

Parkinson Disease – Management Update

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Citation: M A Verjee. Parkinson Disease – Management Update. Middle East Journal of Age and Ageing, Volume 15, Issue 2, June 2018. DOI: 10.5742/MEJAA.2018.93438

ABSTRACT

Parkinson disease (PD) is one of the most common neurologic disorders affecting those older than sixty years. PD is a primary cause of progressive disability in the elderly that can only be improved symptomatically but not cured. The loss of pigmented dopaminergic neurons in the substantia nigra pars compacta and Lewy bodies and neurites are the basis of the disease. PD is a synucleinopathy.

Pharmacological management is most successful for controlling motor signs for up to six years from onset. Levodopa and carbidopa remain the gold standard medications. Levodopa therapy has seen mortality rates drop by about 50%, with longevity prolonged. Monoamine oxidase (MAO-B) inhibitors provide some symptomatic relief by up to 25%, while dopamine agonists are less useful and have significant side effects. There are no current neuroprotective or disease-modifying medications. Treatments of

non-motor symptoms such as constipation or erectile dysfunction in PD add to the quality of life. Methylphenidate can be used short-term for extreme fatigue but has the risks of addiction or drug abuse. Deep brain stimulation (DBS) is another treatment option. Decreasing exposure to pesticides and other identifiable environmental risks may reduce the severity of PD. Genetic factors are more relevant if PD begins before the age of fifty. The risk of developing malignant melanoma with PD is increased about four-fold, and vice versa. Skin checks are useful. PD is 1.5 times more common in men than women. Physiotherapy combined with patient activity and maintaining fitness can delay muscle loss and consequent weakness.