**TREATMENT OPTIONS**

While there is no cure for Parkinson’s at this time, there are a number of treatments that can ease symptoms. Parkinson’s medications are the mainstay of treatment, but modalities are often used in combination. Physical, occupational and speech therapy can be critical to the treatment plan. Surgical options also have an important role for a subset of patients with Parkinson’s disease. Finally, complementary therapies can be used to treat some Parkinson’s disease symptoms. Your physician and other healthcare professionals can help you determine the best treatment plan for your symptoms.

**Managing your symptoms with medication**

Medication can help control the symptoms of Parkinson’s disease, as well as their potential side effects.

Almost all patients with Parkinson’s disease eventually need to take medication to help with their motor symptoms. Several classes of medications are available and can be viewed here. Carbidopa/Levodopa remains the most effective symptomatic therapy and is available in many strengths and formulations. It also may be used in combination with other classes of medications including Dopamine Agonists, COMT Inhibitors, MAO Inhibitors, and Anticholinergic agents. Treatment is highly individualized and adjusted over time based on symptoms and side effects.

**Physical, occupational and speech therapy**

Physical, occupational and speech therapists can be important partners in the treatment of Parkinson’s disease. Physical therapy can improve your gait and direct you to the right exercise regimen. Occupational therapy can be helpful to maximize your fine motor skills. Speech therapy can be useful to address speech and language barriers that may arise with Parkinson’s disease.

**The surgical option: Deep Brain Stimulation**

Some patients with Parkinson’s disease may benefit from [deep brain stimulation (DBS),](https://www.apdaparkinson.org/what-is-parkinsons/treatment-medication/deep-brain-stimulation/) a surgical therapy that has been FDA approved for over a decade. DBS involves implanting an electrode into a targeted area of the brain, usually the subthalamic nucleus (STN) or the globus pallidus interna (GPI). The implants can be done on one side or both sides of the brain as needed. The electrodes are stimulated through a connection to a pacemaker-like device located under the skin in the chest. Patients that are considered good candidates for this procedure are those with a robust response to Levodopa, no significant cognitive or psychiatric problems, and no significant problems with balance. The procedure can help patients with medication-resistant tremors. It can also help patients who have significant motor fluctuations in which medication response varies during the day and dyskinesias or extra movements may occur as a side effect of medication.

**Lifestyle changes**

A healthy diet can increase energy, maximize the potential of medications, and promote overall well-being. Click [here](https://www.apdaparkinson.org/webinar/spotlight-parkinsons-disease-living-well-everyday/) to review a Webinar entitled Living Well Everyday which reviews the principles of good nutrition for Parkinson’s disease.

A proper exercise program can include cardiorespiratory exercise (fitness training), resistance exercises (strength training), flexibility exercises (stretching) and gait and balance training. Read more about exercise and Parkinson’s in APDA’s [Be Active guide](https://www.apdaparkinson.org/download-exercise-guide/).

Click [here](https://www.apdaparkinson.org/webinar/spotlight-on-staying-healthy-keeping-fit/) to review the Webinar entitled Staying Healthy, Keeping Fit for even more information on exercise and PD. To learn more about new developments in exercise research, watch Dr. Teresa Ellis’s presentation from APDA West Coast Forum, *The Impact of Exercise & Parkinson’s Disease*:

<https://www.apdaparkinson.org/>