

Cryndod a Parkinson's

Cryndod yw un o'r tri symptom a gysylltir yn amlaf â Parkinson's (gydag anystwythder ac arafwch symud).

Mae'r ddalen wybodaeth hon yn esbonio beth yw cryndod Parkinson's, beth ellir ei wneud i reoli'r symptom hwn a ble gallwch chi gael cyngor a chymorth pellach.

Beth yw cryndod?

Mae cryndod yn symudiad afreolus sy'n effeithio ar ran o'r corff, er enghraifft y llaw.

Mae cael cryndod yn nodwedd gyffredin o Parkinson's, ond nid yw o angenrheidrwydd yn golygu bod Parkinson's gyda chi. Hefyd gall fod yn symptom o gyflyrau eraill. Er enghraifft, math cyffredin o gryndod yw 'cryndod hanfodol', lle mae'r dwylo, pen, coesau, corff neu lais yn crynu, sy'n fwyaf amlwg pan ydych chi'n symud. Weithiau gall cryndod hanfodol neu dystonig (y gallwch chi ei gael os yw dystonia arnoch chi, sef amrediad o anhwylderau symud sy'n achosi gwingiadau a chyfyngiadau cyhyrol) fod yn anodd eu gwahanu rhag cryndod Parkinson's.

Beth yw cryndod Parkinson's?

Gall cryndod a achosir gan Parkinson's ymddangos mewn dwy ffordd:

- Gall cryndod gorffwys ddigwydd pan yw eich corff wedi ymlacio, er enghraifft pan ydych chi'n gorwedd yn y gwely. Gelwir y cryndod mwyaf arferol yn Parkinson's yn gryndod gorffwys 'rholio pilsen', gan ei fod yn ymddangos fel eich bod yn ceisio rholio pilsen rhwng eich bawd a'ch mynegfys. Mae cryndod Parkinson's yn fwy tebygol o ddigwydd pan ydych chi'n llonydd ('cryndod gorffwys').

- Gall cryndod gweithredu ddigwydd hefyd pan ydych chi'n gwneud rhywbeth, fel ceisio dal cylchgrawn neu yfed o gwpan.

Fel arfer, bydd arbenigwr yn gallu cynnal asesiad clinigol i weld a yw cryndod Parkinson's neu gryndod hanfodl gyda chi. Weithiau, gallai profion pellach, megis sganiad yr ymennydd a elwir yn DaTSCAN, fod yn ddefnyddiol.

Siaradwch â'ch Meddyg Teulu os ydych chi'n profi cryndod.

Beth sy'n achosi cryndod Parkinson's?

Nid oes gan bobl â Parkinson's ddigon o gemegyn o'r enw dopamin. Mae hyn oherwydd bod rhai celloedd nerf yn eu hymennydd sy'n cynhyrchu dopamin wedi marw. Hebdo, mae symptomau Parkinson's yn ymddangos, a gall y rhain gynnwys cryndod.

Ar gyfer rhai pobl, gall cryndod fod y symptom cyntaf o Parkinson's. Ond nid yw pawb â Parkinson's yn profi'r un symptomau, felly ni fydd pawb â'r cyflwr yn profi cryndod wrth gael y diagnosis.

Os yw Parkinson's arna i, a fydd y symptom hwn yn datblygu yn y man?

Nid yw'n bosibl rhagweld a fyddwch chi'n datblygu cryndod neu beidio, gan fod y cyflwr yn amrywio o berson i berson.

Os byddwch chi'n datblygu cryndod, siaradwch â'ch Meddyg Teulu neu arbenigwr am y newid yn eich symptomau. Hefyd gallwch chi siarad â'ch nyrs Parkinson's, os oes un gyda chi. Mae nyrs Parkinson's yn nyrs gyffredinol gofrestrdig gymwys â phrofiad, gwybodaeth a sgiliau arbenigol ynghylch Parkinson's. Maen nhw'n chwarae rôl allweddol o ran gofal pobl â Parkinson's. Gallwch chi ddarllen rhagor amdany'n nhw ar ddiwedd yr wybodaeth hon.

A fydd fy nghryndod yn gwaethgu wrth i fy Parkinson's gynyddu?

