BENEFITS OF INITIATING PARKINSON-SPECIFIC MEDICATION IN DEGENERATIVE OR MIXED COGNITIVE IMPAIRMENT PATIENTS

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Introduction: In neurodegenerative disorders or mixed cognitive impairment the patient evolution is often associated with extrapyramidal symptoms.

Aims: Based on our empirical clinical observations we tried to prove that the patient evolution is better when the patients are treated also for extrapyramidal symptoms than those receiving only cognitive medication.

Method: We made an observational study of 2 groups of patients (20 patients in each group) followed up for 12 months. The first group received anti-parkinson medication, while the second group received no this medication.

We included patients with various degrees of cognitive impairment; patients were not previously institutionalized. We excluded patients with cognitive impairment of other etiology, institutionalized patients and patients with extrapyramidal symptom secondary to previous medications. Patients were assessed using daily functionality scales (ADL, IADL), balance assessment scales (Tinetti, static and dynamic), cognitive scales (MMSE, clock test, verbal fluency).

Results: A better evolution was noted, especially in daily functional status. An ADL scale assessment improvement of up to 50% was noted in patients receiving anti-parkinsonian medication. In this group, 75% of patients (n=15) showed an improvement of ADL scores ranging between 17% and 80%, while only 50% of control group patients showed mild ADL score improvements of up to 34%. The most significant ADL score improvement was noted for selegiline / rasagiline (17% to 66%).

Conclusions: One study pitfall is the small size of the sample. Our study tends to confirm that anti-parkinson medication may assist in improving activities of daily life in cognitively impaired patients.