



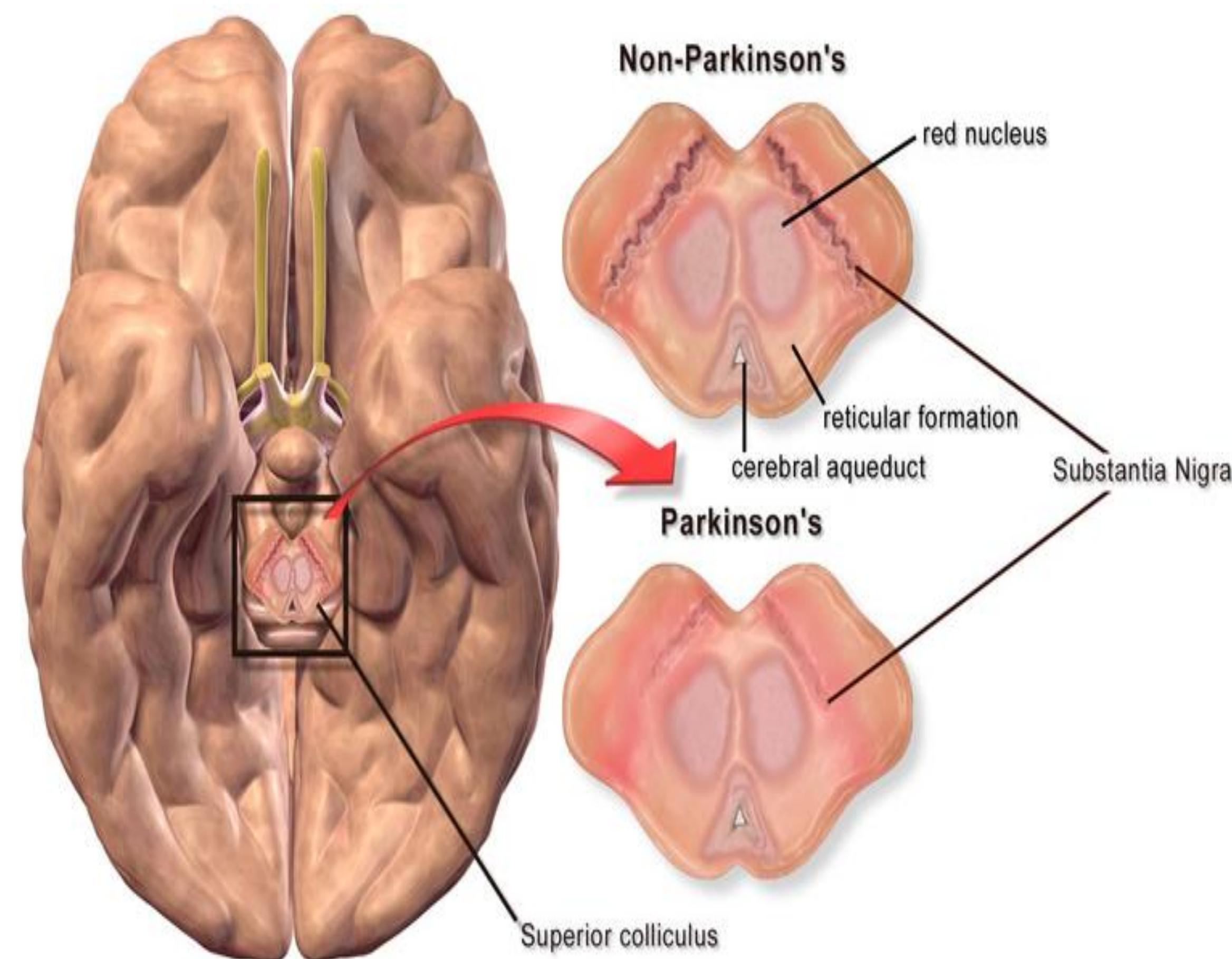
Not Just Tremors

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Introduction

Parkinson's disease (PD) is the second most common age-related neurodegenerative disorder, characterized by the progressive loss of *substantia nigra pars compacta* dopamine neurons and the consequent decrease in the neurotransmitter dopamine. Patients exhibit a range of clinical symptoms, with the most common affecting motor function and including resting tremor, rigidity, akinesia, bradykinesia and postural instability. Described by James Parkinson in 1817.



Material & Methods

The current study was an observational cross-sectional study based on a PD cohort with the primary aim of investigating the epidemiology, clinical characteristics, and treatment of PD in Estonia. Data were obtained from a cohort of persons (N=286) living in Tartu county who fulfilled the Queen Square Brain Bank Criteria for idiopathic PD.

