When One Hat Doesn’t Fit All: Personalised Management for Older Adults with Parkinson’s Disease

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This article aims to provide a commentary on the article ‘An Innovative Personalised Management Program for Older Adults with Parkinson’s Disease’. Parkinson’s Disease (PD) is a progressive neurodegenerative disorder that typically affects the patients as a constellation of motor and non-motor symptoms related to decline in the dopaminergic neurones in the substantia nigra. The presentation, diagnosis and management of Parkinson’s disease can vary significantly between individuals. Management of older persons with PD presents a unique challenge due to associated comorbidity, concurrent medications and carer burden. Education, empowerment, and enablement of a person with Parkinson’s disease (and their carers) using an individualised and personalised approach is likely to provide best outcomes for the patient and the carers.

In the article, the authors aim to discuss the advances made in personalised management in the older adult for the treatment of PD in three settings. A multidisciplinary education program at the Rankin Park Centre Day Hospital, John Hunter Hospital, in Newcastle, NSW, Australia. A comprehensive geriatric assessment provided in the patient’s home, and establishing an individualised management plan through questionnaires.

Parkinson’s Disease Multidisciplinary Education Program

PD education program at Rankin Park Centre Day Hospital in Newcastle, NSW is an 8-week long program conducted by the multidisciplinary team at the Rankin Park Hospital. 10 persons with PD and their carers are encouraged to attend the program.

Comprehensive Geriatric Assessment in the Home

A comprehensive geriatric assessment is an effective way to assess older persons who are diagnosed with PD on the background of multiple comorbidities. It allows the clinician a first-hand assessment of the distinction between the medical and psychosocial profile of an older patient with PD. This method has been utilized at John Hunter Hospital in Newcastle, NSW, Australia for older patients with PD. In the community setting, it has been shown to reduce the rates of hospital admissions as well as the risk of re-admission. Since the clinician visits are provided at home, it is natural for the carer to feel more involved in the management of the older person with PD. Additional comorbidities are also taken into consideration when discussing the assessment and management of an older patient with PD. A few examples of these additional comorbidities include prostatic enlargement and urinary retention [1]. It is crucial to ascertain these pre-existing comorbidities in an older person with PD as it can vastly improve their quality of life [2]. Since older patients with PD have are on multiple medications, this holds a greater risk for medication non-adherence [3]. It is important to discuss with the patient about any barriers to adherence, and recommend the use of compliance aids such as Dosette boxes to improve medication compliance [1]. Another aspect of the comprehensive geriatric assessment is to lower the risk of osteoporosis and fractures in persons with PD [4,5]. It is established that older persons are at a higher risk of falls hence patients with PD are at a greater risk of fractures [4,5]. The assessment at home provides an opportunity to assess environmental conditions that can lead to increase the falls risk as well as providing advice on pharmacological management of bone health with calcium supplements and bisphosphonate therapy if appropriate [6]. Another useful method of managing patients remotely is through sensors and online diaries which can allow the carer to be updated on the patient’s issues [5].
Individualised Management Plan for Older persons with PD through Questionnaires [5].

This method was effective because it allowed the persons with PD to report subjective outcomes to their geriatrician which helped with the decision-making process. Recent research has shown that many older persons with PD believe that they are not involved enough in their management process. Self-reported questionnaires can help to increase the trust in the patient-doctor relationship and can empower the patient as well as the carer [5]. Individualised questionnaires to the carer can also help reduce the emotional and physical burden of caring for a patient with PD. PD carers have a high likelihood of developing carer stress and social withdrawal associated with the increased demands of caring for a patient with PD [5]. A potential area for improvement of the article would be to include further detail on the questionnaires for the carers to assess these concerns.

In conclusion, this article accurately identified the need for an individualised treatment plan for persons with PD. However, it is also important to acknowledge the role of the carer as the disease progresses and institute more psychological support options for the carer. Overall, the article was effective in exploring the different ways multidisciplinary teams in Newcastle, NSW promote the overall physical and mental well-being of older persons with PD.

References
