

Enhancing Care for Older People Webinar Series. Session 35

Friday 11th April 2025

Title: Parkinson's: A guide to getting it right

Presenter:

Dr James Fisher,
Consultant Geriatrician
Northumbria Healthcare NHS Foundation Trust









Housekeeping

- Please ensure microphones are muted and during presentation cameras are turned off.
- The event will be recorded and shared.
- The webinar recording and presentation will be circulated and uploaded on to the website following the event.
- If you have any questions during the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.
- Please also use the chat facility to inform us of any technical issues as this will be monitored closely throughout by one of the EnCOP team.
- Occasionally you may have difficulty seeing or hearing video clips that are played, this will usually be due to your own device or software settings and not something we can influence during the webinar session. Please be assured all content will be shared following the event so you will have an opportunity to view afterwards.
- If you need to take a break at any time throughout the session please feel free to do so.



Session aims and linked EnCOP Competencies

- Aim: To celebrate world Parkinson's Day and raise awareness and understanding of Parkinson's Disease
- Linked EnCOP Domains:

Domain A. Values, Attitudes, Safe and Ethical Practice

Domain B: Partnership Working and communication with older people, families, and others

Domain C: Inter-professional and inter-organisational working, communication and collaboration

Domain D1. Ageing Well – Understanding Frailty - Prevention, Identification and Recognition

Domain D2: Ageing Well – Assessing, Planning, Implementing and Evaluating Care & Support with Older People

Domain D3: Ageing Well – Promoting and supporting holistic physical health and wellbeing with older people

Domain D4: Ageing Well – Promoting & Supporting Holistic Psychological Health & Wellbeing with Older People

Domain D5: Ageing Well - Promoting & Supporting Independence, Autonomy & Community Connectivity for Older People

Domain D6. Ageing Well – Promoting & Supporting Older People with Medicines Optimisation

Domain D7. End of life care: older people and frailty - Recognition, assessment & care planning

Parkinson's: A guide to getting it right

11/04/2025

EnCOP Webinar

James Fisher

Consultant Geriatrician, Northumbria Healthcare

Learning Outcomes

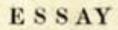
Recognise the challenges associated with the care of patients with Parkinson's

✓ Recall ten top tips for managing Parkinson's

Overview for the session

- A task to get you thinking about Parkinson's
- What are the symptoms of Parkinson's?
- How do we diagnose Parkinson's?
- What have you found tricky when it comes to people with Parkinson's?
- Ten top tips to take away
 - And some videos along the way

Using the chat function, please type the word that comes to mind when you hear "Parkinson's"



ON THE

SHAKING PALSY.

201

JAMES PARKINSON,

MANDER OF THE ROOM CONSERS OF PURGEOUS.

LONDON:

PRINTED AT PRITTED COLUMN AND BOWLAND, General Street,

FOR SHERWOOD, NEELY, AND JONES,

1817



- Fastest growing neurodegenerative condition in the world
 - 2nd most common

Biggest risk factor is increasing age



Symptoms of Parkinson's

Motor

Nonmotor

Bradykinesia

 Slowness of movement – includes loss of rhythm of movements and freezing

Rigidity

Constant through range of movement (unlike spasticity)