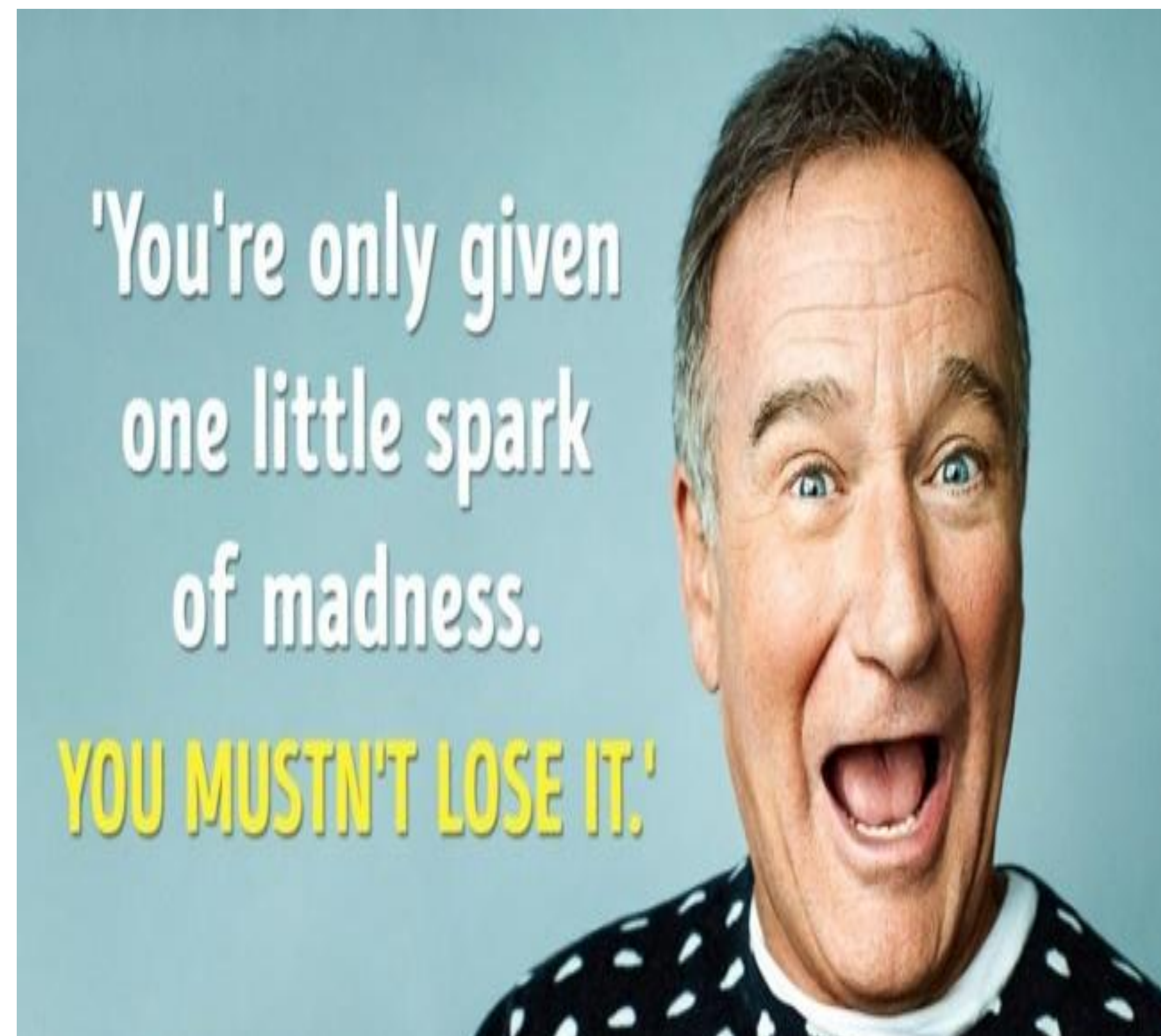
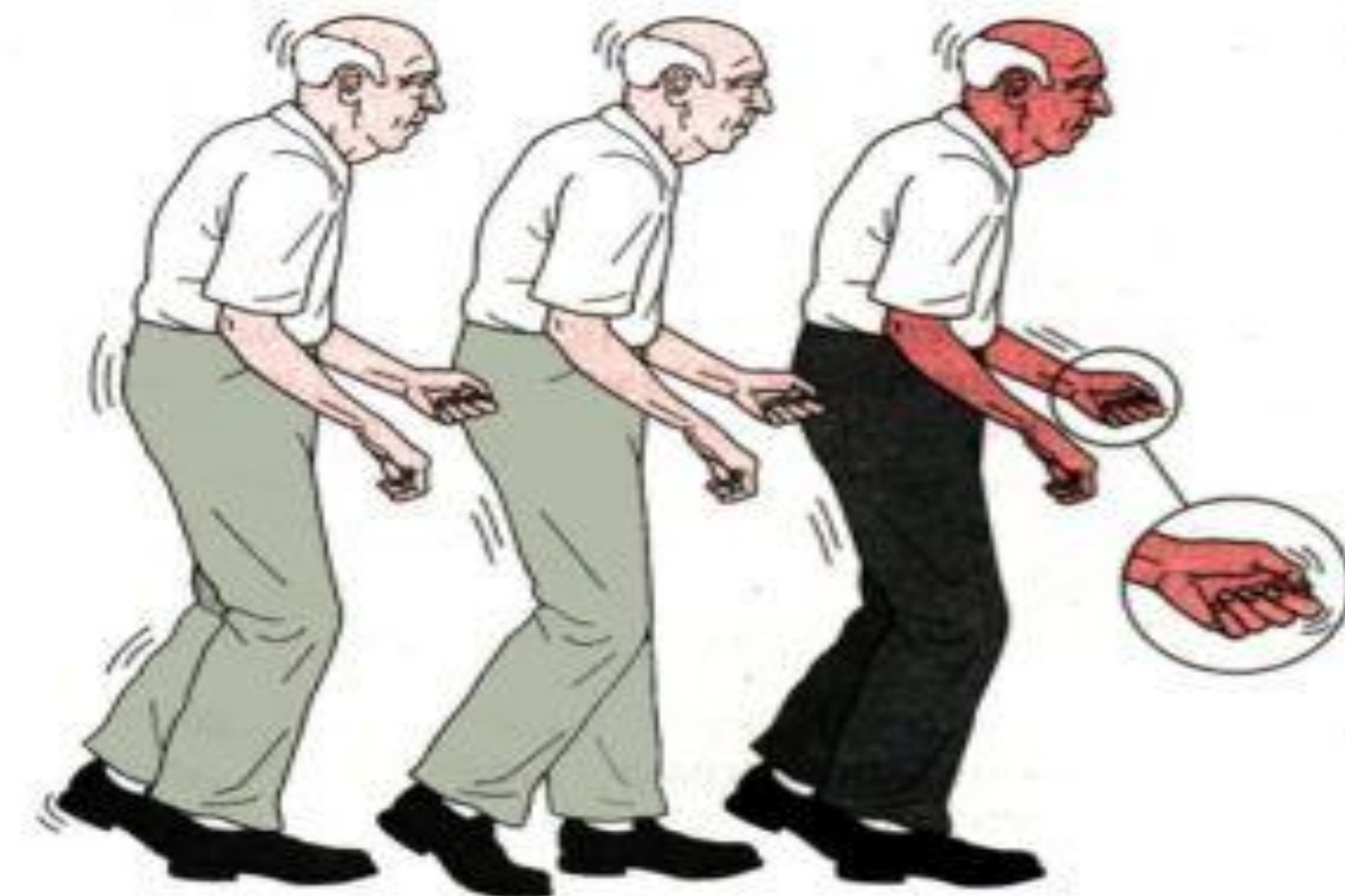
The study was approved by the Research Ethics Committee of the University of Tartu.

Discussion & Results

- Cognitive impairment was the most frequently reported nonmotor symptom among this study participants 74.3% which was higher than in several previously published studies (44.7–54%). However, 63% of patients admitted having cognitive problems only at slight or mild level.
- Depression was the second most reported among this study which was about 65.8%.
- Psychosis can occur in up to 30% of PD patients. It often presents with hallucinations which are usually visual together with delusions and agitation or sometimes aggression. Patients may become paranoid particularly towards partners or other family members.
- Sleep disorders are frequent in PD. This includes both disturbed nocturnal sleep and excessive daytime somnolence. Nocturnal sleep disturbance occurs in 40% of patients and correlates with disease severity and levodopa intake.
- Dysautonomia is a common occurrence in PD and its prevalence 58%.

Conclusion

-Nonmotor complication in Parkinson's disease may be of equal or greater significance in some patients. This complication includes cognitive, depression, psychosis, autonomic, and sleep that may occur across all stages of Parkinson's disease that have an even greater effect on PD patients' quality of life than motor symptoms.



References

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