

**PARKINSON'S DISEASE: FROM DIAGNOSIS TO
PERSONALISED CARE AND SELF-MANAGEMENT
UK**

Slide 1: Introduction – Raising Awareness of Parkinson’s Disease in the UK

Parkinson’s disease is a neurological disorder which influences motion and most of the functions that are non motor in nature (Cleveland Clinic, 2022).

The decreased production of dopamine also leads to issues of movement, coordination and daily activities.

In 2025, an estimated 166,000 would have a diagnosis of Parkinson’s in the UK (Parkinson’s UK 2025).

Diagnosis, management, treatment, prevention, co production and personalised care are reviewed in this presentation.

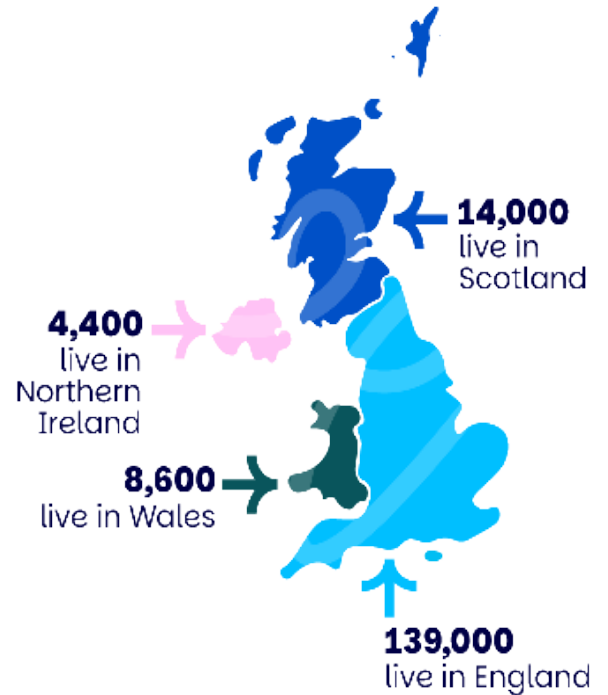


Figure 1: Parkinson's Disease in the UK

(Source: Parkinson's UK, 2025)

Slide 2: Target Audience – NHS Healthcare Professionals

The presentation targets NHS practitioners dealing with long-term care of the patients with Parkinson.

The professionals involved should be the neurologists, Parkinson nurses, physiotherapists, occupational therapists and speech therapists (Weise et al., 2024).

The UK Parkinson 2025 Audit of services and 12,620 individuals with Parkinson reviewed 698 services and 12,620 individuals with the disease respectively (Parkinson's UK, 2026).

Multidisciplinary evaluation and intervention are thus needed to provide effective care.



Figure 2 NHS practitioners with Parkinson patients

(HEALTHCARE NETWORK, 2026)

Slide 3: Overview – Definition and Clinical Features

Parkinson disease is a progressive neurodegenerative disorder which is related to stunted dopamine generating nerve-cell activity.

On average, people living with Parkinson's were diagnosed at age 69 (Parkinson's statistics, 2025)

According to Parkinson UK, the condition is progressive and it grows with age of population.

