Parkinson’s disease is a manageable condition.
No two people with Parkinson’s disease will experience the condition the same way, so management will vary.
A neurologist is the best person to see if you have Parkinson’s disease – your doctor can arrange this.
Good management is a combination of medication and multidisciplinary support.
Regular exercise can improve some of the symptoms of Parkinson’s disease.

Parkinson’s disease is a progressive, degenerative neurological condition that affects a person’s control of their body movements. It is not contagious and not fatal. It is thought to be genetic in a very small percentage of cases. Symptoms of Parkinson’s disease are caused by the progressive degeneration of nerve cells in the middle area of the brain. This causes a lack of dopamine, a chemical messenger (neurotransmitter) necessary for smooth, controlled movements. The symptoms appear when about 70 per cent of the dopamine-producing cells have stopped working normally. Parkinson’s disease cannot be cured, but the symptoms can be managed. With a combination of medication and multidisciplinary support, people with Parkinson’s disease can live independent and productive lives.

Incidence of Parkinson’s disease
It is estimated that approximately four people per 1,000 in Australia have Parkinson’s disease, with the incidence increasing to one in 100 over the age of 60. In Australia, there are approximately 80,000 people living with Parkinson’s disease, with one in five of these people being diagnosed before the age of 50. In Victoria, more than 2,225 people are newly diagnosed with Parkinson’s every year.

Symptoms of Parkinson’s disease
The type, number, severity and progression of Parkinson’s disease symptoms vary greatly. Everyone is affected differently. Some of the main symptoms are:
- tremor (shaking)
- rigidity (muscle stiffness)
- bradykinesia (slowness of movement)
- freezing (experiencing a sudden inability to move)
- stooped posture
- shuffling gait
- micrographia (small handwriting)
- apathy
- fatigue
- sleep disturbance
- loss of sense of smell
- depression
- blood pressure fluctuation
- constipation.

Causes of Parkinson’s disease
At present, we do not know the cause of Parkinson’s disease. Researchers worldwide are investigating possible causes, including:
- pesticides, toxins, chemicals
- genetic factors
- head trauma.

Management of Parkinson’s disease
No two people with Parkinson’s disease will have exactly the same symptoms or treatment. Your doctor or neurologist can help you decide which treatments to use.
People can manage their Parkinson’s disease symptoms through:
- medication
- multidisciplinary therapy (provided by nurses/allied health professionals/counsellors)
- deep brain stimulation surgery (for some people).

Medications for people with Parkinson’s disease
Symptoms of Parkinson’s disease result from the progressive degeneration of nerve cells in the brain and other organs such as the gut, which produce a neurotransmitter...
called dopamine. This causes a deficiency in the availability of dopamine, which is necessary for smooth and controlled movements.

Medication therapy focuses on maximising the availability of dopamine in the brain. Most Parkinson’s medications fit into one of the following broad categories:

- levodopa – dopamine replacement therapy
- dopamine agonists – mimic the action of dopamine
- COMT inhibitors – used along with levodopa. This medication blocks an enzyme known as COMT to prevent levodopa breaking down in the intestine, allowing more of it to reach the brain
- anticholinergics – block the effect of another brain chemical (a neurotransmitter called acetylcholine) to rebalance its levels with dopamine
- amantadine – has anticholinergic properties and improves dopamine transmission
- MAO type B inhibitors – prevent the metabolism of dopamine within the brain.

There is no ‘best’ medication treatment for Parkinson’s. Each person has different symptoms, disease progression, lifestyle and physical tolerances. All of these factors will affect the timing, type, dose and combinations of medication.

As the disease progresses, your doctor will need to review and alter your medication program. It is important to see a neurologist or a doctor who has experience in helping people with Parkinson’s disease.

Seeing a neurologist regularly will help you to make sure you are getting the best possible medication management. A neurologist will manage your doses and any necessary adjustments. This is important as side effects can be a problem for people on large doses.

It is very important to take your medication promptly at the recommended time every day, whether you are at home, at work, in hospital or in a nursing home. Taking medications late can severely hamper the movements of a person with Parkinson’s disease.

Medication will help to alleviate symptoms, but will not alter the progression of the symptoms over time. Over time your medication may become less effective and your neurologist will need to try different medication regimes to get the most benefit.

