



Parkinson Disease: A Case Study

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ABSTRACT

Parkinson disease is a slowly progressive neurologic movement disorder that eventually leads to disability. It is a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination. Symptoms usually begin gradually and worsen over time. As the disease progresses, people may have difficulty walking and talking¹. Through certain investigations like complete blood count, routine examination of urine, electrolyte panel, renal function test, liver function test, non-contrast Computed tomography has done to confirmed the diagnosis. Treatment like antihyperlipidemic, antihyperglycemic, oral anti diabetic agents given to treat the disease¹.

Keywords: Parkinson disease, non-contrast computed tomography, antihyperlipidemic, antihypertensive, oral antidiabetic

INTRODUCTION

Parkinson is best known for causing slowed movements, tremors, balance problems and more. The condition isn't curable, but there are many different treatment options.² It affects about 1 million patients who are hospitalized in the United States each year. The disease affects men more often than women. Symptoms usually appear in the fifth decade of life.³ The Degenerative or idiopathic form of Parkinson disease is most common. Although the cause of most cases is unknown, research suggests a multifactorial combination of age, environment and heredity³. Manganese induced Parkinsonism is common in the manganese mine workers in India as they typically walk on their toes and fall frequently as they have severely impaired postural reflexes.

CASE PRESENTATION

Here we present a case of Parkinson disease. A 74 years old female, supervisor of anganwadi of village, visited to Hospital, with the chief complaints of weakness in bilateral leg and irrelevant talking and forgetfulness from last 1 year. Present chief complaints were Hyperthermia, 5 to 6 episodes of diarrhea, 3 episodes of vomiting, loss of appetite from 1 day.

PAST MEDICAL HISTORY

Patient was having significant history of hypertension and diabetes from 10 years.

PAST SURGICAL HISTORY

Patient has no significant history of any surgery.

GENERAL EXAMINATION

Weight- 90 Kg

Height – 170 cm

BMI- 31.1 kg/m²

PHYSICAL ACTIVITY – Patient has difficulty in performing day to day life activities, emotional liability, difficulty in walking, frequent fall of objects from hands due to weakness, tremors and bed wetting.

SPECIAL INVESTIGATIONS

Non contrast computed tomography has done that indicated that there is ill defined hypodensity in centrum synovial bilateral periventricular region. Patient was having high erythrocyte sedimentation rate i.e., 30mm/hour and increased erythrocyte count as evidenced by complete blood count. Patient underwent routine urine examination which reveals color of urine has changed, it appears slightly hazy. Other investigations were done such as liver function test, renal function test. Patient had high creatinine level i.e., 1.14mg/dl.

TREATMENT

Tablet Atorvastatin 20milligram,OD

Tablet Metformin 500milligram,BD

Tablet Vildagliptin 100 milligram BD

Injection Insulin regular 6 units.

INTERVENTION

Vital sign was monitored

Physiotherapy was provided

Assisted in Activity of daily living

Balanced diet was provided

CARE PLAN

Information provided to family members regarding Parkinson disease. Family members were instructed to assist patient in self-careactivities to ensure patients safety along with asked to make a time table for patient. medications and other accessories should be marked with name to avoid forgetfulness. Patient was instructed to do range of motion exercises and to have soft liquid diet such as mashed potato, bananas, soup, blended vegetables. Family members were instructed to give proper medications to patient and to come for follow up.

OUTCOME

After interventions, patients' condition was improved. Vital signs of the patient were normal. After 1week of Physiotherapy patient was able to Perform Active ROM

DISCUSSION

Parkinson disease is the disorder of central nervous system that affects movement, often including tremors. Nerve cell damage in the brain causes dopamine level to drop, leading to the symptom of Parkinson disease. Symptoms of the disease includes tremors, rigidity, bradykinesia, postural instability, dysphagia. Patient was treated with Tablet Atorvastatin 20milligram, OD, Tablet Metformin 500milligram BD, Tablet Vildagliptin 100 milligram BD, Injection Insulin regular 6 units. No surgical intervention such as Thalamotomy and Pallidotomy was done.

REFERENCE

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