Safety tips:

- Ask your doctor or call Alzheimer's Tennessee to arrange a home safety evaluation.
- Use grab bars in the tub and shower.
- Use a bath chair or stool in the shower.
- Keep your floors smooth but not slippery.
- Store supplies in easy to reach cabinets.
- Make sure stairwells are lit.
- Get nightlights for bathrooms and hallways.
- Keep walking areas free of clutter.
- Wear low-heeled, comfortable shoes when walking around. Avoid walking in slippery socks and slippers.

You Are Not Alone

- Family Counseling & Care-Planning
- Education & Resource Referrals
- Caregiver Training
- First Responder Education
- FREE Helpline
- Support Groups
- Advocacy
- Research

Alzheimer’s Tennessee Mission:
To serve those facing Alzheimer’s disease and related dementias, to promote brain health through education, and to champion global prevention and treatment efforts.

Alzheimer's Tennessee, Inc. is the only independent 501(c)3 not for profit organization that has been in Tennessee for families facing Alzheimer's since 1983.

100% of funds raised benefit Tennesseans.

Parkinson’s disease dementia (PDD) is a type of dementia that occurs when a patient with Parkinson's disease develops a progressive dementia at least two years after a diagnosis of Parkinson's disease has been made, and other causes of dementia have been ruled out. Approximately 25-30% of all patients with Parkinson’s disease also have dementia, but after having Parkinson’s disease for 15 years, the prevalence of PDD increases to 68%.

Alzheimer’s: A Journey No One Should Take Alone
Parkinson’s Disease Dementia

Signs and Symptoms of Parkinson’s

There are primary and secondary symptoms of Parkinson’s disease. Not everyone with the disease experiences all of the symptoms and the progression of the disease is different from person to person. Most people who get Parkinson’s are over 60, but there have been identified cases in younger men and women.

Primary symptoms
- Slow movement (Brady kinesia)
- Tremors
- Rigidity

Secondary symptoms
- Difficulty swallowing
- Choking, coughing, or drooling
- Excessive sweating
- Loss of bowel and/or bladder control
- Loss of intellectual capacity
- Anxiety, depression, isolation
- Scaling, dry skin on the face or scalp
- Slow response to questions
- Small, cramped handwriting
- Soft, whispery voice

Diagnosis

A systematic neurological exam will be needed to diagnose Parkinson’s disease. This includes testing your reflexes and observing things like muscle strength throughout your body, coordination, balance, and other details of movement. These tests are also necessary to rule out other conditions. Your doctor may also order tests, such as blood or urine tests or CT or MRI scans, to exclude the possibility of other disorders.

Treatment

There is no cure for Parkinson’s disease; however, there are ways to address the symptoms.

There are some surgical options for patients with Parkinson’s disease, the most common of which is known as Deep Brain Stimulation (DBS). This form of surgery is sometimes used to help reduce the severity of muscle rigidity and slowness of movements. Deep Brain Stimulation (DBS) involves placing a wire into the brain connected to a pacemaker-type device implanted just below the skin in the chest.

Dementia is a less common feature of Parkinson’s disease. Approximately 20% of people with Parkinson’s disease will develop Parkinson’s Disease Dementia (PDD). Parkinson’s patients who experience hallucinations and more severe motor control problems are at risk for dementia. For those patients with Parkinson’s disease who go on to develop dementia, there is usually at least a 10- to 15-year lag time between their Parkinson’s diagnosis and the onset of dementia.

Signs of dementia in Parkinson’s patients include:
- memory problems
- distractibility
- slowed thinking
- disorientation
- confusion
- moodiness
- lack of motivation
- hallucinations