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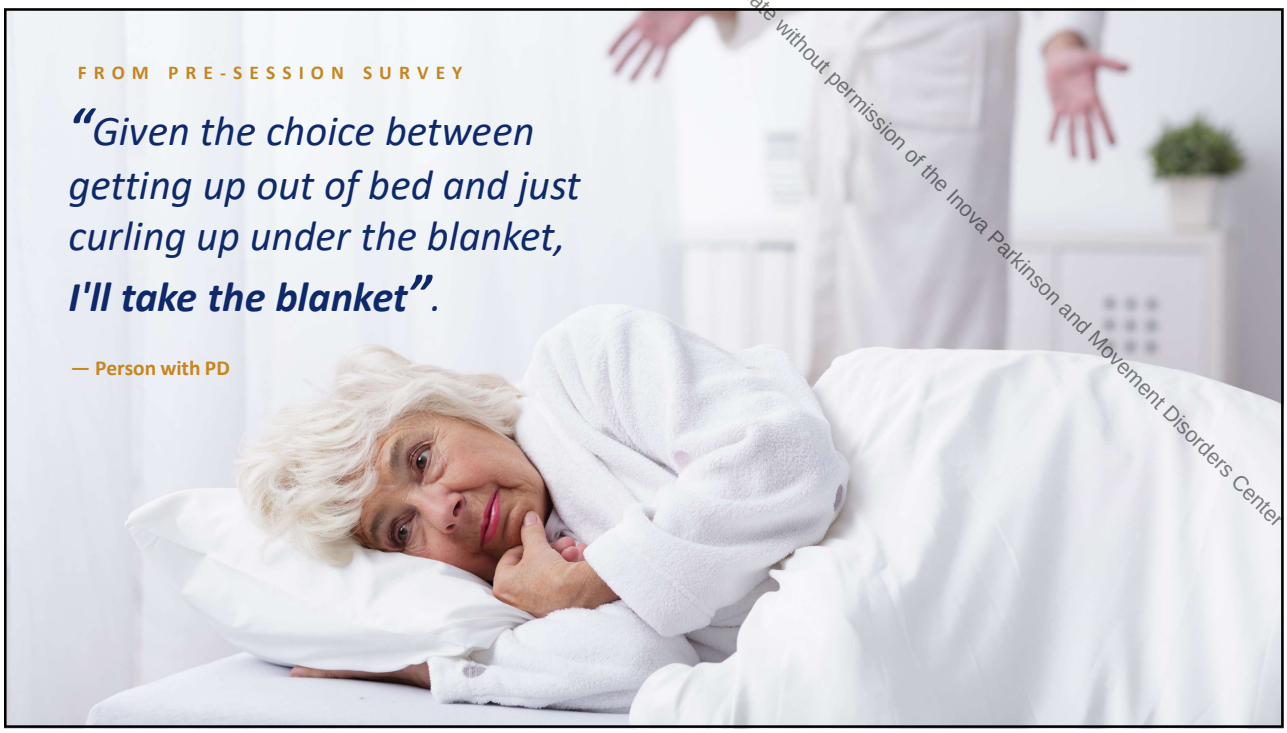

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TEN

Morning Challenges in Parkinson's

- Motor "OFF" state & Meds
- Mobility, fine motor & self-care
- Rigidity & Pain
- **Communication, voice & swallowing**
- **Autonomic issues**
- **Sleep & night carryover**
- **Fatigue**
- **Cognition**
- **Mood: apathy, depression, anxiety**
- **Environment & context**

5

Being heard and swallowing safely

What changes overnight?

- **Mouth and throat dry out** during sleep — the voice is softer, with rougher quality.
- **OFF medication** may make breath support weaker and the voice quieter still.
- **Swallowing slows** too – pills can feel stuck and water can be the riskiest sip of the day.
- **Soft voice** can be mistaken for mood, withdrawal, or attitude (by partners, by clinicians, by others).

