

Michael J. Fox: This is Michael J. Fox. Thanks for listening to this podcast. Learn more about The Michael J. Fox Foundation's work and how you can help speed a cure at michaeljfox.org.

Intro: Welcome to a recap of our latest Ask the MD video. Tune in as a movement disorder specialist at The Michael J. Fox Foundation answers your questions about Parkinson's research and care. Learn more about living well with Parkinson's disease. Free resources like this podcast are always available at michaeljfox.org.

Dr. Rachel Dolhun I'm Dr. Rachel Dolhun, a movement disorder specialist and vice president of medical communications at The Michael J. Fox Foundation for Parkinson's Research. Today, I'm talking about pain and Parkinson's. Many people wonder if pain can be part of Parkinson's. It can be, and there are many different types, which have different causes.

First, pain can come from movement symptoms. Parkinson's movement symptoms, such as rigidity or stiffness and slowness of movement, can lead to muscle pain and joint stiffness and achiness. This is called musculoskeletal pain. Dystonia, which is an involuntary muscle spasm is also a common cause of painful cramping, typically in the legs, feet, or toes. If dystonia occurs, it's often when medication wears off between doses or before you take the first dose of medication in the morning.

Pain can also come from Parkinson's disease itself. Because Parkinson's affects areas of the brain that process sensation and pain, some people experience pain from the disease itself. This can sometimes be hard for patients to describe and for doctors to diagnose because it can cause many different types of pain. It might be numbness, tingling, burning, or sharp stabbing pain, and different people may experience it in different areas of the body. Lastly, pain might be caused by conditions other than Parkinson's. Other diseases such as lower back problems, pinched nerves, arthritis, and even depression and anxiety can also cause pain. Many of these conditions become more common as we get older.

Because the pain in these conditions is similar to the pain in Parkinson's, people often ask, how do I know if it's age or Parkinson's? Both arthritis and Parkinson's, for example, can cause stiffness and difficulty moving, especially in the morning and one can worsen the other. Joint pain from arthritis can make slow movement from Parkinson's even slower and moving slowly or less with Parkinson's can make stiff joints from arthritis even stiffer. No matter the cause, pain can contribute to mood and sleep changes and decrease quality of life. It may be helpful to keep a log of when your pain comes on, especially in relation to when you take your Parkinson's medications, and to note where you feel it, what it feels like, and how long it lasts.

This can help you and your doctor figure out the cause and the best treatment plan. Whatever you do, don't automatically assume pain is or isn't part of Parkinson's or that nothing can be done to ease it. There are multiple options

for treating pain. With your personal physician, you might adjust your Parkinson's medications. If movement symptoms or dystonia are causing or contributing to pain, your doctor may change the dose or timing of your medications. For dystonia, botulinum toxin injections, such as Botox, temporarily relax certain muscles and decrease cramping and pain. There are also non-medication strategies you can use. People find pain relief through many different routes, including massage, meditation, and acupuncture.

Although most of these techniques do not yet have rigorous scientific evidence to support them, careful and cautious practice, if your personal physician approves, may be helpful. Exercise or physical therapy are other options. It can be hard to want to move when you're in pain, but activities such as yoga, walking, or stretching are helpful for many types of pain. A physical therapist can direct you to the best program for you and your symptoms and sometimes pain medication is necessary. Depending on what is causing your pain and how severe it is, your doctor might suggest you take an over the counter anti-inflammatory or a prescription drug. Always talk with your physician before starting any medication.

Pain in Parkinson's is an active area of research and scientists are working to understand how and why pain occurs to find better treatments. Ongoing trials are looking at a variety of therapies, including cannabis, oil, oral medications, noninvasive brain stimulation, and other strategies. You can learn more about the latest research on pain and other Parkinson's symptoms by visiting our website.

Outro: Thanks for listening. Looking for a specific topic not covered in today's episode? All Ask the MD blogs and videos are available for free at michaeljfox.org.

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