

Introduction

Parkinson’s disease is a movement disorder characterized by tremor, rigidity, bradikinesia and postural instability. It is more frequent in males between 50 - 60 years. It’s caused by the combination of genetic and environmental factors that provoke the death of the neurons of the sustantia nigra , that produce dopamine, a fundamental neurotransmitter in regulation of the circuit of the basal ganglia. Motor fluctuations occurs in patients with advanced Parkinson disease treated with levodopa, and they are changes in motor state that make the patient stay between good mobility (ON) and bad mobility (OFF). At the beginning they can be predictable and related to the levodopa ingestion but the situation becomes complex since the fluctuations become unpredictable. gastrointestinal alterations in patients with Parkinson`s Disease (EP) provoke alterations in the absorption of levodopa that facilitates the development of motor fluctuations.

Methods and Materials

Retrospective study, observational. We have included patients followed up at Movement Disorder clinic that present criteria of advanced Parkinson disease

Results

MEN	57/104 (54,80%)		
WOME N	47/104 (45,19%)		
Tremoric	41/104 (39,42%)		
Rigid – akinetic	63/104 (60,57%)		
Levo – dopa	98/104 (94,23%)		
No levo – dopa	6/104 (5,76%)		
Dosis less than 750	42/104 (40,38%)		
Dosis mores than 750	62/104 (59,61%)		
Constipation	50/104 (48%)		
Nauseas/ vomiting	11/104 (10,57%)		
No	43/104 (41,34%)		
	Sintomas GI	No sintomas GI	
DYSKINESIA	30 (22.88)	9 (16.12)	39
No DYSKINSIA	31 (38.12)	34 (26.88)	65
	61	43	104
DiYSKINESIAS	yes	39/104 (37,5%)	
	No	65/104 (62,5%)	
	Dosis ≥1000	Dosis < 1000	
GI SYMPTOMS	29	32	
No GI SYMPTOMS	4	39	
Marginal Column Totals	33	71	

Discussion

In our population there are slightly more men than women. The mostly are on levodopa treatment and a more then a half were taking a combined therapy with dopamine agonists and levodopa. Gastrointestinal syptoms are frequent, especially constipation, as it has been previously described in literature. Motor fluctuations, particularly wearing-off, are observed y more than a half of the cohort.

Conclusions

Gastrointestinal symptoms should be considered as comorbidity in PD patients. They also may play a role in the develop of fluctuations

References

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2. Viethen T, Gerhardt F, Dumitrescu D, Knoop-Busch S, ten Freyhaus H, Rudolph TK, et al. Ferric carboxymaltose improves exercise capacity and quality of life in patients with pulmonary arterial hypertension and iron deficiency.