

Determining Disability in Patients with Parkinson's Disease

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Introduction

According to epidemiologic estimates, idiopathic Parkinson's Disease (PD) presently affects between 4.1 and 4.6 million people over the age of 50 in the world's ten most populated countries. Progressive postural instability, hypokinesia, stiffness, and tremor are prominent symptoms of Parkinson's disease. The motor symptoms of Parkinson's disease are caused in part by selective neuronal death in the basal ganglia motor pathways. The formation of Lewy neurites and Lewy bodies within inadequately myelinated neurons of the midbrain causes dopaminergic cell loss and a neurotransmitter imbalance. Although Parkinson's disease develops infrequently and presents in a variety of ways, the consequences of the disease on neurologic function consistently contribute to increased impairment over time. A number of systematic and narrative evaluations have been conducted to assess the effectiveness of rehabilitation in patients with Parkinson's disease. The majority of these studies classify the effects of therapies based on specific characteristics, such as disease severity (as judged by the Unified Parkinson's Disease Rating Scale and Hoehn and Yahr stages) or specific tasks (such as gait and measured by gait speed). The application of the World Health Organization's (WHO) International Classification of Functioning, Impairment, and Health paradigm to Parkinson's Disease (PD) would allow the integration of multiple viewpoints on the spectrum of disability associated with PD. To the best of our knowledge, no reviews have used the ICF model as a foundation to specifically evaluate physical activity and exercise interventions on balance-related outcomes. The PD movement deficit of postural instability is especially troubling for rehabilitation doctors because it correlates to an increased incidence of falls and fall-related injuries as compared to neurologically healthy patients. To make matters worse, because postural instability involves a movement deficiency, it may be resistant to treatment with dopamine replacement drugs. The phrase health-related quality of life refers to the discomfort and functional impairment caused by illness.

There are several scales for measuring various elements of quality of life, both generic and condition specific. Most investigations of quality of life in Parkinson's disease patients have sought to establish Parkinson's disease-specific scales or to verify existing generic scales for this patient population. Several recent studies of novel medical therapies have also utilised one or more of these measures to assess the overall impact of the new medications on patients' well-being. The motor syndrome of Parkinsonism is believed to be the most important driver of patients' suffering, and treatment is largely aimed at alleviating parkinsonian impairment. Finding that tremor and stiffness were related with worse quality of life as judged by the parkinson's disease questionnaire (PDQ-39). Several other Parkinson's disease-related complaints, such as depression, sleep disturbances, and drug-therapy side effects, may add to the patients' distress; however, the effects of different clinical and demographic characteristics on health-related quality of life in Parkinson's disease have not been adequately studied. A greater knowledge of which aspects of the condition have the most influence on patients' well-being is critical in establishing new and improved Parkinson's disease management regimens.

In view of the growing number of senior individuals in industrialised nations, the prevalence of Parkinson's disease is predicted to rise as well. Patients with Parkinson's disease may become increasingly dependent on others as their symptoms worsen. Thus, the therapy of Parkinson's disease focuses mostly on preserving life expectancy and reducing movement deficits. The burden of Parkinson's disease increases as the illness progresses, due to both disease and drug-related issues, and the occurrence of comorbidities, resulting in extensive use of health and community services. This growing burden has significant economic implications, which will become increasingly relevant in the coming years as increased utilisation of healthcare resources has a significant impact on healthcare systems. Another crucial problem is the working capability of patients with Parkinson's disease, and earlier study findings typically accounted for a 6-year early retirement of individuals with Parkinson's disease. Early retirement in Parkinson's disease patients has significant economic effects and is a primary driver of the disease's expense. The estimated cost of PD per case per year is \$7577, with over half of this attributed to indirect expenditures that are directly tied to reduced job capacity. Previous research findings on the working capability of people with Parkinson's disease typically accounted for a 6-year early retirement of these patients. However, despite the economic importance of retaining working capacity and the fact that therapy are designed to decrease motor impairments, the relationship between reduced working capacity and restriction to participation remains unclear. Indeed, participation of patients with Parkinson's disease has previously been measured using activity of daily living scales that focus on independence, such as the Unified Parkinson Disease Rating Scale and the Functional Independence Measure, the Schwab and England scale or the Barthel index. The majority of research that assessed disability and quality of life in people with Parkinson's disease employed illness-specific instruments in conjunction with general health profile measures to study areas including social and emotional functioning, pain, and movement-related skills.