

## NCEPOD Dysphagia in Parkinson's Disease – Definitions:

<b>Hoehn and Yahr score</b>	<p>Stage 1: During this initial stage, the person has mild symptoms that generally do not interfere with daily activities. Tremor and other movement symptoms occur on one side of the body only. Changes in posture, walking and facial expressions occur.</p> <p>Stage 2: Symptoms start getting worse. Tremor, rigidity and other movement symptoms affect both sides of the body. Walking problems and poor posture may be apparent. The person is still able to live alone, but daily tasks are more difficult and lengthy.</p> <p>Stage 3: Considered mid-stage, loss of balance and slowness of movements are hallmarks. Falls are more common. The person is still fully independent, but symptoms significantly impair activities such as dressing and eating.</p> <p>Stage 4: At this point, symptoms are severe and limiting. It's possible to stand without assistance, but movement may require a walker. The person needs help with activities of daily living and is unable to live alone.</p> <p>Stage 5: This is the most advanced and debilitating stage. Stiffness in the legs may make it impossible to stand or walk. The person requires a wheelchair or is bedridden. Around-the-clock nursing care is required for all activities. The person may experience hallucinations and delusions. The Parkinson's community acknowledges that there are many important non-motor symptoms as well as motor symptoms.</p> <p><a href="https://www.parkinson.org/Understanding-Parkinsons/What-is-Parkinsons/Stages-of-Parkinsons">https://www.parkinson.org/Understanding-Parkinsons/What-is-Parkinsons/Stages-of-Parkinsons</a> <a href="https://n.neurology.org/content/neurology/17/5/427.full.pdf">https://n.neurology.org/content/neurology/17/5/427.full.pdf</a></p>
<b>Unified Parkinson's Disease Rating Scale (UPDRS-MDS) score</b>	<p>Includes the following sections:</p> <p>Part 1: Intellectual function, mood, behaviour</p> <p>Part 2: Activities of daily living</p> <p>Part 3: Motor examination</p> <p>Part 4: Motor complications</p> <p><a href="https://parkinsonsdisease.net/diagnosis/rating-scales-staging/">https://parkinsonsdisease.net/diagnosis/rating-scales-staging/</a>  <a href="https://www.parkinsons.org.uk/sites/default/files/2017-12/movement_disorder_society-sponsored_revision_of_the_unified_parkinsons_disease_rating_scale.pdf">https://www.parkinsons.org.uk/sites/default/files/2017-12/movement_disorder_society-sponsored_revision_of_the_unified_parkinsons_disease_rating_scale.pdf</a></p>
<b>Stages of Parkinson's Disease</b>	<p>Diagnosis:</p> <ul style="list-style-type: none"> <li>• From first recognition of symptoms/sign/problem.</li> <li>• Diagnosis not established or accepted</li> </ul> <p>Maintenance:</p> <ul style="list-style-type: none"> <li>• Established diagnosis of Parkinson's</li> <li>• Reconciled to diagnosis</li> <li>• No drugs or medication 4 or less doses/day</li> <li>• Stable medication for more than 3 months (&gt;3/12)</li> <li>• Absence of postural instability</li> </ul> <p>Complex:</p> <ul style="list-style-type: none"> <li>• Drugs - 5 or more doses/day</li> <li>• Any infusion therapy (apomorphine or duodopa)</li> <li>• Dyskinesia</li> <li>• Neuro-surgery considered / DBS in situ</li> <li>• Psychiatric manifestations - mild symptoms of depression/anxiety/hallucinations/psychosis</li> <li>• Autonomic problems - hypotension either drug or non-drug induced</li> <li>• Unstable co-morbidities</li> <li>• Frequent changes to medication (stable medication for less than 3 months (&lt;3/12))</li> </ul>

	<ul style="list-style-type: none"> <li>• Significant dysphagia or aspiration (for this audit, dysphagia should be considered a prompt for considering end of life issues).</li> </ul> <p>End stage:</p> <ul style="list-style-type: none"> <li>• Inability to tolerate adequate dopaminergic therapy</li> <li>• Unsuitable for surgery</li> <li>• Advanced co-morbidity (life threatening or disabling)</li> </ul> <p>MacMahon DG &amp; Thomas S. (1998). Practical approach to quality of life in Parkinson's disease: the nurse's role. <i>Journal of Neurology</i> April, 245 (Supplement 1); S19–S22</p>
<b>Risk feeding</b>	<p>Risk feeding is the term used when a patient continues to eat and drink orally despite risks being explained and understood by individual and where appropriate their carers'</p> <p>RCSLT 2005 – Dysphagia clinical guidelines</p>