# Interview with C04

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| * Via Zoom, video off * 13 years of PD * Wife caregiver, used to work as practice manager in GP so experience with NHS systems |

**Interviewer:**

**So really I would just like to start by asking, you know, a few generic questions about, um, (husband’s) Parkinson’s. Um, so long has he had Parkinson’s?**

**Answer**

I would say, you forget really, but I think it’s probably between 13 and 15 years. I think he was 63 when he was first diagnosed.

**Interviewer:**

**And how did he get diagnosed, if you remember, if you?**

**Answer**

Um, he went, well, he had funny symptoms actually before he was diagnosed. In that he had his left leg, um, was, felt very heavy. And when he was cycling at the Railway Station, um, he found that in the end he couldn’t cycle because he was so unbalanced, and his leg was so heavy. Um, but, and so he had heaviness about his, his side really, his left side.

Um, and he worked for the Royal College of Anaesthetists, and um, one of the Doctors saw (husband) writing and he said, and oh no he was also. He met him in the Pub as well, and saw him rather shaky with a drink, um, and, well carrying a drink, not anything else. And um, also, um, when he saw him writing he said, ‘I think you ought to go and get checked out. I fear you might have Parkinson’s’. So, so that was when he first went and, err, got himself, um, diagnosed.

**Interviewer:**

**Who did he see first if you remember?**

**Answer**

Um, well, he went to his Doctor. I can’t remember the Doctor at (Hospital). He was a Neurologist, but I can’t remember his name but, um, we also, um, we also had a consultation with (neurologist) at in London. And um, so he also, um, had a consultation with (husband) about it all as well. But we then continued at (city) and we moved here to (town).

**Interviewer:**

**And how long has he**

**Answer**

I think his name would have been (neurologist), but I could be wrong.

**Interviewer:**

**No worries. And how long did it take for the diagnosis to be clear, or for you to know he had Parkinson’s?**

**Answer**

Um, it was relatively quick by then. Oh, err, 3 to 6 months. I mean it wasn’t even that maybe, I think they just, um, did some tests and err, you know, decided that was it.

**Interviewer:**

**Um, okay. And I suppose thinking about, you know, all the years with Parkinson’s and all that you do to help (husband’s) Parkinson’s. What aspects of, you know, helping to manage his health with Parkinson’s do you find challenging or difficult?**

**Answer**

Um, I think, um, sometimes, um, not necessarily being to do the things that we would both want to do. Um, um, like, you know, going for walks and things like that, and, um, he, there are days when he can only walk so far, and you know, things like that. Um, and now, I, I mean I did go to my niece’s wedding in New Zealand, but I did expect him to go and stay at my sons’ house, but he decided he was going to be independent, and he went off to see some friends, in, in, in, around the countryside. Um, and he occasionally went and dropped in on them. I was away for 3 weeks. And, um, he was okay. But now I don’t think I would go away, overnight, you know, I think he needs me around.

**Interviewer:**

**And does, exploring that a bit further, what do you think stops you, or what do you think is the major thing that you’re worried about in terms of doing those things?**

**Answer**

Him getting stuck. Um, you know, he, he, yes he can turn over quite regularly but sometimes, you know, he can wake up and he can be frightened, you know. It could be a dream or something like that, or he, he just feels he can’t move. And, um, just having someone there to say well, ‘you’re fine, you’re okay. Yes you can do this, change your position’. So, I mean he can do that, but um, I just, I don’t like to think that, um, someone, um, is needing err support and I’m not there for it so. I mean there’s that element in me as well, you know (giggle), keeping my own worst enemy.

**Interviewer:**

**Of course. And I suppose thinking about what you do for his, for his health day-to-day, do you help him with his medications at all?**

**Answer**

Err, not necessarily the medications. He’s still doing that, all by himself. And, um, I, I know that, um, we’re quite regulated. I was a Practice Manager, and, um, I was aware of the, people having problems with the medications and how to sort things out. And I told him, right at the beginning, that we have to keep up-to-date list of the medication you’re taking and the times you’re taking them. And, um, so we always have that. so, if he was incapacitated in some way I could just go to the computer and just have the up-to-date list, and so I could deal with it.

I have the, um, you know, there’s a little green and white tub which you keep in the fridge, it’s for Ambulance men. And you put your, rep, you don’t know it, you put, like, your repeat medications slip in there. And, so, you put a sticker on your front door, and the Ambulance men then know that the, um, medication slip, an up-to-date medication slip is in the fridge door. Um, so they go to it, and pick it up, and then go with the patient. It helps. It helps, you know. Um, so, um, we have that too.

