctuations develop, adjuvant therapy may be added to a Levodopa regimen, under specialist advice.

  - **Dopamine agonists**
  - **MAO-B inhibitors**
  - **COMT inhibitors**

- **Amantadine** (no evidence of benefit or harms)

Impulse control disorders (ICDs)

ICDs are common adverse effects of dopaminergic therapy. They are a group of psychiatric conditions linked by a failure to resist the temptation to perform an act harmful to either oneself or others.

- **Compulsive gambling**
- **Hypersexuality**
- **Binge eating**
- **Obsessive shopping**
- Also inform them who to contact if ICDs develop

Managing ICDs

- Adjust dopaminergic therapy gradually, to balance motor symptoms and ICDs.
- If not effective: Offer specialist CBT targeted at ICDs.

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