6

FROM YOUR SURVEY

Voice & communication in the morning

72%
(26 of 36)
Dry mouth on waking
Majority of respondents. The common factor affecting voice, swallow, and medication

42%
(15 of 36)
Others struggle to hear
Partners or others have difficulty hearing or understanding them in the morning

36%
(13 of 36)
Voice soft, slow, mumbled
Voice described as soft, low, weak, raspy, first speech of the day ("mumbo-jumbo")

28%
(10 of 36)
Hoarse voice on waking
Wake with sore, hoarse voice — overnight dryness, salivary changes, sometimes GERD

31%
(11 of 36)
Swallowing difficulties
Pills come first thing in the AM. Cough, food/pills stuck, need extra fluids or attempts.

17%
(6 of 36)
Talking to partner is hardest
Communication with a partner ID'd as one of the hardest morning tasks

7

VOICE

Voice – what can help?

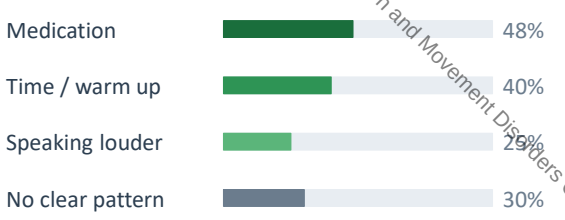
Hydrate
Sips of water before you speak; warm liquids help. Consider a "mouth moisturizer"

Wake up the voice
Humming is a gentle option, transition to "ah" and other vowels before AM talking.

First conversation
Pacing the first conversation makes the whole morning easier.

FROM YOUR SURVEY

WHAT HELPS (VOICE)



~Half
find it improves with time or medication

8

SWALLOWING

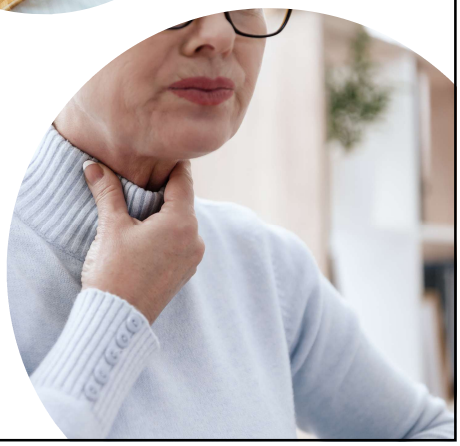
What can help?

Swallow upright, chin neutral

Sit fully upright, take pills one at a time, with a full sip of water. Consider taking pills with puree (eg applesauce), crushed or whole.

Tell us if it's not safe

Coughing, stuck pills, ongoing hoarseness lasting weeks. Ask for an SLP voice and swallow evaluation.



FROM YOUR SURVEY

"I keep water by the bed."

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TEN

Morning Challenges in Parkinson's

Motor "OFF" state & Meds	Mobility, fine motor & self-care	**Rigidity & Pain**	**Communication, voice & swallowing**	Autonomic issues
Sleep & night carryover	Fatigue	Cognition	Mood: apathy, depression, anxiety	Environment & context

10

11

Autonomic issues in PD

Heart and circulation
- Dizziness on standing up
- Blood pressure that swings
- Drop in BP after meals
- Fainting or near-fainting

Bladder and sexual function
- Sudden urge to pass urine
- Getting up at night
- Bladder not fully emptying
- Leaks or loss of control
- Changes in sexual function

Digestion
- Constipation
- Slow gastric emptying
- Difficulty swallowing
- Drooling
- Nausea (often med-related)

Temperature and skin
- Sweating too much/too little
- Feeling cold or overheated
- Sudden flushing of the skin

Vision
- Hard to adapt to low light
- Blurred vision
- Trouble shifting bright to dark

Breathing, energy and sleep
- Changes in breathing pattern
- Shortness of breath
- Weaker cough
- Fatigue that's hard to explain
- Unrefreshing sleep

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FROM YOUR SURVEY

Autonomic issues

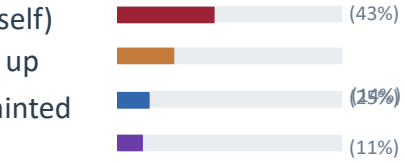
Relevance?