**Surgery for people with Parkinson’s disease**

Deep brain stimulation surgery is an option to treat Parkinson’s disease symptoms, but it is not suitable for everyone. There are strict criteria and guidelines on who can be a candidate for surgery and this is something that only your doctor and you can decide.

When performing deep-brain stimulation surgery, the surgeon places an electrode in the part of the brain most affected by Parkinson’s disease. Electrical impulses are introduced to the brain, which has the effect of ‘normalising’ the brain’s electrical activity reducing the symptoms of Parkinson’s disease. The electrical impulse is introduced using a pacemaker-like device called a stimulator.

Thalamotomy and pallidotomy are operations where the surgeon makes an incision (cut) on part of the brain. These surgeries aim to alleviate some forms of tremor or unusual movement, but they are rarely performed now.

**Support for people with Parkinson’s disease**

Early access to a multidisciplinary support team is important. These teams may include doctors, physiotherapists, occupational therapists, speech therapists, dietitians, social workers and specialist nurses.

Members of the team assess the person with Parkinson’s disease and identify potential difficulties and possible solutions.

There are a limited number of multidisciplinary teams in Victoria that specialise in Parkinson’s disease management, but generalist teams are becoming more aware of how to help people with Parkinson’s disease.

**Exercise and Parkinson’s disease**

Evidence suggests that regular exercise can improve some symptoms of Parkinson’s disease and improve your quality of life. Consult closely with your doctor, physiotherapist or healthcare professional when devising your own exercise program.

**Benefits of regular exercise with Parkinson’s disease**

Benefits of regular exercise for a person with Parkinson’s disease can include:

- better control over gross motor movements, such as walking
- greater muscle strength and flexibility
- increased cardiovascular fitness
- improved coordination and balance
- reduced risk of falling
- improved posture
- greater confidence in performing daily activities
- reduced stress levels
- improved joint mobility.

**General recommendations on exercising and Parkinson’s disease**

General recommendations on getting started include:

- Check with your doctor before starting an exercise programme.
Aim for at least 15 minutes of exercise every day. Include a thorough stretching program that targets each joint and muscle group. Spend a few minutes warming up and cooling down. This could include marching in place or stretching. Start with the easiest exercises first. Slowly introduce the more difficult exercises as your fitness increases. Try to perform each movement to the best of your ability. Stop and rest if you feel tired at any point, as over-exertion can make your symptoms worse. Stop doing any exercise that causes you pain, and consult your exercise specialist – doctor, physiotherapist, exercise physiologist. Find an exercise programme that is fun! Any activity that includes long, large movements and an increase in your normal tempo will help. Activities such as dance, tai chi, yoga and cycling are all great ways to improve your strength, fitness and balance. You could exercise with others or play your favourite music.

Safety while exercising and Parkinson’s disease

If you are at risk of falling or freezing (experiencing a sudden inability to move), general safety suggestions include:

- Do your exercises sitting down.
- Hold onto a chair when doing standing exercises.
- Avoid floor exercises if you can’t get up by yourself.
- Only exercise when other people are at home who can help if necessary.
- Exercise with others.
- Ask for assistance from a family member or friend.

Sample exercise program for a person with Parkinson’s disease

Be guided by your doctor, physiotherapist or healthcare professional when devising an exercise program. Aim to build up to 8–10 repetitions of each exercise. Ideally, the exercise program should target overall fitness and muscle flexibility, as well as specific body parts.

Exercises for overall fitness

Exercise for overall fitness needs to include an aerobic component, at least three times a week. Aerobic exercise needs to be intense enough to make you puff. Walking is excellent for overall fitness. Brisk walking is an excellent general exercise as it improves strength in lower limbs and trunk, improves aerobic capacity, and improves balance. When starting a walking programme:

- Choose flat, obstacle-free terrain.
- Gently stretch your leg muscles before you start walking.
- Take larger strides to help you balance better.
- Focus on lifting each foot and placing it down heel first.
- Count each step – this can help to make a smoother, more rhythmic walking style. Alternatively, walk to music with a strong even beat.

If walking isn’t practical or possible for you, explore other options such as water aerobics or stationary cycling. Other forms of exercise such as dance, tai chi, yoga and Pilates are also excellent for overall fitness.

Stretching exercises for muscle flexibility

Suggestions when stretching include:

- Hold an easy stretch as far as you can without pain. Don’t bounce!
- Maintain the stretch for 30 seconds.
- Repeat each stretch twice.
- If you feel any pain or discomfort, ease off.
- Incorporate gentle stretching into your warm-up and cool-down routines.

