

Parkinson's and Pain

PARKINSON'S PAIN

People with Parkinson's often experience pain and this may be experienced in your back, neck, shoulders or legs, but it may occur in other parts of your body.

For many, the pain stems from reduced mobility and postural changes. Parkinson's often leads to stiffness in muscles and this may affect the adjacent joints. Another common problem is people develop a forward bending posture, which may cause pain.

PREVENTING PAIN/PREVENTING PAIN WORSENING

Importantly, these changes occur slowly and with the right sort of regular exercise you can significantly delay the onset of pain. Keeping moving is very important.

As Parkinson's New Zealand's booklet "Keep Moving" says (this booklet is available through www.parkinsons.org.nz) for many people, exercises to retain your flexibility and prevent stiffness, especially of the neck and shoulders, are vital and should be done daily. Because Parkinson's can lead to a bent-forward posture (flexed) you need to regularly stretch out the muscles that could become tight (the flexors). Yoga or stretching classes are also ideal for many people with Parkinson's.

Of course, everyone's Parkinson's is at different stages and tremor and stiffness can be variable so it is important you talk to your doctor before undertaking any exercise programme. It is helpful to have regular reviews by a physiotherapist, who can provide a tailored exercise programme to address your specific needs. You can discuss finding a physiotherapist who is suitable for you with a Parkinson's Community Educator.

DETERMINING THE SOURCE OF PAIN

Having Parkinson's doesn't mean you won't develop other health issues so it's important that any pain you experience is diagnosed by a health professional because it may be a symptom of another, as yet unidentified health condition. For example, there are many similarities between the pain caused by Parkinson's and that caused by musculoskeletal diseases such as arthritis and osteoporosis.

TYPES OF PAIN

Musculoskeletal pain

Musculoskeletal pain is very commonly experienced by people with Parkinson's and is typically felt as an ache around your joints, arms and legs. Parkinson's causes stiffness; and a reduced frequency and range of movements which is hard on your joints. Stiffness of the joints like the shoulder may result in difficulty with showering and dressing, and help may be required. Musculoskeletal pain is sometimes felt in the back, affecting posture.

Muscle cramps

Muscular cramps can result from rigidity and a reduction in or

absence of movement (akinesia). A Parkinson's New Zealand factsheet on Muscle Cramps and Dystonia is available at www.parkinsons.org.nz.

Dyskinetic pain

Dyskinetic pain can be a secondary problem to dyskinesias (abnormal involuntary movements) that some people with Parkinson's experience. Pain from dyskinesias may occur before during or after the dyskinesias. Dyskinetic pain can result from fluctuations in a person's responses to standard anti-parkinsonian drugs, such as levodopa. Dyskinesias themselves are not usually painful unless there is Dystonia.

Dystonia

Dystonia is the abnormal spasm or posturing of body parts such as toes, fingers, ankles or wrists. An example is the feet twisting inwards or toes curling downwards. Dystonia can be painful, rather like a muscle cramp. Regarding your medication cycle, such pain may occur during an "on" phase or an "off" phase but is more likely to occur in the latter. A Parkinson's New Zealand factsheet on Muscle Cramps and Dystonia is available at www.parkinsons.org.nz.

Radicular pain

Radicular pain is a sharp often shock-like shooting pain that radiates or travels down a leg or arm and may involve fingers and toes. Often radicular pain is a result of a trapped nerve in the spine around the neck or back region.

Neuropathic and central pain

You may experience neuropathic pain – often described as a burning or cold feeling. It commonly occurs in the feet. A person experiencing this type of pain may find it uncomfortable if anything touches their feet or legs. Uncommonly some can experience central pain, a burning or unusual pain that can occur in unusual places such as the mouth or even genital region.

DEPRESSION AND PAIN

Chronic pain can bring about or aggravate existing depression. People with Parkinson's have a higher than average risk of developing depression (though anxiety is more common). Sometimes treating the depression helps alleviate the pain. However, more commonly existing pain just becomes more manageable. A Parkinson's New Zealand factsheet on Parkinson's and Depression is available at www.parkinsons.org.nz.

