# The role of the Parkinsons nurse with symptom control in PSP and CBD

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# The Parkinsons Nurse Team

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- **Debbie Thurman**; clinics Cheltenham and Cirencester
  - Home visits Cirencester/Lechlade/Dursley/Wotton
- **Emma Sodzi**; clinics Stroud and Gloucester
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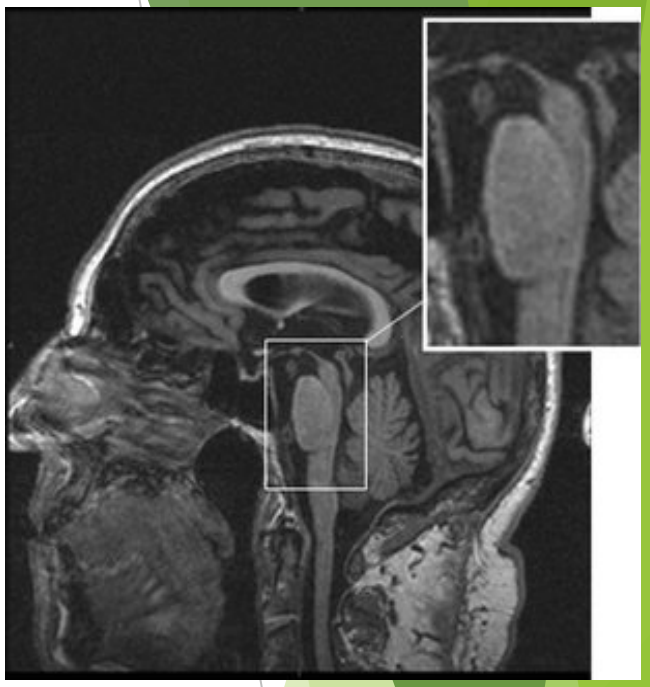
- **Ellen Bennett**; clinics North cots and Gloucester and Tewkesbury
  - Home visits North cots, Tewkesbury and Cheltenham
- **Jackie Burnett**; clinics Forest of Dean and Stroud
  - Forest of Dean/Stroud /Dursley

# How is PSP and CDB diagnosed ?



- Consultants make the diagnosis
- Look at reflexes, stiffness in muscle groups and weakness
- MRI to rule out other pathologies and hummingbird sign in PSP
- DaTSCAN – doesn't differentiate between different types of Parkinsons
- Radioactive tracer, injected into the blood, goes into the brain. Attaches to dopamine transporters

**PSP and CBD**

- Difficult to diagnose - subtle at first, affects walking, impairing balance
- Decreased blink rate
- Small handwriting, decreases in size as the writing continues
- Small, movements of the hands and the feet,
- Characteristic stiffness of the arms and the legs
- Often started on Parkinsons medication but no improvement

