



What Do We Know about Parkinson's Disease?

Friday, May 8, 2026

The neurological condition commonly known as Parkinson's disease remains the fastest-growing disease of its kind. Cases of Parkinson's doubled from 1995 to 2015 and are expected to double again by 2030, according to the [Journal of integrative neuroscience](#). (Cattaneo C and Jost WH.)

This acceleration of cases can be attributed to increased life expectancies. However, the increase in Parkinson's patients takes a high economic toll on both public and personal resources. The Michael J. Fox Foundation For Parkinson's Research projects that the cost to treat Parkinson's disease will grow to \$112 billion by 2045.

What Is Parkinson's Disease?

As a neurological dysfunction, Parkinson's typically manifests through the following motor symptoms (Cattaneo C and Jost WH.):

- Resting tremors
- Rigidity and resistance to passive movement
- Slowness of movement (bradykinesia)
- Postural instability (inability to maintain balance/equilibrium)

These motor symptoms have been traditionally attributed to degeneration and loss of neurons that release and activate dopamine in the brain. Current Parkinson's research published in [Molecular brain](#) has also begun to examine the axons within the brain's nigrostriatal pathway, a neural network that transmits dopamine and serves motor function. (Rocha GS, et al.)

Some scientists have begun to question whether "Parkinson's disease" should properly be called a disease at all. Research presented in [Parkinsonism & related disorders](#) comes closer to classifying it as a syndrome, since "each person has their own unique disease" stemming from "any array of potential dysfunctional biologic processes, neuropathological changes, and disease aetiologies". (Mulroy E, et al.)

Who Is at Risk For Parkinson's Disease?

It is difficult to identify the direct "causes" or predictors of Parkinson's disease, though researchers have identified certain correlations. [Behavioural neurology](#) has associated Parkinson's with a "specific personality profile, which includes being introvert, cautious and devoted to hard work". (Aasly A and Aasly JO.) These observations led to an unexpected connection between Parkinson's disease and a literary life. A full three percent of the Parkinson's patients studied were identified as writers—a "significantly higher" percentage than the general population. (Aasly A and Aasly JO.)

The quest to understand and treat Parkinson's disease has led clinicians to examine various lifestyle factors such as diet, physical activity and environment.

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Their conclusions continue to raise more questions. The Vienna [Journal of neural transmission](#) associated the following factors with a higher risk of Parkinson's disease (Reichmann H, et al.):

- Prior head injuries
- Agricultural work
- Rural living
- Drinking well water
- Exposure to pesticides
- Beta blocker use

The factors tied to a lower risk were surprising as well:

- Coffee consumption
- Drinking alcohol
- Smoking tobacco
- Use of NSAIDs

With such a broad set of unexplored internal and external influences, a Parkinson's diagnosis remains largely clinical. [Canadian family physician](#) recommends that primary care doctors "evaluate patients for specific features of parkinsonism, then determine whether symptoms are attributable" to Parkinson's disease. The recommendation goes on to say that "Levodopa trials can be used to help confirm the diagnosis and alleviate motor symptoms". (Frank C, et al.) Levodopa (also known as L-DOPA) is the most effective and commonly prescribed drug to treat Parkinson's disease.

In many cases, "diagnosing" Parkinson's disease involves giving the drug to patients manifesting parkinsonism to see if it improves their symptoms.

What Life Is Like For Parkinson's Disease Patients

There is currently no cure for Parkinson's disease. As the [Journal of neurochemistry](#) has observed, "all existing treatments focus on alleviating the symptoms". (Bidesi NSR, et al.) Levodopa treatments largely address the "big four" motor symptoms reviewed above. However, Parkinson's sufferers also experience internal symptoms that affect their quality of life and increase the harm of their disease significantly.

The most overwhelming internal symptom that Parkinson's patients report is pain, as noted previously in the GuideStar Eldercare blog post [Quality of Life with Parkinson's Disease](#). Hungarian journal [Idegygyogyaszati szemle](#) identifies Parkinson's-related pain as still "underdiagnosed and undertreated", attesting that more research needs to be done to "assess the relationship between patients' pain and sleep disturbances, depression, cognitive functions, fatigue and quality of life." (Gozde B and Ozge Gonul O.)

A growing body of research has begun to explore the ways Parkinson's disease can disrupt a patient's daily life.

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The journal [Cells](#) has called out “thermoregulatory dysfunction—temperature intolerance and/or inappropriate compensation” as an “underappreciated, yet potentially debilitating, non-motor symptom”. (Pressnell ZS, et al.) In [Nutrients](#), alteration of a patient’s sense of smell is singled out as potentially leading to “malnutrition, decreased appetite, and depression, thereby worsening patients’ quality of life.” (Alia S, et al.) Similarly, the [Journal of neurology](#) has identified taste impairment as a “prevalent issue among individuals with idiopathic Parkinson’s disease.” (Zhu Q, et al.)

In addition to these types of sensory disruptions, [Parkinsonism & related disorders](#) lists obstructive sleep apnea as a “common comorbid sleep disorder” with “limited treatment options”. (Yu Q, et al.)

Long-Term Care For Parkinson's Disease Patients

With higher incidence of Parkinson’s disease all but guaranteed by an aging populace, effective care and treatment for Parkinson’s patients will be a high priority for institutions and providers of long-term care.

The journal [Parkinsonism & related disorders](#) studied a population-based cohort in northeast Scotland and found institutionalisation to be “much more frequent in parkinsonism” with “older age, severe parkinsonian impairment, and poorer cognition” as independent baseline predictors. (Li Y, et al.)

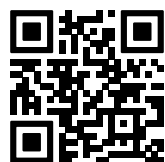
Long-term care providers must also address Parkinson’s disease psychosis (PDP), as this non-motor complication can occur many years after an initial Parkinson’s diagnosis. The [Journal of Parkinson's disease](#) observed that PDP sufferers “had a 71% increased risk of death” compared to Parkinson’s disease patients. (Stang CD, et al.) The same study also noted that treatment with antipsychotics offered “no significant difference in survival” for Parkinson’s disease psychosis patients.

This is where GuideStar Eldercare can help. Our staff can partner with yours and assist in better [understanding Parkinson's disease and dementia](#). [Get in touch](#) today to learn more about our full suite of [LTC services](#).

888-837-5440
info@guidestareldercare.com

GUIDESTAR ELDERCARE
One Professional Center
2100 N Main Street,
Suite 304, Crown Point, IN 46307

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