of 166,000

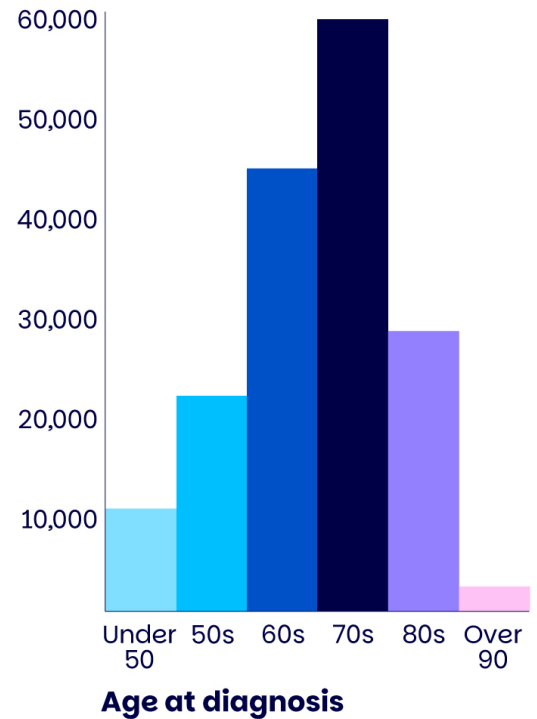


Figure 3: Age at Diagnosis

(Source: Parkinson's statistics, 2025)

Slide 4: Symptoms and Aetiology – Causes and Risk Factors

Parkinson is usually accompanied by slowing down, stiffness, tremor, walking and a lack of balance .

The bradykinesia, rigidity, tremor and postural disorders are the primary motor symptoms (Parkinson's foundation, 2026).

Non-motor symptoms may comprise depression, anxiety, constipation, sleep difficulties and impaired cognitive functioning (Wexler, 2023).

Most cases of Parkinson are multifactorial and the precise cause is not clear.

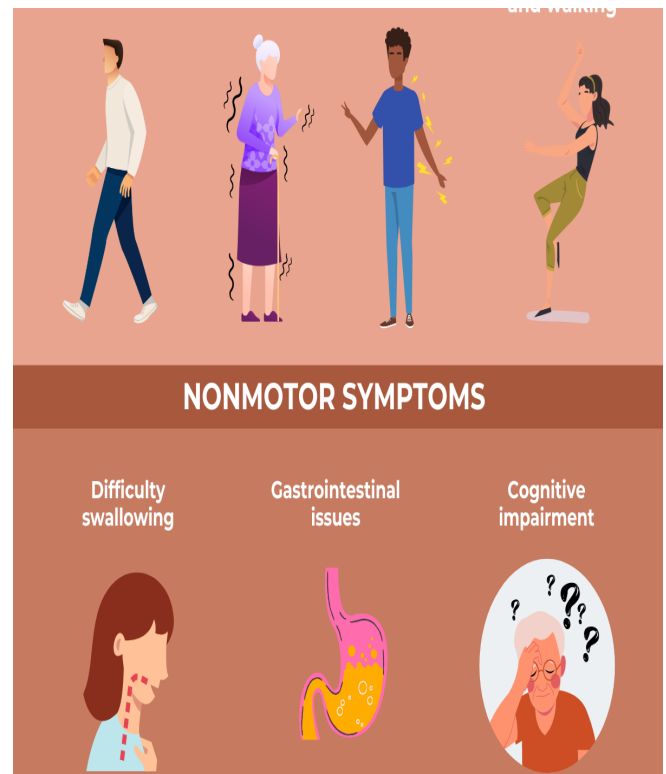


Figure 4: Non Motor Symptoms of Parkinson's

(Source: Wexler, 2023)

Slide 5: Prevalence of Parkinson's Disease in the UK

In 2025, the UK hosted about 166,000 individuals with a diagnosis of Parkinsonism (Parkinson, UK).

About 21,000 other individuals were estimated to have not been diagnosed and supported (Wells, 2025).

New diagnoses dropped 26 per cent, between 2019 and 2021, and have been lower than anticipated.

In the UK, men account for approximately 59% of people living with Parkinson's, compared with around 41% women.

Thousands living with Parkinson's undiagnosed, report suggests

By Liz Wells 23 October 2025

Thousands of people in the UK are living with undiagnosed Parkinson's, new research reveals.



The study by charity Parkinson's UK estimates that up to 21,000 more people are living with the condition, unaware and unsupported. Around 166,000 people in the UK currently have a diagnosis of Parkinson's, according to the charity's data.

The number of people newly diagnosed with Parkinson's grew each year up to 2020, but during the coronavirus pandemic, the number dropped by 26% from 26,000 to 19,300 and it hasn't returned to where the charity expects it to be.