Er bod meddyginiaeth yn gallu rheoli'r symptom hwn, fel arfer mae cryndod Parkinson's yn gwaethgu dros amser. Fodd bynnag, fel arfer mae hon yn broses eithaf araf sy'n digwydd dros nifer o flynyddoedd. Ar gyfer llawer o bobl â Parkinson's, nid yw eu cryndod yn gyson ond mae'n mynd a dod. Hefyd gall sut mae'n effeithio arny'n nhw newid llawer.

Fel arfer, mae cryndod Parkinson's yn dechrau yn y llaw cyn 'lledaenu' i effeithio ar weddill y fraich. Hefyd gall y cryndod ledaenu i effeithio ar y troed ar yr un ochr o'r corff. Yn achlysurol, mae cryndod Parkinson's yn dechrau rhywle arall, er enghraifft yn y troed, yna gallai ledaenu i fyny'r goes ac yna i mewn i'r fraich. Ar ôl nifer o flynyddoedd, gall y cryndod ledaenu i effeithio ar ochr arall y corff.

Mewn achosion difrifol, gall y cryndod effeithio ar rannau eraill o'r corff, gan gynnwys y gwefusau neu'r ên. Mae rhai pobl hefyd yn profi 'cryndod mewnol'. Mae hwn yn deimlad o gryndod o fewn y corff nad yw pobl eraill yn sylwi arno. Mae'r driniaeth ar gyfer cryndod mewnol yr un peth ac ar gyfer cryndod allanol.

Gall rhai pobl ddatblygu Parkinson's lle mai cryndod yw'r symptom pennaf. Dyma le mai cryndod yw'r prif symptom sydd angen ei reoli. Fel arfer mae pobl yn profi llai o gwmpau a phroblemau â symudedd pan yw hyn yn digwydd.

Os bydd eich cryndod yn gwaethgu, siaradwch â'ch Meddyg Teulu, arbenigwr neu nyrs Parkinson's am y newid yn eich symptomau.

A all unrhyw beth arall wneud fy nghryndod yn waeth?

Os yw Parkinson's arnoch chi, efallai byddwch yn canfod bod eich cryndod yn gwaethgu mewn sefyllfaoedd ingol. Mae hyn dros dro a dylai'r cryndod dawelu pan fyddwch chi'n teimlo'n fwy ymlaciedig.

Gall rhai cyffuriau, megis tawelyddion, meddyginiaethau gwrthsalwch a gwrthbendro, wneud cryndod Parkinson's yn waeth. Hefyd gallai rhai cyffuriau gwrthasthma, gwrthiselyddion a chyffuriau gwrth epileptig wneud eich cryndod yn amlycaf.

Mae'n werth edrych ar ddalen wybodaeth y cynnyrch sy'n dod gydag unrhyw feddyginiaeth a ragnodir ichi er mwyn gweld a all y feddyginiaeth arbennig honno naill ai achosi cryndod neu ei wneud yn waeth.

Fodd bynnag, efallai bydd angen ichi gymryd y meddyginiaethau hyn o hyd, felly os oes gennych unrhyw bryderon ynghylch y cyffuriau rydych chi'n eu cymryd, siaradwch â'ch Meddyg Teulu, arbenigwr neu nyrs Parkinson's.

Sut alla i reoli fy nghryndod?

Does dim iachâd ar gyfer cryndod, ond mae dulliau o reoli'r symptom.

Yn ystod camau cynnar Parkinson's, efallai bydd rhai pobl yn gallu atal eu cryndod llaw trwy wasgu neu rollo pêl, pen ysgrifennu neu wrthrych tebyg.

Siaradwch â'ch arbenigwr neu nyrs Parkinson's i gael cyngor. Hefyd efallai byddwch chi'n ei gael yn ddefnyddiol siarad â phobl eraill sy'n profi cryndod, er mwyn dysgu beth maen nhw'n ei wneud i helpu. Darllenwch ragor am ein grwpiau lleol, fforwm ar-lein a gwasanaeth cymorth cyfoedion ar ddiwedd yr wybodaeth hon.

