



Non-motor Symptoms in Parkinson's Disease: Comparison of Psychic and Cognitive Symptoms at Different Age of onset of the Disease

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Objectives

We study some clinical manifestations of Parkinson's Disease, which is clinically characterized by both motor dysfunction and non-motor symptoms. Specifically, non-motor cognitive and psychiatric symptoms were studied in two populations of patients with Parkinson's Disease (PD), Early-Onset (EOPD) and Classic Onset (COPD). In addition, it was speculated that cognitive pattern was predominantly altered within each patient sample and it was assessed how much the age of the patients, the duration of the disease, and motor deficits could affect the level of cognitive decline and mood depression in the two populations.

Materials and methods

18 patients were selected on the basis of specific inclusion and exclusion criteria, validated cognitive scales (MMSE, MoCA), diagnostic criteria (DSM V) and scales for assessing the Psychiatric disorder (Hamilton's scale). The EOPD group included 9 middle-aged patients with 52 + -2.4 disease outbreaks. The COPD group included another 9 patients whose age of onset was 67 + -2.6.

Results and Conclusions

There has been a significant incidence of cognitive disorders in patients with EOPD and COPD, although the cognitive pattern of visual-working abilities is more compromised in the latter sample. In addition, the severity of depressive disorders is greater in the EOPD group and does not appear to be related to the degree of motor disability, demonstrating how deflection of mood in these patients is itself a symptom of the disease rather than reactive to the level of the patient's motor disability. There is, however, a significant correlation between cognitive disorders and the level of motor symptoms presented by patients, especially in the CODP sample.

Our study shows the high incidence of these disorders in patients with PD and their prevalence in younger subjects. From our analysis emerged significant differences in the cognitive and mood symptoms between the two groups with different onset of illness, which together with the motor variations allow us to support the hypothesis that the EOPD and the PD conventionally meant can represent two different subtypes of the same disease.

References:

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