**Interviewer:**

**Yes, and how did you find you about that. I suppose was it from your work as a Practice Manager?**

**Answer**

From my work. It’s started, I mean it started a long time ago, um, probably, early 2000 or late 90s. Um, they, they found it a good idea. Um, so that’s what we do. And that was before there was the NHS Spine and the Smart cards and all that. Before that, they had that. so perhaps things have progressed anyhow, but I just think it’s a useful tool.

**Interviewer:**

**Yes, yes, yes indeed. And um, do you know how many medications he takes, and how many times a day with his Parkinson’s?**

**Answer**

Um, I’d have to look at it all. Um, but I know that he, he has the Patches; he has the Levodopa; he has the, um, err, begins with a Z I think. Um, but he also has the, the, the blood pressure tablets, the water tablets. Um, so, um, I’d have to look at the, the medication slip to, to know. Um, he puts them out every day. He knows exactly what he’s doing, um, he, and he also sets out a weeks’ supply. So, he is very methodical.

**Interviewer:**

**Yes, yes. Um, and I suppose have you. How have you got information about Parkinson’s over these years, and then how have you found out?**

**Answer**

It’s, um, it’s mainly, um, The Fox Foundation, you know, the actor.

**Interviewer:**

**Yeah, Michael J. Fox I think, yeah**

**Answer**

Michael J. Fox. Um, yes, err, I can listen to, to, sometimes they have a Webinar, we, I listen to it. I have been along to Parkinson’s Groups and in fairness, um, I don’t like going. Um, and I don’t like (husband) likes going, because, you know, um, there are people who are in a worse state, sadly, and, um, I don’t want to know what state it’s going to be. It is better for me to, um, gradually, err, carry on and we look at things on a daily, weekly basis and, and move with that. Um, it’s it can be quite depressing seeing how you feel that life is going to be if you are constantly going to this group. I know that it’s, it’s probably very good, err, and supportive for those people but it’s, it’s difficult if you’re not quite there yet.

**Interviewer:**

**Yeah. And in terms of the information that you’ve, you know, using the Fox Foundation or your Parkinson’s UK. Have you found that information easy or difficult to understand?**

**Answer**

We found it relatively easy to understand. Um, but I, I think the thing is that I worked for over 25 years in the NHS. You get to learn, um, the phrases and the way they talk, um, so I’m not really an outsider, you know what I mean. I can hear it from a different viewpoint. So, no, I found it, I found it easy to understand.

**Interviewer:**

**And I suppose if one of you needed information about Parkinson’s, or you wanted to learn something, what would you do in that instance?**

**Answer**

I’d go to the internet, and go to, err, um, the NHS, um, information first of all, and um, see what they say about it. And I’ve generally gone along with (husband) to, err, his, um, consultation meetings. Um, and, you know, (PD specialist) was very good because she, um, she allowed me at times to talk. Err, or to speak or to ask questions which was nice. I wasn’t, I wasn’t, you know, heart sink person, um, but, you know when I needed to ask her something she allowed me to do that so that was good.

**Interviewer:**

**Yes. And in terms of the appointments, do you go along to his, his appointments generally?**

**Answer**

When I can, yes. Um, and in fact he’s got one, um, Monday I think with the (PD specialist).

**Interviewer:**

**Yes, (PD specialist)**

**Answer**

And it was, it’s been changed from a telephone appointment to a face-to-face, um, and I think that’s a good thing because, you know, he needs to get to know her.

**Interviewer:**

**Yes. And have you had many telephone consultations, or as they would have any over the covid Parkinson’s?**

**Answer**

I think he’s had one, maybe two. But on the whole, (PD specialist) saw him even if it was, you know, from one room to another room, she saw him which was great.

**Interviewer:**

**And how do you find getting to the appointments or the appointment itself usually?**

**Answer**

That’s not a problem. it’s very easy cos it’s in (town). But if (husband) can’t walk that far, I take him in the car. So, that, that’s not a problem for us.

**Interviewer:**

**And any other health care appointments or, you know, visits from Physios or Occupational therapists that (husband) has for his Parkinson’s or?**

**Answer**

He hasn’t, in. A long time ago, he, he had a trial I think. Um, and a Physio came and it, it lasted 6 months or so. I think it was a trial, but otherwise he doesn’t. he had Occupational Health came to assess him, um, when we first came, and, um, that’s when he was given, um, err, this gadget that goes underneath the bed and is a, like a grab handle, um, so he can rollout, help himself roll over. Um, but, um, that’s it. I mean we put up a second handrail, um, and we adapt things as we go, but if we need assessment, we, not, we can always ask.