Figure 5: Thousands living with Parkinson's undiagnosed

(Source: Wells, 2025)

Slide 6: Global Prevalence and Epidemiological Trends

The prevalence of Parkinson is on the rise in other countries as the population ages and life expectancy rises.

One major modelling study estimates there to be 25.2 million individuals with Parkinson's living in the world by 2050 (Dickinson, 2025).

This is an estimated 112 percent growth over 2021.

The estimated growth will strain the neurological, rehabilitation and social-care services.

The prevalence of Parkinson's disease globally by 2050 is projected to be:



267 cases per 100,000 people, representing an increase of 76% from 2021

Healio 

Figure 6: Global Prevalence of Parkinson's

(Source: Rhoades, 2025)

Slide 7: Economic Burden – Healthcare, Social Care and Personal Costs

Parkinson imposes generations by incurring expenses in terms of healthcare, medication, rehabilitation, social care and hospitalization (Chen et al., 2025).

Parkinson's UK quoted research as estimating that there were average additional personal costs £328.73 per week (Parkinson's UK, 2026b).

The cost may encompass transportation, home modifications, mobility devices and income assistance.

Premature retirement and less working power can add economic strain on families.



Figure 7: Financial Impact of the disease

(Source: Bliss, 2026)

Slide 8: Social Burden – Quality of Life and Independence

Parkinson can diminish mobility, autonomy, communication and participation in social activities

Quality of life can further be diminished by depression, anxiety, cognitive issues and sleeping disorders (National Institute of Neurological Disorders and Stroke, 2025).

Caregivers might have other physical, emotional and financial duties

Audited by the 2025 Audit 86% of people rated their Parkinson NHS service Good or Excellent (Parkinson’s UK, 2026).

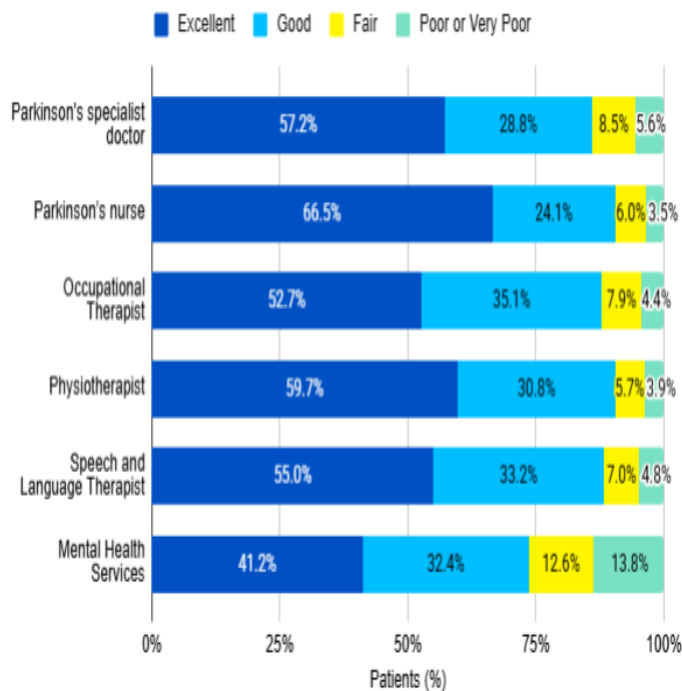


Figure 8: Quality of service

(Source: Parkinson’s UK, 2026)

Slide 9: Diagnosis – Clinical Assessment and NICE Recommendations

When there are problems with tremor, stiffness, slowness, balance or gait, then there is a reason to suspect the presence of Parkinson (Wexler, 2023)

NICE suggests an urgent referral to a specialist in case of a suspicion of Parkinson.

The main type of diagnosis is clinical and must be checked on a regular basis (Mechanisms in Medicine Inc, 2022).

Structural MRI and PET are not the suggested diagnostic procedures of Parkinson recommended by NICE.

