

Monthly newsletter for people caring for those affected with Alzheimer's disease or other forms of dementia.

alzheimer's association®

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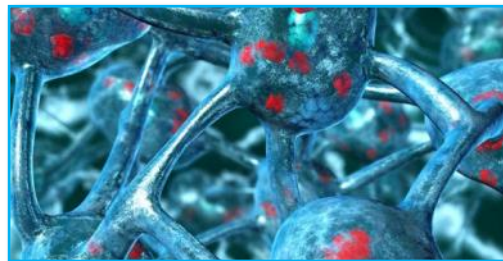
## Parkinson's: Movement & Memory

Marcy Maler, MA

Parkinson's disease is a fairly common neurological disorder in older adults, estimated to affect nearly 2 percent of those over the age of 65. The Parkinson's Foundation estimates that one million Americans have Parkinson's disease. The key brain changes linked to Parkinson's disease are abnormal microscopic deposits composed chiefly of alpha-synuclein, which is a widely found protein in the brain with a normal function. The deposits are called "Lewy bodies" after Frederick H. Lewy, M.D., the neurologist who discovered them. As the disease progresses, approximately 50 to 80 percent of those with Parkinson's eventually experience dementia and studies have shown that the average time from the onset of Parkinson's to developing dementia is about 10 years.

Parkinson's is often thought of as a disease that only involves movement, however, many people with Parkinson's complain of slowness in thinking, loss of memory, decreased attention span, and difficulty finding words. These are similar to the symptoms of dementia: the difficulty with memory and thinking that interfere with a person's daily activities and quality of life. For a person to be diagnosed with Parkinson's dementia the onset of dementia occurs a year or more after the onset of motor symptoms. This is not to be confused with Lewy body dementia, where symptoms of dementia appear before or at the same time as Parkinson's symptoms.

Lewy bodies are also found in several other brain disorders, including Lewy body dementia (LBD). Evidence suggests that Lewy body dementia and Parkinson's disease dementia may be linked to the same underlying abnormalities in the brain processing of alpha-synuclein. Another complicating factor is that many people with both Lewy body dementia and Parkinson's



disease dementia also have the plaques and tangles that are hallmark brain changes linked to Alzheimer's disease.

Because Parkinson's disease and Parkinson's disease dementia damage and destroy brain cells, both disorders worsen over time. The speed of their progression can vary widely. The brain region that is responsible for movement changes with Parkinson's disease and early noticeable symptoms include tremors and shakiness, muscle stiffness, a shuffling step, stooped posture, difficulty initiating movement, and lack of facial expression. As Parkinson's gradually spreads, it may begin to affect mental functions, including cognitive thought processes with memory, attention, judgment, and organization.

Commonly reported symptoms of Parkinson's disease dementia include:

- changes in memory, concentration, and judgment
- trouble interpreting visual information
- muffled speech
- visual hallucinations
- delusions, especially paranoid ideas
- depression
- irritability and anxiety
- sleep disturbances, including excessive daytime drowsiness and rapid eye movement (REM) sleep disorder.

There is no single test—or combination of tests—that conclusively determines that a person has Parkinson's disease dementia,

## Tips & Tools

- As dementia progresses, fact and fantasy can become confused, and behavior changes can be particularly hard for caregivers
- The person with Parkinson's may become disoriented and unable to be left alone
- They may show signs of agitation, delusions, mood fluctuations and increased impulsivity
- In addition to helping the person with Parkinson's, adopting strategies to help manage dementia can alleviate the caregiver's stress and emotional pain, too
- People with dementia are more like to become acutely confused after any operation
- Watch out for sensitivity to medication
- Stick to a routine or a structured schedule
- Simplify the décor of the living area to help with distractibility or confusion
- Use a nightlight to reduce visual misperceptions at night
- Keep calm and still while talking with your loved one. Demonstrate your care and affection for the person with dementia
- Keep in mind that paranoid attacks and false accusations are a product of the disease, not your loved one

however, guidelines for diagnosing Parkinson's disease dementia and Lewy body dementia are:

*A diagnosis of Parkinson's disease is given when a person is originally diagnosed with Parkinson's disease based on symptoms related to movement and dementia symptoms don't appear until a year later or more.*



*It is designated as Lewy body dementia when dementia symptoms present first, are present along with symptoms related to movement, or appear within one year after movement symptoms.*

There are some factors at the time of Parkinson's diagnosis that may increase a future risk of dementia. Although none of the following risk factors directly cause dementia, the greater presence of these factors, the higher the likelihood of developing dementia:

- Hallucinations in a person who doesn't yet have other dementia symptoms
- Advanced age
- Severity of motor symptoms
- A previous diagnosis of Mild Cognitive Impairment (MCI)
- Excessive daytime sleepiness
- Parkinson's symptom patterns known as postural instability and gait disturbance (PIGD), which include "freezing" in mid-step, difficulty initiating movement, shuffling, problems with balance and falling.

Currently there are no treatments to slow or stop the brain cell damage caused by Parkinson's disease dementia, however, a good first step is to discuss concerns with a doctor, preferably a neurologist or movement disorders specialist. Although there is no way to stop the progression of either Parkinson's or dementia, there are many ways a doctor can help to *manage the symptoms*, including medication (particularly a drug called rivastigmine), counseling, and other therapies.

Current strategies focus on improving symptoms. If your treatment plan includes medications, it is important to work closely with your physician to identify the drugs that work best for you and the most effective doses. Treating movement symptoms in those with Parkinson's dementia can be challenging, because it may aggravate hallucinations and confusion in those with Parkinson's dementia or Lewy body dementia.

Depression is common in individuals with both Parkinson's disease dementia and Lewy body dementia, and may be treated with a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs). REM disorder may be treated with clonazepam.

Because Parkinson's is such a highly complex disease, caregivers may often find that dealing with dementia symptoms are *even more complex* due to many other neurological effects of the disease. It is important that the caregiver pay close attention to the decline in cognitive condition of his loved one. Noting behaviors and addressing these with a healthcare professional may help in determining if drug alterations may alleviate some of the dementia symptoms.

Care partners for those living with Parkinson's face many challenges due to the nature of the disease itself. When cognitive decline becomes part of the mix, it can lead to extreme stress and anxiety. Seeking education, support, and local resources as early as possible are critical for care partners and families, especially the primary caregiver. We encourage caregivers to find local support groups to attend, as these are often valuable in connecting with others, learning new tools to cope, and understanding local resources. Here are some resources that may help caregivers get started in learning more about dementia and Parkinson's Disease.

[www.parkinson.org](http://www.parkinson.org)

[www.davisphinneyfoundation.org](http://www.davisphinneyfoundation.org)

[www.michaeljfox.org](http://www.michaeljfox.org)