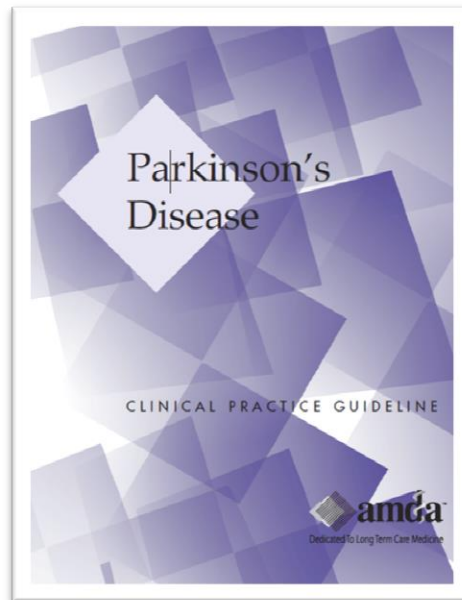


Parkinson's Disease

Clinical Practice Guideline



Continuing Professional Education Self-Study Course

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Acknowledgements

Continuing Professional Education Program Self-Study Course

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Professional Approvals

For details on professional approvals for this course, please check the product description on our website. You may also wish to visit this page: beckydorner.com/continuing-education/professional-approvals/.

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We maintain records of course completions for a period of 7 years.



How to Complete this Course and Receive Your Certificate

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This course and test must be completed prior to the expiration date. To obtain your continuing education certificate, you must review the material provided, take and pass an online test, and complete a simple evaluation. You may re-take the online test as many times as needed prior to the expiration date. If you are interrupted and cannot finish the test, you can save the test and come back later to finish it.

Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

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Course Expiration Date <small>Must be completed prior to this date</small>	Continuing Education Hours	CDR Level
November 5, 2020	1.5	II

Course Description

Parkinson's disease (PD) is an age-related, degenerative neurological disorder. Patients with PD are substantially more likely to live in nursing homes than are adults in the general population. The prevalence of PD in nursing homes is estimated to be about 5% to 10%. The disease is slowly progressive, and once symptoms occur, the mean life expectancy is 15 years. The severity of PD disease course varies widely; some patients may be only slightly disabled 15 to 20 years after diagnosis, whereas others may be completely disabled after 10 years. PD reduces life expectancy because of an increased incidence of factors such as motor disorders, dysphagia with aspiration pneumonia, infection, dementia, and fall-related injuries.

The AMDA *Parkinson's Disease in the Long-Term Care Setting Clinical Practice Guideline* outlines information that will allow clinicians to evaluate causes of and determine interventions for Parkinson's disease, including disease and symptom management to allow the highest possible functional status and quality of life.

Course Learning Objectives

After completion of this continuing education program, the learner should be able to:

1. Recognize signs and symptoms of Parkinson's disease.
2. Be able to state 3 non-pharmacological treatments for Parkinson's disease.
3. Be able to state 3 complications/comorbidities of Parkinson's disease.

Suggested CDR Learning Needs Codes

- 3050 Feeding, swallowing, dentition
- 5040 Long-term care, intermediate, assisted living
- 5300 Neurological: stroke, Alzheimer's dementia, Parkinson's, spinal cord injuries
- 5410 Client protocols, clinical guidelines

Additional CDR Learning Needs Codes that may apply: 4190, 5100

Suggested CDR Performance Indicators

- 8.1.3 Integrates knowledge of macronutrients and micronutrients for absorption, digestion and metabolism throughout the life span in practice.
- 8.1.4 Demonstrates knowledge of nutrient requirements throughout the life span and their role in health promotion and disease management.
- 10.2.3 Analyzes and synthesizes the assessment data to identify nutrition problems following the Standards of Practice in Nutrition Care for RDNs.

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- 10.2.4 Integrates foundational dietetics knowledge with critical appraisal of assessment data to diagnose nutrition problems (using problem solving, etiology, signs and symptoms [PES] statements), which can be resolved or improved through treatment or nutrition intervention.

Additional CDR Performance Indicators that may apply: 8.1.5, 10.2.5, 10.2.8, 10.2.9, 10.2.10, 10.2.11, 10.2.12, 10.4.2, 10.4.3, 10.4.4, 10.4.5

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

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Continuing Professional Education Self-Assessment Test and Answer Key

KK was diagnosed with Parkinson's shortly after he retired. After living independently for 10 years, his disease progressed and after a trip to the ER following a fall he now requires skilled nursing care. He is alert and oriented and able to communicate, but has physical complications of Parkinson's disease that include difficulty ambulating and feeding himself. Upon admission to the hospital he was diagnosed with aspiration pneumonia and was on antibiotics. KK is now 77 years old. His comorbidities include depression and hypertension. He is 72 inches tall and weighs 165 pounds. He says he has lost weight in the past few months but he is not sure why. His medications include Carbidopa/Levodopa, an Exelon patch, Remeron, and Norvasc. He was admitted to the facility on a puree diet with nectar-thick liquids.

1. KK's decreased ability to feed himself is most likely related to his _____, which is a symptom of Parkinson's disease.
 - a. Loss of muscle mass
 - b. Dysarthria
 - c. Gait disorder
 - d. Tremor (table 2 page 5)
2. Which of the following nutrients can compete for absorption with Levodopa?
 - a. Protein (page 23)
 - b. Fat
 - c. Carbohydrate
 - d. Water
3. KK has been experiencing constipation since he was admitted to the facility. The registered dietitian nutritionist (RDN) will encourage plenty of fluids, as well as _____.
 - a. 25-40 grams of fiber daily.
 - b. 30-40 grams of fiber daily.
 - c. 25-35 grams of fiber daily (page 23).
 - d. 20-25 grams of fiber daily.

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4. Studies have determined that KK might benefit from _____ to treat his Parkinson's disease.
 - a. More sleep
 - b. Weight loss
 - c. Weight gain
 - d. Exercise (page 16)

5. As his disease becomes more advanced, KK is at risk for altered nutritional status and _____.
 - a. Urinary tract infections
 - b. Pressure ulcers (page 14)
 - c. Increase in his metabolic rate
 - d. Unplanned weight gain

6. After a few months in the facility, KK's disease progresses and he has become increasingly ill and disabled. His physician has met with the family to suggest that he might be a candidate for referral to a _____.
 - a. Gastroenterologist.
 - b. Palliative care specialist. (table 14 page 24)
 - c. Neurologist.
 - d. Urologist.

7. KK's swallowing problem put him at high risk for which of the following?
 - a. Urinary tract infections
 - b. Unplanned weight loss ([page 27)
 - c. Nausea
 - d. Cognitive decline

8. Artificial nutrition and hydration might be an option for KK if:
 - a. It is consistent with the known values and preferences of KK and his family. (page 24)
 - b. His physician thinks it is necessary and he/she convinces the family.
 - c. It is covered by KK's payor source.
 - d. The risks outweigh the benefits.