# How is PSP and CBD diagnosed?

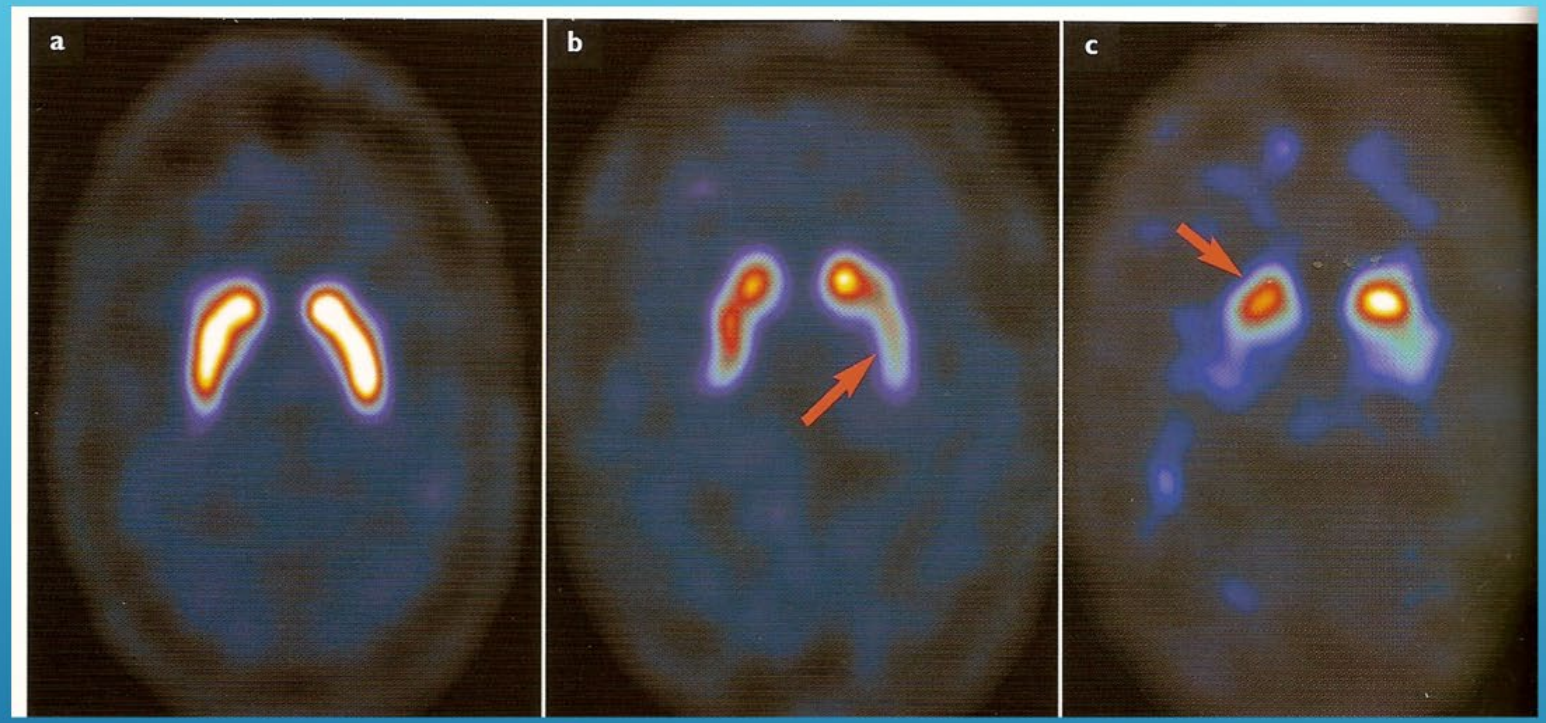
PSP

- Effects muscles controlling eyes -difficult to focus
- Unlike Parkinsons people lean backwards and fall backwards
- Slurred Speech and swallowing - difficulties early

CBD

- Tremors and jerky movements
- Impaired balance and co ordination
- Alien hand – one hand moving on its own not under conscious control
- Apraxia- difficulty performing familiar movements using utensils or clothes

# DaTSCAN




| | | |
|---|---|---|
| Comma shaped caudate and putamen on DaTSCAN<br><br>Pattern seen in healthy individuals and also in ET | Reduction (L>R) in putamen but bilaterally abnormal<br><br>Patient had 2yrs symptoms, with greater problems on right side of body | Advanced case<br><br>Almost no activity in putamen and bilaterally reduced in caudate |

# PSP common symptoms

- Stiffness/rigidity and slowness of movement
- Balance problems
- Trouble controlling upward and downward eye movements
- Behavioural changes – unexpected emotions (crying or laughing)
- Tremors in the hands
- Blurred vision
- Slurred speech and trouble swallowing - more affected than idiopathic Parkinsons
- Depression
- Difficultly controlling eyelids, unwanted blinking or unable to open eyes
- Saliva management

# CBD common symptoms

- Tremors and jerky movements
- Impaired balance and co ordination
- Alien hand – one hand moving on its own, not under conscious control
- Apraxia- difficulty performing familiar movements using utensils or buttons on clothes
- Often one limb will become particularly flexed /stiff/spasticity
- Dementia memory problems and changes in language skills
- Swallowing problems can lead to aspiration
- Personality changes apathy, irritability, anxiety,
- Sensory loss –difficultly identifying things by touch
- fatigue

# Stiffness/rigidity and slowness of movement

- There are 5 different types of PSP

- One type responds to medication used to treat Parkinsons and helps with slowness and stiffness
- Use levodopa medications e.g. madopar and Sinemet
- If swallowing problematic tablets can be crushed or dispersible medication used or rotigotine patch (absorbed through the skin)
- Stretches and physiotherapy can be helpful with rigidity

# Pain - rigidity/spasticity and MSK issues

- **If pain is a symptom - what is the cause?**
  - Common MSK issues e.g. hip, knee pain or rotator cuff tear
  - Needs discussion with GP so appropriate x rays, pain relief, referrals to physiotherapists or orthopaedics –
  - If Osteoarthritis (OA) wear and tear- paracetamol helpful
  - With back issues pain could be neuropathic (irritated nerve)- described as burning or toothache ; gabapentin and pregabalin can be helpful

- **If rigidity/spasticity is the cause**
- Gentle stretches, warmth
- Medications such as baclofen, gabapentin, dantrolene (used for spasticity )

