


The challenges presented in
the Rehabilitation of the
Stroke Patient with Parkinsons
Disease

- Successful Stroke rehabilitation involves the multidisciplinary team , the patient and their family/ loved ones. Depending on how the stroke has affected the patient will dictate the amount of time or therapy that the patient needs from the different areas such as physiotherapy, nursing, medical, Speech & language therapy, Occupational therapy and clinical nutrition.
- Mobility is often affected in stroke and the aim of rehabilitation is to get the patient to a stage where they are the best that they can be helping them to achieve maximum independence.



Parkinson's Disease

- Parkinsons Disease is the second most common neurological disease after Alzheimers . It is both chronic and progressive and is incurable.
 - Parkinsons Disease is caused by the loss of dopamine producing neurons. When a patient first presents for what ends up being a Parkinsons diagnosis, almost 80% of these cells have depleted.
 - There is no diagnostic test for Parkinsons Disease (PD), tests are carried out to exclude other movement disorders and then the diagnosis is made.
 - Symptoms of PD can be both motor and non motor in nature.
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Motor Symptoms

- Tremor
- Rigidity (muscle stiffness)
- Freezing
- Kinesia
- Bradykinesia
- Gait disturbance & postural instability

Monitoring of symptom severity is crucial in the successful management of the patient with Parkinson's Disease.

Medication

- Levodopa is the 'go to' drug in the treatment of PD.
- Time critical medication
- The effects of Levodopa can wear off
- Levodopa is absorbed in the small intestine.
- Constipation adversely affects the absorption of levodopa.
- It must be administered 45 minutes before or 45 minutes after food in order to be absorbed effectively.

Communication

- Bradykinesia- the slowness of movement , meaning that the patient with PD needs extra time.
- Hypophonia- flat tone, low voice making it hard to hear the patient. Patients are completely unaware of this and can lead to them becoming frustrated.
- Mask like or vague look on the face of the patient with PD which may lead to the incorrect conclusion of a cognitive impairment or lack of engagement in the rehab process.

Medication side effect

- Impulsive or compulsive behaviours
- Gambling
- Over eating
- Shopping
- Hypersexuality.

Conclusion

Thank you for your time and attention. I hope that I have managed to tell you something that you didn't already know about the patient with PD and the challenges that they can face in the stroke rehab setting. I hope going forward that it will help you to manage the patient with PD more effectively.

References appropriate to this presentation are available on request.