

# **Unit 23: Understand Parkinson's for Care Staff**

**Unit reference number: A/616/7339**

**Level: 3**

**Unit type: Optional**

**Credit value: 2**

**Guided learning hours: 14**

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## **Unit summary**

Parkinson's is a progressive neurological disease that affects approximately one in 500 people. Signs and symptoms and the rate of progression vary among individuals, although most experience difficulties with movement. There is currently no cure for the disease, but there are treatments that are used to manage the symptoms. Drugs are most commonly used, but some people benefit from surgery or complementary therapies. Due to the nature of the disease, individuals and their families and carers may require support from care workers to manage the disease and cope with the emotional effects of caring for someone with a progressive disease.

In this unit, you will learn about the signs and symptoms of the disease, how it is diagnosed and treated, and the common drugs used in the treatment of the disease, including side effects and how to alleviate them. You will understand the impact on an individual's quality of life, of motor and non-motor symptoms, of fluctuating symptoms and of the impact they have on relationships. You will gain an understanding of how to access support services and ensure that individuals are given choices. You will understand how communication and cognitive function are affected. You will also gain understanding of the impact on the individual of the changes they might experience and how these changes can be managed.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand the signs, symptoms and progression of Parkinson's</p>	<p>1.1 Define Parkinson's</p> <p>1.2 Explain what causes Parkinson's to develop</p> <p>1.3 Explain key symptoms of Parkinson's:</p> <ul style="list-style-type: none"> <li>• motor</li> <li>• non-motor</li> </ul> <p>1.4 Identify the common age of onset of Parkinson's</p> <p>1.5 Explain the typical phases of the progression of Parkinson's</p> <p>1.6 Explain conditions within parkinsonism</p>
<p>2 Understand the impact of Parkinson's on individuals and others</p>	<p>2.1 Describe the impact on quality of life of:</p> <ul style="list-style-type: none"> <li>• motor symptoms</li> <li>• non-motor symptoms</li> </ul> <p>2.2 Explain the impact of Parkinson's on an individual's relationships with others</p> <p>2.3 Explain the impact of fluctuations in Parkinson's on an individual and others</p>
<p>3 Understand the approaches used to manage Parkinson's</p>	<p>3.1 Describe the processes, procedures and services involved in diagnosis</p> <p>3.2 Describe methods, practices and possible interventions used to support individuals to manage their symptoms</p>

Learning outcomes	Assessment criteria
	<p>3.3 Explain how an individual's preferences are taken into account when supporting them to manage their Parkinson's</p> <p>3.4 Explain how challenges in the management of diet and fluids can be overcome</p>
<p>4 Understand the issues associated with Parkinson's medication</p>	<p>4.1 Explain the consequences when medication is not taken or given on time</p> <p>4.2 Explain common side effects of Parkinson's medication</p> <p>4.3 Describe how to alleviate the side effects of Parkinson's medication</p>
<p>5 Understand communication and cognitive challenges associated with Parkinson's</p>	<p>5.1 Describe the communication and cognitive challenges at different stages of Parkinson's</p> <p>5.2 Explain the impact on the individual and others of:</p> <ul style="list-style-type: none"> <li>• communication challenges</li> <li>• cognitive challenges</li> </ul>

### What needs to be learned

#### **Learning outcome 1: Understand the signs, symptoms and progression of Parkinson's**

##### **Definition of Parkinson's**

- Parkinson's is a progressive neurological condition. This means that it causes problems in the brain and gets worse over time.

##### **Causes**

- Loss of nerve cells in the part of the brain called the substantia nigari, which produce dopamine, resulting in abnormally low dopamine levels.
- Genetics.
- Environmental factors.
- Other progressive brain conditions.
- Medication.
- Cerebrovascular disease.

##### **Onset and progression**

- Age of onset.
- Physiological development of disease.
- Timeframe and different phases.

##### **Signs and symptoms**

- Signs, to include early warning signs.
- Symptoms, to include:
  - motor, e.g. tremor, stiffness, slowness
  - non-motor, e.g. bladder and bowel problems, dizziness, difficulty swallowing.

##### **Common age of onset of Parkinson's**

- Average age is in the 60s.
- Diagnosis before the age of 50 is known as young-onset Parkinson's.

##### **Phases of Parkinson's**

- Diagnosis stage.
- Maintenance stage.
- Complex/advanced stage.

## What needs to be learned

### Conditions within parkinsonism

- Difference from and links to Parkinson's.
- Idiopathic Parkinson's.
- Vascular parkinsonism (also known as arteriosclerotic parkinsonism).
- Drug-induced parkinsonism.
- Normal pressure hydrocephalus.
- Progressive supranuclear palsy.
- Multiple system atrophy.
- Dementia with Lewy bodies.
- Inherited Parkinson's.
- Young-onset Parkinson's.

### Learning outcome 2: Understand the impact of Parkinson's on individuals and others

#### Impact on quality of life

- Impact of motor symptoms such as tremor, slowness of movement and rigidity on social life, e.g. reluctance to join in social events such as walking with friends.
- Impact of non-motor symptoms such as bladder and bowel problems, swallowing problems, dizziness that may lead to reduced social interaction, emotional anxiety, psychological depression.
- Emotional impact, e.g. frustration, anger.
- Psychological, e.g. loss of independence and loss of self-esteem.

