

Patients with Parkinson's Disease: A Methodology for Determining Disability

Risma Fauziyah*

Editorial office, Journal of Neuroscience and Neuropharmacology, Brussels, Belgium

Corresponding Author*

Risma Fauziyah

Department of Neuropharmacology,

Belgium,

E-mail: rismafauziyah77@gmail.com

Copyright: © 2022 Fauziyah R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 5-Apr-2022, Manuscript No. NCOA-22-60671; **Editor assigned:** 7-Apr-2022, PreQC No. NCOA-22-60671(PQ); **Reviewed:** 16-Apr-2022, QC No. NCOA-22-60671(Q); **Revised:** 23-Apr-2022, Manuscript No. NCOA-22-60671(R); **Published:** 29-Apr-2022, DOI. 10.4172/2469-9780.2022.8.2.170

Introduction

According to epidemiologic estimates, idiopathic Parkinson's Disease (PD) presently affects between 4.1 and 4.6 million people over the age of 50 in the world's ten most populated countries. Progressive postural instability, hypokinesia, stiffness, and tremor are prominent symptoms of Parkinson's disease. The motor symptoms of Parkinson's disease are caused in part by selective neuronal death in the basal ganglia motor pathways. The formation of Lewy neurites and Lewy bodies within inadequately myelinated neurons of the midbrain causes dopaminergic cell loss and a neurotransmitter imbalance. Although Parkinson's disease develops infrequently and presents in a variety of ways, the consequences of the disease on neurologic function consistently contribute to increased impairment over time. A number of systematic and narrative evaluations have been conducted to assess the effectiveness of rehabilitation in patients with Parkinson's disease. The majority of these studies classify the effects of therapies based on specific characteristics, such as disease severity or particular assignments (such as gait and measured by gait speed). The application of the World Health Organization's (WHO) International Classification of Functioning, Impairment, and Health (ICF) paradigm to Parkinson's Disease (PD) would allow the integration of multiple viewpoints on the spectrum of disability associated with PD. To the best of our knowledge, no reviews have used the ICF model as a foundation to specifically evaluate physical activity and exercise interventions on balance-related outcomes. The PD movement deficit of postural instability is especially troubling for rehabilitation doctors because it correlates to an increased incidence of falls and fall-related injuries as compared to neurologically healthy patients. To make matters worse, because postural instability involves a movement deficiency, it may be resistant to treatment with dopamine replacement drugs. According to studies on fall incidence in people with Parkinson's disease, the majority of people with the condition will acquire postural instability and fall issues during the course of the disease. Furthermore, there is significant evidence that postural instability is a powerful predictor of felt impairment in Parkinson's disease, and that postural instability and falls increase morbidity and death. When taken as a whole, this makes balance-related results very important for rehabilitation practitioners.

Health-Related Quality

The phrase health-related quality of life refers to the discomfort and functional impairment caused by illness. There are several scales for measuring various elements of quality of life, both generic and condition-specific. Most investigations of quality of life in Parkinson's disease patients have sought to establish Parkinson's disease-specific scales or to verify existing generic scales for this patient population. Several

recent studies of novel medical therapies have also utilized one or more of these measures to assess the overall impact of the new medications on patients' well-being. The motor syndrome of Parkinsonism is believed to be the most important driver of patients' suffering, and treatment is largely aimed at alleviating parkinsonian impairment. Finding that tremors and stiffness were related to worse quality of life as judged by the Parkinson's Disease Questionnaire (PDQ). Several other Parkinson's disease-related complaints, such as depression, sleep disturbances, and drug-therapy side effects, may add to the patients' distress; however, there hasn't been enough research done on the influence of different clinical and demographic factors on health-related quality of life in Parkinson's disease. Greater knowledge of which aspects of the condition have the most influence on patients' well-being is critical in establishing new and improved Parkinson's disease management regimens.

In view of the growing number of senior individuals in industrialized nations, the prevalence of Parkinson's disease is predicted to rise as well. Patients with Parkinson's disease may become increasingly dependent on others as their symptoms worsen. Thus, the therapy of Parkinson's disease focuses mostly on preserving life expectancy and reducing movement deficits. The burden of Parkinson's disease increases as the illness progresses, due to both disease and drug-related issues, and the occurrence of comorbidities, resulting in the extensive use of health and community services. This growing burden has significant economic implications, which will become increasingly relevant in the coming years as increased utilization of healthcare resources has a significant impact on healthcare systems. Another crucial problem is the working capability of patients with Parkinson's disease, and earlier study findings typically accounted for a 6-year early retirement of individuals with Parkinson's disease. Early retirement in Parkinson's disease patients has significant economic effects and is a primary driver of the disease's expense. The estimated cost of PD per case per year is \$7577, with over half of this attributed to indirect expenditure that is directly tied to reduced job capacity. Previous research findings on the working capability of people with Parkinson's disease typically accounted for a 6-year early retirement of these patients. The majority of research that assessed disability and quality of life in people with Parkinson's disease employed illness-specific instruments in conjunction with general health profile measures to study areas including social and emotional functioning, pain, and movement-related skills. Postural instability, a PD movement deficiency, is particularly challenging for rehabilitation therapists because it correlates to an increased frequency of falls and fall-related injuries as compared to neurologically healthy people. Postural instability may be difficult to repair with dopamine replacement drugs since it is mobility impairment. The majority of people with PD will acquire postural instability and fall issues during the course of their condition, according to studies. Furthermore, there is a growing body of evidence showing postural instability is a major predictor of felt impairment in people with Parkinson's disease, and that postural instability and falls increase morbidity and death. When taken as a whole, this highlights the importance of balance-related outcomes for rehabilitation professionals. Body Structures are defined as anatomical portions of the body, such as organs, limbs, and their components, in the context of the ICF model, whereas Body Functions are defined as the physiologic functions of body systems. The PD movement deficit of postural instability reflects impairment in body function in the PD health condition. Instrumented measures of balance control, including postural sway, stability in changing sensory contexts, and biomechanical responses to internally and externally induced perturbations, were utilized to describe postural instability for the purposes of this review. The WHO defines Activity as a person's execution of a task or activity, and Activity restrictions as the challenges an individual may have in executing activities, according to the International Classification of Functioning, Disability, and Health (ICF). The results of interest for this study were balance task performance during posturally difficult activities from daily life. Clinical balance tests including the Berg Balance Scale, Functional Reach Test, Timed Up and Go Test, and

Tinetti Balance Assessment Tool are used to assess issues with balance task performance. The WHO defines Participation as being involved in a life scenario, and Participation limits as being obstacles that an individual

may encounter when participating in life circumstances, according to the ICF model.