

Parkinson's this
information has
recently become
under



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Parkinson's Disease which is commonly abbreviated as PD is a chronic progressive neurological disease process that affects the dopamine production of the brain. The cells that are most commonly affected are the substantia nigra, which produce dopamine that enables the movements most people are unaware of on a daily basis. The eventual death of the substantia nigra causes the rigid or complete loss of motor skills in those affected by Parkinson's Disease.

However, this information has recently become under debate due to While Parkinson's is relatively common, claiming the lives of over ten million people worldwide, no two cases are alike even though they contain slight commonalities. Parkinson's Disease has recently been discovered as having a genetic factor involved in it although, The genetic factor has played a large part in being able to detect young-onset Parkinson's Disease which is defined as being diagnosed before the age of fifty. It has recently been discovered that the genes affected are In atypical cases symptoms that can mirror Parkinson's do present in a the juvenile age group this has been labeled as Juvenile Parkinson's and is most commonly associated to high risk Parkinson's Disease gene mutations. Even though the age group of people whom are diagnosed with Parkinson's can differ significantly the general signs and symptoms remain the same. Early changes in the body posture typically go unnoticed by most that are diagnosed. The complications of these symptoms are what lead to the diagnosis of Parkinson's.

Such things can be as small as added depression and anxiety without outside factors being changed. These emotional changes can also then affect sleeping patterns. It is common for patients with Parkinson's to

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have frequently interrupted sleep patterns such as waking up multiple times a night, falling asleep too early in the evening, and taking an increasing number of naps throughout the day. A common but not widely known factor is losing the sense of smell, which is normally the first indication of Parkinson's, or slowly not being able to distinguish the differences between like smelling odors. Once a patient has had significant changes in emotional and core sense the signs of the disease progress. Small changes in bowel incontinence can be seen or the inability to urinate all together.

With the decreasing muscle control most patients also see some mild constipation as even the digestion track will slow down. As the parasympathetic nervous system slows down from the apoptosis of motor neurons swallowing problems also develop. The muscles will be slower to respond when swallowing leading to a buildup of saliva which can cause an increase in drooling and also propose an airway blockage problem.

These signs that are most talked about are Once these are present it becomes a very fast paced process while some medications can slow the disease if it was diagnosed after the severe symptoms have set in they are unlikely to help. Due the difference in what symptoms and signs can occur doctors have developed stages to define the disease process. Not every person diagnosed with Parkinson's Disease will have all of the symptoms, nor be in the same order, or in the same intensity as other patients.

However, there are patterns that are recognizable and therefore stages have been set up to track the progression of the disease. The stages are labeled as stage one through stage five. In stage one symptoms are typically only on one

side of the body and do not interfere with daily activities. Most changes occur in walking and body posture. By stage two body rigidity begins to set in, and tremors occur on both sides of the body. Daily tasks are getting harder and do take longer to complete however, living alone is still a feasible option.

Stage three is also called mid-stage where daily activities are significantly impaired and things such as eating and getting dressed will be near impossible to complete alone. Due to loss of balance in this stage falls become increasingly common. By stage four the disease symptoms are severe and limiting the affected person will require mobility equipment and assisted living situations. The final stage five is ultimately debilitating when the tremors set in to stiffness. Most patients are completely unable to walk and become bed ridden. In this stage hallucinations and delusions become common and the disease process now affects not only the motor skill set but also the psychological side.

There are two rating scales that doctors base these stages off of. The Hoehn and Yahr stages help define the severity of the physical symptoms during the stages and the Unified Parkinson's Disease Rating Scale helps rate changes in non-motor issues, mood and social interactions. There is an additional hypothesis that has recently developed called the Braak's hypothesis which states While research and new developments are coming out constantly about where the disease process starts and how long it takes to advance, one thing remains the same it is a disease that has no cure. While it has no cure the patients die with having Parkinson's it is not a disease that you die from.

There are however drugs that you can take in order to combat the symptoms such as taking Selective Serotonin Reuptake Inhibitors to help with depression and anxiety changes that occur. The most common drug to be used for Parkinson's patients is carbidopa-levodopa it must be given in large doses and will help control the tremors, this drug is also the most common way of diagnosing Parkinson's. Other medications that can be added to the treatment plan are dopamine agonists which mirror the dopamine effects in the brain and help to ease the symptoms of Parkinson's. MAO-B inhibitors also get prescribed which help slow down the breakdown of naturally occurring dopamine. Catechol-O-methyltransferase (COMT) inhibitors can also be taken to prolong the initial effects of the Levodopa which also helps stop the breakdown of dopamine. Although all of these medications can be prescribed they do have a significant downfall of added risks of hallucinations and increased dyskinesia in the late stages of the disease. The most dramatic of all "fixes" is going through deep brain stimulation.

This option is typically only suggested to patients who have seen little to no effects from the above medications. The risks to having deep brain stimulation implanted are severe infection, stroke or brain hemorrhage. It can be adjusted in strength as the disease process advances to help ease the increase in physical symptoms. However, it is important to remember that while there are many medications and procedures that can be used Parkinson's still remains an incurable disease.