Tremor

• Upper limb, 'pill-rolling', typically rest, sometimes postural, 3-5Hz

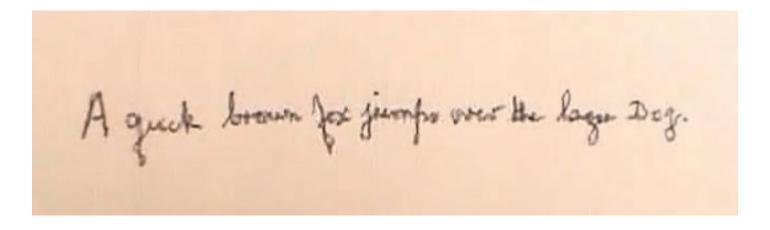
Other manifestations of bradykinesia

Micrographia

Dysphagia

Drooling

Speech problems



Symptoms of Parkinson's

Motor

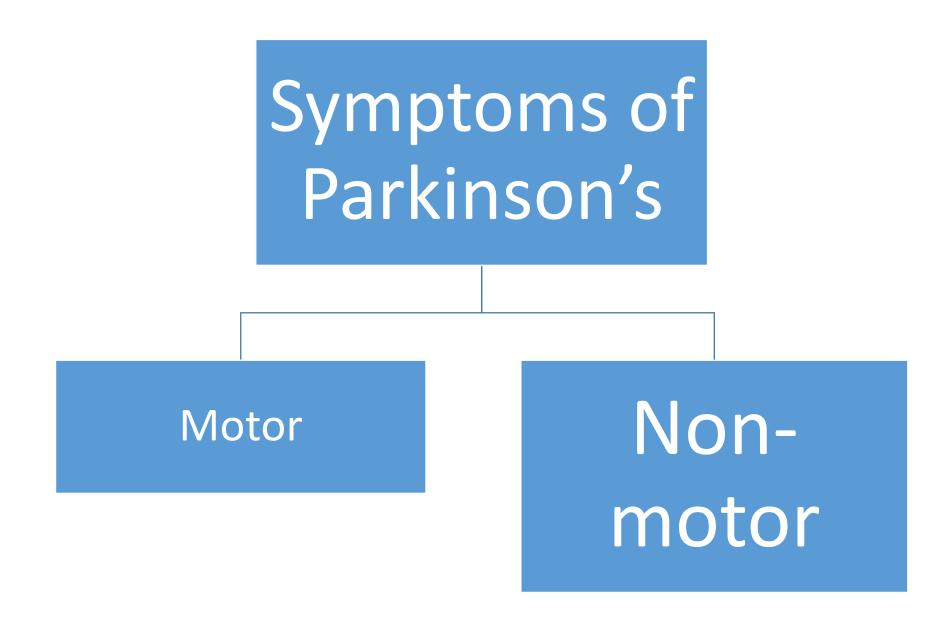
Nonmotor

Non-motor symptoms

- Autonomic
 - Orthostatic hypotension
 - Urinary dysfunction
 - Erectile dysfunction

Non-motor symptoms

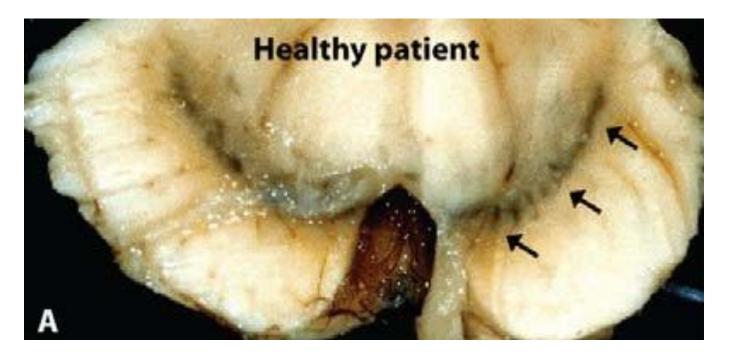
- Neuropsychiatric
 - Depression
 - Anxiety
 - Apathy
 - Dementia
 - Psychosis



