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LETTER TO THE EDITOR

Criteria for the assessment of the level of dependency: Is Parkinson's an intermittent disease?☆



Criterios para la valoración del grado de dependencia: ¿es el Parkinson una enfermedad intermitente?

Dear Sir:

Chronic diseases are the main cause of dependency due to the special difficulties in the clinical care and treatment of the patients. Dependency leads to a loss of independence that is incompatible with personal development, health and wellbeing. It is caused by a bodily deficit or dysfunction that gives rise to limitations. This difficulty is not resolved by personal adaptation or changing the environment, so it requires the aid of other people for the normal performance of the basic functions in individual life.¹

A large proportion of the individuals who are in a situation of dependency have been diagnosed with a neurodegenerative disease. These diseases are characterised by the destruction or progressive malfunctioning of nerve cells in different parts of the brain, causing characteristic signs and symptoms to appear.

Parkinson's disease (PD) is one of the disorders seen the most often in neurological departments in people over the age of 65 years old. It is a chronic disease that develops differently, depending on the individual. It affects the ability of neurons to produce dopamine, leading to alterations in the motor response. Current medicine is unable to halt the course of this disease. The different options for treatment are based on drug-based dopamine-replacement therapy. The aim in the early stages of the disease is to reduce the motor symptoms (slow movements, rigidity and tremor...) thereby maintaining patient independence and autonomy for as long as possible. However, these treatments are not free of problems deriving from the tolerability of some drugs, characterised by a fall in the capacity to respond after repeated contact with a drug or others which

have a similar mechanism of action. This makes it necessary to adjust treatment in terms of the drug used as well as the dose that is prescribed, and these eventually lead to the appearance of undesirable effects. These usually occur after an average of 6.5 years.² After this moment treatments for *advanced Parkinson's disease* are used, with the aim of controlling the complications deriving from the use of drugs: motor symptoms (fluctuations or dyskinesia) and neuropsychiatric symptoms (hallucinations, delirium, impulse control disorders or compulsive behaviours). Motor fluctuations are a loss of the clinical effect obtained between doses. Adjustments to the treatment to reduce fluctuations usually cause dyskinesia (a type of involuntary movements) and neuropsychiatric symptoms. This leads to increased dependency, a fall in the quality of life and an increased burden for carers³ (Fig. 1).

PD is also characterised by the presence of a large number of non-motor symptoms. Although these are present throughout all of its stages, they are often not detected by doctors during consultation, and even when they are known, they often go untreated.⁴ These non-motor symptoms play an important role in reducing the quality of life for PD patients, and they may even have a greater impact than the motor symptoms.⁵

It is a fact that that characteristics of the pharmacological treatment of PD and the associated motor fluctuations mean that the condition is considered by some sectors to be an "intermittent disability". This tendency may affect the result of evaluations of the degree of dependency, making it harder for patients to obtain valuable external resources that would allow them to live a normal life while reducing the burden for their carers. This reasoning confronts an accepted reality which considers that in general "dependent individuals require treatment that is continuous although not always permanent, based on support and care".¹

Finally, the possibility must also be taken into account that when PD patients are in the ON state (when their medication is working) may give a distorted image of themselves, minimising the symptoms that emerge during the OFF phase (when their medication ceases to work).

PD requires a multidisciplinary approach that must involve all of the necessary available resources, so it is important that professionals have the greatest possible knowledge when evaluating a patient's degree of dependency.

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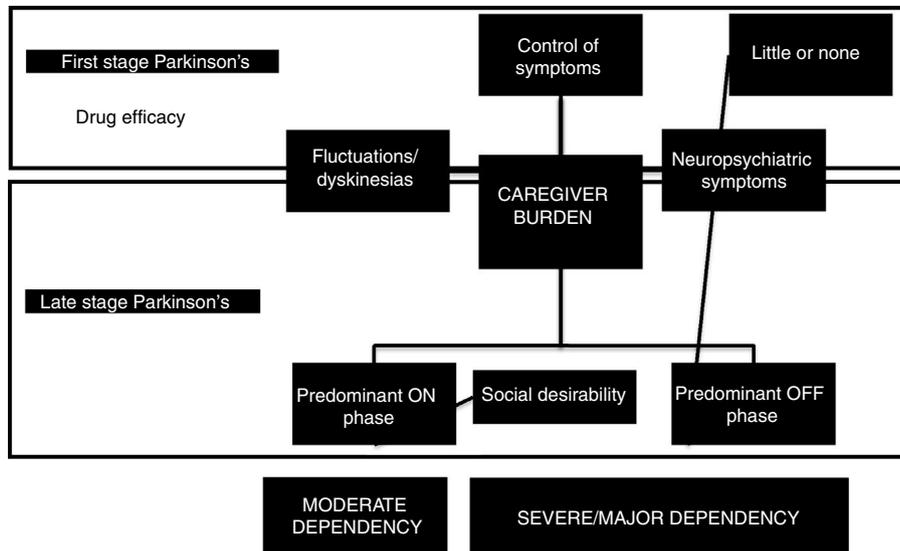


Figure 1 Relevant criteria when evaluating degree of dependency.

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