**Interviewer:**

**And how do you know how to adapt things as it goes, kind of based on your experiences; what you’ve learnt; and where to put rails and things like that?**

**Answer**

Um, well, not, this was just a, a banister rail, so, that, that fairly normal isn’t it? Um, and, um, it’s, you see my father was disabled; my mother was disabled so, I’ve grown up with the things so I, I’ve seen gadgets and things that have helped, like the. The hand gadget that you put on a car, um, when you get out, it goes on the metal loop on the left-hand side of the passenger side when you open, after you open the door. And that helps you to lever yourself up; you can put your wait on that and the door, and that’s that’s good. Um, and, but I think I saw that when I was in the Surgery, and I saw somebody using it and I thought, ‘that’s useful’. And, um, so we, we got one. He does use it occasionally if he gets a bit stuck, you know. He can use that.

**Interviewer:**

**And how often do you find that he gets stuck or?**

**Answer**

Um, he’s not too bad I think at the moment, but from time-to-time he does. Um, and, um, I, I’m finding at the moment we have to, if we are going out together, we have to choose our time according to how he feels. So, I like to get up and go, um, but I can’t necessarily do that all the time. So, err, we have to gauge it because, if I force him out when he’s not ready, it doesn’t work. Um, because he can’t, he can’t walk far, and he needs to sit down. And, you know, so, we just adapt, you know.

**Interviewer:**

**Yes. And is that, you know, changes due to medication timings or does that not matter particularly?**

**Answer**

I, I, it depends if he’s had a good night or a bad night I think. Um, I mean last time he saw (PD specialist), Clonazepam was um, started. And it was a minute dose, um, but that’s because he had such, um, he, his legs were so inflexible in the night. He needed to get up all the time. Um, and so she started him on that. Now, whether or not we think it’s a good thing to have, we don’t know. He was thinking last week that, we went to my sister-in-law’s 50, well Golden Wedding Anniversary at the weekend. And he said, ‘I don’t think I’ll stop it now. And I’m not sure how to stop it cos it’s so minute’. I said, ‘well, take it every other day and then stop it’. Um, but, um, he’s looking to seeing if it, if its working or if it’s not working cos he’s not sure now if it is what he needs really. He’s no doubt going to ask the Consultant on Monday. Um, so, err, um, but he hasn’t. He’s very good at trying to, to um, you know, look at things dispassionately and um, reason it through.

**Interviewer:**

**Um yeah. and do you monitor his Parkinson’s or his health?**

**Answer**

I, do I monitor it? I’m aware, I’m aware that he’s doing tripping movements far more now. And, um, I’ve never asked him, but sometimes I think when you start tripping why don’t you think to yourself, ‘I am tripping, I must make myself do larger steps’. Do you know what I mean by that? And so that he was doing it normally, but I don’t know if the brain works that way, or how the brain works really. so, um, but I, I, I know it’s certainly since the lockdown he, he has, his Parkinson’s is more apparent, yes.

**Interviewer:**

**And um, err, have you had any issues with getting help at the weekends or overnight if you needed to for his Parkinson’s?**

**Answer**

We haven’t, no. Um, what, um, I think, no, we did have. (husband) had a telephone appointment with the GP. He’s only had it once, um, and I can’t quite remember, um, what it was. But usually with Parkinson’ the GP refers him back to the (PD specialist). He doesn’t, he doesn’t do an awful lot of, um, of, of, you know, he doesn’t interfere at all, it’s more talk to the (PD specialist) or talk to the Parkinson’s Nurse or whatever.

**Interviewer:**

**And how do you find that?**

**Answer**

Um, well in some respects it’s a good idea, um, because you, you need one person to be in charge of all that medication, and, um, I think he is just enabling, um. He signs the Prescriptions, but basically it’s the (PD specialist) that’s dealing with it. And, um, so, I understand that. Sometimes I think, um, you know, if you need help and the GP then says, you need to do this. You know, like go to the (PD specialist), and you are perhaps slightly frustrated by that because you wanted to have an answer there and then or, you know, if they’re concerned about it. But, at the same time I understand the reasoning why.

