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| **Title** | |
| Duncan GF, Rositano P. Parkinson's disease in regional Australia. Rural Remote Health. 2011;11(4):1658. | |
| Agreement | 159/625 |
| Final Agreement | 359/625 |
| **Agreed** | |
| **Medication Issues**  1. The precise timing of PD medication was problematic, especially during a hospital admission or in nursing homes because staff appeared to not understand the importance of exact dosing times for this condition.  2. While rural GPs willingly provided prescriptions, they seemed reluctant to adjust medication doses. Hence, dosage manipulation was often delayed by 6 to 12 months while PWP waited for a neurologist’s appointment  The regional study area had only one neurologist, with two others 90 min drive to the south and six in Canberra, 3 hours to the east. The local neurologist was invariably the one who modified pharmacotherapy type and dosage and provided the most upto- date PD information for patients and carers. This meant that delays of 6 to 12 months were common for patients requiring definitive management changes  Participants alluded to loss of earnings and the need to travel for medical diagnosis and treatment as impacting negatively on their financial situation  **Caregivers focus group**  1. No difficulty in acquiring prescriptions for medications from GPs but adjustment of medication meant visiting a neurologist which caused delay;  2. Ability to take medications as prescribed/timing an issue;  Carers were adamant that there was an urgent need for readily available respite facilities. While  many in this group were aware of respite opportunities from home-care nurses locally, there was a demonstrated need for greatly increased respite services. They also noted that if GPs could coordinate a multidisciplinary approach to help manage the PWP, then this would greatly reduce the responsibility carried by the carer.  1. Trouble with effective change of medication dosage or type;  2. Reluctance of GPs to modify pharmacotherapies without specialist input;  3. Stress impacts upon effectiveness of drugs;  4. Tolerance to Parkinson’s medications;  5. Problems maintaining compliance/pill boxes do help;  6. No difficulty in acquiring prescriptions for medications from GPs but adjustment of medication meant visiting a neurologist which caused delay;  7. Ability to take medications as prescribed/timing an issue;  8. Variability of medication success/ presence of off periods difficult to manage;  9. Unwanted medication side effects such as dry mouth and insomnia;  10. Learning to time the medication vital to success; | |