

## DYSKINESIA IN PARKINSON'S DISEASE

The meaning of dyskinesia comes from dys, referring to “not correct”, and kinesia referring to “movement”. Dyskinesia is characterized by abnormal, involuntary wriggling movements that some describe as random dance-like motions. These movements are different from the common Parkinson’s disease tremor. Dyskinesia can affect part of the body or the entire body, including the legs, arms, trunk, head, face, mouth and tongue.

### Causes of Dyskinesia

It is important to note that not all people living with PD will experience dyskinesia, and although dyskinesia is not a direct symptom of Parkinson’s disease (PD), it can be a side effect of medication prescribed to treat PD. As PD progresses, there are changes in how the brain is able to store and release dopamine. This means that over time, people with PD are more likely to experience dyskinesia no matter how long they have been on treatment.

Dyskinesia occurs most commonly during the peak effects of an individual taking levodopa/carbidopa, called peak-dose dyskinesia. It can also occur at the start of a dose when it is beginning to take effect (wearing “on”) and similarly at the end of the dose when the effects of the medication are starting to wear off (wearing “off”). Dyskinesia may also fluctuate in an individual due to stress. Dystonia may also occur during these on/off times (refer to help sheet on dystonia). If you are experiencing dyskinesia, be sure to record when it occurs during your medication cycle as this information can be helpful for your healthcare team.

### Managing Dyskinesia

It is best to discuss the options for managing dyskinesia with your medical team. PD doctors will work to minimize your movement problems to get the most “on” time without dyskinesia. It can be a lengthy process to determine the correct dose, timing and type of medication as each individual is different and treatment needs can change over time.

Some people with PD choose to live with mild dyskinesia as they are not bothered by it and feel that treating it may be more disruptive to the treatment of other, more serious symptoms. It is best for the healthcare team, family and friends to ask the person with Parkinson’s what their preference is, so medication and lifestyle can be managed accordingly.

### Sources

Okun, M. S. & Fernandez, H. H. (2010). *Ask the doctor: Parkinson’s disease*. New York, NY. Demos Medical Publishing.

Weiner, W. J., Shulman, L. M. & Lang A. E. (2001). *Parkinson’s disease: A complete guide for patients & families*. Baltimore, MD: The John Hopkins University Press.

Wile, Daryl (2018). Personal communication.