Hefyd mae pethau eraill y gallwch chi eu gwneud i helpu i reoli'ch cryndod:

Meddyginiaeth

Fel arfer, gall meddyginiaeth Parkinson's helpu i reoli cryndod. Mae hyn yn cynnwys levodopa (sy'n hysbys weithiau ar enwau brand fel Sinemet a Madopar) a rhai tynhawyr dopamin.

Gallwch chi ddysgu rhagor am gyffuriau Parkinson's yn ein llyfryn Triniaethau â chyffuriau ar gyfer Parkinson's, neu gallech chi siarad â'ch arbenigwr neu nyrs Parkinson's am beth allai fod yn addas i chi.

“Wrth imi gymudo i'r gwaith, dw i'n canfod, os bydda i'n fy nghanoli fy hunan a chanfod rhywle i sefyll ble galla i ddal ymlaen gyd fy nwylo, mae'n haws. Dw i'n meddwl bod rhai pobl yn neidio at gasgliadau os ydyn nhw'n gweld merch ifanc yn crynu, ac mae'n debygol y bydden nhw'n meddwl fy mod i'n gwneud rhywbeth amheus neu'n cymryd cyffuriau. Felly dw i'n canfod, os galla i ddal ar ybar fel nad yw fy llaw grynedig yn crynu, dw i'n teimlo'n lawer mwy cytbwys a than reolaeth.”

Mae Emma, 31, yn byw yn Llundain ac yn mwynhau crefftau

Mae cyffuriau eraill a allai leihau'ch cryndod hefyd. Gan fod pawb â Parkinson's yn cael profiad gwahanol o'r cyflwr, y peth gorau yw siarad â'ch Meddyg Teulu, arbenigwr neu nyrs Parkinson's am opsiynau meddyginiaeth posibl i chi.

Rhyddhau straen

Gall gorbryder neu straen wneud cryndod yn waeth, felly mae'n bwysig canfod dulliau o ymlacio.

Gallai ymarfer helpu a hefyd wella'ch synnwyr o les. Hefyd mae rhai pobl wedi canfod bod therapïau cyflenwol, megis aromatherapi, ioga, adweitheg a therapi cerddoriaeth a chelf, wedi eu helpu i ymlacio.

Dysgwch ragor: gwelwch ein llyfryn *Therapiau cyflenwol a Parkinson's*.

Ysgogi yn nwfn yr ymennydd

Mae ysgogi yn nwfn yr ymennydd yn ffurf ar lawdriniaeth a ddefnyddir i reoli rhai o symptomau Parkinson's, gan gynnwys cryndod. Mae'n cynnwys pasio cerhyntau trydanol bach trwy electrodau sydd wedi'u gwreiddio'n barhaol yn yr ymennydd.

Nid yw ysgogi yn nwfn yr ymennydd yn opsiwn addas i bawb ac, fel unrhyw lawdriniaeth, mae rhai risgiau'n gysylltiedig. Efallai cynigir y math hwn o driniaeth ichi os yw eich symptomau'n ddifrifol ac nad yw triniaeth feddygol yn effeithiol bellach.

Dysgwch ragor: gwelwch ein llyfryn *Sllawdriniaeth ar gyfer Parkinson's*.

Rhagor o wybodaeth a chymorth

The National Tremor Foundation

Mae'r elusen hon yn darparu gwybodaeth a chymorth i bobl ag unrhyw fath o gryndod.

01708 386 399

enquiries@tremor.co.uk

www.tremor.org.uk

Nyrsys Parkinson's

Mae nyrsys Parkinson's yn darparu cyngor a chymorth arbenigol i bobl â Parkinson's a'r rhai hynny sy'n gofalu amdany'n nhw. Hefyd gallan nhw gysylltu â gweithwyr proffesiynol eraill ym maes iechyd a gofal cymdeithasol i sicrhau y diwallir eich anghenion.

Mae'r rôl nyrs Parkinson's yn amrywio. Bydd pob un yn cynnig gwasanaethau gwahanol, yn anelu at ddiwallu anghenion lleol. Lleolir rhai nyrsys yn y gymuned, tra bod eraill wedi'u lleoli mewn sefyllfaoedd ysbyty.