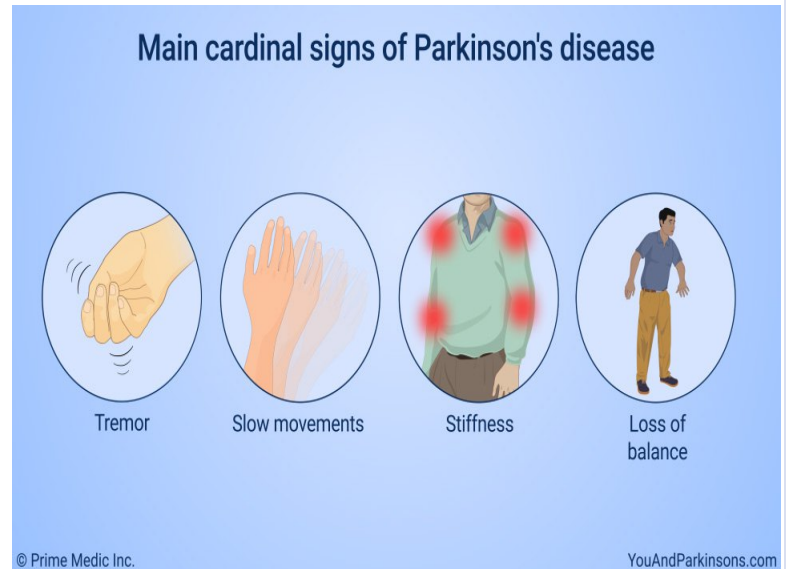


Figure 9: Diagnosis of Parkinson's

(Source: Mechanisms in Medicine Inc, 2022)

Slide 10: Initial Assessment – Holistic Evaluation

Evaluation must address motor symptoms, functioning, coordination and falls and drug reactions (Parkinson's foundation, 2026)

Cognition, mood, sleep, swallowing, communication and autonomic symptoms should also be evaluated by clinicians

Physical impairment should be taken in conjunction with occupational and social functioning (Váradi, 2020).

The assessment and the consequent care regimen must be based on individual aims, preferences and carer requirements

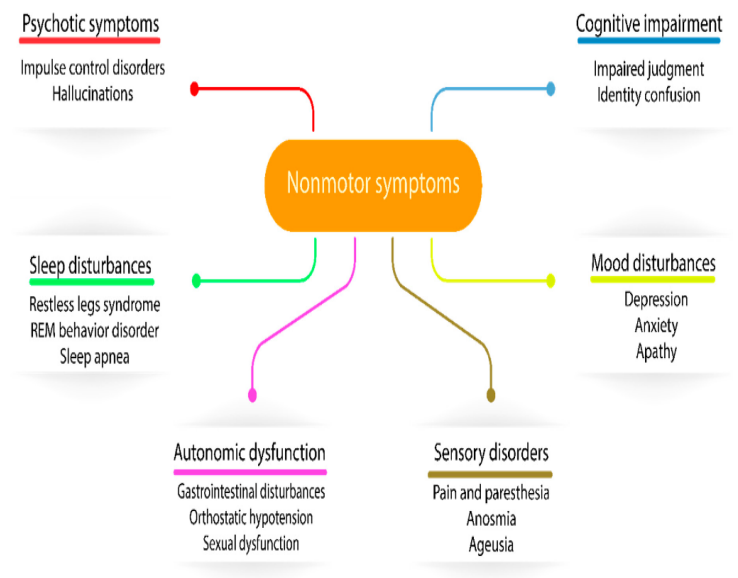


Figure 10: Initial Assessment of Parkinson's

(Source: Váradi, 2020)

Slide 11: Management Following NICE Guideline NG71

NICE NG71 gives the UK Parkinson's management advice on diagnosis, pharmacological and non-pharmacological management of the disease. (NICE, 2022)

The choice of treatment must take into account the symptoms, comorbidities, lifestyles, personal preferences, needs and goals in life.

Specific specialist Parkinson support should regularly be available to people.