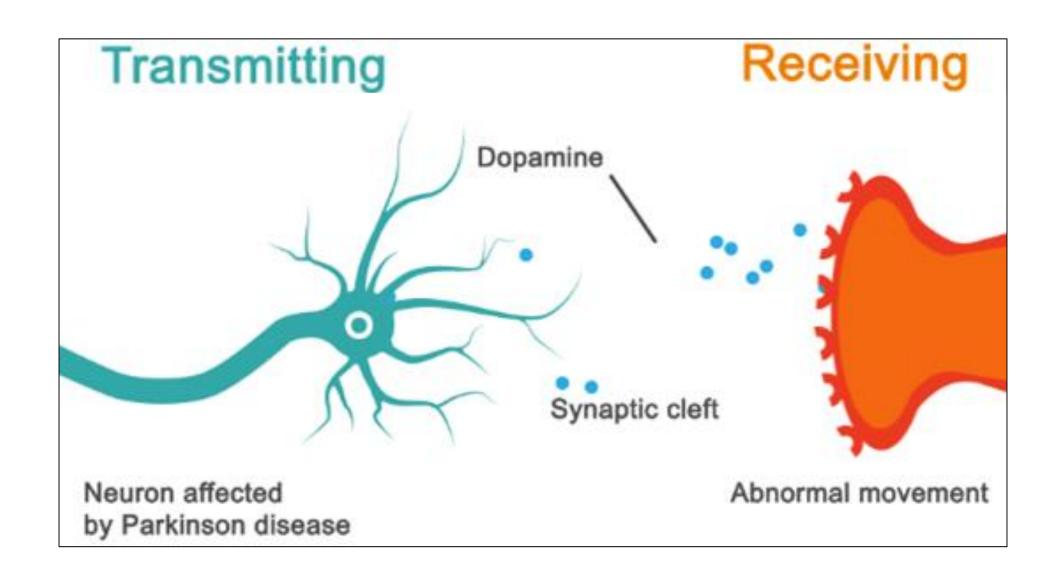
Scale proportional to impact on patient's quality of life

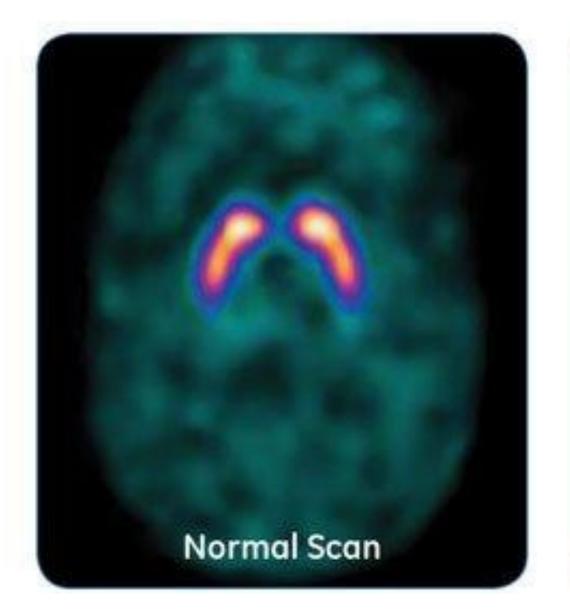
Diagnosis of Parkinson's disease

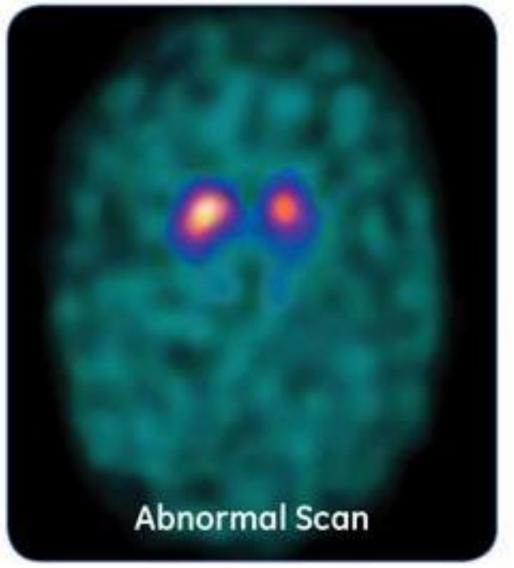
It's a clinical diagnosis











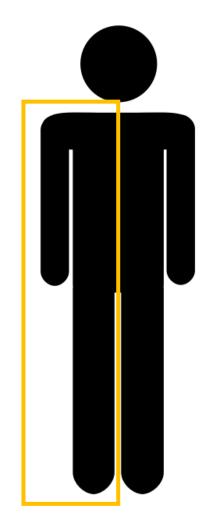
What have you found difficult about looking after patients with Parkinson's disease?

