Understanding Non-Motor Symptoms of Parkinson's Disease

Recognizing the Symptoms That Often Matter Most to Daily Life

Parkinson's disease is often thought of as a movement disorder—but **many of its most impactful symptoms are non-motor**. These symptoms affect mood, sleep, thinking, energy, digestion, blood pressure, and sensory experiences. They may appear early, fluctuate over time, and significantly influence quality of life.

Non-motor symptoms are **real, neurological symptoms** of Parkinson's disease. They are not personality changes, emotional weakness, or signs of poor coping.

Through the **Wisconsin Parkinson Association**, individuals and families can learn to recognize non-motor symptoms early and access support that improves daily function and well-being.

Non-motor symptoms are not "secondary."
For many people, they are the most challenging part of Parkinson's.

Why Non-Motor Symptoms Occur

Parkinson's affects multiple brain regions and chemical systems—not just dopamine pathways involved in movement. Changes in serotonin, norepinephrine, acetylcholine, and autonomic nervous system function all contribute to non-motor symptoms.

These symptoms can:

- Appear years before motor symptoms
- Fluctuate with medication timing
- Change over time
- Interact with stress, sleep, and fatigue

Recognizing them early allows for better management.

Common Categories of Non-Motor Symptoms

Mood & Emotional Changes

- Depression
- Anxiety
- Apathy (reduced motivation)
- Irritability or emotional blunting

Mood changes in Parkinson's are **biological**, not a sign of weakness. They are treatable and deserve the same attention as movement symptoms.

Cognitive Changes

- Slowed thinking
- Difficulty with multitasking
- Reduced attention or concentration
- Word-finding difficulty
- Executive function challenges (planning, organizing)

These changes may be subtle at first and often fluctuate with fatigue, stress, or medication "off" periods.

Sleep & Fatigue

- Insomnia or fragmented sleep
- REM Sleep Behavior Disorder (acting out dreams)
- Excessive daytime sleepiness
- Profound neurological fatigue

Sleep disruption and fatigue often worsen other symptoms and should be addressed directly.

Autonomic Nervous System Symptoms

The autonomic nervous system controls automatic body functions.

Common symptoms include:

- Lightheadedness or dizziness when standing
- Constipation
- Urinary urgency or frequency
- Temperature regulation problems
- Excessive sweating
- Sexual dysfunction

These symptoms are common and manageable—but often underreported.

Sensory Changes

- Reduced or lost sense of smell
- Pain or discomfort not explained by injury
- Tingling or burning sensations

Pain in Parkinson's may be musculoskeletal, neurological, or medication-related.

Hallucinations & Perceptual Changes

- Visual hallucinations (often people, animals, or shadows)
- Illusions (misinterpreting objects)
- Vivid dreams or nightmares

Hallucinations are a **medical symptom**, often related to disease progression or medications—not a psychiatric disorder.

Why Non-Motor Symptoms Are Often Missed

Non-motor symptoms may be overlooked because:

- They are less visible
- People may feel embarrassed or unsure if they're related to Parkinson's
- Clinic visits focus heavily on movement
- Symptoms may feel "too personal" to mention

If it affects your daily life, it belongs in the conversation.

How Non-Motor Symptoms Are Treated

Treatment is individualized and may include:

- Medication adjustments
- Targeted medications for mood, sleep, cognition, or autonomic symptoms
- Physical, occupational, or speech therapy
- Counseling or mental health support
- Lifestyle and routine strategies

Managing non-motor symptoms often leads to **greater overall improvement** than focusing on movement alone.

Your Role in Managing Non-Motor Symptoms

Helpful steps include:

- Tracking symptoms over time
- Noting patterns related to medication, sleep, or stress
- Communicating openly with your care team
- Involving care partners when helpful

You do not need to experience every symptom for them to be valid—or worthy of treatment.

When to Contact Your Care Team

Reach out if you notice:

- Worsening mood or motivation
- New confusion or hallucinations
- Increasing fatigue or sleep disruption
- Dizziness or falls
- Changes in bladder, bowel, or blood pressure symptoms

Early attention prevents unnecessary suffering.

Living Well with Non-Motor Symptoms

Many people experience meaningful improvement when non-motor symptoms are recognized and treated.

Addressing non-motor symptoms is not optional care—it is essential care.
