

DO MOTOR SYMPTOMS REMAIN THE MAJOR COMPONENT OF PD? (YES)

P. Odin

Germany

The motor symptomatology has been in focus concerning both diagnostic and therapeutic procedures in Parkinson's disease (PD) all until the very last years. The therapies that have been developed for PD have proven often very effective concerning the improvement of the motor symptomatology. Even in very advanced stages of the disease, advanced therapies like infusion of apomorphine subcutaneously, L-dopa/carbidopa gel intraduodenally, and Deep Brain Stimulation, can often give a reasonable situation concerning the motor symptomatology.

During the last 10 years the non-motor symptomatology of PD has increasingly come into focus. This includes for example gastrointestinal, urological, cardiovascular, psychiatric, cognitive symptoms, sleep and pain. Instruments for a global evaluation of the non-motor symptomatology, like the Non-Motor Symptom Scale, have been developed and come increasingly into use.

When these instruments have been validated against scales for motor symptomatology and health-related quality of life, it has been seen that there is a very good correlation between the total load of non-motor symptoms and health-related quality of life. In some studies this correlation has been stronger than that between motor symptomatology and health-related quality of life. Especially depression, but also fatigue, seems to have a good correlation with quality of life. This would also confirm earlier studies, it also fits well to what is known from other illnesses.

However, it must be remembered that also the motor symptomatology has a good correlation with health-related quality of life, in many investigations at least as good as that of the non-motor symptomatology. And most importantly, most of these investigations are done with patients that have ongoing treatment for their motor symptomatology and do therefore not experience so many problems with the motor side of the disease. If the patients had been investigated in "off" status, it is likely that the motor symptoms would come more in to focus, in the evaluation. But, even if the patients would be in "off" at the evaluation, patient and/or examiner are of course aware of that the patient has the opportunity to get good treatment for his motor problems. Therefore, it is difficult to avoid that the motor symptomatology is underestimated in investigations of this type.

My conclusion is therefore that the motor symptoms do remain a major component of PD