PERGOLIDE IS SAFE & EFFECTIVE IN VERY ELDERLY PATIENTS WITH PARKINSON'S DISEASE WITHOUT SIGNIFICANT COGNITIVE IMPAIRMENT.

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Introduction
Pergolide is an effective dopamine agonist in the management of Parkinson's disease (PD) but data on its use in the elderly, in whom the prevalence is maximal, are meagre.

Methodology
We evaluated the benefits and side effects of pergolide in 14 PD patients with a mean age of 75 years (range 67-84 years), using subscales of the UPDRS, abbreviated mental test (AMT) score, change in levodopa (LD) dosage and self-reported side-effects. Mean disease duration was 6.4 years (range 1-17). Treatment was instituted using the pergolide starter pack with domperidone cover, titrating every third day to a standard dose of 1mg tds. Patients were assessed pre-treatment and at 6 weeks and 12 weeks post-treatment.

Results
Two patients, with the lowest AMT scores of the group (6/10) discontinued medication because of development of confusion and hallucinations. The remaining 12 patients showed an improvement in subjective and objective subscales of mentation, activities of daily living and motor disability, and in three subscales of disability (axial, speed of movement and tremor) identified by factor analysis of the UPDRS. The group achieved a significant reduction in total levodopa dosage, mostly by the sixth week. The treatment regime produced no increase in dyskinesias but significant improvement in off-period disability. Apart from the two drop-outs, self-reported side-effects were tolerable and limited to dyskinesia (3 patients), nausea (1 patient), and dizziness (2 patients).

Conclusion
These results demonstrate that pergolide is well tolerated and effective against all aspects of disability in the elderly, except for those who demonstrate moderate cognitive impairment.

THE USE OF PERGOLIDE IN OLDER PARKINSONIAN PATIENTS
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Introduction
Since its introduction in 1991, pergolide has become established as the dopamine agonist of choice in Parkinson's disease in view of its efficacy and tolerability. Little, however, has been published on its use in older people. The use of pergolide in the Exeter Movement Disorder Clinic was therefore examined.

Methods
A comprehensive database is maintained for all patients attending the clinic. This was used to identify all patients who received pergolide between 1991 and 1997, and who were also over 65 years. Case notes were reviewed to identify documented evidence of benefit, side effects, reason for discontinuation and dose employed.

Results
90 patients of all ages received pergolide. Of these, 75(83%) were over 65. Of the older patients, 45(60%) remain on pergolide, mean age 73(66-82). The older patients who continued on pergolide received mean dose 1136 (range 50-3500 micrograms). For those who discontinued pergolide (30 patients, mean age 75(66-85) mean dose was 1431 (range 25-6000 micrograms). Reasons for stopping were hallucinations (17%), dyskinesia (27%), nausea (10%), headaches (10%), postural hypotension (10%), confusion (7%), rhinorrhoea (3%) and 1 patient died. A further 13% discontinued pergolide to commence alternative agents.

Conclusion
A high proportion (60%) of older patients continued to receive pergolide and were tolerating this agent without significant side effects. It is a safe and effective agent for use in elderly Parkinson patients.

Respiratory
THE MANCHESTER RESPIRATORY ADL (MRADL) QUESTIONNAIRE: VALIDATION AND RESPONSIVENESS
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Introduction
There is no disease-specific scale of activities of daily living (ADL) for the elderly with respiratory disability. We aimed to design a valid, treatment-responsive scale.

Methods
96(56 men) subjects aged 70-93(mean 78) years with chronic obstructive pulmonary disease (COPD) and 55(23 men) normals (N) aged 71-90 (mean 78) years answered Nottingham Extended ADL (NEADL) Questionnaire plus ADL questions (same format) from Breathing Problems Questionnaire (Hyland, Qual Life Res 1994:3:245). NEADL questions discriminating poorly between groups were replaced with discriminant questions (same domains) to form the MRADL. In 15 of the COPDs MRADL and NEADL were repeated after blinded, controlled trial of pulmonary rehabilitation (PR) (24% increase in exercise capacity - Roomi, Thorax 1995;50(Sup 2):A56).

Results
Mean(SE) FEV1 (1-sec forced expiratory volume) in COPDs was 0.95(0.04)L and in Ns was 1.96 (0.07)L. Sensitivity(SEN), specificity(SP), and negative and positive predictive values (NPV, PPV) for NEADL (threshold >18/21) were 76%, 93%, 69% and 95% respectively and for MRADL (threshold >18/21) were 88%, 93%, 81% and 95%. In 15 COPDs (mean(SE) FEV1 = 0.77(0.07)L) mean(SE) MRADL rose from 11.2[1.1] to 13.4[1.1] (t=3.09;p=0.008) but NEADL was unchanged pre-(12.8[1.3]) and post-RR(12.2[1.4]: p=0.4).

Conclusion
MRADL discriminates well between elderly COPDs and Ns and is responsive to PR.