Exercises for your face

Pull faces at yourself in the mirror. Suggestions include:

- surprise – lift your eyebrows and open your mouth
- displeasure – frown and purse your lips together
- disgust – wrinkle your nose as if you’re smelling something truly awful
- pleasure – make a big smile.

Exercises for your head and shoulders

Suggestions for head and shoulder exercises include:

- Turn your head slowly from left to right, aiming to glance over each shoulder.
- Lift your face to the ceiling, then drop your chin to your chest.
- Drop your left ear to your left shoulder. Straighten up. Drop your right ear to your right shoulder. Straighten up.
- Raise and lower your shoulders. Roll your shoulders forwards, then backwards.
- These exercises must be done in a slow and controlled manner.

Exercises for your arms and torso

Suggestions for arm and torso exercises include:

- Clasp your hands and raise your arms overhead, with your elbows straight. Lower slowly.
Put your hands behind your head and open out your elbows.
To improve your posture, spend time lying flat on your back, preferably without a pillow. If this is too difficult, use the flattest pillow you can tolerate. (Avoid doing this exercise alone if you can’t get up by yourself.)

**Exercises for your hands and wrists**

Suggestions for hand and wrist exercises include:

- Touch the tip of each finger to your thumb.
- Rotate your hands so the palms face up, then down.
- Bend your hands at the wrists, up and down.
- Clench and unclench your fists.

**Exercises for your legs**

Suggestions for leg exercises include:

- Lie flat on your back, bend one knee, and hug it to your chest. Straighten the leg. Repeat with the other leg.
- Sit down, extend one leg and make a circle with your foot. Repeat on the other side.
- While sitting down, rock your feet from heel to toe, encouraging full ankle movement.
- While sitting down, slowly raise and lower your leg as if stamping your foot in slow motion. Repeat with the other leg.
- Perform stationary marching, lifting each leg as high as you can.
- Lie flat on your back with your knees bent, feet flat on the bed. Lift your buttocks off the bed.
- Avoid doing lying-down exercises alone if you can’t get up by yourself.

**Exercises using light weights**

Light weights can increase the intensity of your exercise program. You can buy weights that strap with Velcro tape to your wrists and ankles, or use household items such as soup tins or water-filled bottles.

Choose a weight that you can push or lift without pain or fatigue for an easy 10 repetitions. Only increase the weight once you can comfortably perform three sets of 10 repetitions.

**Help for carers of people with Parkinson’s disease**

Being a carer for a person who has Parkinson’s disease can be difficult. A wide range of agencies can provide help and support, including counselling, carer education programs, information and support groups. These agencies for carers include Parkinson’s Victoria and Carers Victoria.

**Where to get help**

- Your doctor
- Neurologist
- Physiotherapist
- Community services at your local council
- Parkinson’s Victoria Tel. 1800 644 189 or (03) 9581 8700
- Peer support groups
- Independent Living Centres Australia Tel. (03) 9362 6111 or 1300 885 886, TTY (03) 9314 9001
- Carers Victoria Tel. 1800 242 636, TTY (03) 9396 9587
- The Brain Foundation Tel. 1300 886 660
- Brainlink Tel. 1800 677 579 or (03) 9845 2952
- Monash Health – Kingston Movement Disorders Clinic Tel. 1300 342 273
- Eastern Health – Wantirna Health Tel. 1300 342 255
- Peninsula Health – Rosebud Community Rehabilitation Centre Tel. (03) 5986 3344
- Elderwick Private Hospital Tel. (03) 9508 5100
- St John of God Health Care – Frankston Rehabilitation Hospital Tel. (03) 9788 3333

**References**

- National Center on Health, Physical Activity, and Disability, *Parkinson’s disease and exercise*, University of Illinois, USA. [More information here.](http://www.nclhd.org/)

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Neuromuscular system

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab

- Neuromuscular system explained
- Huntington's disease
- Motor neurone disease
- Multiple sclerosis
- Parkinson's disease
- Spina bifida
- Other movement related conditions

Neuromuscular system explained

- Central nervous system birth defects
  Folic acid taken before conception, and during at least the first four weeks of pregnancy, can prevent around seven out of 10 cases of neural tube defects.

