

Parkinsonism.

Contributors

Camden Chemical Company

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Parkinsonism

"Assessment of Drug Therapy in Parkinsonism"

(Brit. Med. J. 16th February 1963, pp. 443-448)

"the subjects for these studies were among 67 patients..... suffering from post-encephalitic Parkinsonism. Most of them had been in hospital for over 10 years."

"Strength of Grip -

This was significantly increased in 15 patients when they were on active drugs compared with their performance on placebo tablets. Orphenadrine was usually the more effective treatment."

"Writing -

Before the start of the clinical trial 20 patients were able to write without difficulty. During the investigation, however, it was found that five of them could no longer write because of the onset of the curious phenomenon of akinesia Akinesia did not occur in any of the patients while they were under treatment with orphenadrine."

"Patient's Ability to Feed Himself -

16 Patients were unable to feed themselves while they were taking placebo tablets. The disability was abolished..... in 12 who received orphenadrine."

"Mental depression -

None of the patients were depressed while under treatment with orphenadrine. On the contrary, orphenadrine often abolished depression and sometimes produced some degree of euphoria."

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orphenadrini hydrochloridum

psychic

somatic

akinetic conditions
senile and pre-senile depression
(1-3 tablets daily)

dizziness of central origin
(1-3 tablets daily)

Parkinson's disease
drug-induced parkinsonism
(4-8 tablets daily)

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THE PARKINSONIAN SYNDROME

Aetiology

Lesions involving corpus striatum or substantia nigra.

Paralysis agitans. A primary, idiopathic degeneration. Begins in sixth decade, usually with tremor.

Arteriosclerosis. Later onset. Often there is other evidence of cerebrovascular disease.

Post-encephalitic. Classically occurs before 40 but not invariably.

Oculogyric crises virtually pathognomonic.

Tranquillisers; high-dose treatment of schizophrenia, mania and other psychiatric conditions, using phenothiazine derivatives.

Atypical parkinsonian syndromes are seen in other cases:

Post-traumatic - after head injuries.

Hepato-lenticular degeneration (Wilson's disease). Abnormality of copper metabolism leading to deposition of copper in brain, liver and cornea (Kayser-Fleischer ring); penicillamine useful in treatment.

Manganese poisoning - in chemical works, in manufacture of manganese steel and dry batteries.

Neoplasms - slow-growing gliomas in basal ganglia.

Neurosyphilis.

Clinical features

Three main characteristics

Tremor: Upper limb followed by lower limb. Head affected late if at all. Uni- or bilateral.

Alternating movements of opposing muscle groups:

4-8 movements per second.

Present at rest, diminishes with movement, disappears during sleep.

May be controlled by voluntary effort but only transiently.

Rigidity: Involves opposing muscle groups equally. When associated with tremor it yields jerkily to tension (cog-wheel rigidity); overcome smoothly if there is no tremor (lead-pipe).

Contrast with clasp-knife spasticity of pyramidal lesions.

Slowing: Most marked in actions of small muscles; clumsy hands, difficulty in chewing, dysphagia and dysarthria.

These three abnormalities may occur singly or in various combinations.

They account for:

Abnormal facies and posture -

mask-like, immobile face, infrequent blinking.

Slight flexion of limbs and trunk.

Gait - shuffling and slow.

Difficulty in stopping quickly - propulsion and retropulsion.

Contractures - not infrequent in hands and feet.

Additional abnormalities are due to **autonomic dysfunction**; excessive salivation, flushing of skin, sweating.

Depression of mood is commonly present; suicide may occur.

Treatment

General - maintain activities as long as possible.

- careful nursing to avoid bedsores in bed-ridden patients.

Physiotherapy - massage, passive movements to delay contractures.

Drugs

- Belladonna, hyoscine, atropine, scopolamine.

- Synthetic drugs:

- Disipal: 200-300 mg daily: The only drug which influences both the somatic symptoms and the state of depression.

- Other synthetic agents e.g. benzhexol, procyclidine, ethopropazine etc.

It is often desirable to alternate or combine different drugs.

- Hypnotics for insomnia.

Surgery - Coagulative or chemical pallidectomy.

