

# Falling and Parkinson's Disease

By: Neal Hermanowicz, MD Medical Director, Phillip and Carol Traub Parkinson's Center, Eisenhower Medical Center



Maureen Haske: A Welcome Addition

Parkinson's disease may cause a variety of symptoms, and one of the striking aspects of this disorder is that no two people are affected in the same way. This wide variability of symptoms and findings make it very challenging to diagnose Parkinson's disease and also to develop an effective treatment plan. There is no test that confirms this diagnosis, and there is no formula to guide providers for the selection of medications.

There are, however, certain fundamental features – the so-called cardinal signs – that a clinician always looks for when considering the diagnosis of Parkinson's disease: tremor, slowness of movement and a reduction of spontaneous movements, stiffness, and an impairment of balance, increasing the risk for falling.

Balance problems usually do not occur early in Parkinson's disease. The most common initial symptom is tremor. However, most people with Parkinson's disease do have a sense of unsteadiness at some point.

Balance problems are a source of great concern because of the obvious consequences of falling: broken bones, broken teeth, skin abrasions and lacerations, and bleeding in or around the brain from the head striking the floor or pavement. Approximately one half of all people with Parkinson's disease fall, although studies indicate this ranges from 40 to 70 percent. A recent publication in the journal *Movement Disorders* by a group at the Struthers Parkinson's Center in Minneapolis, Minnesota, reported that "...of those who fell, 22 percent sustained a fracture, and of those who had fracture, 40 percent needed surgery." The most common locations for fracture were the hip, the trunk (bones of the spine), and the wrist or hand.

The same study found that the people who were more likely to fall included those who were older, had unusual or atypical parkinsonism, a long duration of Parkinson's disease, or dementia. There are several things you can do to reduce the risk of falling: Make sure that unnecessary medications are stopped or avoided. Parkinson's medicines do not eliminate the sense of imbalance, but effectively improving mobility and reducing stiffness can minimize the risk of falling. Also, some of the side effects of medication – low blood pressure, involuntary movements – may make it more likely for someone to fall. Sleeping medications that cause dizziness or confusion during the night, including Tylenol PM, may also increase the risk of falling. Have a good nightlight to brighten the way. Use several. Low light is especially difficult for people who have balance problems. Don't carry things. Recognize the need for assistance and ask for it when necessary. Physical therapy is invaluable to address the problem of reduced balance and to avoid falls. Balance programs. Note: Eisenhower Medical Center offers physical therapy, a Balance Institute, and group classes to help with balance problems.

Although the risk of falling cannot be entirely eliminated, it can be substantially reduced.

EVENTS - Call 760-773-1480 for information and reservations Nutritional Counseling for Parkinsonians Consultation By appointment Sarah Gaete, RD \$65; follow up \$45. PD in Motion TU TH, 9 to 10 a.m. Lisa Manning, CET \$40 per month.