So, you know, as long as you are able to contact someone, um, and I think at one time (husband) tried to contact the Nurse, and it took a few days for her to come back. Um, and that, that was, you know, he just, he just had to get on with it. But if we, um, I mean in fairness if it was something urgent, then I’m sure the GP would deal with it. Um, because Parkinson’s on the whole, at the moment, it’s an ongoing thing and it’s not usually an emergency is it? I mean I haven’t come across an emergency yet, put it like that.

**Interviewer:**

**That’s good news then.**

**Answer:**

Yes.

**Interviewer:**

**And, um, does (husband) see the GP for any other health conditions. I think you mentioned about blood pressure and?**

**Answer:**

Err, he needs, err, he was put on a Statin. Um, he started on a trial of Statins for Parkinson’s, and that was down at (town name), and I think he was doing that for a couple of years, or 3 years. And, um, it was interesting because at one stage he had a blood test because he was being monitored regularly, so he had this, err, cholesterol blood test. And it was, um, it was, it was up so, he, um, he thought well, right I’m on the Placebo probably, and um, anyhow, he went to speak to his GP, and they agreed that, um, until the trial finished um, he wouldn’t, he wouldn’t have a Statin. But once he came off the trial, um, then he would take over and, and he would probably prescribe a Statin which he has done. So, he’s now on Statins. But, yes, but apart from that, um, he hasn’t, he hasn’t actually, um, had an awful lot to do with his GP.

**Interviewer:**

**Um, okay, yeah. and um, what are your thoughts of how his care has been co-ordinated between the health, you know, the health professionals and, you’ve seen the Parkinson’s Consultant or Nurse Specialist and how that’s communicated with your GP, and things like that**

**Answer:**

Um, I think, err. He was in a bad way when we came to (town). Um, err, because I don’t think the Consultant, he was a Neurologist first, and he didn’t really have a real interest in Parkinson’s. Um, well, err, our impression was that he didn’t have a lot of interest.

**Interviewer:**

**Was that at (city) before you moved here?**

**Answer:**

Yes (okay). And, um, and so, and he wasn’t well controlled on his medication. And as soon as he came to (town), and he saw (PD specialist), and err, she, she basically sorted him out and, um, oh we’ve had great care actually here. Um, I think, at the, initially, there wasn’t a Parkinson’s Nurse, or there was someone who was ill, um, and so there wasn’t a great liaison with the Nurse. Um, but, um, the only time when we did want to talk to the Parkinson’s Nurse, and it took for, a few days to come back, um, I, I felt that perhaps it would have been nicer if, you know, the, even if a message to say, um, ‘can’t speak now, will speak to you on that day,’ or whatever, that would have been good. Communication would have been there. But we were just hanging on there, waiting, waiting, and she did eventually come back. Um, but, I think, I don’t know.

I find that because (PD specialist) was always, um, very good at um, doing the supporting network and I think he’s even spoken to her secretary before now and they’ve liaised that way. And its’ worked, the communication has been good. Um, so, I, the thing is that is the only experience I’ve had of the, well we’ve had of the Parkinson’s nurse, so I can’t say, um. But I think communication does need to be good; it, even if it’s to say, ‘can’t talk today, will talk to you whenever’, that’s fine. You’re not then left hanging there thinking, ‘is she ever going to come back to me or not?’ should I try and ring again? Um, you know, that, it just, it just needs good communication.

**Interviewer:**

**Yeah, yeah. So, I suppose if you do need help or a question about your Parkinson’s, you’ve got ways to access the Parkinson’s Service.**

**Answer:**

Yes.

**Interviewer:**

**And I suppose thinking about, um, you know, what, what you’ve done to help manage things we’ve talked about. So, you know, trying to, err, gauge his symptoms and, you know, working around his Parkinson’s, and I suppose helping him with his appointments or anything else. You know, what do you think has helped you cope with his Parkinson’s so far? And the issues that you said that you’ve had.**

**Answer:**

I think it’s probably just my experience of working in the NHS. I don’t think, I don’t know if I would. I’m a naturally practical person, um, but, um, I also am aware of how systems work in the NHS. I think if I was outside, if I’d been outside the NHS, I’m not sure how, um, well I would have coped, necessarily. Um, difficult one really because, you know, we’re in this situation now and I’ve had the experiences that I’ve had in the past. I mean, usually, my idea of things is ‘right we’re at this situation and we need to sort it out’. And if it’s a practical thing and I can sort it out, I will. If, if it needs medical input, then I would, um, either go to the GP or, in this instance, in Parkinson’s, I would um, perhaps speak to actually the (PD specialist) secretary first. Err, because, um, they’re very good at, um, redirecting you or saying, you know, saying what would happen they’re a good source.

