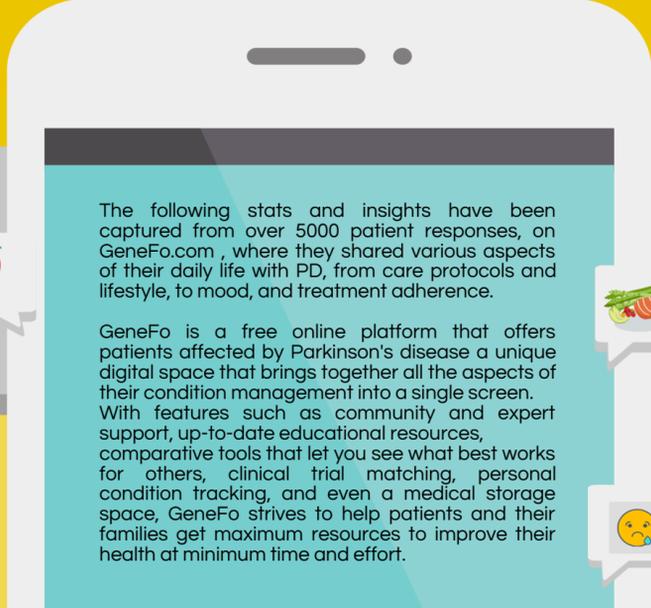


THE 2017 EDITION A PATIENT-CENTERED VIEW OF PARKINSON'S



What is your gene?



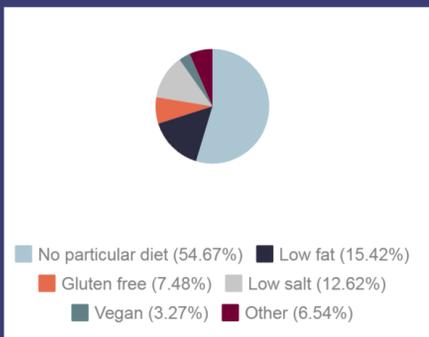
What I eat



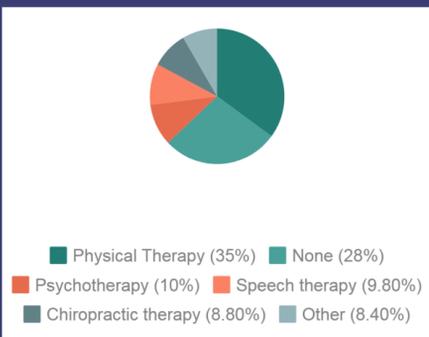
I'm tired, depressed...



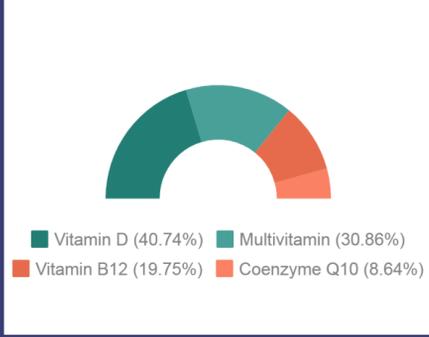
LIFESTYLE



Although recent research shows that diet rich in fiber, liquid, healthy fats and antioxidants can help with symptom relief, as many as 55% of patients report that they don't follow any particular diet. With a whopping 87% of those not following any particular diet also experiencing fatigue, we urge patients to seek more information and advice from their physicians regarding optimal PD nutrition.



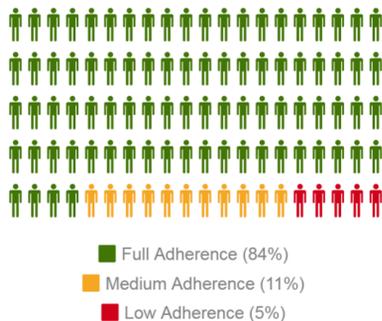
While adherence to prescribed medical treatments is very high among Parkinson's patients, we were surprised to see somewhat low adoption of alternative therapies that can ease physical and emotional issues in PD. This most likely can be (partially) attributed to lack of prescription and coverage for these therapies- a concern that should be addressed by healthcare administrators.