31%

(11 of 36)

Blood pressure changes

Reported dizziness on sitting up or standing, or near-fainting in the past month



13

FROM YOUR SURVEY

Autonomic issues

31%

(11 of 36)

Blood pressure changes

Reported dizziness on sitting up or standing, or near-fainting in the past month

What can help?

- ☐ Roll, move, wake the body in bed first
- ☐ Sit on the bed edge 1 min
- ☐ Increasing water and salt intake at breakfast
- ☐ Propping the head up overnight
- ☐ Physical counter maneuvers (using compression abdominal binders or lower extremity stockings, if feasible)
- ☐ Exercise and nutrition

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FROM YOUR SURVEY

Autonomic issues

31%

(11 of 36)

Blood pressure changes

Reported dizziness on sitting up or standing, or near-fainting in the past month

42%

(15 of 36)

Morning bladder urgency

Strong urge to rush to the toilet — several reported 2–5 nighttime trips

Relevance?

Urgency to urinate, combined with slow movement and freezing, is one of the most common reasons people **fall** on the way to the bathroom.

What can help?

General measures for treating nocturia.
Shorten the route by adapting the space.

15

FROM YOUR SURVEY

Autonomic issues

31%

(11 of 36)

Blood pressure changes

Reported dizziness on sitting up or standing, or near-fainting in the past month

42%

(15 of 36)

Morning bladder urgency

Strong urge to rush to the toilet — several reported 2–5 nighttime trips

44%

(16 of 36)

Constipation

Using fiber or laxatives, or describe ongoing constipation affecting medication

Relevance?

Constipated gut absorbs levodopa less reliably.

What can help?

Fruit, vegetables, whole grains
1.5–2 L of water unless restricted.
Abdominal massages.
Feet on a low stool, knees above hips, lean slightly forward.

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FROM YOUR SURVEY

Autonomic issues

31%
(11 of 36)
Blood pressure changes
Reported dizziness on sitting up or standing, or near-fainting in the past month

42%
(15 of 36)
Morning bladder urgency
Strong urge to rush to the toilet — several reported 2–5 nighttime trips

44%
(16 of 36)
Constipation
Using fiber or laxatives, or describe ongoing constipation affecting medication

44%
(16 of 36)
Slow medication onset
ON takes longer than 30 minutes, or feels bloated/slow before medication kicks in

72%
(26 of 36)
Two or more of the above
Most reported symptoms across multiple systems — they tend to travel together

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TEN

Morning Challenges in Parkinson's

- Motor "OFF" state & Meds
- Mobility, fine motor & self-care
- Rigidity & Pain
- Communication, voice & swallowing
- Autonomic issues
- **Sleep & night carryover**
- Fatigue
- Cognition
- Mood: apathy, depression, anxiety
- Environment & context

18

FROM YOUR SURVEY

Sleep

58%

Wake up feeling OFF

Hard to move. Feeling stiff, slow on waking.

50%

(18 of 36)

Sleep is THE morning factor

Sleep is cited as the reason for the best, or worst mornings

53%

(19 of 36)

Morning brain fog

Thinking feels cloudy or slow on waking

28%

(10 of 36)

Hoarse voice on waking

Voice sore, weak, or rough on waking

22%

(8 of 36)

Trouble staying asleep

Excessive awake hours during the night, short or fragmented sleep

17%

(6 of 36)

Nocturia disrupting sleep

Multiple nightly bathroom trips (2 to 5 times/night)

19

Sleep

What can help?

A **healthy lifestyle** with daily exercise and diet.

Good sleep hygiene:

- Cool, quiet room
- Establish a consistent sleep schedule
- Limit fluids, caffeine, and alcohol in evening
- Avoid screens & work at bedtime
- Avoid disturbing news or TV show
- Proper intake of PD meds

General measures for the treatment of **daytime somnolence in PD.**

For **REM sleep behavior disorder** in PD, methods of self-protection.