1. Be on the lookout for undiagnosed patients

a) Think about distribution

b) Refer to the PD team

c) Don't start treatment



2. Get it on time

Timings are crucial

Communication is key

 Check out Parkinson's UK's resources

Self administration?







3. Understand motor fluctuations

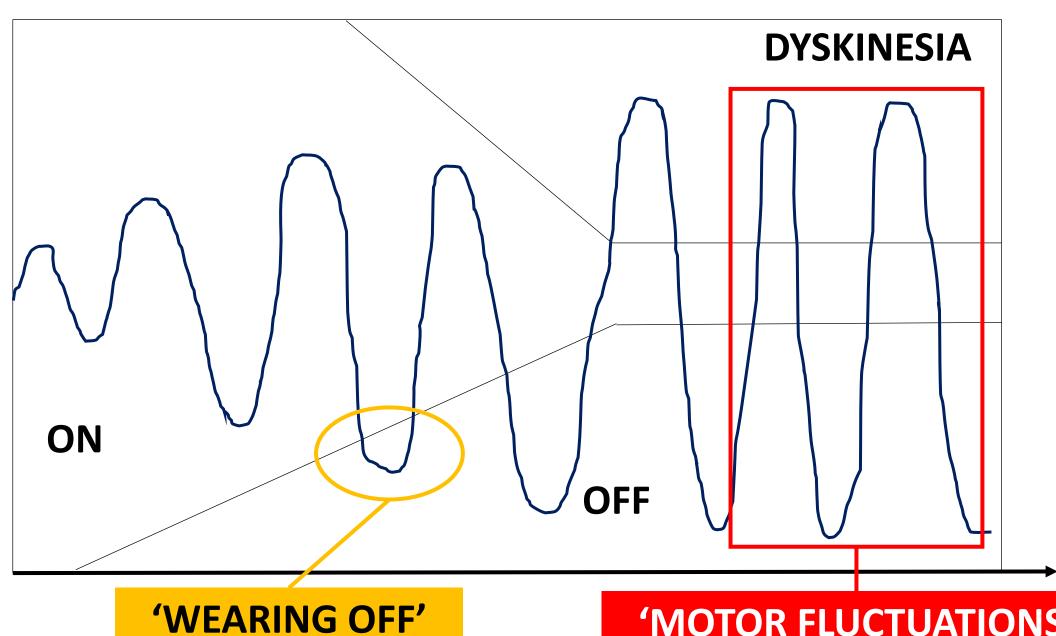
ON

Symptoms controlled



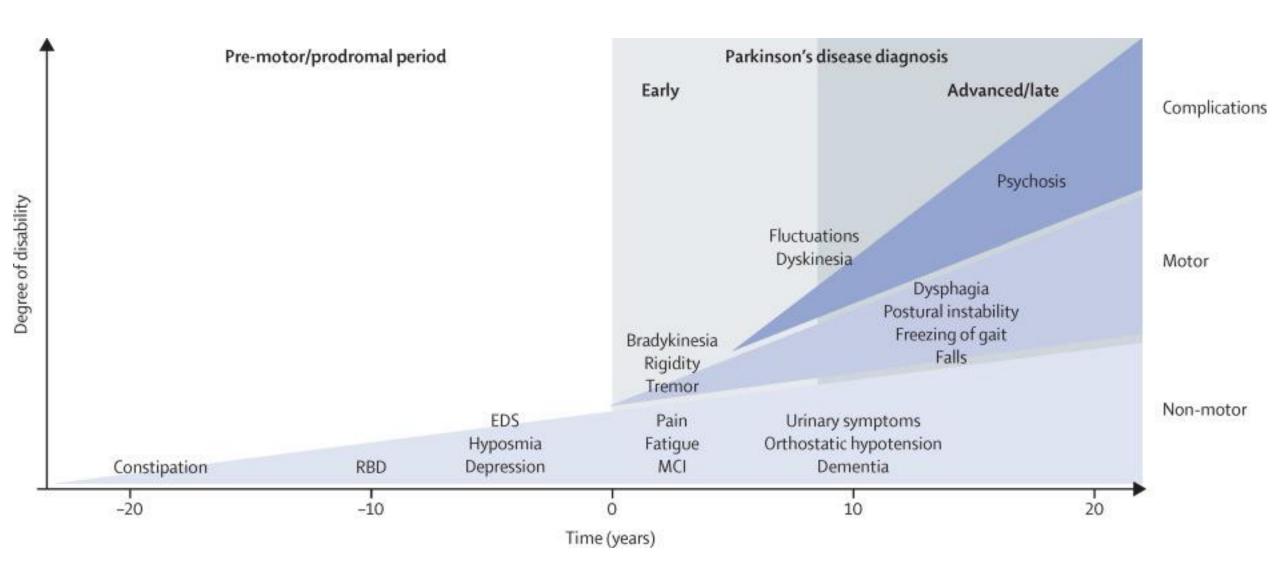
OFF
Symptoms
worse





'MOTOR FLUCTUATIONS'

4. Harness the power of the physio...



5. Don't' let 'NBM' become 'no bloody meds'...

 a) Beware the missed medication / poor swallow vicious circle...

b) Consider aspiration pneumonia

pdmedcalc.co.uk





PDMedCalc

Who is this tool for?

Doctors, nurses and pharmacists who are looking after patients with Parkinson's Disease (PD) who have been admitted to hospital and are unable to take their medications orally.

What is the purpose of the tool?

- Suddenly stopping PD medications can be extremely dangerous and due to the risk of neuroleptic malignant syndrome, potentially even fatal.
- In patients unable to take their usual PD medications orally, this tool is designed to convert a patient's usual PD medications to a 'Levodopa equivalent dose' (LED).
- The LED is then used to calculate the dose of dispersible madopar to be given via a nasogastric tube to provide a patient with their usual amount of PD medication.

Dose Calculator

Enter each medication and the frequency (per day)

Dose	Number per 24 hours	Add/Remove
Madopar (Co-beneldopa) 125mg (25/100mg)	4	Remove
Select	Select ~	Add Clear

Calculate

Your Results

Based on the entry of the following medications:

Name	Frequency
Madopar (Co-beneldopa) 125mg (25/100mg)	4 per day

the total levodopa equivalent dose for this patient is 400 mg per day.

Option 1:

Conversion of medications for administration via a naso-gastric tube using dispersible madopar (co-beneldopa)

0800	1200	1600	2000
1 x Madopar Dispersible			
125mg (100mg/25mg)	125mg (100mg/25mg)	125mg (100mg/25mg)	125mg (100mg/25mg)

Option 2:

Conversion of medications for administration via a rotigotine trans-dermal patch

N.B. This option may be considered if a NG tube is contraindicated or unsuitable, or if the patient is for palliation.

0800

1 x Rotigotine Patch 2mg (Replace every 24 hours)