Rehabilitation, monitoring, education and self-management should be adopted by the management together with medication (Bodies In Balance Physical Therapy, 2024).



Figure 11: Parkinson's Rehab

(Source: Bodies In Balance Physical Therapy, 2024)

Slide 12: Models and Frameworks Improving Parkinson's Outcomes

NICE multidisciplinary model is used to aid in coordinated neurological, rehabilitation and social care.

NHS England Comprehensive Model of Personalised Care has six pieces of evidence based information (NHS England, 2026).

These elements involve mutual decision-making, individual planning, choice and facilitated self-management.

The model can bridge the clinical treatment and the community, and social and practical support (Reynoldset al., 2022).



Figure 12: Comprehensive Model of Personalised Care

(Source: Author's own illustration based on NHS England, 2026)

Slide 13: Treatment Options – Non-Pharmacological

Balance, motor-function problems and gait problems can be considered in relation to Parkinson specific physiotherapy.

Activities of daily living and functional independence can be enhanced through occupational therapy (Edemekong, Bomgaars and Levy, 2025).

Speech and language therapy may aid in communication, saliva and swallowing.

Long term Parkinson self-management should include regular physical activity (Church, 2021).

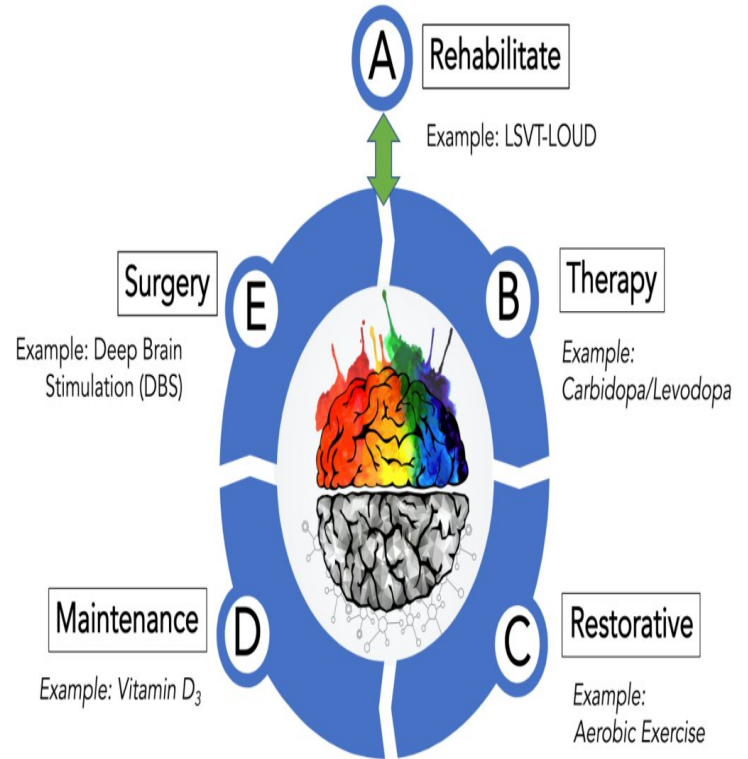


Figure 13: Parkinson's Treatment

(Source: Church, 2021)

Slide 14: Treatment Options – Pharmacological and Advanced Therapies

The NICE suggests use of levodopa where the motor symptoms impair quality of life in early Parkinson disease (Church, 2020).

Dopamine agonists and MAO-B inhibitors may be an option in some patients

Such more treatment-specific options may be necessary in advanced disease as apomorphine, intestinal therapies or deep-brain stimulation.

In May 2026, NICE revised its information on advanced treatment that featured the most recent NHS England commissioning information (NHS commissioning, 2026).

