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## Why See a Parkinson's Disease Specialist?

Many neurological disorders have features of parkinsonism. When parkinsonism occurs without any other neurological abnormalities, and there is no recognizable cause of it, the disorder is termed Parkinson's disease after the English physician who first described it fully in 1817. Evaluation by a neurologist is important for several reasons:

### **1) To distinguish parkinsonism from other disorders that may look like it.**

For example, there are many causes of tremor, and tremor itself may have many different characteristics. It should not be assumed that someone has PD unless the tremor has all the features of parkinsonian tremor and other causes of tremor have been excluded.

### **2) To distinguish between different causes of parkinsonism.**

The disorder labeled as PD only when no specific cause can be found. There are, in addition, a variety of disorders in which parkinsonism occurs without obvious cause, but these disorders usually have additional features that distinguish them from classic PD. Such a distinction is important because the long-term outlook may differ and the treatment options may be different.

### **3) To insure that optimal therapy is instituted.**

There are a variety of medications that are useful for the treatment of Parkinson's disease. The selection of a particular agent should be made with an understanding of the patient's main PD symptoms, general medical conditions, and other treatments. For example, dopamine agonists are less well tolerated by patients older than 70.

### **4) To insure that patients are offered new therapies as these are developed.**

Medicine is advancing rapidly, and it is difficult for non-specialists to keep up with the field.

### **5) To insure that only patients likely to benefit are offered invasive treatments such as surgery for their PD.**

**6) To deal with management problems if they occur, because these often are difficult to control.**

Patients are best able to manage at home, with appropriate utilization of ancillary facilities such as physical therapy, occupational therapy, meals-on-wheels, visiting nurses, speech therapy as required.

**7) To provide certain aids to daily living,** that may make it possible for patients to continue to live comfortably at home. This includes, for example, the provision of cutlery with large handles, non-slip rubber mats, extra railings for support, and other changes to the home.

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