



# PARKINSON SUPERWALK®



[PARKINSON.BC.CA/SUPERWALK](https://PARKINSON.BC.CA/SUPERWALK)



We are adapting to the new normal this year by bringing you an engaging online SuperWalk experience, featuring monthly fundraising and exercise challenges, and a live-streamed opening ceremony on Saturday, September 12<sup>th</sup>.

This event will help us carry on providing the programs, support services, educational resources, and advocacy that people with Parkinson's, their families, and carepartners rely on.



***Gather your teammates,  
register online, and start  
fundraising today!***



# PARKINSON'S DISEASE



## Frequently Asked Questions

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## OBJECTIVES

- This talk will provide an overview of Parkinson's disease informed by questions that I am frequently asked by patients across the disease spectrum



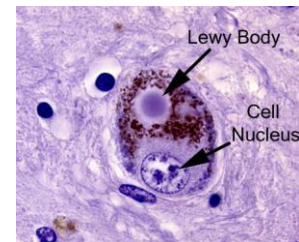
# DISCLOSURES

- None



# WHAT CAUSES PARKINSON'S DISEASE?

- Parkinson's disease is the second most common neurodegenerative disease, after Alzheimer's.
- For most people, the cause is unknown
  - Perhaps 5-10% of cases are genetic
  - Having an affected first-degree relative doubles the risk of PD
- In most cases, small, abnormal fragments of a protein called alpha-synuclein accumulate in neurons and form Lewy Bodies. Something about this process seems to be toxic to the neurons



# WHAT IS THE DIFFERENCE BETWEEN PARKINSONISM AND PD?

- Parkinsonism is an umbrella term that describes a set of symptoms:
  - Resting tremor
  - Muscle rigidity
  - Bradykinesia – slow, clumsy movements
- The most common cause of these symptoms is Parkinson's disease, but there are other conditions that cause similar symptoms
  - Other neurodegenerative diseases
  - Certain medications



# HOW DO YOU DIAGNOSE PARKINSON'S DISEASE?



- Parkinson's disease is a clinical diagnosis
  - The only definitive test is an autopsy (not a popular option!)
- DaT scans have recently been approved in Canada, but are about as good at diagnosing PD as a movement disorder neurologist
  - We get it right about 60-70% of the time in early disease, and 85-90% of the time in more advanced disease



## WHY IS IT SO HARD TO DIAGNOSE PD?

- Most people misdiagnosed with Parkinson's disease have a different neurodegenerative disease instead
  - Multiple system atrophy
  - Dementia with Lewy Bodies
  - Progressive Supranuclear palsy
- In the first few years of disease, the symptoms of these other conditions can be identical to PD
- Neurologists are on the lookout for “red flag” symptoms at every appointment





# IS THERE A CURE FOR PD?



- Unfortunately not (yet!)
- There are drugs in trials targeting specific genetic subtypes of PD
- Exercise seems to slow progression of the disease



## WHAT TYPE OF EXERCISE SHOULD I DO?

- We don't know if there is a best exercise
- 30 minutes of moderate intensity exercise daily
- Mix of cardio, strengthening, stretching and balance
- Many PD exercise classes exist – PWR, boxing, dance, etc.
- Tai Chi, Qi Gong and Yoga have been shown to improve balance and reduce the risk of falls



# WHAT DIET SHOULD I FOLLOW?



- There is currently no specific diet recommended for people with PD
- The MIND diet may help reduce the risk of developing neurodegenerative diseases and slow brain aging
  - Fresh vegetables, berries, nuts, olive oil, fish, wine (in moderation!)



## WHAT SUPPLEMENTS SHOULD I TAKE?

- No supplements have been shown to affect disease progression in PD
- Magnesium can help with constipation and leg cramps
- Vitamin D may be beneficial, especially if levels are low or borderline
- Several supplements have been shown to be ineffective (at least on their own):
  - Vitamin E
  - Co-Enzyme Q10
  - Creatine
  - Glutathione



# AM I AT HIGHER RISK OF COVID-19 BECAUSE I HAVE PD?



- There are few reports yet addressing this issue
- In general, patients with PD are not considered to be immunocompromised
- Reported PD patients with severe COVID-19 were more likely to have hypertension, diabetes, dementia or advanced disease





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CENTRE FOR BRAIN HEALTH

# ISN'T LEVODOPA TOXIC?



- Many studies have been done to assess whether levodopa affects progression of Parkinson's disease
- Levodopa is a purely symptomatic treatment and has no effect on disease progression



# WILL MY MEDICATION LOSE EFFECT AS MY BODY GETS USED TO IT?

- Short answer: no
- Levodopa will continue to be effective to treat symptoms that respond to levodopa
- With disease progression, you may develop symptoms that are not related to dopamine deficiency – these symptoms will not respond to levodopa
- Over time, each dose of levodopa will last less time – this is because of a reduced ability of the brain to store levodopa as the disease progresses



