

Thinking Changes & Daily Life

Parkinson's can affect thinking in different ways. For some, changes are mild and do not interfere with daily life. For others, they may become more noticeable over time and affect routines and independence.

This chapter focuses on practical strategies and tools to help manage thinking changes in daily life.

Thinking self-check

The list below highlights challenges that may develop or become more noticeable as Parkinson's symptoms change over time. Use it to help identify strategies in this chapter and guide conversations with your care team.



Check off any that apply to you:



Trouble focusing or slower thinking



Forgetting things or losing track of tasks



Difficulty planning, organizing or following steps



Trouble starting or finishing tasks



Losing track of conversations or words



Feeling overwhelmed in busy environments



Difficulty managing medications or schedules



Trouble with bills, paperwork or decisions



Changes in mood, motivation or behavior



Seeing or believing things that are not real

What other challenges have you noticed?

Thinking Changes and Daily Strategy

Understanding thinking changes in Parkinson's

- In Parkinson's, thinking changes often involve attention, planning and processing information. Memory changes may occur later or not at all.
- These changes usually develop slowly. Some are mild, while others may have a greater impact over time.
- In some cases, thinking changes can progress to dementia, a decline in thinking and memory that makes it harder to manage daily activities independently.
- Some people notice these changes themselves. In other situations, a care partner, family member or friend may notice them first.

The sections below describe common thinking challenges and ways to manage them. Use this information as a guide and adjust based on your needs.

Daily routines and planning

What might change

- Starting or staying focused long enough to finish daily routines (such as getting ready for the day) may become harder.
- Keeping track of plans, appointments or daily activities may become more difficult.

What can help

- Follow a simple, consistent daily routine (same order, same time).
- Use a large wall calendar or whiteboard and to-do lists to keep track of routines and daily tasks such as exercise, appointments and medication times.

Care Partner Tip

Support may include giving a cue for the next step, laying out items ahead of time or providing hands-on help. Alarms, reminders or other assistive technology can also help keep routines on track.

Depression, anxiety and apathy

Depression, anxiety and low motivation (apathy) can be part of Parkinson's. These symptoms can make it difficult to get started or follow through with daily routines and may sometimes look like thinking changes. Treatments such as therapy or medication can help. Learn more at [Parkinson.org/NonMovement](https://www.parkinson.org/NonMovement).

Managing medications

What might change

- It may be easier to miss doses or lose track of medication times.
- Medication schedules may feel confusing or harder to follow.

What can help

- Keep medication times consistent.
- Use a pill organizer or an automatic pill dispenser and set alarms or reminders.
- Link medications to daily activities (for example, after brushing teeth).
- Use a medication management app. Explore PD-related apps at [Parkinson.org/Apps](https://www.parkinson.org/apps).

Care Partner Tip

Signs that you may need to take a more active role include needing daily reminders, confusion about the schedule, mixing up medications or missed doses.

Household tasks and finances

What might change

- Tasks with several steps (such as cooking or laundry) may feel overwhelming.
- Managing finances may become more difficult.

What can help

- Break tasks into smaller steps and focus on one step at a time.
- Shift or share responsibility for more complex tasks if needed.

Care Partner Tip

It may help to work through tasks together, check in on progress or help manage certain responsibilities such as finances.

Driving and transportation

What might change

- Reacting quickly or managing busy driving situations may become more difficult.
- Following directions, judging distance or staying on route may become harder.

What can help

- Talk with your care team if you have concerns about safety.
- Plan ahead for other ways to get around (family, rides, community options).

Care Partner Tip

Driving can be a sensitive topic. If safety becomes a concern, involving family members or the care team may help support conversations.

Communication and social situations

What might change

- It may take longer to respond, organize thoughts or find the right words during conversations.
- Following conversations may be harder, especially in busy or noisy environments.

What can help

- Let people know you may need a little more time to respond.
- Have conversations in smaller groups or one-on-one when possible.
- Reduce background noise when possible (for example, turn off TV or move to a quieter space).