Caution with Rotigotine Patch

6. Heed a cautionary tale...

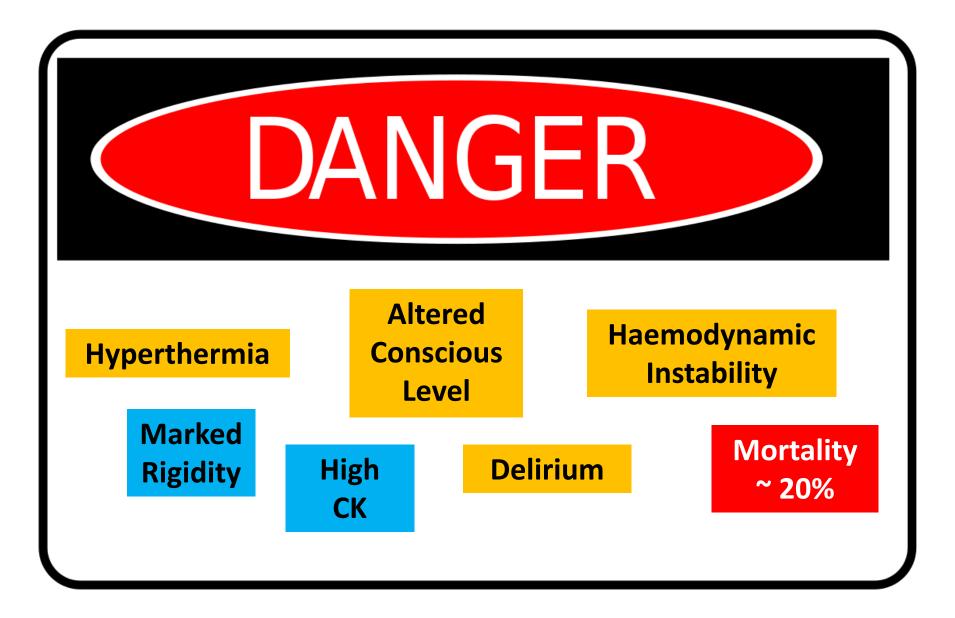
Sound Familiar?

Background

- 78 year old man with PD
- Admitted from nursing home: "drowsy"
- Confused speech
- Carer present: "poor intake", "strong smelling urine"
- Treated with IV Tazocin for ?UTI
- Concerns re swallow -> NBM