Sleep Medicine 83 (2021) 280-289

Bright Light Therapy (BLT) - 5400K, 7500-10K Lux

- Noninvasive and non-pharmacological
- Benefits daytime sleepiness and insomnia, too

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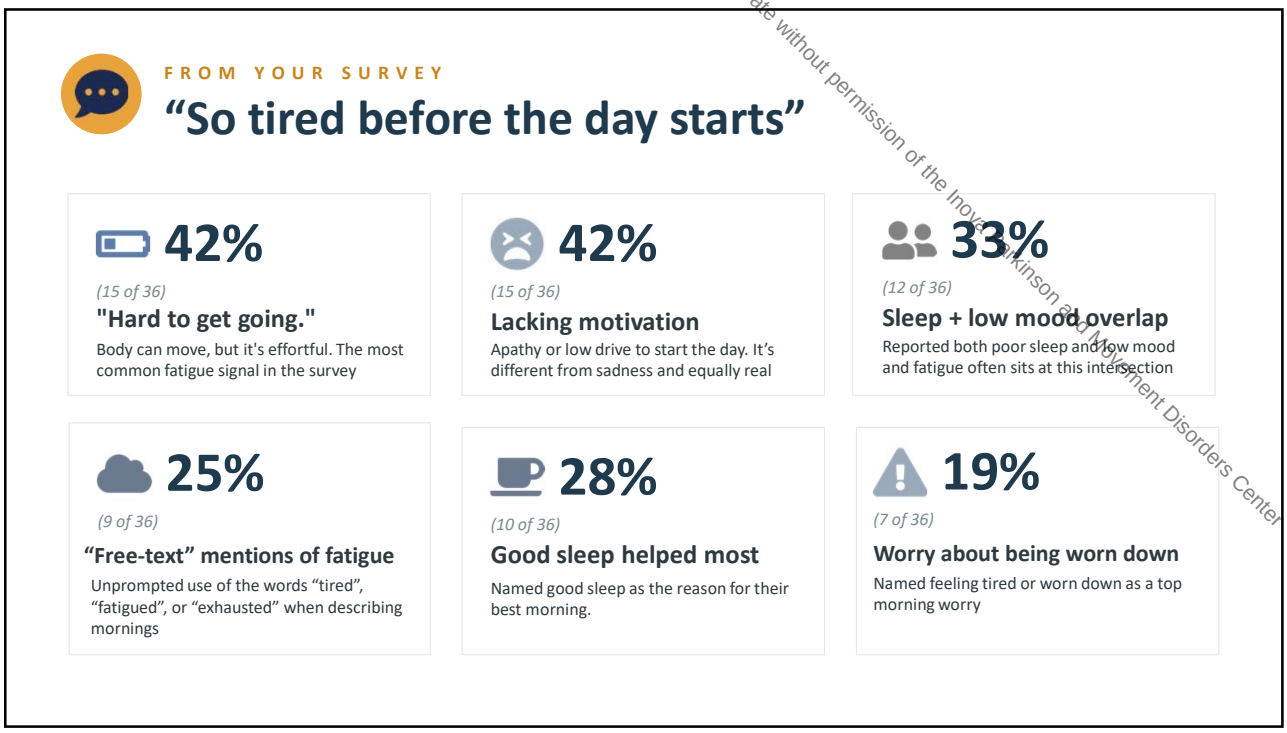
21



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Fatigue

What can help?

Break down tasks into smaller steps, especially when the medication is lower.

Plan **resting periods** for the day.

Paradoxically, **aerobic exercise** may help.

23

Fatigue

What can help?

Create activity centers

- Keep all items needed for a task in the area where it is performed.
- Organize items into small groups (less overwhelming).
- Only present items to be used for 1 task at a time.
- Arrange items in the order in which they are to be used.

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Fatigue

What can help?