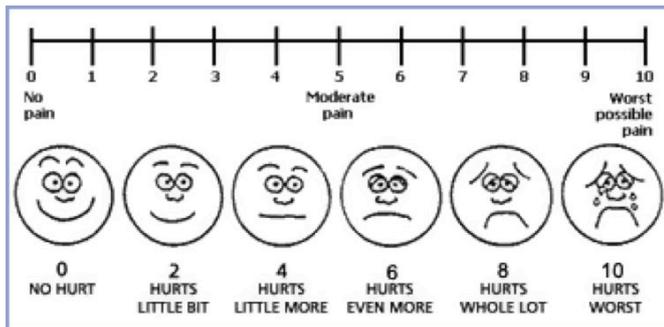
LEG DISCOMFORT

Discomfort in the legs can be troublesome and persistent for people with Parkinson's. It is sometimes associated with a compulsion to move the legs (akathisia). Restless leg syndrome, which is similar, is another issue for some people. For others, leg pain, especially overnight leg pains, can be due to wearing off of Parkinson's medication.

MANAGING AND TREATING PAIN

An effective treatment plan worked out with a doctor is an important step towards managing pain. To help your doctor help you manage pain, it may be useful for you to have answers to these questions ready for your next visit.

- Where is your pain located?
- How bad is the pain? There are rating scales for pain and you may want to ask whether your doctor uses the Wong-Baker scale.



WONG BAKER SCALE

Pain scales out of 10 are commonly used in New Zealand, particularly for older people with dementia and in residential care. A Parkinson's specific pain scale has been growing in popularity since 2014. Known as the King's Parkinson's disease pain scale it has been developed at King's College, London and undergone multi centre multi country testing.

- Does the pain spread anywhere?
- Do you have the pain continuously or does it come and go?
- Does the pain occur in relation to any particular activity?
- What relieves the pain?
- What makes the pain worse?
- Do your anti-Parkinson's medications relieve your pain?
- Do you have arthritis?

TYPES OF TREATMENT

The best treatment for a pain will depend on the cause of that pain.

If the pain is a result of excessive immobility or rigidity, a doctor may prescribe dopaminergic therapy, physical therapy or an exercise programme. Such pain may undermine your motivation to exercise, thereby creating a vicious cycle but it's vital you break the cycle!

Thinking preventatively may help too. Remember with the right sort of regular exercise you may significantly delay the onset of pain. Speak to your Community Educator about the exercise and options that are right for you. Keeping moving is very important. Don't forget the booklet "Keeping Moving" on the PSNZ website at www.parkinson.org.nz. You can also find information about exercise classes held by Parkinson's New Zealand's divisions and branches on the website and order DVDs for exercises you can do in the comfort of your own home.

Some forms of pain may respond to simple painkillers such as paracetamol.

Vigorous massage may help relieve cramp as can the application of local heat with a hot water bottle or wheat bag, or sometimes walking about can be helpful. The treatment for dystonia is usually to increase the dopamine medication.

Physiotherapy can assist with pain management through methods such as manual therapy, the use of heat, cold or some electrical equipment.

Low doses of some antidepressant medications can sometimes help alleviate neuropathic pain and may be indicated (whether or not the person is depressed). Alternatively some anticonvulsant medications can be helpful.

COMPLEMENTARY THERAPIES FOR PAIN

A discussion with a doctor is important before trying any complementary therapies.

Acupuncture

This treatment has been practiced in China for over 2000 years and may reduce pain, insomnia and anxiety in people with Parkinson's. Make sure any acupuncturist you go to has adequate training and experience. A register of New Zealand acupuncturists is available at www.acupuncture.org.nz.

The Feldenkrais Method

By becoming more aware of their own movements, people can improve their mobility. Lessons may involve doing a sequence of movements that involve thinking, sensing, moving and imagining. People use this method to find relief from pain. The New Zealand Feldenkrais Guild's website is at www.feldenkrais.org.nz.

Massage

Massage can ease muscular pain and stiffness. It can be an altogether enjoyable experience. Find out more at www.massagenewzealand.org.nz.

EXERCISE

People with Parkinson's find a number of different types of exercise helpful for relieving or avoiding pain including yoga and Tai Chi. There are also Parkinson's specific programmes like LSVT Big and Dance for Parkinson's that can be helpful. Talk to a health professional about which might help you.

If you would like information about Parkinson's to pass on to a health professional or if you would like to know more about what options you have regarding pain you or someone you care for is living with, please contact your *Parkinson's Community Educator* or phone **0800 473 4636**.

This fact sheet was last updated in June 2016.