**Parkinson Disease**

**Etiology**

Parkinson disease involves both genetic and environmental factors. However, there lacks direct evidence to support either as a causing factor (Beitz, 2014). Research over the past eight years indicates that there six different genes that cause familial PD. According to clinical research, shows that there is a wide spectrum of comorbidities that cause PD.

**Risk factors**

According to research, parkison’s disease is idiopathic- a condition that is spontaneous with no known causes. However, evidence reveals that chronic diseases such as diabetes, anemia, cancer and such, contribute to the progression of PD (Beitz, 2014). In other studies, the disease is common in men than in women. Another common risk factor is genetic mutation. In addition, chances of having PD increases with age.

**Clinical Manifestations**

Clinical experiments in drugs and neuro-protective agents for PD lack the ability to modify the disease partly because of the inadequate definition of PD. Factors such as genetic risks, disease progression, clinical symptoms, treatment and such have paved the way for new effort to come up with new clinical subtypes for PD (Beitz, 2014). Identifying clinical subtypes expects to promote the design of clinical trials, learn the mechanisms of the disease and speed up personalized medicine. Nonetheless, there are no PD subtypes that are in the present research protocols.

**Pathophysiology**

PD is a compound disease that affects a person’s neuro- functioning and progresses over time. According to research, suggest it first starts with the motor nerves as well as the sensory nerves and the nucleus before progressing to other parts such as the locus coeruleus and the substancia nigra (Beitz, 2014). At later stages, it spreads to the cortical areas of the brain. As a nurse practitioner, this is significant in my field of care giving. It gives a comprehensive insight as to how the disease progresses and how to provide nursing care according to the level of progression.

**Nursing Care Of Patients with PD and evidence-based Practice**

Parkinson’s disease is a degenerative condition and requires nurses to put in the best practices to achieve optimum symptom control (Key point). For instance, as a nurse it is important that I am able to keenly observe the patient’s level of functioning throughout and assist them by implementing the right strategies to help control their symptoms (Shin, 2017). By employing evidence-based Practices to offer wholesome caregiving including patience and empathy.

Other nursing interventions include, planning for the patient medication and their schedules to boost the effectiveness of the drug. The dietary implications include low-protein diet at day time and doing away with foods that are high in vitamin B6, frequent soft solid foods, and foods with high calories (Shin, 2017). Because one of the effects is constipation, the patients is given fiber and plenty of fluids in order to increase their mobility.

In order to achieve optimum care, it is not only about providing physical intervention, but also for the patients’ personal emotional needs and the psychological aspect of their health. The support for persons with PD is essential in their caregiving for them to be as comfortable as possible. Patients with PD require more time to complete their duties and their level of thinking and functioning may decline as the days go. Similar to other neurological disorder, PD symptoms vary from one person to another (Shin, 2017). As such, how you treat one patient’s care is different from the other.

**References**

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