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Intro: You're listening to audio from one of our Ask the MD videos. In this series, a movement disorder specialist at The Michael J. Fox Foundation addresses common questions about living with Parkinson's disease.

Rachel Dolhun, MD: 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'll be talking about young-onset Parkinson's disease. Parkinson's is typically diagnosed at age 60 or older, so when it's diagnosed at age 50 or earlier, it's referred to as young-onset Parkinson's disease. The symptoms and medical management options are largely the same regardless of the age at diagnosis, but people with young-onset may have slightly different symptoms, different approaches to management options and an overall different course of progression of disease. They also may face different situations simply based on their age and stage in life. People who are younger may be more likely to hide their symptoms, which can increase stress and temporarily worsen the symptoms, and their symptoms may be more likely to be misinterpreted as Parkinson's is commonly viewed as an older person's disease.

The diagnosis of Parkinson's is based on medical history and physical examination, so when younger people and their doctors aren't expecting a diagnosis of Parkinson's, their symptoms may be attributed to other causes. It's not uncommon for arm or shoulder stiffness to initially be diagnosed as arthritis or a sports injury before Parkinson's is eventually diagnosed. People with young-onset also may have slightly different symptoms. They're more prone to developing dystonia, which is an involuntary muscle spasm that leads to an abnormal posture, but they're less likely to experience imbalance or significant problems with memory or thinking abilities, which are known as dementia. People with young-onset also tend to have a slower overall progression of disease.

The medication management options for young-onset are largely the same as for Parkinson's diagnosed later in life. However, people with young-onset may have slightly different approaches to management. For example, they may try to hold off on starting medications, especially if their symptoms are particularly mild, and they might try to delay the use of levodopa if possible. This is because long-term use of levodopa combined with longer course of disease can contribute to dyskinesia, which is involuntary, uncontrolled extra movement. It's important to discuss the pros and cons of all medications, as well as different approaches with your movement disorder specialist, so that you can come up with a regimen that works best for you and your symptoms.

Regardless of the age of diagnosis, it's important for everyone with Parkinson's to stay active. This includes exercising regularly, building a strong health care team to support you and assembling a strong support system of family and friends. People with young-onset often find it beneficial to connect with others who are in similar situations, so that they can share their experiences and exchange advice. A lot of people also find benefit from taking an active role in the Parkinson's community. You can do things like participate in a clinical trial, fundraise, or get involved in policy or advocacy. No matter what interests you and what level of involvement you'd like to take, there's something you can do to stay active in the Parkinson's community. You can learn more about this and other topics in Parkinson's by visiting our website.

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