Mae llawer o nyrsys Parkinson's yn rhagnodwyr annibynnol. Mae hyn yn golygu y gallan nhw ragnodi a gwneud addasiadau i feddyginiaeth, felly nid oes angen i rywun â Parkinson's weld eu harbenigwr am newidiadau i neu ymholiadau ynghylch eu cyffuriau â Parkinson's bob tro.

Efallai na fydd nyrsys Parkinson's ar gael ym mhob ardal, ond gall eich Meddyg Teulu neu arbenigwr roi rhagor o fanylion ichi ar wasanaethau lleol.

Gallwch chi ddysgu rhagor yn **parkinsons.org.uk/nurses**

Gwybodaeth a chymorth gan Parkinson's UK

Gallwch chi ffonio ein llinell gymorth gyfrinachol am ddim i gael cymorth a gwybodaeth gyffredinol. Ffoniwch **0808 800 0303** (mae galwadau am ddim oddi wrth linellau tir yn y DU a'r mwyafrif o rwydweithiau symudol) neu e-bostiwch **hello@parkinsons.org.uk**. Rydyn ni'n rhedeg gwasanaeth cymorth cyfoedion os hoffech chi siarad ar y ffôn â rhywun a effeithir gan Parkinson's sydd wedi wynebu problemau tebyg i chi. Mae'r gwasanaeth yn gyfrinachol ac am ddim – ffoniwch y llinell gymorth i siarad â rhywun am gael eich paru â gwirfoddolwr.

Gall ein llinell gymorth eich cysylltu ag un o'n cynghorwyr lleol Parkinson's, sy'n rhoi gwybodaeth a chymorth un wrth un i unrhyw un a effeithir gan Parkinson's. Hefyd gallan nhw ddarparu dolenni i grwpiau a gwasanaethau lleol.

Mae gennym raglen hunan-reoli ar gyfer pobl â Parkinson's, partneriaid a gofalwyr. Mae'n gyfle i fyfyrio ar fywyd gyda'r cyflwr, ddysgu am hunan-reoli a meddwl am y dyfodol. I ganfod a oes grŵp yn agos i chi, ewch i **parkinsons.org.uk/selfmanagement**

Mae gan ein gwefan **parkinsons.org.uk** lawer o wybodaeth ynghylch Parkinson's a bywyd dyddiol gyda'r cyflwr. Hefyd gallwch chi ganfod manylion ynghylch eich tîm cymorth lleol a'ch cyfarfod grŵp lleol agosaf yn **parkinsons.org.uk/localtoyou**

Ewch at **parkinsons.org.uk/forum** i sgwrsio gyda phobl eraill sydd wedi cael profiadau tebyg ar ein fforwm trafod ar-lein.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol.

Diolch

Diolch i bawb a sydd wedi cyfrannu i'r ddalen wybodaeth hon a'i hadolygu:

Huw Morris, Athro Niwroleg, Prifysgol Caerdydd ac Ysbyty Brenhinol Gwent

Annette Hand, Nyrs Ymgynghorol, North Tyneside General Hospital

Diolch hefyd i'n grŵp adolygu gwybodaeth a phobl eraill a effeithir gan Parkinson's a ddarparodd adborth.

Allwch chi helpu?

Yn Parkinson's UK, rydyn ni'n gwbl ddibynol ar roddion gan unigolion a sefydliadau i ariannu'r gwaith rydyn ni'n ei wneud. Mae sawl ffordd y gallwch chi ein helpu i gefnogi pobl â Parkinson's.

Os hoffech chi gymryd rhan, cysylltwch â'n tîm Gwasanaethau Cefnogwyr ar **0800 138 6593** neu ewch i'n gwefan yn **parkinsons.org.uk/donate**. Diolch.

