

Signs, Symptoms and Causes of Parkinson's Disease

Sowparnika Treasa Sabu*

Department of Pharmacy, Panjab University, Chandigarh, India

Commentary

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***For Correspondence:**

Sowparnika Treasa Sabu,
Department of Pharmacy,
Panjab University, Chandigarh,
India

E-mail:

treasasabu89@gmail.com

DESCRIPTION

Parkinson's Disease (PD), sometimes known as Parkinson's, is an ongoing condition of the central nervous system that primarily affects the motor system. The condition typically worsens before the symptoms appear, and non-motor symptoms increase in frequency. Early signs that are most noticeable include tremor, rigidity, slowness of movement, and trouble walking. With melancholy, anxiety, and apathy being common in many PD patients, cognitive and behavioral issues may also develop. As the disease progresses, Parkinson's disease dementia becomes more prevalent. In addition to sleep issues, Parkinson's patients may also experience sensory issues. A lack of dopamine results from cell loss in the substantia nigra, a midbrain region, which causes the disease's motor symptoms.

Symptoms, particularly motor symptoms, are the primary basis for diagnosis in typical cases. For further check out other disorders, tests like neuroimaging (such as magnetic resonance imaging or imaging to look at dopamine neuronal dysfunction known as a DaT scan) can be utilized. About 1% of those over the age of 60 who have Parkinson's disease experience it on a regular basis. Around a 3:2 ratio favors males more frequently than females being impacted. Early-onset PD is the term used to describe it when it affects people under the age of 50. By 2015, PD had killed roughly 117,400 individuals worldwide and affected 6.2 million people. After diagnosis, the typical life expectancy ranges from 7 to 15 years.

Signs and symptoms.

The movement (motor)-related early symptoms are the most noticeable. Non-motor symptoms, such as autonomic dysfunction (dysautonomia), neuropsychiatric issues (mood, cognition, behavior, or thought changes), sensory symptoms (particularly an altered sense of smell), and sleep problems, are typically associated with later stages but may be present at the time of diagnosis.

Motor: In Parkinson's disease (PD), tremor, bradykinesia (slowness of movement), rigidity, and postural instability are regarded as the four cardinal motor symptoms.

Neuropsychiatric: They cover mental, emotional, behavioral, and cognitive issues. Cognitive abnormalities can start in the early stages of the disease or even before a diagnosis is made, and their frequency rises as the illness progresses.

Psychosis: The prevalence of psychosis can be thought of as a symptom, with a wide range from 26% to 83%. About 50% of PD patients experience hallucinations or delusions over the course of their illness, which may signal the beginning of dementia.

Behavior and mood: Alterations in behavior and mood are more prevalent than in the general population in PD without cognitive impairment and are often evident in PD with dementia. The three mood disorders that occur most frequently are depression, apathy, and anxiety

Causes

Genetics: According to research, complex interactions between hereditary and environmental factors result in PD. A first-degree relative with PD affects about 15% of those who have it, and versions of the disease that are caused by mutations in one of many specific genes are known to affect 5%–10% of those who have PD.

Non-genetic: PD has been associated with both pesticide exposure and a history of head injuries, but the risks are low. There are slight increases in risk of getting PD when caffeine-containing beverages are never consumed. Toxins like carbon disulfide and manganese can lead to Parkinsonism.

Parkinsonism instances may be caused by prescription medicines. By stopping the offending substance, such as *metoclopramide*, *Tetrabenazine*, *butyrophenones*, *phenothiazines* (*chlorpromazine*, *promazine*, etc.), or *phenothiazines* (*haloperidol*, *benperidol*, etc.), drug-induced Parkinsonism is typically curable. In animal models for study, 1-Methyl-4-Phenyl-1,2,3,6-Tetrahydropyridine (MPTP) is a medication with a reputation for irreversible Parkinsonism.