# SC-B2

## SC-B2-11

### IS BRADYPHRENIA IN PARKINSON' S DISEASE RESPONSIVE TO LEVODOPA THERAPY?

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Several studies presented evidence of mild to moderate slowing of patients with advanced Parkinson's disease in complex intellectual tasks (bradyphrenia). Little is known as to whether or not bradyphrenia is related to central dopamine mechanisms in Parkinson's disease. Fifteen parkinsonian patients exhibiting predictable motor-response fluctuations under levodopa treatment performed the high-speed memory scanning paradigm of Sternberg in "on" and "off" phases. The Sternberg paradigm determines the speed of inner serial comparisons of series of memorized digits with target digits and separates clearly mental from motor response latencies. The time required to compare one target digit with a memorized digit ("mental component") serves as a measure of the speed of central processing. Plasma samples were taken immediately before the tests to assess the plasma levodopa levels. Digit span test, analogue scales and tapping tests were employed to rule out deficits of attention and motor fluctuations during the test procedure. The age of the patients was 61.4 ± 8.3 yrs., duration of disease 6.3 ± 3.1 yrs., Hoehn and Yahr score during "on" 2.2 ± 0.4, and during "off" 2.8 ± 1.2, the sum-score of the Unified Parkinson's Disease Rating Scale (UPDRS) during "on" 19.5 ± 5.4, and during "off" 36.6 ± 12.1.There was no difference in the mental components of the levodopa treated patients between "on" and "off-phases" (111.3± 55.4 msec. during "on", 96.7± 43.6 during "off"; Wilcoxon test, p=0.9). It is concluded that the speed of memory scanning in Parkinson's disease is not responsive to levodopa treatment and presumably not related to central dopaminergic mechanisms.

## SC-B2-12

### DOES THE RESPONSIVENESS OF PARKINSONIAN MOTOR SYMPTOMS TO LEVODOPA-TREATMENT DECREASE WITH THE DURATION OF THE DISEASE?

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It is unclear whether the increase of parkinsonian motor symptoms with advancing disease is due to a progression of pre- or postsynaptic dopaminergic or non-dopaminergic lesions. Two-hundred parkinsonian patients treated chronically with levodopa + DCI and/or a dopaminomimetic substance (age 67.9 ± 10.5 yrs., duration of the disease 8.5 ± 5.1 yrs., duration of dopaminergic treatment 5.8 ± 1.2 yrs., Hoehn & Yahr score during "on" 2.6 ± 1.9, cranial CTs available in 143 pts.) were given individual single oral levodopa dosages ranging from 100 to 250 mg to obtain maximum improvement of parkinsonian motor symptoms. Patients were rated at a state of maximum therapeutic effect (Unified Parkinson's Disease Rating Scale; UPDRS). The sum-scores of the UPDRS correlated with age ($p \leq 0.0001$) and the Mini Mental State ($p \leq 0.01$), and not with duration of disease and treatment (Spearman rank correlation). In a subgroup of patients with a duration of disease of ≥ 12 yrs. (N= 28) the scores for "arising from the chair", "posture", "gait" and "postural stability" tended to be higher than in a group of age-matched pts. with a duration of disease of ≤ 4 years. The findings suggest that in around 50% of parkinsonian patients with a duration of disease of ≥ 12 years motor symptoms occur not responding to levodopa (non-dopaminergic lesions), which seem to be related in one third to CT proven vascular cerebral lesions. The major factor for the progression of motor symptoms in Parkinson's disease ("non-dopaminergic" or "L-dopa resistant dopaminergic" lesions) is age.

## SC-B2-13

### Fluctuations of Parkinson's disease and long-acting levodopa (Madopar HBS) (R)

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Fluctuation of therapeutic responses in Parkinson's disease are quite well known nowadays. 26 of the 90 patients treated at Ramathibodi Parkinson Clinic encountered such therapeutic problems and that long acting levodopa (Madopar HBS) had been tried as an add-on therapy. Hoehn & Yahr, Webster rating scale, both akinetic and dyskinetic fluctuation scores had been employed in monitoring drug effects. Madopar HBS had been found to be very useful, with 50% or more reduction of the scores in the following symptoms — end-of-dose akinesia (71.43%), end-of-dose dyskinesia (66.67%), daily dystonia (62.50%), muscle cramp (61.54%), peak-dose dyskinesia (50%). Disability score reduction of early morning dystonia, nocturnal akinesia, and freezing was 38.46%, 32.25%, and 25% respectively. The drug was discontinued in 9 cases because of the following reasons — lack of clinical response in 2, and adverse effects in 7 patients. There was one lost follow-up. 16 patients had been doing well or fairly well, enjoying the positive clinical effects of the long acting levodopa. Madopar HBS is one of the basic antiparkinsonian drugs to be prescribed in Parkinson patient with such therapeutic problems.

## SC-B2-14

### TOLERANCE OF LONG TERM BROMOCRIPTINE THERAPY : A RETROSPECTIVE STUDY.

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Bromocriptine (BC) is a dopamine agonist widely used in Parkinson's disease (PD) since 1975. Tolerance of long term treatment of BC associated with L.DOPA has been rarely questioned.

Our population consisted of 251 PD out patients. All underwent a clinical assessment using UPDRS and a battery of neuropsychological tests. 119 were being treated or had been treated with BC and L.DOPA for more than 6 months. The meanage of those 119 patients was 63 ± 8 (6D) with a mean illness duration of 10-4 ± 5-9.

We found the same percentage of demented patients in BC groups as in the whole group (17 %). 103 patients had been taking BC for 3-4 ± 2-6 years, 70 in a late combination given after 8-4 years of PD duration, 33 in an early combination given after 1-8 years of PD duration. 16 patients discontinued BC after 4-5 ± 3-4 years of treatment at a meanage of 69 ± 5-5 and a duration of 14-9 ± 6-7 years. They were older ($p < 0.01$) with a higher disability at UPDRS ($p < 0.01$) than patients continuing BC Mean BC doses were not significantly different, 22.2 ± 8.5 mg, 24.2 ± 11.2 mg respectively. Hallucinations were the major reason of BC Withdrawal (12/16) in patients suffering from dementia (7/12) or intellectual decline, not correlated with BC treatment.

BC associated with L.DOPA appears to be a well tolerated long term therapy in PD except for patients with marked intellectual impairment.

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# Second Congress of the Paneuropean Society of Neurology, Vienna, december 7-12, 1991 : book of abstracts

Autor: Franz Fazekas; Erich Schmutzhard; Karl Zeiler

Verlag: Hofburg : Vienna ; [s.n.], 1991.

Ausgabe/Medienart: Gedrucktes Buch : Tagungsband : Englisch

Bewertung: (noch nicht bewertet)

0 mit Rezensionen - Verfassen Sie als [redacted]

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## Details

| | |
|---|---|
| **Medienart:** | Tagungsband |
| **Dokumenttyp** | Buch |
| **Alle Autoren:** | Franz Fazekas; Erich Schmutzhard; Karl Zeiler<br>Weitere Informationen zu: Franz Fazekas Suchen |
| **OCLC-Nummer:** | 803982114 |
| **Anmerkungen:** | Na okł. : A congress in the decade of the brain. |
| **Beschreibung:** | 239, [1] ; il. ; 30 cm. |
| **Andere Titel** | Congress of the Paneuropean Society of Neurology, 2 |
| **Verfasserangabe:** | eds F. Fazekas, E. Schmutzhard, K. Zeiler. |