Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · NEUROLOGY

Parkinson's disease
the early signs that come before any tremor

Parkinson's is a condition in which cells producing dopamine are gradually lost, affecting movement and much else. Tremor is what people associate with it, yet around a quarter never develop one — and several symptoms appear years before anything visible, which is where earlier diagnosis is possible.

Seek urgent assessment if there is

- **a sudden onset of symptoms**, or rapid deterioration over days or weeks
- **a fall with a head injury**, particularly on anticoagulants
- **sudden confusion, hallucinations or agitation** — often infection or medication
- **inability to swallow**, or choking on food and drink
- **high fever with rigidity** after stopping or missing Parkinson's medication
- **thoughts of harming yourself**

Abruptly stopping Parkinson's medication can cause a dangerous rigidity and fever syndrome — doses must never be missed or stopped suddenly, including during a hospital admission. If you are having thoughts of harming yourself or ending your life, help is available now. Call **999** or go to an emergency department if you have already harmed yourself or feel unable to stay safe. Otherwise call **Samaritans free on 116 123** at any hour, text **SHOUT to 85258**, or call **NHS 111 and select the mental health option**.

Early signs

- **Reduced sense of smell** — often present for years beforehand, and rarely reported
- **Acting out dreams** — shouting, punching or kicking in sleep. A strong early predictor
- **Constipation**, sometimes for a decade before movement symptoms
- **Smaller handwriting** that shrinks across a line
- **Reduced arm swing** on one side when walking — often noticed by others first
- **A quieter, more monotonous voice**
- **Reduced facial expression**, mistaken for low mood or disinterest
- **Low mood and anxiety**, which can precede the diagnosis by years

The movement symptoms

- **Slowness (bradykinesia)** — required for the diagnosis. Movements become smaller and slower with repetition.
- **Tremor at rest** — typically one hand, often described as pill-rolling, and it **reduces when you use the hand**. A tremor that appears when holding a cup or writing is more likely essential tremor, which is different and commoner.
- **Rigidity** — stiffness that is often mistaken for arthritis or a frozen shoulder.
- **Balance problems**, usually later.
- Symptoms characteristically start **on one side** and stay worse on that side.

Do not start treatment before specialist assessment

NICE recommends that anyone with suspected Parkinson's is referred to a specialist **untreated**, quickly. Starting levodopa first muddies the picture — it can mask features and complicate distinguishing Parkinson's from the conditions that mimic it, several of which are managed quite differently. If you have been started on medication by a non-specialist, that is worth flagging at your first specialist appointment.

Diagnosis

Clinical, made by a specialist. There is no blood test. A **DaTscan** is used where the diagnosis is unclear, particularly to distinguish Parkinson's from essential tremor or drug-induced parkinsonism. **Medication is a common and reversible cause** — antipsychotics, metoclopramide and prochlorperazine all produce parkinsonism, and stopping them resolves it. That is always checked.

Treatment

- **Levodopa** is the most effective treatment for movement symptoms. Dopamine agonists and MAO-B inhibitors are alternatives in some circumstances.
- **Timing matters enormously.** Doses are often needed at precise intervals, and being an hour late causes a noticeable 'off' period. In hospital this is frequently got wrong — carry your own supply and your timings, and say so.
- **Take levodopa 30 to 60 minutes before food**, particularly protein, which competes with its absorption.
- **Dopamine agonists can cause impulse control problems** — gambling, shopping, eating or hypersexuality. This is a drug effect, it is common, it is often concealed, and it resolves on changing treatment. Tell us, and tell family to watch for it.
- **Deep brain stimulation** and infusion therapies for selected people later on.

Beyond movement

Constipation, bladder urgency, low blood pressure on standing, sleep disturbance, pain, low mood, anxiety and cognitive change are all part of the condition and are all treatable. They frequently affect quality of life more than the tremor does, and they are worth raising specifically because appointments tend to focus on movement.

What helps

Strong evidence

- Regular vigorous exercise — the only intervention with evidence for slowing progression
- Physiotherapy for gait and balance; specialist programmes for Parkinson's
- Speech and language therapy for voice and swallowing — refer early, not late
- Occupational therapy for home adaptations
- Treating constipation, which also improves medication absorption

Practical

- Never miss or delay doses; set alarms
- Tell the DVLA — this is a legal requirement
- Carry a Parkinson's alert card for hospital admissions
- Review any new medicine for interactions
- Parkinson's UK helpline: 0808 800 0303

Why come to us. The gap between noticing something and seeing a neurologist is often many months, and it is a difficult wait. We can assess you within days, examine you properly, take **bloods in-house to exclude the conditions that mimic it** — thyroid disease, B12 deficiency, liver problems — review every medicine for drug-induced parkinsonism, and refer to neurology **untreated and with the workup complete**. Physiotherapy is available here from the outset.

Assessed within days, referred properly

Mimics excluded, medicines reviewed. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **Blood Tests** · **Physiotherapy** · **Mental Health** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-259

This leaflet is based on current NHS and NICE NG71 guidance on Parkinson's disease in adults. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.