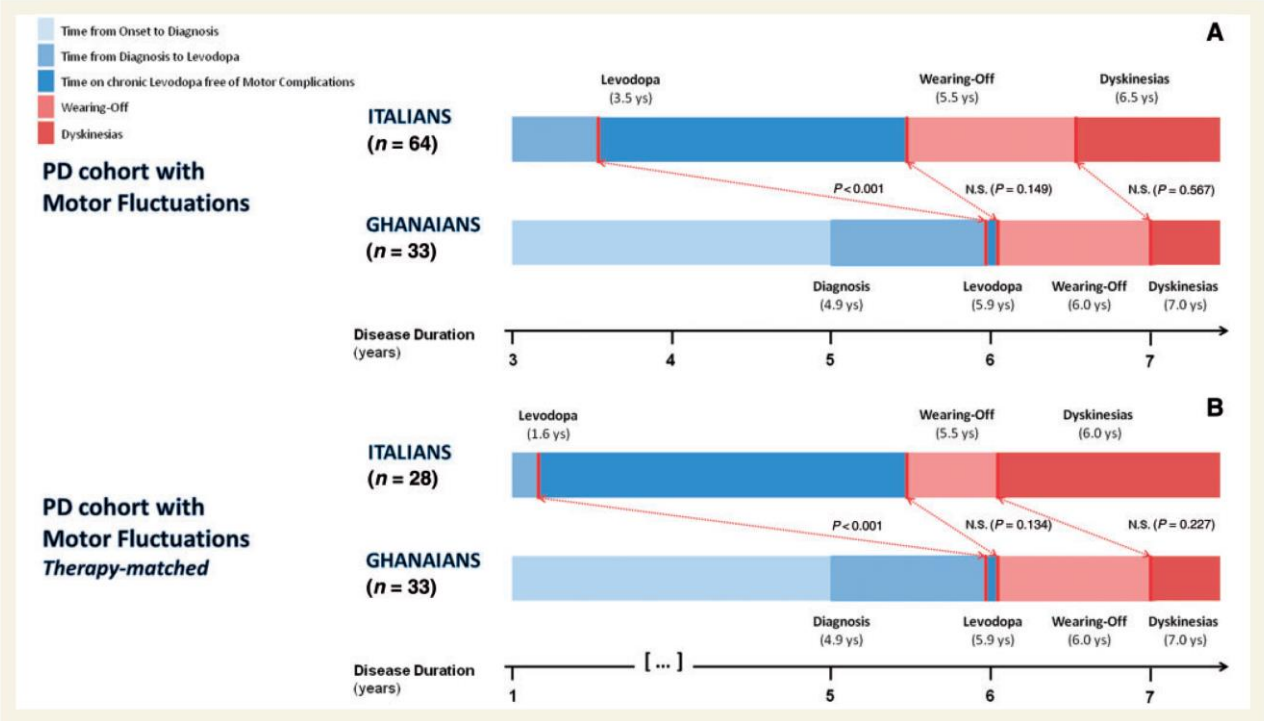


# WHAT CAUSES DYSKINESIAS?

- The exact cause and mechanism of dyskinesias is not fully understood
- The biggest contributor to the development of dyskinesias is how long you've had PD
- Intermittent dopamine treatment may influence the development
  - But no correlation between developing dyskinesias and length of time on medication
- People who have never taken any treatment for Parkinson's may have dyskinesias after their very first dose of levodopa



# SHOULD I WAIT TO TAKE MEDICATION SO THAT THE BENEFIT LASTS LONGER?



# MY NEIGHBOUR/GRANDSON/DAUGHTER TOLD ME I SHOULD TRY CANNABIS...



- Cannabinoid receptors are widely distributed throughout the brain
- There are currently only a few small studies of cannabis in PD with conflicting results
- At present, the role of cannabis in treating symptoms of PD is unknown



# HOW FAST WILL MY CONDITION PROGRESS?

- The rate of progression varies considerably between individuals, but the rate tends not to change much over time
  - If symptoms suddenly change (over hours – a few days), see your family MD!
- In general, the younger you are when the disease begins, the slower the progression
- Average disease duration is 15 years
  - Average age of onset is 65
  - Average life expectancy of a Canadian 65 year-old is 20 years (men 18, women 21)



# HOW COMMON IS DEMENTIA IN PEOPLE WITH PARKINSONS?



- Cognitive impairment is (unfortunately) very common
- 80% of patients will develop cognitive impairment within 20 years of disease onset
- Younger people are less likely to develop cognitive issues.



# WHAT CAN I DO TO LIVE AS WELL AS POSSIBLE WITH PD?

- Stay engaged
- Stay active
- Stay informed
- Give yourself permission to grieve
- Prepare for the foreseeable



# A PLUG FOR ADVANCED CARE PLANNING

- Regardless of your age or state of health, now is the time to think about your end-of-life wishes
  - Ministry of Health has resources to help
- Draw up advanced directives and designate power of attorney (POA)
- Make sure your family (especially your POA) knows your wishes



**QUESTIONS?**



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