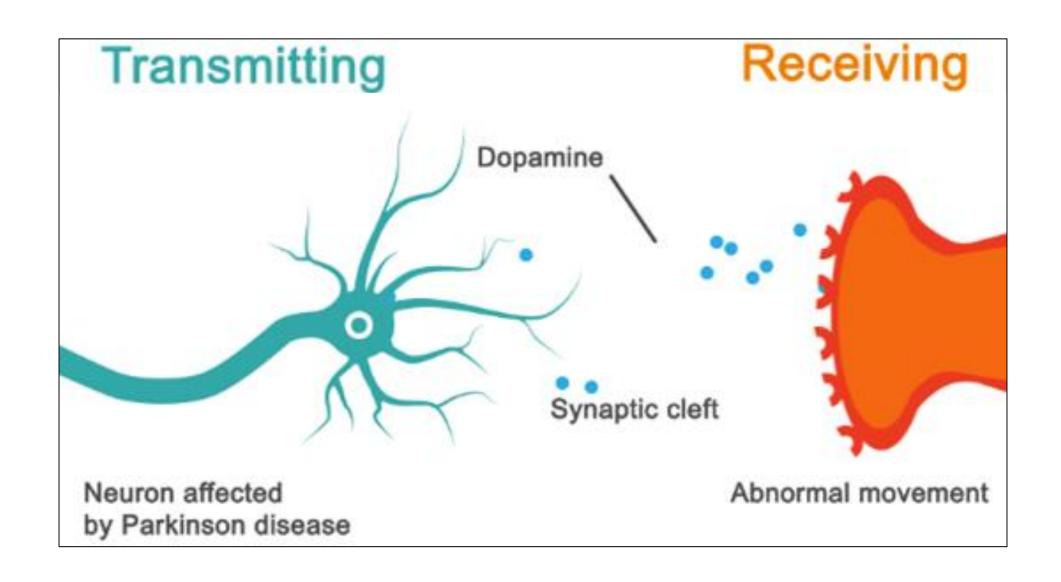
ATSP 24 hours later – High EWS

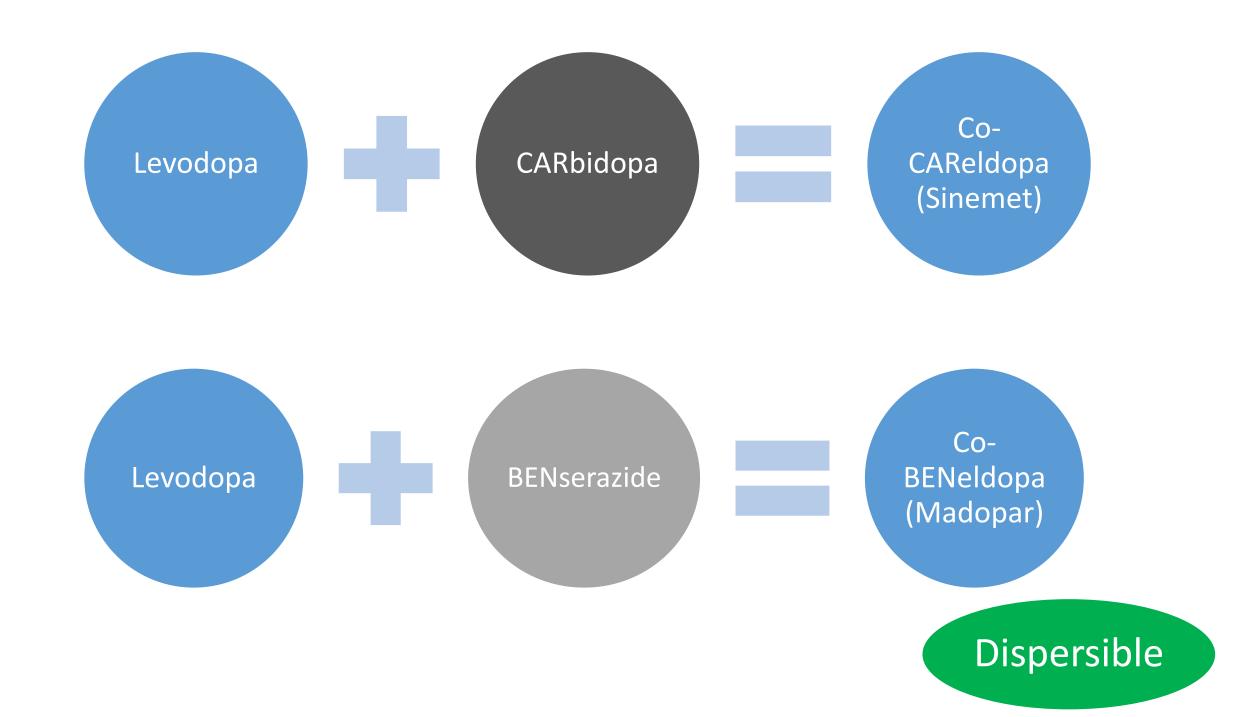
- RR 32/min, SaO2 96% (air)
- HR 120/min, BP 190/110
- T 39.7°
- Dehydrated
- Sweating
- Delirious
- Rigid
- Myoclonic jerks



Neuroleptic malignant syndrome

7. Be aware of the types of PD medications (including complex stuff)





Dopamine Agonists

Ropinirole

Pramipexole

Rotigotine



Getting more out of levodopa...

