What is Young Onset Parkinson’s Disease (YOPD)?
While the average age is around 62 years for the first symptoms of PD to appear, “young onset Parkinson’s disease” is defined as PD diagnosed by the age of 40 (sometimes 50).

Symptoms:

Symptoms of PD at any age of onset:
- Motor symptoms: Tremor, rigidity, stiffness and loss of balance
- Non-motor symptoms frequently associated with the disease include: depression, sleep disorders, fatigue, constipation, urinary incontinence, as well as changes in memory, cognition and behavior.

There are some symptoms and disease characteristics that appear differently in people with YOPD than with late onset PD. Research suggests people with YOPD have:
- Slower progression of the disease.
- Greater rate of dystonia (sustained abnormal postures, e.g., bending/arching of the foot/toes) at disease onset and during treatment.
- Lower rate of dementia.
- Greater rate of dyskinesia (abnormal involuntary writhing, fidgety or jerky types of movements) in response to levodopa treatment.
- Greater motor fluctuations when taking levodopa medication due to the effects of medication wearing off approximately 4 hours after taking a dose. Motor fluctuations can appear as alterations between no symptoms or dyskinesia during “on” periods and dystonia during “off” periods of medication.
- Less likely to have tremor early in disease.
- Increased risk of depression and for poor emotional well-being (quality of life) independent of depression status.
- Increased risk of excessive daytime sleepiness.
- Genetics have now been implicated in the cause of a subtype of YOPD. Up to 50% of people with YOPD may have one of these genes.
Unique issues for people with YOPD are:
- Treatment options related to longer duration having the disease
- Maintaining employment
- Managing family relationships with children and spouse
- Types of health and disability insurance
- Financial and health care long term planning

There are several medications that can treat the symptoms of Parkinson’s disease. In addition, physical therapy and regular exercise can help people with PD to manage motor and non-motor symptoms.

**How Can Physical Therapy (PT) Help YOPD?**

Recent research suggests that regular exercise not only helps manage motor and non-motor symptoms of PD, but also may help slow the progression of the disease.

A Physical Therapist (PT) will evaluate how the person with PD moves during every-day (functional) types of tasks, as well as during any ongoing workout programs, and will recommend specific exercises to help address any problems, such as for:
- Imbalance or falls
- Walking, including freezing episodes and turning difficulties
- General deconditioning
- Dyskinesias and/or dystonias (extra involuntary movements and/or cramping)
- Tight and/or weak muscles
- Difficulty performing functional tasks, e.g. doing two or more tasks at once in an activity (dual tasking), such as walking while carrying groceries or counting change.

**Links to resources:**

http://www.youngparkinsons.org/
http://parkinson.org/Parkinson-s-Disease/Young-Onset-Parkinsons.aspx