

Care in the Community: Optimising Quality of Life for People with Parkinson's

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Objectives of the Parkinson's New Zealand Community Educator Service

- The Parkinson's Charter 1997
- Parkinson's New Zealand National Review 2009-2010
- Government Legislation, Policy and National Health Objectives



Profile of Parkinson's New Zealand Community Educator

- Relevant health Qualification, Registered Nurse, Enrolled Nurse or Allied Health Professional, e.g Social Worker, OT, Physio
- Broad experience in primary and community health
- Committed to on-going professional development
- Assessment skills including monitoring condition progression



The Role of a Parkinson's New Zealand Community Educator

- Establishes relationship with client and their family/Whanau
- Provides education and information on Parkinson's
- Provides support and advocates on behalf of clients, their carers and families
- Liaises with other members of the multidisciplinary team to optimise care outcomes
- Can provide comprehensive support needs assessment and refer to relevant agencies



The Role of the Community Educator Contd....

- Assists in helping people with Parkinson's, their carers and their families to access social support groups
- Provide in-service training to other health professionals and care facilities
- Facilitate a variety of support groups or continually look for other relevant support groups for their clients
- Provide on-going monitoring to ensure the changing needs are quickly observed and supported appropriately



Support Groups in Northland

Whangarei -

- Weekly Physio Group
- Weekly Walking Group
- Weekly Voice Exercise Group
- Weekly Pilates Group
- Monthly Support Meeting
- 2-3 monthly Carers Only Meetings
- 6 monthly Care & Share Meetings



Support Groups Contd...

Kerikeri -

- Monthly Support Meeting
- 3 monthly Carers Only Meetings
- Kaitaia-2 Monthly Support Meeting
- Dargaville 3 Monthly Support Meeting
- All Northland Clients
- Subsidised Podiatry Visits



Changes that occur with Parkinson's

- Progressive and chronic nature of Parkinson's impact on lifestyle
- Loss of goals and dreams
- Possible loss of independence due to increasing disability
- Effects on relationships; Spouses, families, friends, & work colleagues
- Financial changes in income/changes in employment
- Cognitive changes



Main Symptoms

- TREMOR or SHAKING
- STIFFNESS and RIGIDITY
- SLOWNESS of MOVEMENT
(Bradykinesia)
- POSTURAL INSTABILITY



Other Symptoms

- Excess saliva which can cause dribbling
- Loss or change in taste and smell
- Difficulty swallowing
- Nausea
- Constipation
- Incontinence
- Urinary urgency



Other Symptoms

- Unexplained pain
- Memory loss
- Loss of motivation
- Hallucinations
- Inability to concentrate
- Depression
- Anxiety
- Loss of libido
- Falling
- Hypotension



Other Symptoms

- Dizziness
- Restless leg syndrome
- REM sleep disorder
- Vivid dreams
- Legs swelling
- Loss of body temperature control
- Double vision
- Impulse control disorder



Parkinson's is very Individual

- Everyone has different symptoms some the same but not generally identical to another client
- Medications and administration times differ for everybody-not the usual tds or qid times. It all depends on when the client peaks and troughs and the aim is to keep them stable.
- A client can become incapacitated if their medication is 10 minutes late.



Making a Difference: Support from a Parkinson's Community Educator Case Study 1

- 72 year old male with co-morbidities.
- Diagnosed in 2006 with Parkinson's by GP had his first Neurology appointment in 2013.
- Introduced to the Society at a Christmas lunch.
- Initial visit as a new client in 2011 (wife provided with education & support).
- Home visit/phone contact to monitor progression.
- Noted increase in symptoms, encouraged client & wife to liaise with GP to get a referral to a Parkinson's specialist, a POPS referral and NASC referral.
- Additional contact required with district nurses due to cellulitis.
- Joined in the walking group and monthly luncheons. The wife benefits from belonging to the carers group.
- Outcome; client advised of improved symptom control, relationship improvements, client attended day care, carer received respite funding and renewed feelings of hope.



Summary

Parkinson's New Zealand Community Educators provide valuable contribution to the quality of life of people with Parkinson's, their carers and their families.

This is due to the unique opportunity they have to visit people in their own environment as well as building strong relationships with their clients, carers, families and all other relevant people involved in their care.



Thank you

Questions?

