DO PARKINSON'S DISEASE PATIENTS DISCLOSE ADVERSE DRUG REACTIONS SPONTANEOUSLY?

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Introduction: Underreporting of adverse drug reactions (ADRs) to the Pharmacovigilance system is >90%, which may be related to the lack of insight of patients about their presence.

Objective: To explore the gap in the frequency of ADRs to antiparkinsonians when explored by means of a full exhaustive questionnaire or by the patients' spontaneous disclosure.

Methods: Non-demented, non-operated Parkinson's Disease outpatients of the Toulouse Movement Disorder Clinic were initially asked to disclose any “unpleasant effect in connection with their medication” during the last week. Afterwards, they were systematically questioned about the presence of a predefined list of common ADRs to antiparkinsonian. Only ADRs starting within 6 months after causative agent introduction were further analyzed. ADR severity was assessed by the usual pharmacovigilance scale (mild/moderate/severe) or by a patient's auto-administered 10-cm VAS scale. A complete medical and medication history was conducted and a full UPDRS was performed. Funding: France Parkinson Association.

Results: 98 subjects were recruited (mean age was 67±10 years; 61% were males; mean PD duration was 10±6 years; UPDRS III was 24±9): they were on antimuscarinics[7%], MAOB-[10%], amantadine[15%], COMT-[21%], agonists[80%] or levodopa[90%]). Sixty-nine out of the 98 subjects (70%) had at least one ADR, but only 25 of them (36%) disclosed it spontaneously. Patients' failure to spontaneously disclose the ADRs was related to shorter disease duration (p< 0.05) but not to ADRs' severity.

Conclusion: The gap between ADRs identified by the full questionnaire or by spontaneous patients' report was high. Longer disease duration predicted patients' failure to spontaneously disclose ADR.