Sut i archebu adnoddau

0845 121 2354

resources@parkinsons.org.uk

Lawrlwythwch nhw oddi ar ein gwefan yn **parkinsons.org.uk/publications**

Rydyn ni'n gwneud pob ymdrech i sicrhau bod ein gwasanaethau'n darparu gwybodaeth gyfredol, ddiuedd a chywir. Rydyn ni'n gobeithio y bydd hon yn ychwanegu at unrhyw gyngor proffesiynol a dderbyniwch a'ch helpu i wneud unrhyw benderfyniadau y gallech chi eu hwynebu. Os gwelwch yn dda parhewch i siarad â'ch tîm iechyd a gofal cymdeithasol os ydych chi'n poeni ynghylch unrhyw agwedd ar fyw gyda Parkinson's.

Os hoffech chi ddysgu rhagor am sut rydyn ni'n rhoi eich gwybodaeth ynghyd, gan gynnwys cyfeiriadau a'r ffynonellau gwybodaeth rydyn ni'n eu defnyddio, cysylltwch â ni yn **publications@parkinsons.org.uk**.



Cryndod a Parkinson's (FS94W/2016)

A oes gennych unrhyw adborth ynghylch yr wybodaeth hon? Bydd eich sylwadau'n ein helpu i sicrhau bod ein hadnoddau mor ddefnyddiol a hawdd eu deall â phosibl. Dychwelwch at Y **Tîm Cynnwys Gwybodaeth, Parkinson's UK, 215 Vauxhall Bridge Road, Llundain SW1V 1EJ**, neu e-bostiwch **publications@parkinsons.org.uk**. Diolch!

1. Dewiswch yr opsiwn sy'n addasach i chi.

- Mae gen i Parkinson's a ches i fy niagnosio yn
- Rwy'n gofalu am rywun â Parkinson's Mae gen i ffrind neu aelod teulu â Parkinson's
- Rwy'n weithiwr proffesiynol yn gweithio gyda phobl â Parkinson's
- Arall (pennwch)

2. O ble gawsoch chi'r wybodaeth hon?

- Meddyg Teulu Arbenigwr Nyrs Parkinson's Grŵp lleol Parkinson's UK
- Cyngorydd lleol Parkinson's UK Wedi'i harchebu'n uniongyrchol gennym ni
- Galwad i'r llinell gymorth Arall (pennwch)

3. A ydy wedi ateb eich holl gwestiynau?

- Ydy, yn gyfangwbl Ydy, gan fwyaf Ddim yn siŵr Yn rhannol Ddim o gwbl

4. Pa mor hawdd oedd ei deall?

- Hawdd iawn Hawdd Ddim yn siŵr Eithaf anodd Anodd iawn

Ni yw'r elusen Parkinson's sy'n gyrru gofal, triniaethau ac ansawdd bywyd gwell.

Gyda'n gilydd gallwn ni symud y dydd ymlaen pan na fydd unrhyw un yn ofni Parkinson's.

Parkinson's UK
215 Vauxhall Bridge Road
Llundain SW1V 1EJ

Llinell gyfrinachol am ddim **0808 800 0303**
(Dydd Llun I Ddydd Gwener 9am–7pm, Saturday 10am–2pm).

Cyfieithu ar y pryd ar gael

NGT Relay **18001 0808 800 0303** (I'w ddefnyddio gyda ffonau clyfar, llechenni, Cyfrifiaduron Personol a dyfeisiau eraill).

Am ragor o wybodaeth gweler **www.ngts.org.uk**

hello@parkinsons.org.uk
parkinsons.org.uk

Cod archeb: FS94W

Diweddariad diwethaf Gorffennaf 2016. Rydyn ni'n adolygu ein gwybodaeth o fewn tair blynedd. Gwiriwch ein gwefan am y fersiynau mwyaf cyfredol o'n holl wybodaeth.

© Parkinson's UK, Medi 2017. Parkinson's UK yw enw gweithredu'r Parkinson's Disease Society of the United Kingdom [Cymdeithas Clefyd Parkinson's y Deyrnas Unedig]. Elusen wedi'i chofrestru yng Nghymru a Lloegr (258197) ac yn yr Alban (SC037554).



