

# Guide to managing Parkinson's Disease for patients and caregivers

## **Parkinson's Disease in Singapore**

Parkinson's Disease (PD) is the second most common neurodegenerative condition in Singapore, following Alzheimer's Disease. It affects approximately 3 in every 1,000 people over the age of 50, with an estimated 6,000 to 8,000 individuals currently living with the condition (National Neuroscience Institute, 2018).

## **What is Parkinson's Disease?**

PD is a brain condition that affects movement. It happens when nerve cells (neurons) in a part of the brain called the substantia nigra stop making enough of a chemical called dopamine, which helps control how we move. This can cause symptoms such as shaking, stiff muscles, slow movements, and trouble with balance.

PD is a lifelong condition that gets worse over time, but with the right care, medication(s), and support, people with Parkinson's can still lead fulfilling lives. Caregivers play a key role in helping to manage daily challenges and providing comfort and stability.

## Symptoms of Parkinson's Disease

No.	MAIN SYMPTOMS	
1	<b>Akinesia</b> Inability to move/initiate movement	<input type="checkbox"/>
2	<b>Bradykinesia</b> Slowness of movement (moving more slowly)	<input type="checkbox"/>
3	<b>Hypokinesia</b> Decrease in amount/range of movement (moving less, affecting coordination/balance/speech)	<input type="checkbox"/>
4	<b>Rigidity</b> Stiff and rigid movements	<input type="checkbox"/>
5	<b>Resting Tremors</b> Involuntary movements (begin in one hand/leg)	<input type="checkbox"/>
6	<b>Postural Instability</b> Problems with balance and walking	<input type="checkbox"/>
7	<b>Autonomic Failure</b> A drop in blood pressure from lying to sitting, may be accompanied with giddiness	<input type="checkbox"/>
8	<b>Continence Issues</b> Constipation, frequency/urgency of urination, incomplete bladder emptying, frequency of urine at night	<input type="checkbox"/>
9	<b>Fatigue</b> Easily tired	<input type="checkbox"/>
10	<b>Pain</b> May be related to muscle rigidity, muscle cramp (affecting foot, lower back, or neck)	<input type="checkbox"/>
11	<b>Sleep or Night Time Problems</b> Insomnia, vivid/disturbing dreams	<input type="checkbox"/>
12	<b>Cognitive Changes</b> Difficulties in planning, decision-making, problem-solving, organisation; poor concentration, difficulties maintaining train of thought and switching from one topic to another; difficulty recalling sequence of events	<input type="checkbox"/>
13	<b>Emotional or Neuropsychiatric Problems</b> Anxiety; depression; irritability, lack of motivation; mood swings (intense low/anxious feeling); hallucinations	<input type="checkbox"/>

# Management of Symptoms and Effecting Change in Daily Activities

## 01. ABCDE APPROACH to manage motor symptoms

### Allocate sufficient time

- Plan and mentally rehearse task before doing it

### Break down task

- Think and perform smaller steps one at a time (e.g. instead of “lying to sitting”, break it down by saying “bend knee, turn head, reach across, legs down, push up”)

### Concentration/conscious attention

- Ensure each step is properly planned and executed successfully

### Dual task avoided (limit multitasking)

- E.g. avoid walking and talking or holding onto objects while walking
- E.g. sit down while showering and wearing clothes

### External cue and adaptation

- Visual cues: put strips of masking tape on floor, clock turning/u-turn
- Auditory cues: verbalising steps out loud, short sequential instructions, match music beats with walking rhythm
- Tactile cues: gently tap on body part

*ABCDE approach can be applied to tasks such as:*

- *Getting out of bed, walking, standing*
- *Dressing, toothbrushing, showering*

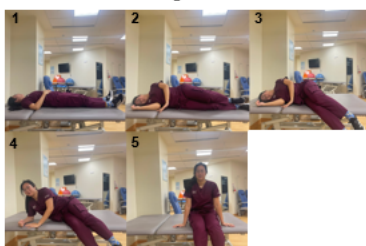
*Avoiding dual tasking:*



*Visual cue:*



*Breaking down tasks:*



*Please consult your Occupational Therapist on the ward on how to utilise these strategies*

## 02. DAILY STRUCTURES/ ACTIVITIES

### **Self-care routine, social, recreational and leisure activities**

- Schedule necessary activities with timing of Parkinson's medication
- Plan for increased assistance during 'off' timing
  - Do self-care activities in sitting instead of standing

### **Fatigue management**

- Identify priorities and how to best use limited reserves of energy
  - Apply 3Ps of energy conservation technique: planning, pacing, prioritise
- Incorporate own techniques to manage fatigue when doing activities
- Practice good sleep hygiene (e.g., avoid having a large meal or caffeine close to bedtime, limit naps in the day, having regular physical activity)

### **Addressing falls**

- Exercise regularly to improve muscle strength and balance
- Mobility aids: use your walking aid if recommended by your physiotherapist
- For caregivers: learn strategies to support mobility and prevent falls
- Use a fall diary to fill in when, where and how your falls are occurring
  - Refer to *page 8* for an example of a fall diary

### **Managing autonomic failure/postural hypotension**

- Identify symptoms of:
  - Feeling lightheaded, dizzy upon sitting or standing
  - Blurred vision
  - Feeling weak or tired
  - Nausea
  - Almost fainting or fainting
- Do these counter-maneuvers before doing your tasks:
  - Sit on a chair/bed for ~1 minute before standing up slowly
  - Move your feet up and down or march your legs while sitting
- If you feel dizzy in standing: sit or lie down immediately, take slow deep breaths
- Other management: drink plenty of water daily, eat small meals, avoid hot showers or standing still for prolonged period, wear compression stockings if advised by your doctor/therapist