Carbidopa/Levodopa in Parkinson's: Physiological Pathways

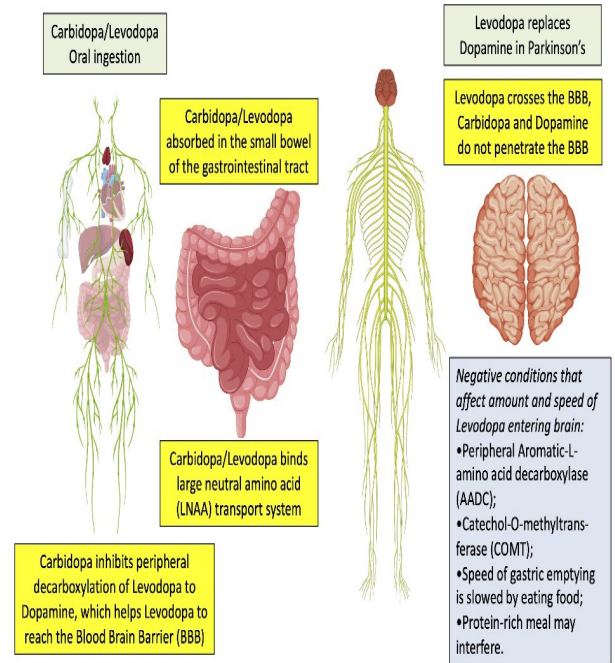


Figure 14: Carbidopa/Levodopa in Parkinson's

(Source: Church, 2020)

Slide 15: Comorbidities and Complications Associated with Parkinson's

Parkinson can have comorbidities with depression, anxiety, dementia, sleep and autonomic.

Clinical risk can be increased by falls, problems with swallowing and medication issues (World Health Organization, 2025).

Communication and shared decision-making can also be complicated by cognitive impairment (Aarsland et al., 2021).

NICE suggests tracking key hazards associated with treatment, such as hallucinations, sleepiness and urge disorders that are excessive.

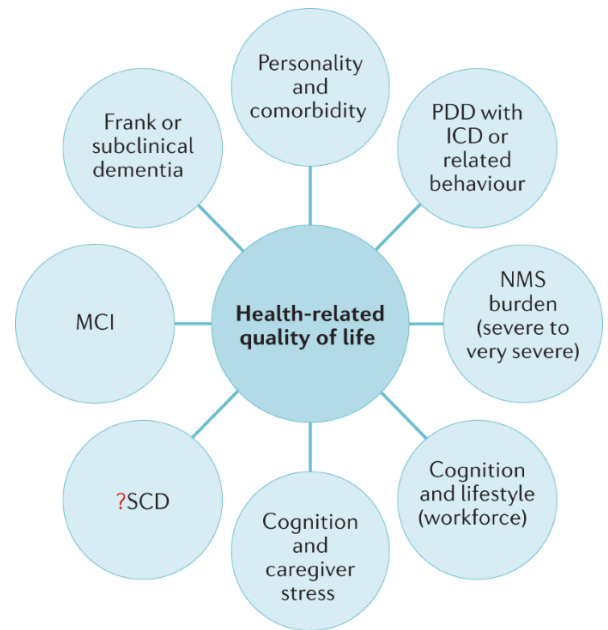


Figure 15: Comorbidities and Complications Associated with Parkinson's

(Source: Aarsland et al., 2021)

Slide 16: Prevention – Primary, Secondary and Tertiary

No sure-footed intervention is yet developed that prevents development of Parkinson.

The primary prevention should be therefore based on healthy ageing, and physical activities on the whole (Süß et al., 2025).

Early recognition, referral to and correct diagnosis by specialists are part of secondary prevention.

Tertiary prevention is aimed at exercise, preventive and curative actions of falls, rehabilitation and complication management.