5. A ydy wedi'ch helpu i reoli'ch cyflwr yn well, neu wneud dewisiadau sydd wedi gwella'ch bywyd mewn rhyw ffordd?

- Mae wedi helpu llawer Mae wedi helpu ychydig Dim newid
 Dydy hi ddim wedi helpu Mae wedi gwneud pethau'n waeth

6. Beth yw eich cefndir ethnig?*

- Asiaidd neu Asiaidd Prydeinig Du neu Ddu Prydeinig Tsieineaidd Cymysg
 Gwyn - Prydeinig Gwyn - arall Arall (pennwch)

*Rydyn ni'n gofyn am eich ethnigrwydd er mwyn sicrhau bod ein gwybodaeth yn cyrraedd amrediad eang o bobl. Fodd bynnag, mae'r cwestiwn hwn yn opsiynol.

Eisiau clywed rhagor gennym?

- Hoffwn i gael ymateb i fy adborth Hoffwn i fod yn aelod o Parkinson's UK
 Mae gen i ddi-ddordeb mewn ymuno â'r Grŵp adolygu Gwybodaeth, i gynnig adborth ar wybodaeth Parkinson's UK

Os ydych chi wedi ateb 'le' i unrhyw un o'r opsiynau hyn, byddwch gystal â chwblhau'ch manylion isod.

Enw

Cyfeiriad

E-bost

Ffôn

Pa ddull fyddai'n well gennych inni gysylltu â chi? E-bost Post Ffôn

Fyddwn ni ddim yn trosglwyddo'ch manylion i unrhyw sefydliad neu drydydd parti arall. I ddysgu rhagor, darllenwch ein polisi preifat yn parkinsons.org.uk/termsandconditions

We're the Parkinson's charity that drives better care, treatments and quality of life.

Together we can bring forward the day when no one fears Parkinson's.

Parkinson's UK
215 Vauxhall Bridge Road
London SW1V 1EJ

Free confidential helpline **0808 800 0303**

(Monday to Friday 9am–7pm, Saturday 10am–2pm).
Interpreting available.

NGT Relay **18001 0808 800 0303** (for use with smart
phones, tablets, PCs and other devices). For more
information see www.ngts.org.uk

hello@parkinsons.org.uk
parkinsons.org.uk



Order code: FS94

Last updated July 2016. Next update available July 2019.

© Parkinson's UK, May 2017. Parkinson's UK is the operating name of the Parkinson's Disease Society of the United Kingdom. A charity registered in England and Wales (258197) and in Scotland (SC037554).

5. Has it helped you manage your condition better, or make choices that have improved your life in some way?

- It helped a lot It helped a little No change It didn't help It made things worse

6. What is your ethnic background?*

- Asian or Asian British Black or Black British Chinese Mixed White British White other Other (please specify)

*We ask about your ethnicity to ensure our information is reaching a broad range of people. However, this question is optional.

[Want to hear more from us?](#)

- I would like a response to my feedback I would like to be a member of Parkinson's UK

- I'm interested in joining the Information review group, to offer feedback on Parkinson's UK information

If you've answered yes to any of these options, please complete your details below.

Name

Address

Email

Telephone

How would you prefer us to contact you?

- Email Post Phone

We will not pass on your details to any other organisation or third party. To find out more, read our privacy policy at parkinsons.org.uk/termsandconditions

Thank you
Thank you very much to everyone who contributed to or reviewed this information sheet:

Huw Morris, professor of Neurology, Cardiff University and Royal Gwent Hospital

Annette Hand, Nurse Consultant, North Tyneside General Hospital

Thanks also to our information review group and other people affected by Parkinson's who provided feedback:

Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson's.

If you would like to get involved, please contact our Supporter Services team on **0800 138 6593** or visit our website at parkinsons.org.uk/donate. Thank you.

Tremor and Parkinson's (FS94/2016)

Do you have any feedback about this information? Your comments will help us ensure our resources are as useful and easy to understand as possible. Please return to [Information Content team, Parkinson's UK](mailto:InformationContentTeam@parkinsons.org.uk), [215 Vauxhall Bridge Road, London SW1V 1EJ](mailto:publications@parkinsons.org.uk), or email publications@parkinsons.org.uk. Thank you!

