AN AUDIT OF A PROTOCOL SHOWING THE EFFECTS OF WITHDRAWAL OF SELEGILINE FROM PATIENTS WITH PARKINSON'S DISEASE

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Introduction Following the publication of the PDRG trial in December 1995, the safety of selegiline (S) has been questioned. We argued that a planned gradual, and monitored withdrawal be performed, rather than abrupt cessation. We present an audit of the protocol used.

Method A retrospective case note audit of 203 PD Clinic patients. A protocol was followed which permitted resumption of S, or other changes to PD medications if symptoms were exacerbated on its withdrawal. Patients were informed of the main findings of the trial, and encouraged to express their preferences.

Results 123 (61%) were on S, 103 had complete data available 84 patients (81%) resumed or continued selegiline. Of these, 43 (42%) remained on, or resumed 10 mg. dose. 39(37%) resumed 5mg, and 1 (1%) each 2.5 or 1.25 mg. Only 19 (18%) patients stopped S and remained off it. Of these, no change in PD medications - 7; Increased dopa - 6 (ave. +200mg (+32%)), Decreased dopa - 1; Increased agonist - 2 (400% increase), Added agonist - 1; Changed agonist - 1

Conclusions S has marked symptomatic effects in a majority of patients. However, many patients were taking an expensive drug in apparently too high a dose. Since there is little evidence of neuroprotection from this agent, a cautious reduction is appropriate, safe, and cost-effective. Withdrawal should be gradual. Lower dosages may produce effective symptomatic relief and be suitable for many patients.


HOW SUITABLE IS THE SF-36 HEALTH SURVEY QUESTIONNAIRE AS A SELF REPORT MEASURE OF THE HEALTH STATUS OF OLDER ADULTS WITH PARKINSON'S DISEASE?

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Introduction With the greater emphasis on patients' perspectives on the measurement of health. A number of methodologies have been developed in recent years to measure subjective health, such as the Short Form 36 (SF-36). This study examines the levels of missing data for the original SF-36 and a modified version of the SF-36, which has been suggested as being more suitable for self-completion in older adults.

Methods The subjects were drawn randomly from a Parkinson's disease (PD), register and mailed, either the original SF-36 (n=200), or a modified version of the SF-36 (n=100). Disease severity was measured on the 5-point Hoehn and Yahr (H&Y) scale.

Results Response rate from the original SF-36 was 81% and the modified version was 66%. Severity of PD was reflected in the overall low scores with those subjects who fully completed the measure. However, both versions had high levels of missing responses (20-24%), most of which (80%), were concentrated in 3 of the 8 dimensions of the SF-36.

Conclusions The SF-36 in its original form would need to be combined with a more sensitive disease specific measure to adequately measure the health status of older adults with PD. The modified version of the questionnaire in this study did not improve the overall response rate and may call into question the suitability of the SF-36 in either its original or revised form as a self-report measure with older adults.

COGNITIVE SCREENING OF PARKINSON'S DISEASE PATIENTS USING THE CAMCOG

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Introduction Dementia in Parkinson's disease (PD), is not an uncommon comorbidity, with wide ranging estimates of its prevalence from 2-80%, illustrating the difficulties and differing methodologies employed to assess this condition. The need to accurately measure cognitive functioning is difficult where time and resources are limited. The CAMCOG, the cognitive screening test of the CAMDEX, meets the needs of a brief yet concise test.

Methods A randomly drawn sample from the community of 126 patients with a probable diagnosis of PD were tested. The mini-mental status examination (MMSE), items which are included in the CAMCOG, were also scored for a comparison between the 2 measures. Subjects were also assessed by an independent physician with the DSM-IV criteria.

Results The CAMCOG was administered with 128 subjects. Scores ranged from 20-101, with 50/126 scoring below the cut-off point of 80 for possible dementia. Applying the DSM-IV criteria to this whole sample resulted in 4 false positives and 3 false negatives giving the CAMCOG's a sensitivity of 96% and a specificity of 91%. A total of 20 of patients scored 29 or more on the MMSE, however their CAMCOG scores ranged from 82-101.

Conclusion This study indicates the high levels of cognitive impairment in PD patients living in the community. It also demonstrates that the CAMCOG is a suitable cognitive screening test for patients with PD and it is comprehensive enough to pick up subtle cognitive impairments. Furthermore the CAMCOG does not suffer from ceiling effects which are common in many brief cognitive tests.