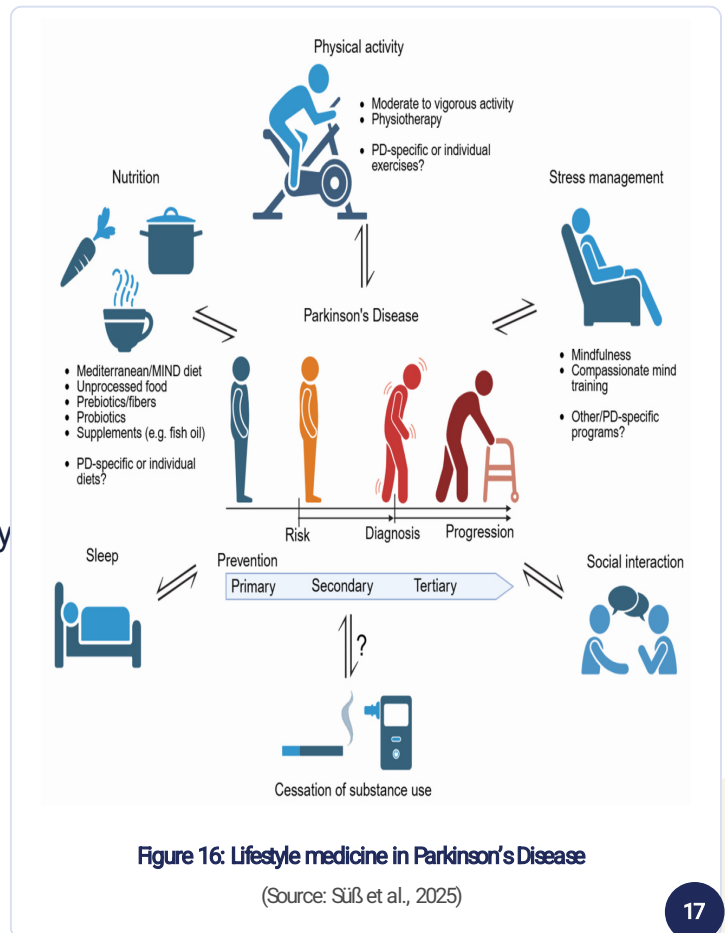


Figure 16: Lifestyle medicine in Parkinson's Disease

(Source: Süß et al., 2025)

Slide 17: Co-Productive Care – Skills, Values and Behaviours

Active listening, motivational interviewing and shared decision-making skills are needed by clinicians

Professional behaviour should be based on respect, dignity, empathy and acknowledgement of lived experience (Evolveny, 2026).

The patients are supposed to be actively engaged in determining treatment and rehabilitation objectives

NICE suggests a holistic approach to care planning together with patients, carers and professionals (Ricciardi et al., 2025).

Holistic Parkinson's Support 2025

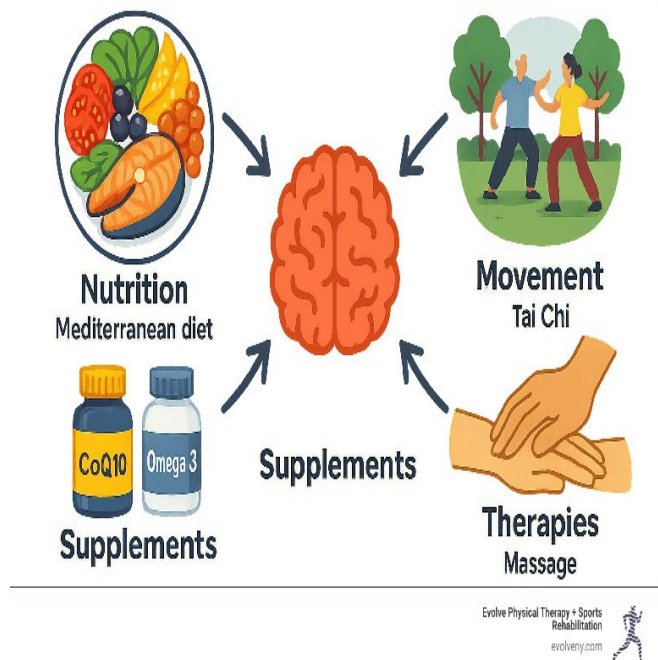


Figure 17: Holistic Parkinson's Support

(Source: Evolveny, 2026)

Slide 18: Critical Evaluation of Co-Production in Practice

Conquer et al. (2024) states Co-production has the potential to enhance communication, engagement and alignment between treatment and personal goals

Nevertheless, consultation time may not be abundant thus limiting successful reciprocal decision making.