1. Please choose the option that best fits you.

- I have Parkinson's and was diagnosed in I care for someone with Parkinson's
 I have a friend or family member with Parkinson's I'm a professional working with people with Parkinson's
 Other (please specify)

2. Where did you get this information from?

- GP Specialist Parkinson's nurse Parkinson's UK local group Parkinson's UK local adviser
 Ordered directly from us Call to the helpline
 Other (please specify)

3. Has it answered all your questions?

- Yes, completely Yes, mostly Not sure Partly Not at all

4. How easy was it to understand?

- Very easy Easy Not sure Quite difficult Very difficult

How to order our resources
0845 121 2354
resources@parkinsons.org.uk
Download them from our website at parkinsons.org.uk/publications

We make every effort to make sure that our services provide up-to-date, unbiased and accurate information. We hope that this will add to any professional advice you receive and will help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson's.

If you'd like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at publications@parkinsons.org.uk.



This page has been left intentionally blank

This page has been left intentionally blank

More information and support

The National Tremor Foundation

This charity provides information and support to people with any form of tremor.

01708 386 399

enquiries@tremor.co.uk

www.tremor.org.uk

Parkinson's nurses

Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson's nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson's nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson's doesn't always need to see their specialist for changes to or queries about their Parkinson's drugs.

Parkinson's nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at parkinsons.org.uk/nurses

Information and support from Parkinson's UK

You can call our free confidential helpline for general support and information. Call **0808 800 0303** (calls are free from UK landlines and most mobile networks) or email hello@parkinsons.org.uk. We run a peer support service if you'd like to talk on the phone with someone affected by Parkinson's who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer.

Our helpline can also put you in touch with one of our Parkinson's local advisers, who give one-to-one information and support to anyone affected by Parkinson's. They can also provide links to local groups and services.

You can also visit parkinsons.org.uk/forum to speak with other people in a similar situation on our online discussion forum.

Our website parkinsons.org.uk has a lot of information about Parkinson's and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at parkinsons.org.uk/localtoyou

parkinsons.org.uk/selfmanagement

We also have a self-management programme for people with Parkinson's, partners and carers. It is an opportunity to reflect on life with the condition, learn about self-management and think about the future. To find out if there is a group near you visit parkinsons.org.uk/selfmanagement

Can anything else make my tremor worse?

If you have Parkinson's, you might find your tremor gets worse in stressful situations. This is temporary and the tremor should settle when you're feeling more relaxed.

Some drugs, such as tranquilisers, anti-sickness and anti-dizziness medications, can make a Parkinson's tremor worse. Some anti-asthma drugs, antidepressants and anti-epileptic drugs could also make your tremor more noticeable.

It is worth looking at the product information sheet that comes with any medication you are prescribed to see if that particular medicine can either cause or make a tremor worse.

However, you might still need to take these medications, so if you have any concerns about the drugs you take, speak to your GP, specialist or Parkinson's nurse.

How can I manage my tremor?

There is no cure for a tremor, but there are ways to manage the symptom.

In the early stages of Parkinson's, some people might be able to suppress their hand tremor by squeezing or rolling a ball, pen or similar object.

Speak to your specialist or Parkinson's nurse for advice. You may also find it useful to speak with other people who are experiencing tremor, to find out what they do to help. See 4 for information about our local groups, online forum and peer support service.

There are also other things you can do to help control your tremor:

Medication

Usually, Parkinson's medication can help control a tremor. This includes levodopa (sometimes known by brand names including Sinemet and Madopar) and some dopamine agonists.

You can find out more about Parkinson's drugs in our

booklet *Drug treatments for Parkinson's*, or speak

to your specialist or Parkinson's nurse about what may suit you.

There are other drugs that may also lessen your tremor. As everyone with Parkinson's has a different experience of the condition, it's best to speak to your GP, specialist or Parkinson's nurse about possible medication options for you.

Stress relief

Anxiety or stress can make a tremor worse, so it's important to find ways to relax.

Exercise may help and also improve your sense of wellbeing. Some people have also found

complementary therapies, such as aromatherapy, yoga, reflexology and music and art therapy, have helped them to relax.

Find out more: see our booklet *Complementary*

therapies and Parkinson's.

Deep brain stimulation

Deep brain stimulation is a form of surgery that is used to control some of the symptoms of

Parkinson's, including tremor. It involves passing small electrical currents through electrodes that are permanently implanted in the brain.

