

information

PAIN AND PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

In addition to the classic signs and symptoms many other aspects of the condition are well recognised.

Pain is a common manifestation affecting approximately 70 per cent of those living with Parkinson's and may be more disabling than the motor symptoms of the condition. This is often poorly assessed and under treated and there is little research in this area. Pain may take the form of cramping, numbness, burning or a deep ache.

Pain may be an initial symptom, often described as unilateral shoulder discomfort. This often results in a referral to an orthopedic specialist for surgical intervention. This pain is related to rigidity of the shoulder muscles and is often relieved by the introduction of levodopa therapy following diagnosis.

Ongoing pain related to Parkinson's may be influenced by:

- motor and non-motor fluctuations
- side effects of treatment
- co-existence of other conditions

Motor and non-motor fluctuations result in episodic pain associated with end of dose failure (a 'wearing off' of medications with resulting break-through of symptoms). This is often experienced overnight or early morning as dystonia or cramping of the lower limbs.

End of dose failure can also result in increased generalized muscle stiffness and rigidity. Abdominal pain is frequently associated with end of dose symptoms and may be associated with visible abdominal bloating.

Accurate observation and recording of timing will assist in defining the relationship with Parkinson's and the medication regime.

Painful episodes are more commonly associated with end of dose or 'off' periods. Levodopa treatment may result in dyskinesia (involuntary movements) at peak dose or 'on' periods and may become severe and prolonged causing pain. This has the potential to cause long-term muscular skeletal problems. Adjustment of dosages and timing by the treating specialist will minimize the severity and length of time dyskinesia is experienced.

Other Parkinson's related pain may include neck, headache and a general feeling of bodily discomfort.

Normal aging increases the potential to experience painful conditions such as arthritis, osteoporosis and related disorders. The co-existence of these and other medical conditions must be investigated.

It is essential that any pain experienced is fully investigated especially if the pain is not relieved by the prescribed Parkinson's medication.

For further information contact
your state Parkinson's organisation:
Freecall 1800 644 189 www.parkinsons.org.au

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