*Please consult your Occupational Therapist on the ward on how to utilise these strategies*

# 03. PHYSICAL ENVIRONMENT AND ADAPTATIONS

## Home modifications

- Use contrasting colours on the floor/furniture
- Remove obstacles such as wires, loose rugs on floor or underneath furniture
- Avoid complicated patterns for flooring and furniture
- Ensure walkways are brightly lit
- Install Alert Alarm System or Elderly Monitoring System

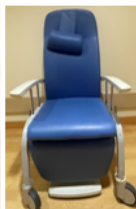
## Toilet

- Install grab bars in toilets or shower area
- Add slip-resistant treatment to bathroom floor
- Use raised toilet seat to sit or stand more easily from toilet bowl
- Install automatic light sensor when entering toilet



## Posture and sitting

- Use a high-backed chair to support the head
- Use seat belt if seated on a chair or wheelchair



## Living room/bedroom

- Use chairs with armrest to push off to stand
- Use bed rails for ease of getting out of bed
- Increase bed height to knee level and ensure sufficient space to lean forward to sit or stand

## Dressing

- Choose clothes or shoes that are easier to wear with simple fastening (e.g. velcro instead of buttons on shirt, slip-on shoes)
- Sit on a stable chair to wear shirt or pants



## Household items

- Use weighted spoon or built-up handles on utensils for eating to minimise tremors; use long-handled reacher to retrieve items



*Please consult your Occupational Therapist on the ward on how to utilise these strategies*

## **Activity Scheduling**

Activity scheduling involves planning daily tasks around the times when a person has the most energy and mobility, helping them stay active and independent.

For people with Parkinson's, coordinating activities with their medication schedule ensures tasks are done during "on" periods (when the medication is working well, and symptoms are controlled) while avoiding "off" times (when the medication wears off and symptoms like stiffness, tremors, or slowness return).

Since the timing and effect of medication can differ from person to person, caregivers are encouraged to check with your loved ones' pharmacist about the individual's medication regimen. This helps ensure activities are planned in a way that best supports symptom management and promotes a better quality of life.

### Example of how to use activity schedule:

Time	Daily activities	Medication time	Symptoms observed	Notes
7:00	Wake up and go to the toilet			This is where most of the heavy 'activities of daily living' take place, hence, we aim to align these activities with our "on" periods to maximise participation in these tasks.
7:30	Brush teeth and wash face			
8:00	Breakfast	✓ 8:20am	Some lingering rigidity or difficulty in movement	
8:30	Morning exercise at the park		Noticed easier movement and less muscle tightness	
9:00	Morning exercise at the park		Walking and hand movements become smoother	
9:30	Shower		Feeling more engaged and responsive	When the medication starts to wear off before the next dose, it is helpful to plan more sedentary activities, such as watching TV/reading newspapers/listening to music as part of daily routine.
10:00	Shower			
10:30	Watch TV		Movements become slower and more effortful.	
11:00	Watch TV		Feeling more tired and drained. Noticed the start of hand tremors.	
11:30	Lunch	✓ 11:50am		
12:00	Lunch			

If you see changes in duration of your "on" time, please inform your doctor.

## **Tracking your Falls**

Falls are common among people with Parkinson's.

Use this diary to help track and monitor falls or near-falls, identify potential triggers, and assist in developing strategies to prevent future falls.

Show this diary to your doctor and/or therapist during your next appointment. Regular tracking can improve communication with your doctor and/or therapist and support better management of your symptoms.

If you need to seek help, call: SCDF ambulance and fire service: 995 or non-emergency ambulance service: 1777.



When did you fall?	What time did you fall?	Where did you fall?	Did you experience any of the following before your fall? (dizzy / faint / breathless / freezing / shuffling / weakness)	What were you doing before your fall?	Were you injured? (Yes/No)	Did you get help? (Yes/No)	Other comments
		<input type="checkbox"/> Toilet <input type="checkbox"/> Bedroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Living room <input type="checkbox"/> Outdoors <input type="checkbox"/> Others			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Toilet <input type="checkbox"/> Bedroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Living room <input type="checkbox"/> Outdoors <input type="checkbox"/> Others			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Toilet <input type="checkbox"/> Bedroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Living room <input type="checkbox"/> Outdoors <input type="checkbox"/> Others			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Toilet <input type="checkbox"/> Bedroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Living room <input type="checkbox"/> Outdoors <input type="checkbox"/> Others			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(adapted from *On the Go Physio*, 2011)

## **Ng Teng Fong General Hospital**

1 Jurong East Street 21, Singapore 609606

OneNUHS Hotline: (65) 6908 2222

OneNUHS General Enquiries: [contactus@nuhs.edu.sg](mailto:contactus@nuhs.edu.sg)

OneNUHS Appointments: [appointment@nuhs.edu.sg](mailto:appointment@nuhs.edu.sg)

[www.ntfgh.com.sg](http://www.ntfgh.com.sg)

The patient information leaflet was created by Occupational Therapy from Ng Teng Fong General Hospital.

The information in this brochure is meant for educational purposes and should not be used as a substitute for medical diagnosis or treatment. Please seek your doctor's advice before starting any treatment, or if you have any questions related to your health, physical fitness or medical condition.

© 2025, Ng Teng Fong General Hospital. All rights reserved. No part of this publication may be reproduced or shared without prior permission from Ng Teng Fong General Hospital.

Information is correct at time of printing Sep 2025 and subject to revision without prior notice.