Diagnosis and early treatment of Parkinson's disease in primary healthcare: A qualitative study

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Parkinson's diseases are a complex group of movement disorders with a significant prevalence in primary health care. Family doctors are facing some challenges in their diagnosis and early treatment. These challenges may cause a poor management of Parkinson's disease in primary health care, either in diagnosis or early treatment by the family physician. We realised a gualitative research by interviewing ten colleagues using an in-deep interview. Regarding to diagnosis, the main topics that emerged are as follows: although there is availability to imaging tests such as CT and MR, there are no direct diagnostic criteria of Parkinson's disease. Imaging tests may be used as a rule-out test - the clinical signs and symptoms may be confusing. There are long waiting lists for the patients referred to the neurologist; the availability of neurologists for online consultations is limited. It is not easy to establish an accurate diagnosis. Regarding to treatment: - the management of the side effects of levodopa is not easy - nausea associated to levodopa is a major cause for non compliance, and hence, of unresponse to the treatment. Regarding to the influence of these challenges in the diagnosis and early treatment of Parkinson's disease: ul Family doctors might be reluctant to diagnose Parkinson's disease by themselves due to a sensation of insecurity or uncertainty on the diagnosis; in other words, they need the confirmation of the diagnosis by a neurologist. The side effects of levodopa and the risk of non compliance are important barriers for family doctors to initiate a treatment by themselves /ul Conclusion: The challenges that family doctors are facing regarding the diagnosis and treatment of Parkinson's disease may produce an underdiagnoses and under treatment of Parkinson's disease