Care Partner Tip

Conversations may move more slowly. Give extra time for the person to respond. Try not to interrupt. This can reduce frustration and make conversations easier.

Medical decisions and appointments

What might change

- Filling out forms, taking in new information or making decisions can take more time or may require help.
- Keeping track of details from appointments may be more challenging.

What can help

- Bring a care partner, family member or friend to help listen, take notes and ask questions.
- Ask for written instructions or summaries when possible.
- Review appointment notes and outline next steps.

Care Partner Tip

Work together to decide the most important things to talk about at the appointment. Write them down. Bring the list with you so you can have a clear conversation with the healthcare team.

Advanced Thinking Changes in Parkinson's

In some cases, thinking changes in Parkinson's can progress to dementia. These changes can be difficult for everyone involved. Independence may be affected, and relationships may change as roles and responsibilities shift. Frustration or a loss of confidence often accompany these changes.

Other factors beyond Parkinson's may also affect dementia risk, including:

- Untreated hearing and vision problems
- Depression and social isolation
- Conditions such as high blood pressure, diabetes and stroke

When to talk with your doctor

Addressing these, such as treating hearing or vision changes and staying connected with others, may help support brain health over time.

Support, education and connection with others can help as you adjust and find ways forward. To learn more, read the "Advanced Thinking Changes" fact sheet at [Parkinson.org/Library](https://parkinson.org/Library) or watch the webinar "Dementia Support Beyond Medications" at [Parkinson.org/YouTube](https://parkinson.org/YouTube).

Hallucinations or Delusions

Some people with Parkinson's experience hallucinations (seeing, hearing or sensing things that are not there) or delusions (strong beliefs that do not match reality). These symptoms may be related to Parkinson's, thinking changes, medications, illness or infection.

Because hallucinations and delusions can affect safety, daily life and relationships, it is important to discuss changes with the care team.

What can help

- Keep rooms well lit and reduce shadows, clutter or background noise
- Keep surroundings and daily routines as familiar as possible
- Review medications with the care team

Care Partner Tip

Stay calm and offer reassurance. Avoid questioning what the person is seeing or believing. Instead, acknowledge their experience ("I understand that's what it seems like") and gently redirect to a calming activity or another part of the room.

When to Talk with Your Care Team

Talk with your care team if you notice new thinking changes, changes that worsen or anything that affects safety or daily life. Sudden confusion or rapid changes need immediate medical attention, as they may be caused by illness, dehydration, medication side effects or other treatable conditions.

When to talk with your doctor

Different health professionals can help with thinking changes and offer practical strategies for everyday tasks and routines.

Neuropsychologists

Evaluate thinking and memory through detailed testing. The results can help explain changes in attention, memory or problem-solving and guide treatment and support.

Psychiatrists

Assess and treat mood, anxiety or behavioral changes that can affect thinking. They can also review and adjust medications.

Occupational Therapists

Suggest ways to organize routines, break tasks into steps or adjust the home environment (such as lighting, layout or reducing clutter) to improve safety and make activities easier and less stressful.

Speech Therapists (also called speech-language pathologists)

Help with communication and thinking skills. They may teach strategies to find words, stay focused, remember information or organize thoughts during conversations and daily activities.

Physical Therapists

Design exercise programs that support movement, balance and brain health. Regular physical activity may also support attention, thinking and overall well-being.

Helpful Resources

- Read the book “Cognition: A Guide to Thinking Changes” at [Parkinson.org/Cognition](https://www.parkinson.org/Cognition).
- Learn more about thinking changes, dementia, hallucinations and delusions in Parkinson’s at [Parkinson.org/NonMovement](https://www.parkinson.org/NonMovement).
- Watch the CareMAP videos on advanced thinking changes for practical tools and tips designed for care partners at [Parkinson.org/CareMAP](https://www.parkinson.org/CareMAP).