Using proper body mechanics

- Sit-Stand strategies
  - Takes less energy
  - Decreases risk of falling
  - Allows for increased focus and effort on the actual task
- Proper body mechanics for PWP (and Care Partners)
  - Especially for repetitive tasks like sit to stand
  - Avoids injury

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TEN

Morning Challenges in Parkinson's

Motor "OFF" state & Meds	Mobility, fine motor & self-care	Rigidity & Pain	Communication, voice & swallowing	Autonomic issues
Sleep & night carryover	Fatigue	**Cognition**	Mood: apathy, depression, anxiety	Environment & context

26

FROM YOUR SURVEY

Cognition

44%
(16 of 36)
Slow thinking
Takes longer than usual to work things out — most common cognitive carryover

39%
(14 of 36)
Brain fog
Thinking feels cloudy or muffled in the first hours of the day

36%
(13 of 36)
Being rushed makes it worse
Time pressure compounds slow thinking.

28%
(10 of 36)
The order of steps is hard
Knowing what to do first, then next.
Executive sequencing slows in the morning

22%
(8 of 36)
Hard to dual-task
Holding a conversation while moving makes both harder.

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FROM YOUR SURVEY

What helps?

WHAT HELPS COGNITION IN THE MORNING

Medication	37%
Physical activity	27%
Time / warm up	20%
Mood improvement	10%

When medication takes effect, a clear shift in mental clarity is felt by many.

Even light activity (stretching, walking) can help jumpstart cognition.

Pace is part of the intervention.

37%
Yes, medication, activity, or both help

27%
Sometimes. it depends on the day

23%
No, it doesn't clearly improve

13%
No issue, cognition feels fine

28

COGNITION

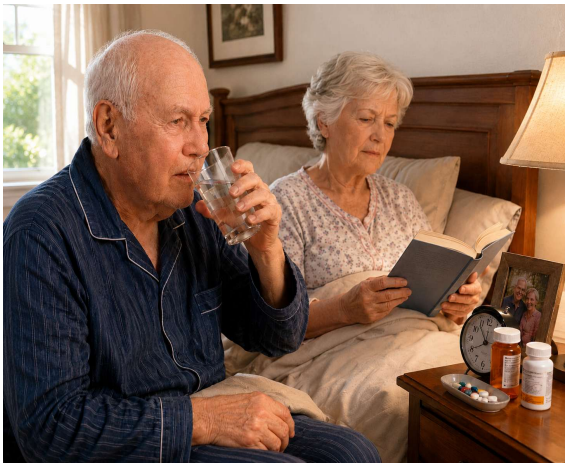
What can help

Establish a **consistent routine**
- Requires fewer conscious decisions
- Requires less inertia to initiate
- Decisions are exhausting first thing: remove them.

Do the **easy activities first** to get you started.

Open the curtains, sit by a window, or step outside for a minute.

Reduce dual-tasking. Don't talk and dress and walk at once. Park the conversation; finish the task; then talk. Splitting attention slows everything.



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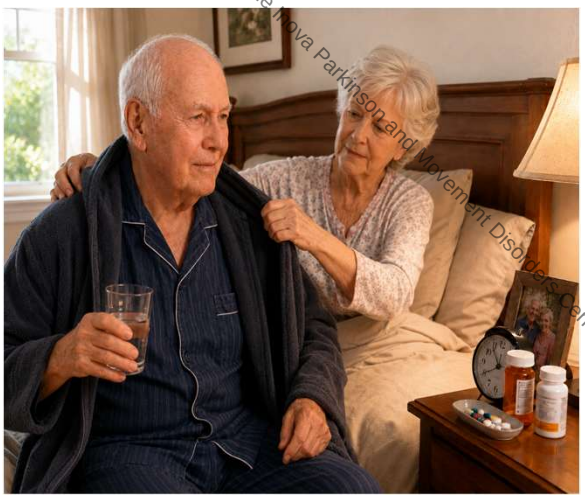
Cognition – for carepartners

What can help?

- **Assist when needed** (in the least restrictive manner)
- If **extra time** eliminates the need for assistance, offer it.
- **Start a task if needed**, but allow the person to finish it.
- **Demonstrate or perform the task together** (e.g., making the bed or brushing teeth)



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Recognizing the factors that affect cognition

Understanding these factors is the best way to help cognition.

