

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 of Parkinson's there are many lesser reported aspects of living with Parkinson's. Dr James Parkinson mentioned pain 21 times in his famous publication 'The Essay of The Shaking Palsy' (1817). In spite of this, pain is often under assessed when considering Parkinson's symptoms but it is a frequent complaint, affecting approximately 70 per cent of those with a diagnosis of Parkinson's.

Some interesting findings about pain and Parkinson's:

- There is no correlation between severity of pain and the length of time since a diagnosis of Parkinson's.
- Some studies suggest that Parkinson's lowers the pain threshold and Levodopa is thought to raise the pain threshold.
- Parkinson's related pain is more common in Young Onset Parkinson's.

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

- Motor symptoms of Parkinson's e.g. muscle rigidity or dystonia. Musculoskeletal pain is included in this type of Parkinson's related pain and is often described as 'cramping' or 'aching' and is usually evident in the limbs most affected by Parkinson's.

Following diagnosis and with hindsight, pain is often reported as an early pre-diagnostic sign presenting as unilateral shoulder discomfort. This may have resulted in a referral to an orthopaedic specialist for surgical intervention. This pain is

related to rigidity of the shoulder muscles and is often relieved by the introduction of levodopa following diagnosis.

Fluctuations in medication availability or 'end of dose failure'

Pain associated with fluctuations in levodopa availability is experienced by up to two thirds of Parkinson's patients and usually occurs in the 'off' phase so a review of Parkinson's medications may assist in reducing pain. Periods of 'peak dose dyskinesia' are rarely painful however 'end of dose dyskinesia' can often be painful.

Primary Parkinson's Pain (PPP)

This phrase refers to unusual types of pain often experienced by people with Parkinson's. These include sensations of 'burning, stabbing, scalding and formication (similar to insects under the skin or pins and needles). The location is not localised to a nerve pathway and some unusual sites are reported- for example-genitalia, mouth or rectum. These pain presentations may fluctuate with a dose regime.

Management of Parkinson's Pain

It is essential that all pain is investigated because the cause may be reversible and pain must never be ignored. It should never be assumed that the pain is Parkinson's related.

Monitor and record the timing and location of the pain.

Take note whether Parkinson's medications relieve the pain.

Discussing pain which occurs regularly with your GP or Parkinson's Nurse Specialist and report to your treating specialist.

Parkinson's Australia is a federation of member organisations including Parkinson's ACT, Parkinson's Queensland, Parkinson's SA & NT, Parkinson's Tasmania and Parkinson's WA.

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

03 2021 ©Parkinson's Australia

IN THIS TOGETHER
parkinson's
AUSTRALIA