

CANADIAN GUIDELINE for PARKINSON DISEASE 2nd. Ed.

Parkinson Canada

WHO AM I?

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1st Canadian Guidelines on Parkinson's Disease

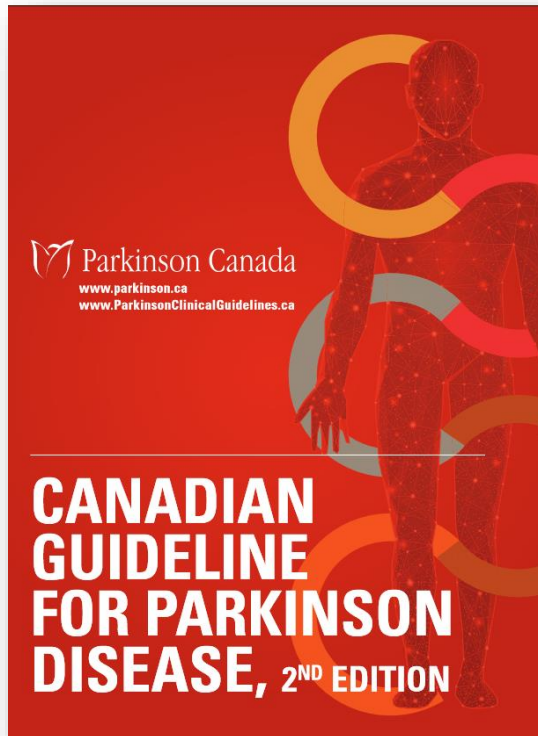
CANADIAN GUIDELINES ON PARKINSON'S DISEASE

- Published in the *Canadian Journal of Neurological Sciences* in July 2012
- Contained **84** recommendations in **four** distinct sections
- Developed using the **ADAPTE** process



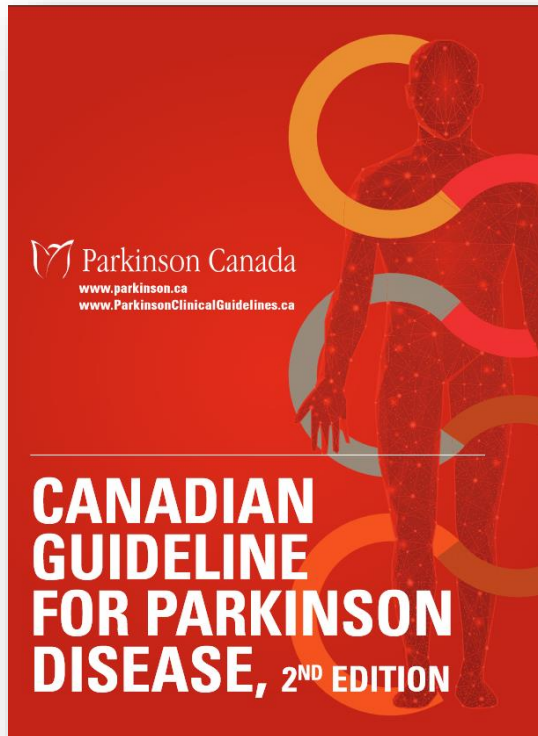
Canadian Guideline for Parkinson Disease 2nd. Edition

CANADIAN GUIDELINE FOR PARKINSON DISEASE



- Published in the *Canadian Medical Association Journal* September 2019
- Contains **97** recommendations in **five** distinct sections

CANADIAN GUIDELINE FOR PARKINSON DISEASE



- Only components of **ADAPTE** process were used
- Surveys to HCPs
- Screening questions
- Full-day working meetings
- Several other tools and processes

OBJECTIVES FOR THIS SESSION

To identify and understand:

- What guidelines are
- Who the target users may be
- What the overarching key points are
- What the highlights from each section are
 - In particular, how they may relate to your clinical practice



What are Guidelines?

GUIDELINES ARE...

Tools

- Based on the best published evidence
- Involve expert consensus when there is a lack of evidence
- Offer practical clinical advice
- Take into account patient choice and informed decision-making
- Are relevant to the Canadian health care system



INTERDISCIPLINARY AUTHORSHIP



Who are the Target Users?

TARGET USERS ARE...



- Healthcare professionals
- People with Parkinson's disease
- Care partners and families
- Policy makers and funding bodies

What are the 4 Key Points?