MAKES COGNITION WORSE

- Medication is not working well
- Inactivity for a period of time
- Fatigue
- Feeling anxious, depressed or fearful
- Dual tasking

MAKES COGNITION BETTER

- Assuring proper intake of medication
- Increasing physical activity
- Socializing
- Finding ways to manage anxiety, depression or fear
- Dual-task resilience training

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TEN Morning Challenges in Parkinson's

- Motor "OFF" state & Meds
- Mobility, fine motor & self-care
- Rigidity & Pain
- Communication, voice & swallowing
- Autonomic issues
- Sleep & night carryover
- Fatigue
- Cognition
- **Mood: apathy, depression, anxiety**
- Environment & context

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FROM YOUR SURVEY

Mood

44%
(16 of 36)
Anxiety or overwhelm
Feel anxious, overwhelmed, or avoid starting activities is the most common mood signal

42%
(15 of 36)
Low mood / apathy
Feeling low in mood or lacking motivation to start the day is a distinct PD symptom, not weakness

33%
(12 of 36)
Mood + cognitive overlap
Identified both mood symptoms and brain fog. They often travel together

28%
(10 of 36)
Withdraw from interaction
Pull back from people or conversation early in the day

28%
(10 of 36)
NONE
More than a quarter reported no mood concerns. These patterns are common, not universal

22%
(8 of 36)
Mood + Poor sleep overlap
Endorsed both mood symptoms and sleep fragmentation, compounding the cycle

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Mood

What can help?

PROBLEM DOMAIN	TREATMENT INTERVENTIONS
Apathy	Behavioral management techniques.
Depression	Cognitive-behavioral therapy (CBT) "likely efficacious"
	Repetitive transcranial stimulation (rTMS) - Possibly useful (short term)
	Generic exercise recommendations.

Guidelines: European Federation of Neurological Societies & Movement Disorder Society (EFNS/MDS-ES) | National Institute for Health and Clinical Excellence (NICE) | American Academy of Neurology (AAN) | Movement Disorder Society (MDS) | European Physiotherapy Guidelines for PD

Mov Disord. 2019 May;34(5):765

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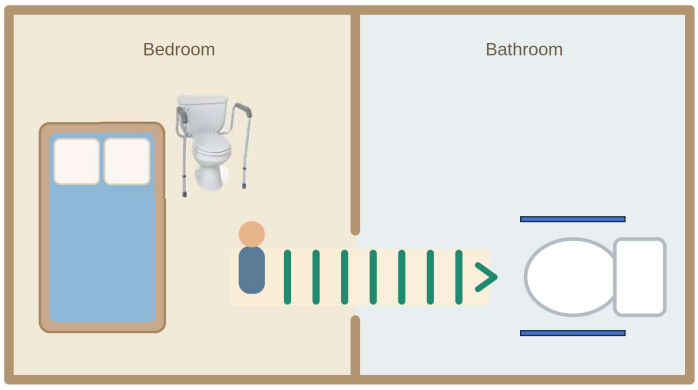
ENVIRONMENT & CONTEXT

What can help

- Bed Height
- Bed Linens & Pillows
- Mattress
- Handholds - Rails
- Toilet Access
- Assistive Devices
- Lighting
- Pets, clutter add complexity
- Tight spaces worsen freezing



Changing the environment is often easier than changing the symptom.

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ENVIRONMENT & CONTEXT

What can help – visual considerations

- Adequate lighting.
- Provide contrast.
- Enlarged print for posted instructions (keep them simple).
- Visual targets for feet and handholds.
- Watch for small transitions in flooring.
- Eliminate shadows that may cause illusions.

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Summary messages

Mornings aren't just physically hard—they're a combination of **being OFF, slow to think, afraid to move, and needing time to 'switch on'**

Don't treat **symptoms in isolation**; treat the **morning system.** Small changes in sequencing, cueing, and environment can have a huge impact.

The goal isn't a perfect morning. It's a morning that makes the rest of the day possible.

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Our Goals

Recognize typical challenges in the mornings (& strategies for each).

What is a general approach that can be used to manage them?

40

What is a general approach that can be used to manage mornings?

