

THE TREATMENT OF PARKINSON'S DISEASE IN THE ELDERLY

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Parkinson's disease affects all age-groups. However, it is more common in the elderly. Treatment of this condition was revolutionized by the advent of L-dopa in the late sixties.

The treatment of Parkinson's disease is often gratifying from a therapeutic point of view and allows the patient very often to return to a near-normal form of life.

Special attention, however, has to be taken in the treatment of the elderly patient. The first consideration is whether the patient needs any treatment at all. Anticholinergic drugs are effective but in the elderly produce unwelcome side-effects too frequently i.e. urinary retention, precipitation of glaucoma and acute confusional state. Amantadine is an ideal first-line drug in the elderly, especially in mild cases. Side effects are few and results are obvious within a week.

L-dopa (combined with a dopa-decarboxylase inhibitor) remains by far the most effective treatment of Parkinson's disease. The patient is to be maintained on the lowest dose possible and the usual precautions taken to prevent nausea and vomiting. The side effects which preclude further use of this drug are confusional states or psychotic behaviour. Bromocriptine, a dopamine agonist, has much the same range of action and side effects as L-dopa. Selegeline (Eldepryl) has very few side effects. It would seem that it does have some direct action on the extrapyramidal system. The aim in using this drug is more to slow

down progress of the disease. Apomorphine administered subcutaneously is used in some specific situations.

Parkinsonism is often a side effect of treatment of other conditions.