- Neuromuscular disorders
  The combination of the nervous system and muscles is known as the neuromuscular system.

Huntington's disease

- Huntington's disease
  The symptoms of Huntington's disease usually, but not always, first appear when the person is approaching middle age.

- Huntington's disease and diet issues
  Weight loss is often associated with Huntington's disease, but it doesn't appear to be a direct result of diet.

Motor neurone disease

- Motor neurone disease (MND)
  Motor neurone disease (MND) is also called amyotrophic lateral sclerosis (ALS) and Lou Gehrig's disease. MND is a rapidly progressing, neurological disease.
  Motor neurones are nerve cells that control.

- Motor neurone disease (MND) - help with daily activities
  People with motor neurone disease can keep some independence and quality of life with the right help.

- Motor neurone disease (MND) - independence at home
  A person with motor neurone disease may have difficulty with everyday items in their home.

- Motor neurone disease (MND) - personal care
  Problems using the toilet and bathroom can be stressful for both the person with motor neurone disease and their carer.

- Motor neurone disease (MND) - recreation and leisure
  Recreation and leisure are very important for everyone, especially for people with limited activity.

Multiple sclerosis

- Multiple sclerosis (MS)
  Multiple sclerosis is not contagious, but it is progressive and unpredictable.

- Multiple sclerosis (MS) - common problems
  Common symptoms of multiple sclerosis can be eased with medications, therapies and self-help strategies.

Parkinson's disease

- Parkinson's disease
  People with Parkinson's disease can help manage their symptoms through medication and support.

- Parkinson's disease and constipation
  Constipation is a common complication of Parkinson's disease.

- Parkinson's disease and sexual issues

betterhealth.vic.gov.au
Communication is the best remedy for all types of relationship problems, including sexual problems caused by Parkinson’s disease.

Spina bifida
- Spina bifida
  Folate can prevent up to 70 per cent of spina bifida cases if taken daily for one month before conception and during the first three months of pregnancy.
- Spinal muscular atrophy (SMA)
  A child with spinal muscular atrophy type 1 rarely lives beyond three years of age.

Other movement related conditions
- Cerebral palsy
  Cerebral palsy affects people in different ways some people experience minor motor skill problems, while others may be totally physically dependent.
- Charcot-Marie-Tooth disease (CMT)
  Charcot-Marie-Tooth disease is the most common inherited disorder affecting the peripheral nervous system.
- Friedreich's ataxia
  To the casual observer, a person with Friedreich ataxia may seem to be drunk.
- Helping a child with a disability
  Helping a child with a disability you can help improve their communication and movement by encouraging them to take part in daily activities.
- Kennedy's disease
  Kennedy's disease is a rare inherited neuromuscular disorder that causes progressive weakening and wasting of the muscles, particularly the arms and legs.
- Muscular dystrophy
  People affected by muscular dystrophy have different degrees of independence, mobility and carer needs.
- Myasthenia gravis
  Myasthenia gravis is an autoimmune disease that causes muscle weakness.
- Polio and post-polio syndrome
  Polio is a serious disease that can cause life-threatening paralysis and possibly death.
- Restless legs syndrome (RLS)
  Restless legs syndrome has been described as a type of cramp, soreness or a creeping, crawling feeling.
- Rett syndrome
  People with Rett syndrome have a keen desire to communicate.
- Tourette syndrome
  Milder forms of Tourette syndrome can be misdiagnosed, as it often occurs at the same time as attention deficit hyperactivity disorder (ADHD) and other disorders.

Related Information
- Parkinson's disease and constipation
  Constipation is a common complication of Parkinson's disease.
- Parkinson's disease and sexual issues
  Communication is the best remedy for all types of relationship problems, including sexual problems caused by Parkinson's disease.
- Neuromuscular disorders
  The combination of the nervous system and muscles is known as the neuromuscular system.
- Multiple sclerosis (MS) - common problems
  Common symptoms of multiple sclerosis can be eased with medications, therapies and self-help strategies.
- Motor neurone disease (MND) - personal care
  Problems using the toilet and bathroom can be stressful for both the person with motor neurone disease and their carer.
Related information on other websites

- Monash Health Movement Disorders Clinic
- Parkinson’s Australia.
- Parkinson’s UK.
- Parkinson’s Victoria – Resources in languages other than English.
- World Parkinson Disease Association.

Support Groups

- Parkinson's Victoria

Content Partner

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