Neurology – Parkinson’s Diseases +/- Tremor Disorder  Patient Pathway  June 2005

Parkinson’s Disease Introduction:
There are four recognised phases in patients with Parkinson’s disease: diagnostic, maintenance, complex and palliative. Patients may present with new problems to Primary Care in any one of these phases. We hope this Patient Pathway assists Primary Care professionals to identify the appropriate course of action based on presenting symptoms and disease phase.

Another aim of this Pathway is to recommend a multidisciplinary approach to looking after these patients in Secondary Care, based on a good evidence base and professional expert opinion. More detail is available in the document Parkinson’s Disease Aware in Primary Care (www.parkinsons.org.uk).

Diagnostic Phase

Possible Parkinson’s Disease/Tremor Disorder?
• Recommend referral for confirmation of diagnosis and guidance on treatment
• Do not start drug treatment
• If significant functional disability, refer urgently

Patient Presentation
Bradykinesia, rigidity, tremor; loss of balance leading to:
• Progressive gait disorder/falls

GP
History, examination and assessment
Drug history (particularly neuroleptics, prochlorperazine, metoclopramide)
If secondary care opinion required, refer for assessment and diagnosis

Possible Parkinson’s Disease/Tremor Disorder?
• Recommend referral for confirmation of diagnosis and guidance on treatment
• Do not start drug treatment
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Multidisciplinary Parkinson’s Disease Service
• Refer to a Physician with interest in Parkinson’s disease/tremor
If confirmed or suspected Parkinsonism the team will:
• Provide education
• Recommend initial treatment
• Provide psychological care and patient and carer support
• Decide what follow-up is required by the multidisciplinary team

If Parkinson’s disease confirmed
If uncomplicated essential, vascular or drug induced tremor

Multidisciplinary Parkinson’s Disease Service
Initial care package will usually involve Neurologist with Parkinson’s disease interest or Geriatrician with PD interest, PD Nurse Specialist and Allied Health Professionals as appropriate. The patient is usually retained in the multidisciplinary service for specialist medical/nursing care.

Multidisciplinary Parkinson’s Disease Service
Short term monitoring

Primary Care
Discharge back to Primary Care

Useful Information for Patients
NHS24: 08454 24 24 24
www.doctoronline.nhs.uk
www.patient.co.uk
www.parkinsons.org.uk
Helpline (freephone) 0808 800 0303
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**Maintenance Phase** — medication provides relatively smooth control of symptoms

**Movement Disorder Clinic**
- Deal with medication related issues
- Titrate medication
- Monitor progression of disease
- Provide patient/carer support and education

**Multidisciplinary Parkinson’s Disease Service**
Follow-up shared between doctor, nurse specialist, AHP as appropriate and pharmacist

**GP (+/- telephone advice from Specialist)**
- Titrate therapy between specialty visits according to recommendations from secondary care.
- Initiate treatment for adverse effects of medication e.g. Domperidone

**Complex Phase**

e.g. severe motor fluctuations, neuropsychiatric symptoms, carer stress, significant functional difficulties

**Movement Disorder Clinic**
- Deal with medication related issues
- Titrate medication
- Monitor progression of disease
- Provide patient/carer support and education

**Multidisciplinary Parkinson’s Disease Service**
Review of diagnosis
A minority of cases will progress to Parkinson’s Plus syndrome or have another neuro degenerative disease.
Appropriate support services:
- AHP input
- Therapy review (may involve hospital admission)
- Consideration for Apomorphine
- Consideration for neurosurgery
- Consideration for day hospital referral
- Referral to Psychiatry (Old Age)

**Support available via Primary Care**
- Patient/Carer support and education
- Social & Community Care
- Carer issues
- Respite Care
- Community physical rehabilitation team / community AHP team
- Community psychiatry

**Palliative Phase** — Simplify medication (main input: medical, nursing and pharmacy). Ensure bowel, bladder, skin and nutritional care provided.

**Multidisciplinary Parkinson’s Disease Service**
- Neuropsychiatric management
- Carer support / counselling
- Referral to the local Palliative Care Service should be considered
- Institutional Care

**Primary Care**
- District Nursing support/Home Care Package
- Respite Care
- Residential Care

**Suggested professionals providing input into Multidisciplinary Parkinson’s Disease Service:**

| Physician with an interest in Parkinson’s Disease (either Neurologist or Care of the Elderly Physician). | Speech & Language Therapist |
| Clinical Nurse Specialist | Pharmacist |
| Physiotherapist | Social Worker |
| Occupational Therapist | Community Psychiatric Nurse |
| Dietician | Psychiatrist |
| | Psychologist |
| | Podiatrist |
| | Dentist |
| | Others as appropriate |