**Interviewer:**

**Yeah, yeah. And I suppose that comes from your experience, that’s helpful**

**Answer:**

Exactly

**Interviewer:**

**It’s knowing the Secretaries are a good access point.**

**Answer:**

Yeah, yes

**Interviewer:**

**Yes. And err, you know, do you feel overstretched with what you do to help with (husband’s) Parkinson’s?**

**Answer:**

No, I, no, not yet. Um, he’s not, err, incapacitated, um. I, I can get concerned. I would, I think I would certainly have a problem if, um, his brain went. That sounds .. see what I mean. We had an old friend of ours who, she got Parkinson’s, and within 10 years she also had the, um, the Dementia with it. And, um, you couldn’t hear, she couldn’t talk, and I find that very difficult, that you can’t communicate with people, I know that, that’s my Achilles heel really. Um, and, um, at the moment you see, he’s he’s in good shape so, I think, you know, in years to come that could be more difficult.

**Interviewer:**

**Um, and have you thought about where you could get more help if needed, or would you know how if you needed to**

**Answer:**

Um, I would probably go to the GP in the first instance, and see what, um, you know, they have. What they can offer. Um, and then, I don’t know, because err, I would always talk to my friends, you see, for support, you know, moral support. Um, or my sister-in-law, she’s a Nurse, my sister’s a nurse. So, um, I would talk to them. Um, so I’m lucky in that respect that, um, I think if I didn’t have them I would go to the GP Surgery and say, ‘right, now I need help with this. How am I going to access certain things’? I would go to GP Surgery.

**Interviewer:**

**And do you think having that information at this stage could be helpful or, as you said before, probably not yet?**

**Answer:**

I think, I think you need to, you need to deal with it as it happens. Um, too much information at the beginning, um, you put it to the back of your mind. Um, I think, as something progresses, that is when you’re more liable to take things in and access things. It needs to come in little chunks. Um, and that way I think you can cope with it, but if you’re. When you’re first diagnosed you don’t want to know, um, what’s going to happen later on. I mean, you do need to know where to go for various things, that you might need, but um, just as the, as it progresses, well, that’s my, that’s my viewpoint.

**Interviewer:**

**Yes, and then I suppose because it’s a gradually progressive, um condition**

**Answer:**

Yes, and we’re independent people, relatively independent people, and so, we’d rather try and cope first and, when we can’t, we’ll ask for help.

**Interviewer:**

**And, and with his Parkinson’s, have you ever had any extra financial expenses associated with managing his Parkinson’s?**

**Answer:**

Um, no. I mean, we’ve we’ve put up the banister rail; we’ve got, um, it’s not a gate, it’s a bar. It’s a bar at the top of the staircase. Um, so that, and he thought of it, err, because it’s quite high, it’s just above waist height, um, so that if he was feeling wobbly, um, he won’t fall down the stairs. So, but, um, we do things like that, and we’ve always said, um, because of when we first came here we thought we ought to look for a bungalow, but there weren’t any bungalows around. And so, but we’ve got this house. Um, and it, we bought the house with a view that we had to have a separate dining room, so that if necessary the bedroom could be downstairs. And that, um, if he had difficulty walking up the stairs we could get, err, one of those Stannah Stairlift things so that he could get up to the first floor. So, so, we have, we’re lucky enough that we have, um, the money to do that. But we, you know, we do think ahead a bit.

**Interviewer:**

**Um, so that’s probably a few years ago when you would have done that**

**Answer:**

Well, that was 2014 when we came here. So, um, yes, you do need to, you need to think about things but not, but not so, you know, and don’t put anything in place until you need it.

**Interviewer:**

**Um, so that’s a good approach, um, to managing his Parkinson’s is it (well). You don’t, what has the impact of, um, your caring role that has been on your life or social networks that you’ve found?**

**Answer:**

I think we don’t go out in the evenings much, um, because he’s not so good in the evenings. Um, and, err, so, and, we tend to, because I’ve retired now as well, we tend to have our main meal at lunchtime instead of the evenings. Um, but, um, yes I mean we still do things; we still do things during the day, it just is different. And, I think, actually um, quite a few people, when they retire, they start doing things more during the day than the evening. I mean, it doesn’t stop us from, you know, if someone invited us out we wouldn’t say no, but I know that, um, you know, that by 9 o’clock at night he’s not going to be good. He’s going to have difficulty communicating with people. Um, cos I know that sometimes, um, he can be, err, in a, in a group of people and his spontaneity is, is not as great as it was. And so therefore, um, his confidence it goes a bit, you know. He feels that he’s there, but not there. And, um, so therefore, you, you know, you do things differently.