In the 2025 Audit, 40% of patients believed that they did not get enough information at the time of diagnosis

Church (2026) found only 42% in 2026 stated that they took all the Parkinsonism medicine at the right time in hospital.

69%

were given any information upon diagnosis

40%

believed they did not get enough information at diagnosis

42%

took all the Parkinsonism medicine at the right time in hospital

Figure 18: Audit evidence on information and medication safety

(Source: Author's own illustration)

Slide 19: Recommendations – Comprehensive Model of Personalised Care

Six evidence-based components	Application to Parkinson’s disease
1. Shared decision-making	Engage the patient and carers in medicine, rehabilitation and lifestyle choice decision making (Mathur and Mathur, 2024).
2. Personalised care planning	Create personal strategies on motor symptoms, cognition, mood, mobility, communication and personal priorities
3. Enabling choice	Give the right treatments and therapies, support services and forms of communication.
4. Social prescribing and community support	Link patients to the parkinson community groups, physical activity programmes, community activities and peer networks (Ferrusola-Pastrana, Fullerton and Meadows, 2024).
5. Supported self-management	Educate, coach and support peers to develop knowledge, confidence, medication-management skills and exercise compliance.
6. Personal health budgets	Where relevant, use budgets to sustain individual selected equipment, activity or service that facilitates independence (Homauni et al., 2023).

Slide 20: Conclusion

Parkinson is a complex progressive disorder that needs multidisciplinary and neurological management over a long period.

In the UK, the number of individuals who were diagnosed with Parkinson in 2025 is approximately 166,000, and it is estimated that there will be 21,000 more who will be unnoticed.

The 2026 Audit illustrates the increment of services and persisting information, mental-health and medication-safety lapses.

The focus on enhancing independence and quality of life should continue to focus on personalised, co-produced care (van Halteren et al., 2020).

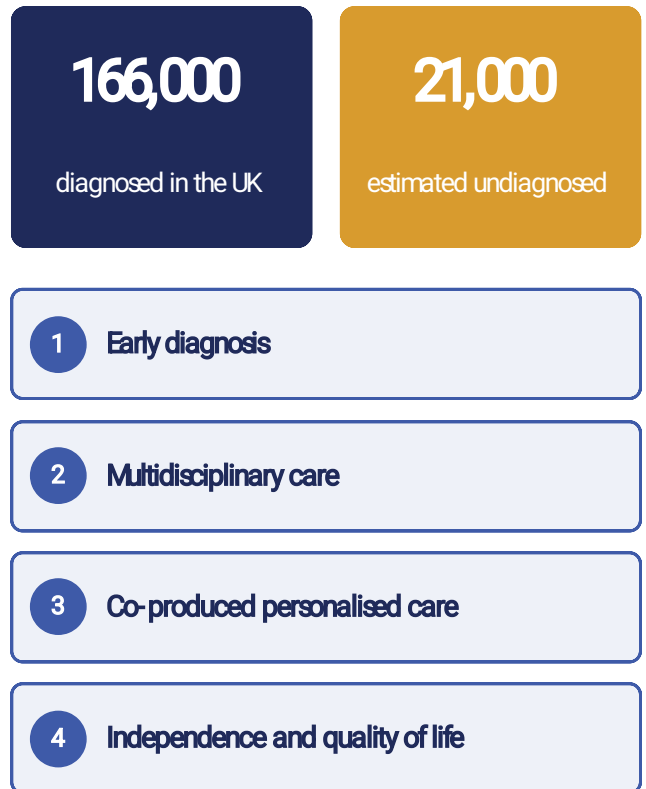


Figure 20: Key UK figures and priorities for Parkinson's care

(Source: Author's own illustration)

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