



NUTRITION AND PARKINSON'S DISEASE

General Dietary Recommendations

- There is no evidence to suggest that specific diets or nutrients affect the progression of Parkinson's disease.
- However, good nutrition is essential to the overall well-being of people at both early & late stages of Parkinson's disease.
- Achieving good nutrition involves eating a variety of foods each day, in amounts adequate to meet needs.

Bone Health

- People with Parkinson's disease are at risk for weak bones prone to fracture (osteoporosis)
- Diet & activity are key factors. Dietary influences: Calcium & Vitamin D.
- Foods high in calcium include: dairy products, fortified soy milk, fortified orange juice, canned fish with bones (salmon + sardines), baked beans, almonds, and broccoli.
- Vitamin D is obtained primarily from eating fortified milk products and exposure to sunlight.
- Many people have difficulty obtaining enough calcium and vitamin D and may need to take supplements.

Constipation

- Constipation is a problem for many people with Parkinson's disease (poor appetite, inadequate physical activity, medication side effects, and effects of the disease on the intestine are factors).
- To maintain regularity → INCREASE FLUID, FIBRE & ACTIVITY
- Drink 6-8 glasses of fluid each day (soup, juice, milk, water preferred over coffee & alcoholic beverages).
- High fibre foods include bran, whole grain cereals and breads, fruits and vegetables, and dried beans, peas, and lentils.
- See your physician if it persists. Ask us about the *Bowel Management Program*

Body Weight

- Involuntary movements in Parkinson's disease burn lots of energy and encourage weight loss.
- Depressive symptoms, which are common in Parkinson's disease, can result in decreased appetite and further likelihood of weight loss.
- To eat enough it may be necessary to have small, frequent meals, and to include some high calorie foods (cream, ice-cream, butter, sauces, special high calorie drinks, and desserts).

Swallowing Problems

- Swallowing problems become more common as Parkinson's disease progresses.
- Warning signs include: Coughing or choking while eating/drinking, gurgly voice after eating, excessive chewing or drooling, delayed/absent swallow, pocketing of food in the mouth.
- People with these symptoms should see their physician and should be assessed by a trained swallowing therapist; diet and feeding modifications may be needed.
- What about supplements?
- Exercise caution: natural does not necessarily mean safe, and more is NOT necessarily better.
- Safest approach is to take a daily moderate dose multivitamin with mineral supplement (a variety of brands are suitable).

Protein Restriction: Is It Necessary?

- Protein restriction is not necessary nor is it recommended for most people with Parkinson's disease, as it can encourage malnutrition.
- People who notice that protein affects the effectiveness of their medication can avoid consuming high protein foods at the time medication is taken.

Nutrition-Related Medication Side Effects

- Nausea, vomiting and poor appetite are common side effects of medications used to treat Parkinson's disease.
- Many of these side effects decrease as medication tolerance develops.
- If nausea persists, it may be beneficial to take medications with food (e.g., crackers, cookies, or fruit). If this isn't helpful, see your physician, as you may need a medication for nausea.

Community Resources

- Outpatient nutrition counselling is available at many hospitals by physician referral .
- Eat Right Ontario – speak with a registered dietician: 1-877-510-5102

Websites

Canada's Food Guide (2007) <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

Eat Right Ontario (nutrition information on a variety of topics) www.eatrightontario.ca

Dieticians of Canada www.dietitians.ca (click on Eat Well Live Well link)

Osteoporosis Society of Canada <http://www.osteoporosis.ca> (click on Programs and Resources link)

Physical Activity Guide for Older Adults
<http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pag-gap/older-aines/index-eng.php>

Source: Karol Traviss, MSC, RD, March 2007

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