# Parkinson's: Managing bone health and fracture risk

# Reflection Log

There are reflective activities throughout the course and we have reproduced these in this document so that you don’t have to keep cross-referencing them.

You can use this log as a place to record notes to yourself and any other ideas and information that you may find useful.

As you work through this course the reflective activities will form an important part of your learning process. You can revisit the log regularly and you may want to look at it again after you’ve completed the course. You can also use it as evidence of what you’ve achieved and of your development.

After the first time you use the log, make sure you save it. Use a file name like ‘Parkinsons Log’ so that it’s easy to find. The next time you are prompted to use the log, you can just open the file you saved and add the new material to it.

**1.2 Reflective exercise**

**Why do people with Parkinson’s fall?**

|  |  |
| --- | --- |
| **Generic** | **Parkinson’s specific** |
|  |  |

From the following list of risk factors for falls, place each factor into the correct column of your table:

|  |  |
| --- | --- |
| **anticholinergics for tremor or bladder** | **age** |
| **antidepressant medication** | **anxiety** |
| **nocturia** | **history of previous falls** |
| **axial rigidity** | **high doses of levodopa** |
| **postural hypotension** | **difficulty with performing dual tasks** |
| **sedative medication** | **poor balance** |
| **inappropriate polypharmacy** | **cardiac arrhythmia** |
| **freezing of gait** | **abnormal posture** |
| **dyskinesia** | **muscle weakness** |
| **arthritis and joint problems** | **visual impairment** |
| **daily drinking of alcohol** | **environmental hazards** |
| **peripheral neuropathy** |  |

**1.5 Reflective Exercise**

## Falls risk in Parkinson’s

## Read over Mr Smith’s history. On direct questioning he does admit to having had one fall.

## Think about what you have learned in Section 1 about factors, which make someone with Parkinson’s more likely to fall. Remember that falls risk can be increased both by Parkinson’s factors and other more general factors. There are several factors mentioned in the text, which may increase Mr Smith’s falls risk. In your reflective log identify as many as you can, and suggest how to reduce the impact of the factors. Write down anything else you would like to check.

Mr Smith is a 74 year old man, diagnosed with idiopathic Parkinson’s, who has been seen in clinic for the last 8 years. He is taking sinemet 125mg four times a day. He was diagnosed with prostate cancer last year and is now on anti-androgen hormone treatment. He had polymyalgia rheumatic 3 years ago and had steroid treatment for 18 months. He has some back pain. He drinks 3 units of red wine daily. He suffers with constipation which is easily managed with aperients. He is hypothyroid on monitored replacement therapy. He takes bendroflumethazide for hypertension, zopiclone to aid sleep as well as aspirin 75mg for secondary cardiovascular disease prevention. He comes to clinic and it is noted that he is shuffling more than he used to and now uses a stick to walk. Coming through the door he gets ‘stuck’ and freezes. There is ‘no wearing off’ phenomenon. On examination he is wearing bifocal glasses, but his eye movements are normal. He has Hoehn and Yahr stage 3 Parkinson’s and has a moderately stooped posture. He has moderate bradykinesia and rigidity of his upper and lower limbs, more evident on the left than the right and no red flags to suggest an alternative diagnosis to idiopathic Parkinson’s. He weighs 57kg and is 1.59m tall. He reports his main problem as feeling ‘really unsteady’ and as a result he is less confident leaving the house to do his weekly shop. ***He has not fallen.***

**The factors that I identify as increasing the risk of falls are:** [add text]

**The impact of these factors could be reduced by:** [add text]

**I would also want to check:** [add text]

**2.5.1 Reflective exercise**

*Mr Smith is a 74 year old man diagnosed with idiopathic Parkinson’s who has been seen in clinic for the last 8 years. He is taking sinemet 125mg four times a day. He was diagnosed with prostate cancer last year and is now on anti-androgen hormone treatment. He had polymyalgia rheumatic 3 years ago and had steroid treatment for 18 months. He has some back pain. He drinks 3 units of red wine daily. He suffers with constipation which is easily managed with aperients. He is hypothyroid on monitored replacement therapy. He takes bendroflumethazide for hypertension, zopiclone to aid sleep and aspirin 75mg for secondary cardiovascular disease prevention. He comes to clinic and it is noted that he is shuffling more than he used to and now uses a stick to walk. Coming through the door he gets ‘stuck’ and freezes. There is no ‘wearing off’ phenomenon. On examination he is wearing bifocal glasses, but his eye movements are normal. He has Hoehn and Yahr stage 3 Parkinson’s and has a moderately stooped posture. He has moderate bradykinesia and rigidity of his upper and lower limbs (more evident on the left than the right) and no red flags to suggest an alternative diagnosis to idiopathic Parkinson’s. He weighs 57kg and is 1.59m tall. He reports that his main problem is feeling ‘really unsteady’ and as a result he is less confident leaving the house to do his weekly shop. He has not fallen.*

Think about what you have learned in Section 2 about factors which make someone with Parkinson’s more likely to have reduced bone health. Remember that bone health can be affected both by Parkinson’s factors and other more general factors. There are several factors mentioned in the text which may increase Mr Smith’s chance of having reduced bone strength. In your reflective log identify as many as you can, and make suggestions for reducing the impact of the factors. Write down anything else you would like to check.

**The factors that I identify as increasing the likelihood of reduced bone health are:** [add text]

**The impact of these factors could be reduced by:** [add text]

**I would also want to check:** [add text]

**4.2.4 Reflective Activity**

**Apply the** [**calcium calculator**](http://www.cgem.ed.ac.uk/research/rheumatological/calcium-calculator/) **to yourself. Are you getting enough calcium?**

**The advice that would help me to improve my diet for bone health is as follows:** [add text]