# Parkinson's diagnosis

Receiving a diagnosis of Parkinson's is a significant moment in your life, sparking a range of emotions. It's equipping yourself with the knowledge that early diagnosis opens doors to many treatment options. The choices you make early can help you maintain your independence.

## Understanding Parkinson's

Understanding Parkinson's begins with recognising the gradual onset of symptoms. While the getting a diagnosis may take time, especially considering the subtlety of some symptoms, each step brings you closer to a tailored plan that maximises your choices, independence, and overall wellbeing.

## Who gets Parkinson's?

Parkinson's doesn't discriminate by age or gender; it can affect anyone. Even very rare cases of juvenile Parkinson's exist. While most cases of Parkinson's are diagnosed in people over 60, 1 in 5 Australian's living with Parkinson's were diagnosed under the age of 50 (1). This is referred to as young onset Parkinson's.

## How do they diagnose Parkinson's?

No test currently exists to confirm a diagnosis of Parkinson's. It relies on clinical observations, particularly the recognition of cardinal symptoms:

- slowness of movements (bradykinesia)
- muscle stiffness (rigidity), which can result in falls and balance issues later
- tremors occur in around 70% of cases, with the majority being the stereotypical, pill-rolling, resting tremor (3); but some people have no tremor at all.

## What happens during diagnosis?

Specialised medical diagnosis involves consultations with a GP, geriatrician or neurologist. Initial assessment looks at your motor and non-motor symptoms, medical history, exposure to potential toxins, and family history.

During the assessment, the neurologist may examine:

- Reflexes & muscle tone
- Coordination & balance
- Hand & finger movements
- Walking & posture

In some cases, additional tests may be recommended to support the diagnosis or rule out other conditions with similar symptoms. These may include:

- DaTscan (dopamine transporter scan) is an imaging test that measures dopamine activity in the brain and may help distinguish Parkinson's from other movement disorders.
- MRI or CT scans can be used to exclude other neurological conditions, such as stroke, brain tumours or structural changes in the brain.
- Blood tests can be used to identify or rule out other medical conditions that can cause symptoms similar to Parkinson's.

A genetic test may be recommended, but only around 10% of cases directly involve known gene mutations. The majority of Parkinson's cases are idiopathic, or "of unknown causes" emphasising the complexity of the condition (4).

Taking levodopa, a dopamine precursor is a significant aspect of both treatment of motor symptoms and diagnosis (2, 5).

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## What is Parkinson's doing to me?

Parkinson's is highly complex and individual. Each person experiences a unique combination of over a possible 50 symptoms, though not all of them. It is now recognised as a whole body disorder (2), resulting from the gradual reduction of dopamine and other brain chemicals.

It may affect your sleep, mood, vision, motivation, bladder and bowel, as well as your movements. The lack of dopamine makes your body slower and stiffer, altering the way you walk and talk. Loss of facial expressions and reduced blinking are also common (aka Masked Face).

Decades prior to noticeable movement problems people may experience constipation, changes to handwriting, and loss of or a reduced sense of smell. Unexplained anxiety, depression, and apathy may also appear.

## What should I do next?

Reactions to a Parkinson's diagnosis can range from fear and anger to denial and disbelief. Some people feel relief after seeking a diagnosis for such a long time.

Seeking support is important, recognising that the emotional impacts are often bigger than the physical limitations early on. Adjusting to these life changes requires time, acceptance, and setting realistic expectations for yourself and others (e.g. family, kids, colleagues).

Building your understanding of symptoms and how to manage them will help. Look to trusted sources of information by watching webinars, going to our website and conferences can help.

Maintaining self-identity is vital, urging you not to define yourself by Parkinson's. Disclosing the diagnosis to your friends or family and workplace is a personal choice, yet openness may bring relief.

It is highly recommended to apply for support as soon as possible: NDIS if under the age 64; My Aged CareIf 65 or older.

## Your care team

Building a care team early is essential. Involve GPs, physiotherapists, speech pathologists, occupational therapists, mental health professionals and others that will help you treat your most bothersome symptoms. If available, early referral to a Parkinson's Nurse Specialist can be invaluable.

Your GP May be able to help by getting you on a Mental Health Plan and/or Chronic Disease Management Plan to access subsidised allied health professional supports. They can provide a referral for a Home Medications Review (HMR) where your pharmacist will come to your home to check your prescriptions and supplements for interactions and discuss with you how and when to take them to get the best results if you are finding this difficult.

A Parkinson's diagnosis doesn't have to define you. Get yourself armed with the knowledge, strategies and tools to navigate this diagnosis with healthy lifestyle changes, care team supports, and financial assistance for you, your care partner and any young carers.

### References


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