

Symptoms of Parkinson's disease

People with Parkinson's experience a wide variety of symptoms. Some of these are unique and suggestive of the diagnosis, whereas others are less specific. A list of common symptoms is shown in the table below. If you recognize several symptoms from this list, the suspicion of Parkinsonism and hence PD is raised.

The initial entries in this table relate to tremor. How do we define 'tremor'?

Tremor is a repetitive, rhythmic movement that precisely repeats itself. It is a back-and-forth movement that goes on and on. We have all seen tremor in the hands. However, tremor may involve other areas of the body.

Neurologists categorise hand tremor on the basis of whether it is present when the hand is active versus 'at rest'. If your hand is tremulous in your lap or at your side when you are walking, this is classified as 'at rest'. Tremor at rest is typical of PD. Tremor of your hand when using it, such as writing or bringing a fork to your mouth, is termed, an action tremor; action tremors are not typical of PD. Sometimes a parkinsonian rest tremor affects only the thumb or the fingers; an old term for this is a pill-rolling tremor. This is because the rhythmic movements of the fingers give the appearance of a pill being rolled back and forth between the thumb and fingers. Note that the table below also includes a rest tremor of the chin or lip as suspicious for PD. Similarly, a parkinsonian rest tremor in the legs may be apparent when seated; you may see your knee going up and down if your feet are resting on the floor. Or a foot may move back and forth if your feet are dangling off the floor.

Another foot symptom suspicious for PD is involuntary curling of the toes, as if in spasm. We all experience cramps at times and sometimes our toes may cramp. However, if involuntary spasms and curling of the toes are recurrent, this is suspicious of Parkinsonism. This is not to be confused with hammer toes, where the toes naturally assume a bent position. Hammer toes are not a sign of PD.

Certain walking abnormalities suggest Parkinsonism. If our feet stick to the floor when attempting to take a step, this suggests gait freezing, a symptom of PD. However, the classic gait abnormalities of Parkinsonism are a "shuffling" gait. Normally when we walk, we take a step by cocking up our lead foot and planting the heel in front of us. We then push off with the ball and toes of that foot as we continue with the step. This alternates from one foot to the other to generate a typical human gait. In contrast, the 'shuffling' gait is characterized by loss of the normal heels strike; rather, the foot tends to slide along the floor, one foot after the other. In addition, the length of the stride shortens with this classic shuffling gait.

Parkinsonism is also associated with loss of usual facial animation. We smile, frown, grimace and convey a variety of subtle communications with our faces. This tends to be dampened or lost in PD. This is what is meant by facial masking. One component is a reduction in the normal blink rate, which produces the appearance of staring. Facial masking is rarely appreciated by the person with PD but others notice it.

Slowness of movement – bradykinesia in the language of physicians – is a highly characteristic feature of Parkinsonism. Movements are made as if done in a swimming pool, slow and laborious. The slowness may predominantly or exclusively affect one limb, thus it may be hard to button with one hand.

Similarly, one leg may lag behind the other when walking. Bradykinesia may affect the entire body, giving the appearance of moving in slow motion. Particular changes in the voice and speech may also suggest the diagnosis. First, the voice tends to get softer. Second, speech may be less precise and may take on the subtle stammering quality. Third, the normal inflections of speech diminish and speaking may be in a monotone.

Writing is often a clue. Handwriting may start out normal but become progressively smaller by the end of a long word or sentence. This is known as micrographia.

The bottom half of the table includes a variety of symptoms that are less specific for PD; that is, that also occurs in other disorders or with normal ageing. For example fatigue is present in many conditions and physicians hear this complain many times a day in their general practice. Mild imbalance or a stooped posture is common with normal ageing. The arthritis of ageing (Osteoarthritis) may cause stiffness of limbs or difficulty buttoning and so on. Hence these less specific symptoms listed in the table may be manifestations of parkinsonism but could have other explanations as well.

Tremor	<ul style="list-style-type: none"> • Resting hand tremor (tremor when hand is relaxed or at ones side when walking) • Resting thumb and finger tremor (observed when the hand is resting in the lap) • Chin or lip tremor (also a 'resting' tremor, meaning that it is seen when sitting quietly but not talking or chewing).
Feet and gait	<ul style="list-style-type: none"> • Toes curling or turning up • Feet get stuck ('freezing')
Loss of automatic movements	<ul style="list-style-type: none"> • Less animated (facial appearance not expressive, poker faced, reduced blinking, loss of expressive movement of the hands)
Slowness	<ul style="list-style-type: none"> • Slowed movements (takes longer to do things)
Speech & writing	<ul style="list-style-type: none"> • Softer voice and less distinct speech • Smaller
Symptoms that may have other explanations	
Gait, stance & trunk	<ul style="list-style-type: none"> • Mild imbalance • Stooped posture • Difficulty rising from seated position
Hand function	<ul style="list-style-type: none"> • Difficulty buttoning buttons, using eating utensils • Difficulty brushing teeth
Cognition	<ul style="list-style-type: none"> • Slowed
Saliva	<ul style="list-style-type: none"> • Drooling or sense of increased saliva

**Among those with early PD, the symptoms are often on only one side of the body or are asymmetric (more on one side than the other). This asymmetry persists throughout life.*

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