

Appropriate treatment choices

Young onset Parkinson's typically progresses slowly and may not require medication for some time. Medication used for Parkinson's is aimed at managing symptoms and does not reverse the condition's progress. The decision to commence treatment should be made in conjunction with the medical specialist.

While medication improves quality of life, treatment options depend on the symptoms experienced and their impact. The gold standard treatment for Parkinson's is levodopa (dopamine replacement). Other treatment options are available and should be discussed with the treating medical specialist.

The long term use of levodopa may result in side effects such as dyskinesia (involuntary movements) and dopamine dysregulation syndrome (overuse of levodopa). Other forms of medication may result in obsessive compulsive behaviour such as hyper sexuality, gambling and excessive shopping.

The medication regime prescribed by the doctor should be adhered to. The inclination to self medicate should be resisted.

Short term side effects may be experienced. These include nausea and dizziness which often ease naturally or may be managed by non-medical means.

Deep brain stimulation

Those diagnosed with young onset Parkinson's are more likely to be considered for deep brain stimulation (DBS). Appropriate selection for DBS is vital to ensure optimum outcome. Candidates considered for DBS should:

- demonstrate a positive response to levodopa
- be able to tolerate the surgical procedure
- have developed motor fluctuations, dyskinesia or non-responsive tremor
- not demonstrate paranoia or psychosis

Be aware DBS is a treatment and not a cure. Ongoing medication is necessary.

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Information

Young Onset Parkinson's WA



Parkinson's is a progressive neurological condition primarily related to the loss of dopamine producing cells within the midbrain. This results in motor (movement) and non-motor symptoms.

Although advancing age is a major risk factor for developing Parkinson's clinical reports suggest that 1 in 20 people become aware of symptoms before the age of 40. Young onset Parkinson's is defined as being diagnosed between the ages of 21 and 40.

The cause of Parkinson's remains unknown but it is widely accepted that young onset Parkinson's may have an increased genetic factor. The accepted theories on causes of Parkinson's such as environmental triggers and oxidative stress remain possible associated factors.

The initial management of young onset Parkinson's differs greatly from older onset Parkinson's.

Younger people with Parkinson's have identified their challenges as:

- Accurate and prompt diagnosis
- Education and future planning
- Occupation and lifestyle support
- Family and relationships
- Appropriate treatment choices
- Deep Brain Stimulation (DBS)
- Pregnancy

Accurate and prompt diagnosis

In order to obtain an expert assessment and prompt diagnosis, referral to a neurologist who specialises in Parkinson's is essential.

Currently, there are no diagnostic tests which confirm Parkinson's during life and an expert clinical medical examination is required. Young onset Parkinson's progresses more slowly than in the older population. Ongoing review by a specialist is vital.

At the time of diagnosis physical symptoms are usually minimal. The psychological aspects of the diagnosis must never be underestimated. Depression may be a response to the diagnosis or a part of the condition and may require medical management.

Education and future planning

Parkinson's associations throughout Australia provide accurate material and access to young onset Parkinson's support groups. A support group can be invaluable however, not everyone will feel the need for support groups and this is respected as the individual's choice.

There are many Parkinson's related websites and accessing appropriate and validated resources is essential. Guidance from the treating specialist or health professional is recommended.

Occupation and lifestyle support

The ability to continue with employment is a major factor for younger people diagnosed with Parkinson's. While stress may heighten symptoms, support from employers, work colleagues and occupational therapists can assist with continuation of employment.

Studies suggest that people with Parkinson's are likely to give up employment within ten years of diagnosis. If premature retirement is unavoidable, advice from Centrelink and/or a financial advisor is recommended.

Family and relationships

Young onset Parkinson's is much more than a movement disorder – there are many social aspects that require consideration. Support and education for the person and the family is essential as they adjust to the diagnosis.

Intimacy may be affected due to an alteration in self-image and/or the impact of the condition on sexuality. Appropriate support and treatment are recommended.

Open communication is the key to maintaining relationships and quality of life.

Pregnancy

Females with young onset Parkinson's may consider pregnancy choices. There is minimal data on the safety of medications and the impact of the pregnancy.

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