Deep brain stimulation isn't a suitable option for

everyone and, like any surgery, there are some risks involved. You may be offered this type of treatment if your symptoms are severe and medical treatment is no longer effective.

Find out more: see our booklet *Surgery for*

Parkinson's.

Usually, a specialist will be able to carry out a clinical assessment to see whether you have Parkinson's tremor or essential tremor. Sometimes, further tests, such as a brain scan called a DATSCAN, may be helpful.

Speak to your GP if you're experiencing a tremor.

What causes a Parkinson's tremor?

People with Parkinson's don't have enough of

a chemical called dopamine. This is because some nerve cells in their brain that produce dopamine

have died. Without it, the symptoms of Parkinson's appear, and these may include a tremor.

For some people, a tremor can be the first symptom of Parkinson's. But not everyone with Parkinson's experiences the same symptoms, so not everyone with the condition will have a tremor at the point of diagnosis.

If I have Parkinson's, will this symptom develop eventually?

It's not possible to predict whether or not you will develop a tremor, as the condition varies from person to person.

If you do develop a tremor, speak to your GP or specialist about the change in your symptoms. You can also speak to your Parkinson's nurse, if you have one. A Parkinson's nurse is a qualified registered general nurse with specialist experience, knowledge and skills in Parkinson's. They play a vital role in the care of people with Parkinson's. You can read more about them on page 4.

Will my tremor get worse as my Parkinson's progresses?

Although medication may help control this symptom, a Parkinson's tremor does usually get worse over time. However, this is generally quite a slow process that happens over several years. For many people with Parkinson's, their tremor isn't constant but comes and goes. How it affects them can also change a lot.

Emma, 31, lives in London and enjoys crafts.

“On my commute into work, I find that if I centre myself and find somewhere to stand where I can hold on with both hands, it's easier. I think some people jump to conclusions if they see a young girl shaking, and would probably think that I'm up to something dodgy or on drugs. So I find that if I can hold onto the bar so my shaky hand doesn't shake, I feel a lot more balanced and in control.”

Typically, a Parkinson's tremor starts in the hand before 'spreading' to affect the rest of the arm. The tremor can also spread to affect the foot on the same side of the body. Occasionally, a Parkinson's tremor starts elsewhere, for example in the foot, then it may spread up the leg and then into the arm. After several years, the tremor can spread to affect the other side of the body.

In severe cases, the tremor can affect other parts of the body, including the lips or jaw. Some people also experience an 'internal tremor'. This is a feeling of tremor within the body which isn't noticeable to other people. The treatment for internal tremor is the same as for an external tremor.

Some people can develop tremor-dominant Parkinson's. This is where a tremor becomes the main symptom that needs managing. People usually experience fewer falls and problems with mobility when this happens.

If your tremor does get worse, speak to your GP, specialist or Parkinson's nurse about the change in your symptoms.

Tremor and Parkinson's

Tremor is one of the three symptoms most often associated with Parkinson's (alongside rigidity and slowness of movement).

This information sheet explains what a Parkinson's tremor is, what can be done to manage this symptom and where you can get further advice and support.

What is a Parkinson's tremor?

A tremor caused by Parkinson's can appear in two ways:

- A resting tremor might happen when your body is relaxed, for example when you're lying in bed. The most typical tremor in Parkinson's is called a 'pill-rolling' rest tremor, as it looks like you are trying to roll a pill between your thumb and index finger. A Parkinson's tremor is more likely to happen when you're still (a 'resting tremor').
- An action tremor can also happen when you're doing something, like trying to hold a magazine or drink from a cup.

What is a tremor?

A tremor is an uncontrollable movement that affects a part of the body, for example the hand.

Having a tremor is a common feature of Parkinson's, but it doesn't necessarily mean you have Parkinson's. It can also be a symptom of other conditions. For example, a common type of tremor is an 'essential tremor', which is a trembling of the hands, head, legs, body or voice, most noticeable when you are moving. Sometimes essential or dystonic tremor (which you can get if you have dystonia, a range of movement disorders that cause muscle spasms and contractions) can be difficult to tell apart from a Parkinson's tremor.