PAIN IN PATIENTS WITH PARKINSON'S DISEASE AND MULTIPLE SYSTEM ATROPHY: RELATIONSHIP TO MOOD AND ILLNESS PERCEPTION

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Introduction: Pain is a common non-motor feature of Parkinson's disease (PD), and is reported to occur in 40-80% of patients. Some studies indicate a contribution of neuropathic pain. Recent work suggests a significant prevalence of pain in atypical parkinsonism, although this has not been well characterised. Perception of illness is associated with outcomes in a number of chronic medical conditions, although it has been little studied in PD.

Aims: To characterise pain in patients with PD and multiple system atrophy (MSA), and evaluate its relationship with mood and illness perception.

Methods: Fifty-two consecutive patients with PD and ten with MSA, who reported pain, were evaluated using the Short Form-McGill Pain Questionnaire, Leeds Assessment of Neuropathic Symptoms and Signs Scale (LANSS), and Neuropathic Pain Scale. Mood was assessed using the Hospital Anxiety and Depression Scale, and illness perceptions with the Brief Illness Perception Questionnaire. Parkinsonism was assessed using the UPDRS-III and -IV.

Results: Approximately 35% of patients with PD were defined as having probable neuropathic pain according to the LANSS score. These patients had higher levels of anxiety and affective responses to pain. Increased levels of pain were associated with more negative illness perceptions in patients with PD.

Conclusions: These data support the key role of neuropathic pain mechanisms in a significant proportion of patients with PD. Negative illness perceptions in this group were associated with higher experience of pain, suggesting the importance of good pain control and better understanding of the underlying pathophysiological mechanisms of pain in parkinsonism.