An impressive 89% of PD patients are taking or have taken some type of supplements. The graph shows the top 4 most used: Vitamin D, Multivitamin, B12 and Coenzyme Q10. Overall, the usage of these supplements corresponds to research and clinical guidelines, with the exception of Coenzyme Q10. Although some studies suggested that taking high doses of CoQ10 may slow the progression of Parkinson disease in the early stages, recent clinical trials have shown no neuroprotective benefit. For those of you who are taking it, please remember that CoQ10 can promote blood clotting, and interact with blood thinners such as Coumadin or aspirin. CoQ10 may lower blood pressure. If you take blood pressure medication, and could increase the risk of low blood pressure.

ADHERENCE

Adherence to treatment in Parkinson's is very strong and consistent. High levels of adherence were reported by 84% of the patients, and this number remained unaffected by factors such as marital status, trusting doctor's recommendations, or mood!



Anxiety

Anxiety is a common symptom reported by PD patients. We may think of it as a medical finding (related to medication, mood disturbances, etc.), but when we checked the financial profile of those reporting anxiety, we found that almost 40% had low income. This may suggest that the financial stress related to this debilitating condition may be in fact responsible for some of the anxiety seen in patients.

Gene Testing

Among our respondents, the average household income of those that had genetic testing done was \$83,000. This is a higher than average income, and this finding raises questions of whether genetic testing is purely a medical decision, or is it also a question of finances? This is a particularly important subject for policy makers to consider as PD is estimated to have genetic background in over 20% of cases, making testing imperative for inheritance, early diagnosis etc.

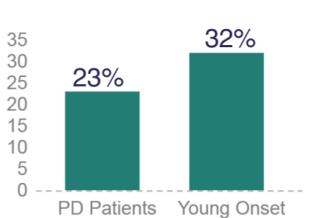
Adherence

On a more positive note, no correlation was found between a patient's income levels and their treatment adherence, a relation that was important to examine in order to make sure that patients don't unfollow care protocols because they don't have sufficient funds.

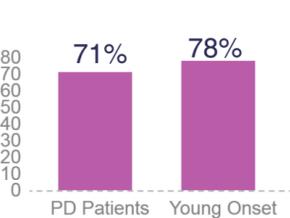


YOUNG ONSET PATIENTS

We paid some special attention to patients who've been diagnoses in their 30's and 40's....



A significantly higher percentage of those diagnosed with YOPD have lower income, a finding that makes sense as they may lose work ability earlier in their career life, and it raises the question of whether this group of patients should receive more support (emotional, administrative, financial).



One might suspect that a PD diagnosis early in life (many in their early 30's, in the case of our respondents) may complicate personal relationships. However, stats show that those affected by YOPD are not coming short of their counterparts- they even have slightly higher marriage rates.

GENDER

Much has been written about the clinical differences between male and female PD patients (for example, rigidity and rapid eye movement are more likely in men, and dyskinesias in women), but we want to shed light on some other points of differentiation that can affect their respective PD journeys...

MOOD



A significant difference has been observed in the rates of quite a few emotive symptoms. Further research is needed to see if the difference is related to biological or societal factors that affect men and women differently.

TRUST

30% more men trusted their doctor's recommendations, compared to women. Ladies, is it our natural suspicion? :)

FATIGUE

Unlike in the case of mood, where women tended to be less likely to suffer from negative moods, when it comes to fatigue, 10% more women are affected compared to men.

ADHERENCE

Men are 10% more likely to fully adhere to their prescribed treatment than women. One of our hypotheses for explaining this gap is that women are more likely to seek health information online (Pew research, 2013), and so they may be more proactive about finding alternate solutions.

ALTERNATIVE

When we asked patients about their alternative practices, some differences were reported, with homeopathy representing the most dramatic (and inexplicable!) gender gap in rates of participation:

Music	46.3% of men	35% of women
Homeopathy	17% of men	35% of women
Meditation	19.5% of men	12% of women
Prayer	12% of men	35% of women

SOURCE: GeneFo.com
Join our Parkinson's patient community to get connected to other patients, experts, medical resources and clinical trials

