

Not Just the Shakes: Non-motor Symptoms

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“I thought Parkinson’s was just a movement disorder?!”

Objectives:

- Review some non-motor symptoms of Parkinson’s
- Learn ways to manage the non-motor symptoms

Topics that will be covered:

- Neurogenic Orthostatic Hypotension (NOH)
- Constipation
- Urinary Problems
- Insomnia
- Excessive Daytime Somnolence (EDS)
- REM Sleep Behavior Disorder (RBD)
- Restless Leg Syndrome (RLS)
- Fatigue
- Apathy
- Pain
- Depression
- Anxiety
- Hallucinations
- Impulse Control Disorder

Neurogenic Orthostatic Hypotension (NOH)

What is NOH?

- Drop in blood pressure by 20 points when a person stands up or after a meal
- 1 out of 5 people have this
- Can manifest in several different symptoms:
 - Dizziness
 - Lightheadedness
 - Confusion
 - Fatigue
 - Falls, broken bones



How do we treat NOH?

- Increase fluid, salt
- Abdominal binder, elevate head of the bed
- Small more frequent meals, lower carb load
- Medications: midodrine, florinef, droidopa

Constipation

Constipation

- VERY common
- Often precedes motor symptoms
- Leads to feeling bloated
- Pills don't work well
- Can result in impaction



Treating Constipation:

- Drink more water!
- Exercise more!
- Eat more fruit and veggies, less meat
- Switch to grain bread, brown rice, whole grain pasta
- Probiotics
- Medications: miralax, sennekot

Urinary Problems

Urinary Problems

- Going too often and need to rush
- Going too little and can't empty
- Combination of the two



What to do?

- **Going too often:**
 - Check medications (water pills, some diabetes pills)
 - Avoid liquids after 6 pm
 - Pelvic floor exercises
 - Bladder routine (go every 2-3 hours)
 - Medications to control
- **Going too little:**
 - check medications (anticholinergics)
 - See a Urologist familiar with Parkinson's
 - Medications and catheterization

Signs of a bladder infection

- Going more often
- Urine smells bad
- Urine changes color
- Hurts or burns to urinate
- **can cause hallucinations and confusion

Insomnia

Insomnia

- The inability to fall or stay asleep
- Look for underlying causes: anxiety, motor symptoms, frequent urination
- Treatment: review medications, sleep study

Excessive Daytime Somnolence (EDS)

Excessive Daytime Somnolence

- Falling asleep unexpectedly during the day while talking, watching TV, driving
- Review medications (dopamine agonists)
- Sleep study to rule out obstructive sleep apnea
- Treatment: address underlying cause, modafanil



REM Sleep Behavior Disorder (RBD)

REM Sleep Behavior Disorder

- Very common, often predates motor symptoms by decades
- Acting out dreams, hitting bed partner, falling out of bed
- Treatment: melatonin, clonazepam

Restless Legs Syndrome (RLS)

Restless Legs Syndrome

- Creepy crawly sensation relieved by moving the legs
- Can occur as medications wear off
- Treatment: adjust medications, dopamine agonists, gabapentin, check ferritin level

Fatigue

Fatigue

- Affects nearly 50% of people
- Rule out causes that can contribute: thyroid, anemia, sleep problems
- Management: correct systemic problems, good sleep hygiene, dopamine agonists, methylphenidate, modafanil

Apathy

Apathy

- Reduced interest and motivation in activities that would generally bring enjoyment
- Lack of emotional responsiveness “meh”
- Difficult for the caretaker to understand
- No pharmacologic treatment

Pain

Pain

- Can be secondary to wearing off
- Dystonia
- Treatment: adjust medications, Botulinum toxin, stretching



Depression

Depression

- Feeling sad, hopeless
- Can be related to off periods
- Treatment: review if correlates with medication wearing off
 - If yes: adjust medications to minimize wearing off
 - If no: SSRI, SNRI, Wellbutrin , Cognitive Behavior Therapy

Anxiety

Anxiety

- Under recognized, under treated
- Can occur alone or with depression
- Can be associated with wearing off or being in the off state
- Treatment:
 - If related to off, modify dopaminergic regimen
 - If not: SSRIs, Benzos, Buspar, counseling, CBT, meditation, relaxation, exercise

Hallucinations

Hallucinations

- Seeing, hearing, smelling, feeling things that are not there
- Very disruptive to person and caretaker
- Person may act on it
- Treatment:
 - keep home well lit
 - Review medications
 - Pimavanserin

Impulse Control Disorder

Impulse Control Disorder

- Can occur secondary to certain Parkinson's medications
 - Such as Dopamine Agonists (DA)
- Uncontrollable urge to gamble, spend, eat, sexual urges
- Treatment: review medications, eliminate or decrease DA



Conclusions:

- Parkinson's is not just a motor problem!
- If you are unsure, ask your Neurologist
- Not everyone experiences every nonmotor symptom - no 2 people with Parkinson's are the same

Action Items

- Write down your questions to prepare for visits to the neurologist
- Discuss all of your symptoms with your doctor – we are here to help!
- Reviewing your medication list can solve problems