41

My morning assessment tool & decision aid

Date: _____

What I want to discuss at my next clinic visit:

_____

_____

Ask yourself:	What I notice in the morning	Things to try
Hardest part of this morning? *Bed, bathroom, taking meds, washing/dressing, leaving the house*	☐ Getting out of bed ☐ Walking to the bathroom ☐ Taking my medication ☐ Washing or dressing ☐ Leaving the house ☐ My mornings are usually fine ☐ Other: _____ How often is this a problem? ☐ Every day ☐ Most days ☐ A few days a week ☐ Once in a while	☐ Bed rail or satin sheets if rolling/getting up is hard ☐ Set out clothes & meds the night before ☐ Build in extra time — don't rush the start of the day
First dose & "ON" time? *Time of first dose; minutes until you feel ON; food near the dose?*	First dose taken at: _____ I usually feel ON at: _____ Minutes between the two: _____ In a typical week, tick anything that happens: ☐ ON takes longer than 60 minutes to start ☐ A dose doesn't seem to work at all ☐ I had food — especially protein — close to my dose ☐ I wake up feeling OFF (stiff, slow, hard to move) ☐ I wake up with cramping, a curled foot or hand, or painful tightness ☐ None of these — my morning medication works the way I expect	☐ Take first dose 20–30 min before getting up (water on nightstand) ☐ Keep protein/dairy clear of the dose by ~30 min ☐ If ON delay > 60 min on most days, tell your neurologist
Safety *"Do you feel dizzy, freeze, or nearly fall in the morning?"*	Dizziness and fainting ☐ Dizzy when sitting up or standing ☐ Felt faint or nearly fainted ☐ Briefly lost consciousness Falls: ☐ Near-fall (caught myself or grabbed something) ☐ Fall Places I feel unsafe ☐ Stairs ☐ Shower ☐ Toilet ☐ Getting in/out of bed ☐ None of these	☐ Dizzy: sit on bed edge 1 min; salt + fluids at breakfast ☐ Freezing: big first step, count "1-2-3-go," visual cue on floor ☐ Clear pathway, night light, grab bars in the bathroom

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My morning assessment & decision aid

Date: _____

What I want to discuss at my next clinic visit:
_____

Ask yourself:	What I notice in the morning	Things to try
Autonomic issues?	☐ dizziness on sitting/standing ☐ fainting or near-fainting ☐ freezing in bedroom/bathroom/doorways ☐ falls or near-falls	☐ Roll, stretch, wake the body in bed first ☐ Sit on the bed edge 1 min ☐ Increasing water and salt intake at breakfast ☐ Propping the head up overnight ☐ Physical counter maneuvers ☐ Exercise and nutrition
Cognition & mood? *Was it more "my body wouldn't move" or "hard to get going"?* *Brain fog, apathy, anxiety / fear of falling, low mood, sequencing*	☐ Brain fog — thinking feels cloudy ☐ Slow thinking — takes longer to work things out ☐ Low motivation — don't feel like doing anything *(this is sometimes called apathy)* ☐ Anxiety or fear of falling ☐ Sadness or low mood ☐ Hard to figure out the order of steps (what to do first, then next) ☐ None of these	☐ Assess underlying factors ☐ Meaningful distractions
Care partner concern? *What worries your partner most?* *If no partner, skip this part.*	☐ Lifting or physical strain on me ☐ Having to remind or cue them often ☐ Unpredictable OFF time — I never know how it will go ☐ Pressure to get medication timing right ☐ Other: _____ ☐ Toileting urgency ☐ I feel tired or worn down ☐ I worry about a fall	☐ Lifting strain: ask for an OT/PT referral on transfer aids & technique ☐ Cueing fatigue: a shared written checklist reduces verbal load ☐ Caregiver burnout: respite, support groups, Maintain Your Brain

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Take-home messages

Mornings aren't just physically hard—they're a combination of **being OFF, slow to think, afraid to move, and needing time to 'switch on'**

Don't treat **symptoms in isolation**; treat the **morning system.** Small changes in sequencing, cueing, and environment can have a huge impact.

The goal isn't a perfect morning. It's a morning that makes the rest of the day possible.

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Josefa Domingos, PT, PhD
John Dean, MA CCC-SLP

Thank you.

Questions?

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