

**Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?** Suresh Anand is a 60-year-old male recently diagnosed with early-stage Parkinson's disease (PD). He presents to the clinic reporting mild resting tremors, primarily in his hands, which are beginning to interfere with daily activities such as typing at work, buttoning clothing, and engaging in hobbies like building model trains with his grandson. He prefers treatment options that minimize the risk of severe motor side effects. His medical history includes GERD and hypertension, currently managed with omeprazole 20 mg and hydrochlorothiazide 25 mg daily. He has no known allergies, no history of smoking or alcohol use, and is otherwise in good general health based on physical examination and vital signs.

**Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?** According to the American Academy of Neurology (AAN) and the Movement Disorder Society (MDS) guidelines for the treatment of early Parkinson's disease, *monoamine oxidase-B (MAO-B) inhibitors* such as selegiline or rasagiline are appropriate first-line options for patients with mild symptoms who seek to delay the use of levodopa and its associated long-term motor complications. These agents provide mild symptomatic benefit and have a favorable side-effect profile compared to dopamine agonists or levodopa in early PD.

Selegiline (Eldepryl) 5 mg PO daily or BID is thus supported by the CPG as an initial pharmacologic intervention for early, mild PD symptoms, especially when tremor is the predominant issue and functional impairment is minimal.

**Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?** Given Mr. Anand's clinical presentation of mild tremor-dominant early Parkinson's, and his preference to avoid severe motor side effects, selegiline 5 mg PO daily is an appropriate pharmacologic choice. Selegiline works by selectively inhibiting the MAO-B enzyme, which metabolizes dopamine in the brain, thereby increasing the availability of endogenous dopamine. This action can modestly improve motor symptoms without inducing the dyskinesias commonly associated with long-term levodopa use.

Additionally, selegiline has neuroprotective properties and is well tolerated in early PD, making it a suitable starting point for patients like Mr. Anand who are concerned about side effects and wish to maintain quality of life while delaying more aggressive therapy.

**Reflect on additional questions you have about your assigned client that may influence treatment. What else do you need to know? What follow-up assessments, labs, or conversations are required to ensure optimal health outcomes?**

To ensure optimal management and long-term outcomes, the following aspects should be further explored and monitored:

- **Cognitive status:** While currently alert and oriented, it is important to assess baseline cognitive function since PD can eventually involve cognitive decline.