MAOBi

- Rasagiline
- Selegiline
- Safinamide

COMTi

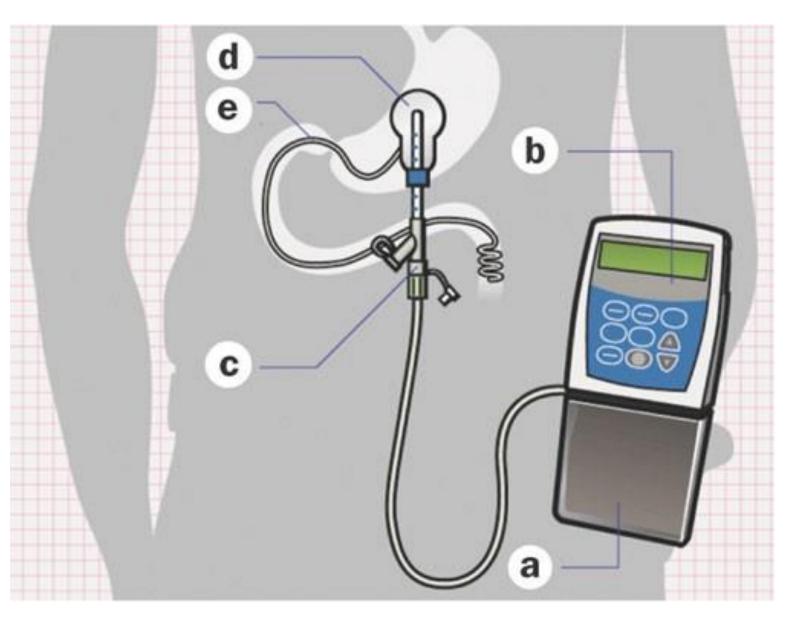
- Entacapone
- Tolcapone
- Opicapone

Apomorphine



Duodopa





Produodopa





8. Beware culprit drugs

DATE ROUTE INITIALS 08 13 17 22	I0mg TDS	Metoclopramide	OTHER INSTRUCTIONS	SIGNATURE	PHARMACY
DATE ROUTE INITIALS 0.5mg	Haloperidol	OTHER INSTRUCTIONS	SIGNATURE	PHARMACY	
08 13 17 (22)	nocte				
DATE ROUTE INITIALS 5mg	5mg	Prochloperazine	OTHER INSTRUCTIONS	JF	PHARMACY
08 13 17 22	TDS				

9. Harness the power of speech and language therapy...

10.?

My Ten Top Tips for Managing PD in Hospital

- 1. Be on the lookout for undiagnosed patients
- 2. Get it on time
- 3. Understand motor fluctuations
- 4. Harness the power of the physio
- 5. Don't let 'NBM' become 'No Bloody Meds'

- 6. Heed a cautionary tale
- 7. Be aware of the types of PD medications (including complex stuff)
- 8. Beware culprit drugs
- 9. Harness the power of speech and language therapy
- 10....?

James.Fisher@nhct.nhs.uk







Consolidating Learning:

Reflection on the session & considering application to practice & what this means 'your people'

- Think about this session in relation to your own role
- How much of this was revision?
- What have you learned today?
- How will this help you in your role?
- Think about your EnCOP self—assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development/ competency achievement.





Reminder of linked EnCOP domains

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Professional Network for Physiotherapists Working with Older People This year's AGILE Conference spans two days and promises to be an unmissable event for anyone with an interest in the rehabilitation of older people.

The event is open to non-members, although AGILE membership is just £25 for the year and offers a £32 discount on a two-day ticket—so well worth considering! Students welcome.

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Confirmed speakers:

Friday 16th May

Prof Brian Dolan OBE - Keynote Speaker
Prof Vicki Goodwin MBE - CHART and HERO trials
Colin Cook (Nottingham Forest Community Trust) Walking Football
Prof Liz Williams - Nutrition and Ageing
Bob Laventure - Falls & Exercise
Community Rehab Alliance
Jo Jennings - Older People and Advanced Practice

Saturday 17th May

Prof. Adam Gordon MBE - The Ageing Landscape in the UK Dr Daniele Magistro - Physical Activity and Ageing

Polio Survivor Network

Dr Melrose Stewart MBE - Sleep Study

BEPOP Team - Benchmarking Exercise Prescription in

Older People Update

Fiona Lindop MBE - Parkinson's Disease: Adding Life to

Years

Early bird tickets are now on sale! Don't miss out—secure your place today!

Book here - https://tinyurl.com/agileconf2025



Year - 2025	Session Title	Presenter(s)
May 15 th	My Journey to Delirium Research	Dr. Ahmad Khundakar, Teesside University



Feedback about today's session and any future sessions you may like to see included in our webinar series....

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?

Did you find the session went well in this online format?

Was the content of the session relevant to your area of practice / job role?

Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in? Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net



More information can be found within the Frailty icare website



www.frailtyicare.org

Our EnCOP pages are located in the workforce section

EnCOP Library of Learning & Development Resources can be found at:

<u>Domains « I-Care</u> (frailtyicare.org.uk)