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When the world ticks slower

DIETER VOLC, PRIVATE CLINIC CONFRATERNITAET

Parkinson's patients have their own pace and a variety of therapeutic needs. The greatest challenge in caring for those affected is finding the right balance between support and motivation to independence. In the centre for Parkinson's disease of the Private Clinic Confraternitaet, those who have to walk this tightrope day after day, the relatives, are also supported.

Mrs. K. is at peace with herself again. When her husband was diagnosed with Parkinson's disease a few months ago, a world collapsed for her. Mrs. K. was particularly troubled by the insecurity: Will my husband now become a nursing case? Will I be left alone with the everyday problems of a sick partner? These and similar questions went through Mrs. K.'s mind when she and her husband first set opposite the attending doctor. In the meantime, something like everyday life has returned to the life of the K. family. Drug therapy has brought the typical symptoms of the disease – from slowing down all movements to tremors and balance disorders – under control and thanks to physiotherapy and occupational therapy Mr. K. has retained a large part of his independence.

"Relatives simply need the necessary know-how about the many facets of the disease in order to be able to judge at the decisive moment whether the patient needs support or simply the proverbial whip," says Prim. Dr. Dieter Volc, Head of the Parkinson Center at the Private Clinic Confraternitaet, Vienna. After all, a distinction between an actual OFF-period with neurologically induced inability to move and simple laziness can only be made if the carer is very familiar with both the clinical picture and the personality of the patient. In addition to individual education, Volc holds information events for relatives. His core message is basically optimistic: "All study data clearly confirm that we are coping well with the movement disorders of Parkinson's disease thanks to drug therapy and – if necessary – surgical intervention". However, the vegetative side effects of the disease, such as constipation, incontinence, salivation, muscle tension and sweating, continue to cause problems.

Where it lacks simple therapeutic prescriptions in order to get such complaints completely under control, good advice is required. The Confraternitaet therefore has a multidisciplinary team at work that can devote itself entirely to the problems of those affected. In addition to psychological care and diet advice, taboo topics such as incontinence and sexuality are also dealt with professionally. "The sexuality of the couples concerned, just like that of healthy couples, is influenced by numerous factors such as age, marital status or the state of the partnership, and last but not least by the couple's already experienced sexuality," Volc knows. Finally, with the appearance of a chronic disease, such as Parkinson's disease, additional influences such as the disease itself, drug side effects or social factors could significantly influence sexual life. Conversely, a satisfactorily experienced sexuality has a very stabilizing effect on the affected couples, according to the expert, who at the same time emphasizes that the typical Parkinson's patient is more at home on the performance side than on the pleasure side due to his "pre-morbid" personality structure, i.e. already dominant before the onset of the disease. At the **Confraternitaet**, patients and their relatives can expect a team of experts for whom magnetic resonance tomography and L-dopa-therapy do not mark the end but the beginning of a therapeutic relationship.

Parkinson's therapy - 360° management

Comprehensive diagnostics

- Clarification according to the criteria of the UK PD BB criteria (United Kingdom Parkinson Disease Brain Bank)
- Smell test
- Gait analysis by video serves to optimize the therapy
- Motion analysis with video and actigraphy
- Imaging diagnostics (MRT, Spiral-CT, DAT-, IBZM-, MIBG-SPECT)

Custom-made treatment

- Drug therapy well effective with optimal setting
- Surgical therapy indicated when therapy with L-dopa cannot be exhausted because an over-movement occurs as a side effect early on

The "Third Pillar of Therapy"

- Diet advice correct timing of protein intake, sufficient calorie intake
- Physiotherapy promoting balance and coordination should start as early as possible
- Ergotherapy to maintain physical performance and everyday competence
- Cognitive training aims at more independence, personal responsibility and orientation
- Sexual counselling an important aspect of quality of life
- Incontinence counselling realistic assessment of therapeutic possibilities, cushioning social problems
- Training of relatives strategies against burnout
- Cooperation with the self-help groups

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