**Interviewer:**

**And can I ask why you started doing main meals at lunch. Is that associated with his Parkinson’s or?**

**Answer:**

It was, um, the idea that, um, a main meal at lunchtime was, was probably better for the digestion. And if you eat a light meal at night, um, then you probably have a better night’s sleep, but that’s for both of us. It’s not just for him, but it, I think it helps him. I mean, he, he doesn’t eat a large meal at night.

**Interviewer:**

**And do you think the timing of his Parkinson’s medications, err, influences that, you know, the meal, going out**

**Answer:**

Um, I mean sometimes, like the last couple of days, we’ve been involved in recitals at the abbey so we’ve had to, err, have a sandwich in the garden at the abbey. Um, and so we had something at night, but it’s usually early by 6 o’clock. Um, so, you know, its just doing things like that. we still, you know, people still invite us for drinks or something, still go there it’s not that we don’t. if we’re not doing anything that is what we do. Um, and I think, I think actually it probably does help having a lighter meal in the evening.

**Interviewer:**

**Um, um. And, um, just a tricky question. How do you think, you know, the Healthcare System can be improved to help you, um, help manage (husband’s) health with Parkinson’s?**

**Answer:**

That is a tricky question. Well, I think it just needs good communication and, and access to, um, err, clinical personnel, um, that can give definitive answers rather than just necessarily the Consultant. Um, but it’s just good communication, and the ability to be able to talk to someone, um, on the phone, um, when they need it. That is really difficult to really do, um, on a regular basis.

**Interviewer:**

**Yeah, yeah, okay. And, um, just a few last questions about yourself I suppose. Do you have any medical conditions that you look after?**

**Answer:**

That I look after? My diabetes. I’m Type 2, and I’m just controlled with the 3 times a day, Metformin. Um, but, um, so, yes, I’ve had that since 2005. Um, but err, and I’ve had Cancer, um, but that was 2013 and I’ve had a hip replacement, so

**Interviewer:**

**And what do you do to look after your own health generally?**

**Answer:**

Um, I, I go and exercise 4 times a week at leisure centre, and I walk a lot. Um, and, um, I’m, I volunteer at um, at a Museum. So, I, I do quite a bit, and I help (husband) with the recitals, which again are on every week now until November at The Abbey. But we’re doing it socially distance.

**Interviewer:**

**Yes. Well, um, well according to the Government 19th July is still the date.**

**Answer:**

Yes, I still think the mask should be worn, and we use gel, hand gel.

**Interviewer:**

**Absolutely. Um, but I suppose does your, um, no, does your health affect how you look after (husband) at all. Or vice versa?**

**Answer:**

No.

**Interviewer:**

**Has it, has helping to look after (husband) affected your health?**

**Answer:**

No. No, I mean, its just sometimes, um, if he needs help getting up out of the chair and perhaps if my my other hip is playing up, you know, but we’re fine, you know, we do it, it’s fine.

**Interviewer:**

**Okay. And, you know, is there anything else that you’d like to add about, you know, helping (husband) with his Parkinson’s or anything else that we haven’t covered, um, in the questions so far?**

**Answer:**

No, I don’t think so. I think its difficult for, sometimes, um, I mean he’s pretty good on the whole, but there are times when he can get quite low, depressed as it were, but he hasn’t got depression, but he has low moods. And, um, then that’s difficult to, um, deal with. I’m, I, I don’t think I’m very good with Mental Health, dealing with people who have Mental Health problems at all. Not that he has problems, um, but other people in his family have had problems, and, um, I’m at a loss to deal with it or understand it necessarily. And so, when he feels low, I can’t necessarily snap him out of it, you know I can’t. He has to gradually work through it himself, and, um, that’s just the way it is. But I think actually that must be an area, um, that I’m sure you know an awful lot about, and you would therefore, um, be able to deal with it but I haven’t really been able to. And if he developed a low mood perpetually I would probably find that quite difficult, and I wouldn’t know how to deal with it necessarily.

**Interviewer:**

**Um, some of the symptoms of Parkinson’s can be quite hard to manage.**

**Answer:**

Yes. But basically, you know, you just have to manage them as they come along.

**Interviewer:**

**Yes, that’s useful. Well, thank you very much. If there’s nothing else, um, (name) then that’s very useful. Thank you very much for your time.**

**Answer:**

That’s alright. That’s fine.