

THERAPIES FOR PARKINSON'S DISEASE

Supportive therapies make it easier to deal with the day-to-day symptoms of Parkinson's disease.

The therapies suggested depends on the patient's age, health, medical history, stage of the disease, tolerance for medications and therapies, and patient's preferences.



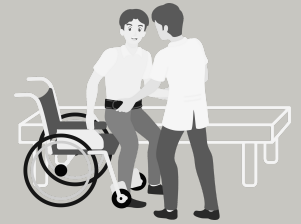
OCCUPATIONAL THERAPY

An occupational therapist can show you ways to move around an equipment you can move to make it easier for the patient. The therapist can also help you learn cues and coping strategies, and create an action plan with your caregivers.

LIGHT THERAPY

Light therapy can help with long-term improvements such as:

- Reducing gut inflammation
- Increase energy and reduce fatigue
- Improve gait and balance
- Reduce tremors



PHYSIOTHERAPY

Helps engage in exercise and manipulates movement which relieves muscle stiffness and joint pain. Some benefits of physiotherapy include:

- Making it easier to move, walk and be more flexible.
- Increasing your confidence
- Maintaining good balance and reducing your fear of falls
- Strengthening your chest muscle reduces infections and clears your chest aiding with speech
- Increasing the patient's independence

SPEECH AND LANGUAGE THERAPIST

The therapist uses technology to improve:

- Speech
- Facial expression
- Body language
- Swallowing



Patients usually have difficulties communicating due to their soft voice. Speech and language therapists can use technology and the Lee Silverman Voice Treatment to amplify patients' voices. The therapist can also help identify challenges one may face and help them learn how to cope with them.

DEEP BRAIN STIMULATION (DBS)

DBS involves placing electrodes (wires) in the brain on one or both sides that control movement. DBS is generally approved for those who were diagnosed with Parkinson's Disease within the last 4 years, typically responded well to levodopa, and are active physically however, they face challenges with dyskinesia. Generally, those who have their symptoms controlled by medications for the entire day and aren't experiencing drastic medication side effects are unlikely to receive DBS treatment. Additionally, those who have balance and cognitive challenges are unlikely to receive DBS treatment.

POSITIVE AND NEGATIVE SIDES OF DBS

- + DBS treats symptoms better and for a longer term than levodopa
- + Tremors that do not respond to medications can respond to DBS
- + Decreases the "on and off" times for dyskinesia
- May worsen thinking, memory, and mood for those who already face challenges. DBS may not be applicable for those with some heart diseases, and generally for those above the age of 70 years.
- Potential risks: bleeding in the brain (happens to 1-3% of patients), infection (usually in the chest or abdomen), and rarely over time the wire may break or disconnect from the battery for which reparative surgery may be needed.