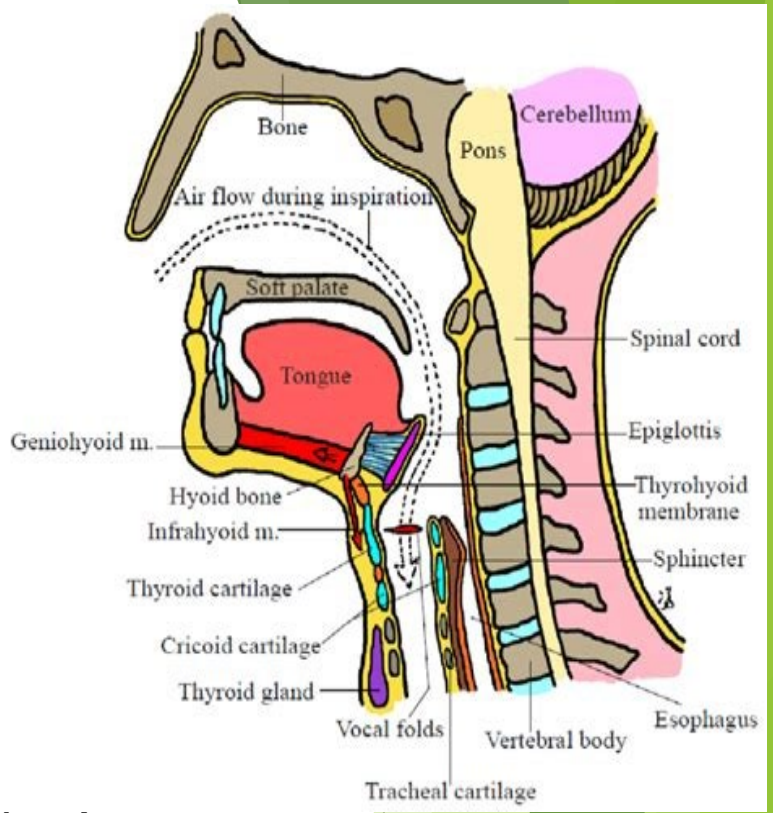
# Behavioural changes

- Crying and laughing – emotionally liable
- Medication prescribed at GRH – dextromethorphan and quinidine combination
- Processing can become slowed and cognitive problems
- Depression and low mood
- Often prescribe mirtazapine
- **Referrals to**
- Longfield hospice and Leckhampton
- Clinical psychology at GRH
- Lets talk Gloucestershire self referral- 0800 0732200
- Later life mental health team
- Memory clinic

# Swallowing

Advice

- Smaller mouthfuls
- Don’t look down or turn the head to watch TV
- Softer foods
- Add sauces to make food easier to swallow
- Dry foods are particularly difficult
- Referral to speech therapy team - give further advice and assess swallowing
- PEG - tube into the tummy for food if loosing weight



# Speech

- Areas of the brain controlling the movement of the tongue, lips and throat can impact on speech making it slurred and difficult to understand
- Can become slow, slurred or very quiet.
- Speech therapists can give exercises to practice
- May want to bank your voice with speak unique
- Assisted devices – Bristol
- Apps on I pads - grants available for some equipment

# Saliva management

- Same amount of saliva is produced reduced automatic swallowing reflex
- Swallowing reflex produces activation of the tongue, pharyngeal and laryngeal muscles to propel the food bolus/saliva from oral cavity to oesophagus without aspiration of food into the airway.

- Watch which buzzes to encourage swallowing
- App on mobile as a reminder
- Sucking sweets to stimulate the swallow
- Can wear neckerchief
- Botox injections – every 12 to 16 weeks at Gloucester Royal into parotid gland
- Medications include glycoprronium tablets and liquid and atropine eye drops
- Botox clinic at Gloucester Royal on Fridays

# Vision

- May experience visual problems which can’t be corrected by glasses
- Double vision
- Tunnel vision – where the field of vision is reduced
- Blurred or misty vision
- Slow jerky eye movements
- Difficultly looking up or down
- Bright light sometimes problematic and more comfortable with shades

- Prism glasses can help to focus the eyes- double vision.

# Constipation and bladder urgency

- Constipation due to lack of mobility and progression of disease
- Encourage a balanced diet fruit and vegetables
- Soups to maintain fluids
- Laxatives such as laxido and bisacodyl may be needed

- Bladder urgency – remove stimulants e.g. caffeine, fizzy drinks and alcohol. Concentrated urine will irritate the bladder so plenty of fluids
- Medication such as mirabegron helpful to dampen messages from brain of urgency
- A continence team referral may be helpful.
- Pads can be ordered on NHS

# Thankyou

Any questions?

# Making the most of Appointments

Write down any questions to help prompt

Main issues 2/3 things to discuss