1ST KEY POINT



Impulse control disorders can develop in a person with Parkinson's on any dopaminergic therapy, at any stage - especially in those taking dopamine agonists.

2ND KEY POINT



Surgical therapies like DBS and intra-jejunal levodopa-carbidopa gel infusion are being increasingly used in Parkinson's to manage motor symptoms and fluctuations.

3RD KEY POINT



Evidence exists to support early institution of exercise at the time of Parkinson's diagnosis in addition to the clear benefit now shown in those with well established disease.

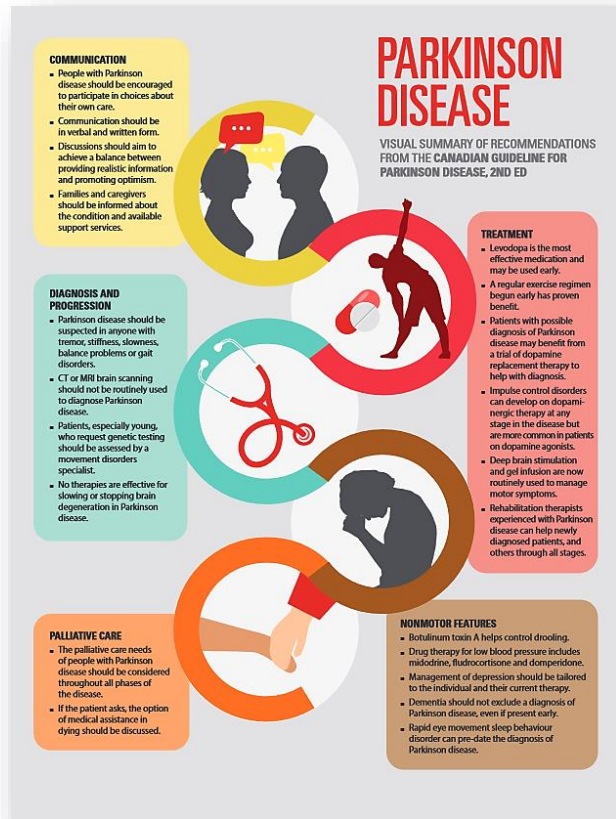
4TH KEY POINT

4

Palliative care requirements of people with Parkinson's should be considered throughout all phases of the disease which includes an option of medical assistance in dying (MAID).

Section Highlights

GUIDELINE INFOGRAPHIC



- Is available in both official languages
- Uses consumer-friendly language
- Highlights the salient points from each of the five sections

GUIDELINE SECTIONS

1. Communication
2. Diagnosis & Progression
3. Treatment
4. Non-Motor Features of PD
5. Palliative Care



COMMUNICATION

- Should be verbal & written
- Achieve a balance between realistic information & promoting optimism
- PWP is encouraged to participate in choices about their own care
- PWP/care partner should be informed about condition and available supports



DIAGNOSIS & PROGRESSION

- Parkinson's should be considered in anyone that presents with **T.R.A.P.**
- CT or MRI **not** used for diagnosis
- Patients, especially the young, requesting genetic testing should see a MDS
- No therapies are effective for slowing/stopping brain degeneration



TREATMENT

- Levodopa is still the “**GOLD** Standard”
- Dopamine replacement therapy trial
- Benefits of regular exercise
- Impulse control disorders can develop at any time
- DBS & gel infusion are routinely used to manage motor fluctuations
- Rehabilitation therapists help patients through all stages



NON-MOTOR FEATURES OF PARKINSON'S

- **Botulinum Toxin Type A** helps control drooling
- Drug therapy for low blood pressure may include **domperidone**
- Management of depression should be tailored to individual & current therapy
- Rapid-eye movement sleep behaviour disorder can pre-date diagnosis of Parkinson's disease



PALLIATIVE CARE



- Redefined the meaning of “palliative care” since the last version
- 5 recommendations in this section

PALLIATIVE CARE

- **NOT** considered end-of-life care
- Should be considered as **comfort care** for someone diagnosed with a chronic, progressive, degenerative disease



PALLIATIVE CARE

- Palliative care needs should be considered throughout **all** phases of the disease
- If the patient asks, the option of medical assistance in dying (**MAID**) should be discussed



THANK YOU! ANY QUESTIONS?



MY CONTACT INFORMATION

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“Parkinson’s Changes Everything”