#### Impact on relationships with others

- Reduced social contact with friends, increased dependency on family and carers, e.g. increased psychological and emotional demands of caring.
- Dealing with change in condition, e.g. speed, severity, level of care required, level of support required.

#### Impact of fluctuations

- On individual, e.g. emotional impact of changing abilities, social impact.
- On others, e.g. increased need for understanding fluctuations in condition, sensitivity in balancing individual's need to retain independence while offering support when required.

## What needs to be learned

### Learning outcome 3: Understand the approaches used to manage Parkinson's

#### Diagnosis

- Difficulty diagnosing.
- Symptoms and medical history.
- Specialist intervention: neurologist, geriatrician.
- Use of scans, e.g. positron emission tomography (PET) scan, magnetic resonance imaging (MRI) scan, computerised tomography (CT) scan, single photon emission computed tomography (SPECT) scan.

#### Management of interventions

- Types of treatment available, e.g. medication, physiotherapy, speech and language therapy, occupational therapy, surgery.

#### Access to professional support

- Self-referral to healthcare professionals.
- Professional referral to healthcare professionals to include neurologists, Parkinson's specialist nurses, dieticians, occupational therapists, pharmacists, psychologists, counsellors, physiotherapists, speech and language therapists.

#### Access to other support

- Parkinson's UK personnel to include information and support workers, peer support service, self-management programme.

#### Meeting needs and preferences

- Managing dilemmas between individuals' rights and their responsibilities for their own care and protection.
- Effective communication.
- Making choices in the best interests of the individual.
- The rights and responsibilities of key people.
- Own role and responsibilities for their care and protection.

#### The management of diet and fluids

- Support from a speech and language therapist.
- Ensure food is appealing and meets dietary needs.
- Use modified cutlery and crockery.
- Offer smaller portions.
- Encourage the individual to take smaller mouthfuls and chew slowly.
- Allow plenty of time for eating and drinking.

## What needs to be learned

### Learning outcome 4: Understand the issues associated with Parkinson's medication

#### Medication not taken or not taken on time

- Movement impaired.
- Tremors return/increase.
- Rigidity increases.
- Muscle cramps.
- Pain.
- Eye problems.
- Bladder and bowel problems.
- Muscle cramps.
- Slowness of movement.

#### Side effects

- Types, e.g. dizziness or faintness, sleepiness, changes in behaviour.
- Importance of recording and reporting side effects, impulsive and compulsive behaviour, hallucinations and delusions, dyskinesia.
- Interaction of medication with other drugs or herbal and complementary therapies.
- Short- and long-term consequences of side effects.

#### Alleviating side effects

- Management of side effects, e.g. psychotherapy for impulsive or compulsive behaviour, dose amendment for hallucinations and delusions and dyskinesia, stress management.
- Management of side effects in consultation with professionals.

### Learning outcome 5: Understand communication and cognitive challenges associated with Parkinson's

#### Communication challenges

- Changes in communication ability as disease progresses, e.g. slurred speech, reduced body language, facial expressions.
- Impact of changes on individual and others.

#### Cognitive challenges

- Changes to cognitive ability, e.g. distraction, disorganisation, reduced ability to carry out tasks.
- Speed of memory and thinking.
- Impact of cognitive changes on individual and others.

## What needs to be learned

### **Addressing communication challenges**

- Verbal, e.g. face to face, telephone.
- Non-verbal, e.g. body language, facial expression, eye contact.
- Implementation of strategies and techniques to support communication, e.g. use of email, internet, adapting environment, slowing down communication, speech and language therapy.

### **Addressing cognitive challenges**

- Implementation of strategies and techniques to support changes in cognitive ability, e.g. prompting the person, maintaining routines, allow them time to think/gather their thoughts, use lists as reminders, provide cues for words they cannot remember.



## Information for tutors

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### Suggested resources

#### Books

Clarke C – *Parkinson's Disease in Practice*, 2nd edition (CRC Press, 2007)  
ISBN 9781853157455

Leader G and Leader L – *Parkinson's Disease: The Way Forward!*  
(Denor Press, 2003) ISBN 9780952605683

Leader G and Leader L – *Parkinson's Disease: Reducing Symptoms with Nutrition and Drugs* (Denor Press, 2017) ISBN 9780952605645

Leader G and Leader L – *Parkinson's Disease: Top Tips to Optimize Function*  
(Denor Press, 2011) ISBN 9780956172235

Marie L – *Everything You Need To Know About Parkinson's Disease*  
(CreateSpace Independent Publishing Platform, 2015) ISBN 9781515258315

Weiner W J, Shulman L M and Lang A E – *Parkinson's Disease: A Complete Guide for Patients and Families*, 3rd edition (Johns Hopkins University Press, 2013)  
ISBN 9781421410760

#### Journals

*Journal of Parkinson's Disease*

*Parkinson's Disease*

#### Website

[www.ageuk.org.uk](http://www.ageuk.org.uk)

Age UK provides information and advice for individuals and their families.

[www.nhs.uk/Conditions/Parkinsons-disease/Pages/Causes.aspx](http://www.nhs.uk/Conditions/Parkinsons-disease/Pages/Causes.aspx)

NHS Choices provides information relating to illnesses, their symptoms and treatment.

[www.parkinsons.org.uk](http://www.parkinsons.org.uk)

UK charity providing support for people with Parkinson's and their friends and family.

## **Assessment**

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

### **Unit assessment requirements**

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment of all learning outcomes (knowledge) may take place in or outside of a real work environment.