**Care Partner Guide for Daily Care**

**Tips and Tools for Cognitive Changes, Visual Hallucinations & Behavioral Changes**

Changes in memory, thinking, perception, and behavior can be some of the most challenging aspects of Parkinson's disease—for both individuals and their care partners. These changes are often misunderstood, unpredictable, and emotionally taxing. With education, early recognition, and thoughtful strategies, caregivers can reduce distress, improve safety, and preserve trust and connection.

This guide offers practical tools to help care partners navigate cognitive changes, visual hallucinations, and behavioral symptoms—while supporting dignity and emotional well-being.

---

**Understanding Cognitive & Memory Changes in Parkinson's**

Cognitive changes in Parkinson's often affect **processing speed, attention, planning, and multitasking** more than memory alone. These changes can fluctuate day to day and are often influenced by fatigue, stress, medication timing, and sleep quality.

**Common cognitive changes may include:**

- Slower thinking or response time
- Difficulty with attention or multitasking
- Trouble planning or organizing tasks
- Word-finding challenges
- Increased confusion during illness or stress

Many people with Parkinson's remain insightful and aware of their cognitive changes, which can be frustrating or frightening. Slower responses do not reflect lack of understanding or motivation. Allowing extra time, simplifying tasks, and reducing pressure helps preserve independence and confidence.

Routine and predictability are powerful supports for the Parkinson's brain.

---

**Supporting Memory & Daily Thinking**

Caregivers play an important role in creating environments that support cognition without taking over unnecessarily.

**Helpful memory-support strategies:**

- Use consistent daily routines
- Break tasks into one step at a time
- Use visual cues, calendars, or written reminders
- Reduce clutter and distractions
- Repeat information calmly when needed

External supports—such as written lists, labels, or reminder notes—are tools, not signs of decline. They help conserve mental energy and reduce frustration. When reminders are needed, offering them gently and without correction preserves dignity and trust.

---

**Visual Hallucinations & Changes in Perception**

Visual hallucinations are relatively common in Parkinson's disease and are often related to medication effects, changes in visual processing, or disease progression. Hallucinations may be mild, fleeting, or very detailed.

**Hallucinations may include:**

- Seeing people, animals, or objects that aren't there
- Shadows or movement in peripheral vision
- Visual distortions, especially in low light
- Increased symptoms in the evening or at night

Hallucinations can be distressing for caregivers but are often *less frightening* to the person experiencing them—especially early on. Many individuals retain insight and know what they are seeing is not real.

Responding calmly is critical. Arguing or insisting that the hallucination is "not real" can increase anxiety. Instead, acknowledge the experience ("I understand that feels very real") and gently redirect attention if needed.

Good lighting, consistent sleep routines, and reducing visual clutter can lessen hallucinations. Any new or worsening hallucinations should always be reported to the healthcare provider, as medication adjustments are often helpful.

---

**Behavioral Changes & Impulse Control Symptoms**

Some Parkinson's medications can affect impulse regulation, leading to changes in behavior that feel uncharacteristic or concerning.

**Possible impulse control or behavioral changes include:**

- Compulsive spending or gambling
- Increased online shopping or repetitive behaviors
- Changes in sexual behavior
- Increased irritability or agitation
- Reduced insight into consequences

These behaviors are symptoms—not personality changes or intentional choices. They can be deeply distressing for families and often carry feelings of shame or secrecy. Early recognition and open communication with the healthcare team are essential.

Avoid confrontation or blame. Focus on safety, financial protection, and timely medical support. Medication adjustments can significantly reduce these symptoms.

---

**Medication Safety & Cognitive Protection**

Medication sensitivity increases when cognitive changes, hallucinations, or confusion are present. Certain medications—including some commonly prescribed for sleep, anxiety, nausea, bladder symptoms, or pain—can significantly worsen cognition, hallucinations, or confusion in Parkinson's. Together with our Medical Advisory Committee movement disorders specialists, WPA created two contraindicated medication cards; one for anyone with Parkinson's diseases (they lower dopamine) and a second for individuals experiencing memory concerns (they worsen memory).

**Important safety recommendations:**

- Always inform providers of Parkinson's-related cognitive symptoms
- Avoid new medications without provider review

- **Be cautious with over the counter or prescribed medications with a side effect of dry mouth. "Anything that can dry the mouth can dry thinking"**
- Carry our WPA Contraindicated Medication lists for reference at all times

Individuals with Parkinson's and cognitive changes—and their care partners—are strongly encouraged to **carry WPA's list of contraindicated medications for individuals with cognitive dysfunction**. This resource is available to download from the WPA website and can be shared with emergency providers, urgent care clinicians, pharmacists, and hospital staff.

Having this list readily available helps prevent exposure to medications that may worsen confusion, hallucinations, or behavioral symptoms—especially during unexpected medical visits when regular providers may not be involved.

This simple step can be a powerful layer of protection.

---

**Communication Strategies for Cognitive & Behavioral Changes**

**Helpful caregiver approaches include:**

- Use calm, neutral tone during difficult moments
- Avoid arguing about facts or perceptions
- Redirect rather than correct when possible
- Set clear, consistent boundaries
- Address safety concerns promptly

When cognition or behavior changes, emotional regulation often becomes more fragile. Caregivers can act as emotional anchors—bringing calm, predictability, and reassurance into moments of confusion or agitation.

If conversations become heated, stepping away and returning later often leads to better outcomes.

---

**Tools That Support Cognitive & Behavioral Health**

**Helpful tools include:**

- Large-print calendars and daily schedules
- Medication and symptom tracking logs
- Simplified financial safeguards (alerts, spending limits)

- Night lighting to reduce hallucinations
- Quiet, structured daily environments

The goal is not to restrict independence—but to support safety and reduce stress. Many families find that proactive planning prevents crises and preserves trust over time.

---

**When to Seek Additional Support**

Contact the healthcare team promptly if:

- Hallucinations become distressing or frightening
- Confusion worsens suddenly
- Safety concerns arise
- Behavioral changes affect finances or relationships
- Insight into symptoms decreases

Neurologists, neuropsychologists, social workers, and mental health professionals can help guide treatment and support decision-making. Early intervention often prevents escalation.

---

**A Final Thought for Care Partners**

Cognitive, perceptual, and behavioral changes can be some of the hardest parts of Parkinson's care—not because they are unmanageable, but because they challenge familiar roles and expectations. Your patience, compassion, and willingness to learn make a profound difference.

You are not imagining these changes—and you are not alone in navigating them. Support is available, and help is always appropriate.