Desirable properties for instruments assessing quality of life: evidence from the PDQ-39

de Boer et al describe the development of a Dutch instrument to measure quality of life in patients with Parkinson's disease. Two important properties that such instruments need to have are not given attention in their study. Questionnaires should produce reproducible data in the sense that they yield the same results in repeated trials under the same conditions and they need to be responsive in the sense that they detect clinically significant changes over time.2

We developed a 39 item questionnaire—the PDQ-39—to assess health related quality of life in patients with Parkinson's disease. A sample of 223 patients were asked to complete the questionnaire on two occasions three days apart.3 A group of 56 patients were omitted from analyses of reproducibility because they reported that their health changed over this time period. In the remaining 167 stable patients reproducibility for the eight scales of the PDQ-39 was very satisfactory when expressed as correlation coefficients: mobility 0.94, activities of daily living (ADL) 0.93, emotional well-being 0.90, stigma 0.90, social support 0.68, cognitions 0.86, communication 0.86, and body discomfort 0.80.

We have now examined responsiveness in a longitudinal study with assessments of 146 patients four months apart. Changes in scores for five of the eight scales show significant correlations with changes in a validated general health status measure, the SF-36, ranging from 0.21, P < 0.05 for the ADL, scale, to 0.39, P < 0.001 for mobility. In other words, as patients report improvement or deterioration in general health, so these trends are reflected in changes for the PDQ-39. Such preliminary evidence of responsiveness is essential as therapeutic effects of interventions for Parkinson's disease are often small and difficult to detect. The PDQ-39 is being used in appropriate language versions in clinical trials of drugs in several countries and is a primary measure of outcome in a multicentre trial run by Professor Jarman, St Mary's Hospital Medical School, London, to evaluate the Parkinson's disease nurse specialist. By including such measures, evidence will be obtained of outcomes of concern to the patient.

RAY FITZPATRICK
CRISPIN JENKINSON
Department of Public Health and Primary Care
University of Oxford
OX1 1NF, UK


How far are we in understanding the cause of Parkinson's disease?

The article by Ben-Shlomo is excellent although the issue of prevalence of Parkinson's disease in the black population is only briefly mentioned.1 We have been studying the pattern of parkinsonism in AfroCaribbean and Indian (originating from the Indian subcontinent) subjects living in London and believe parkinsonism may be commoner in these ethnic groups than previously recognised.2 Using a door to door assessment for parkinsonism in one electoral ward in London with a high AfroCaribbean population and reviewing the case files of 150 consecutive patients attending movement disorders and general neurology clinics at King's College, Lewisham and Hamersmith Hospitals we identified 18 cases of parkinsonism in patients of AfroCaribbean and Asian origin.3 4 Out of 18 (83-3%) cases have non-familial atypical parkinsonism, much higher than an expected 20%<30% in the white population. Our preliminary finding suggests that parkinsonism is probably more common than realised in the AfroCaribbean and Asian populations and these patients may be more susceptible to atypical parkinsonism. The reason for this is unclear and may reflect genetic or environmental factors as has been postulated in relation to the higher incidence of diabetes and ischaemic heart disease in migrant Asian populations in the United Kingdom. Further epidemiological studies on this issue are required.

K RAY CHAUDHURI
King's College Hospital and Institute of Psychiatry
Denmark Hill, London
M RICHARDS
UCL Medical School, London
D J BROOKS
Hammersmith Hospital, London

Correspondence to: Dr K Ray Chaudhuri, University Department of Neurology, Institute of Psychiatry, 1 Windsor Walk, De Crespigny Park, Denmark Hill, London SE5 8AF, UK.

1 Ben-Shlomo Y. How far are we in understanding the cause of Parkinson's Disease? J Neurol Neurosurg Psychiatry 1996;61:1-16.


Primary malignancies of the central nervous system are uncommon, representing only about 1% of all primary cancers. However, for those involved with their management they present fascinating and often frustrating features. There has long been a need for a good reference text on these tumours. This new book, edited by a distinguished American neuro-oncologist, has gathered together a large team of coauthors from many of the main cancer centres in the United States. They have produced a volume which goes a long way to filling that need.

Multiauthorship can result in many problems. This book has avoided most of the traps by assembling teams of surgeons, neuro-oncologists, pathologists, and others who clearly get their contributions together. References are reasonably up to date with some as late as 1993. They are generally comprehensive although omission of some appropriate European references in favour of North American journals is noticeable. However, particular pleasure was given to this reviewer by the inclusion of a long quotation from an article by Hughlings Jackson on a case of midline cerebellar tumours in the British Medical Journal of 1871! The book is structured on the basis of site orientated chapters covering all aspects of the appropriate malignancies. In addition there
are good contributions on more general topics such as altered consciousness, pain, paraneoplastic syndromes, to mention a few. The book is well illustrated and this is notable in the comprehensive chapter on diagnostic imaging. It is always easy to quibble about some statements and even omissions but on balance this is an excellent book. It can be thoroughly recommended as a long-lasting reference work for general library shelves and for those directly involved with the care of such patients.

NORMAN BLEHEIN


Vascular dementia (VaD) is the second commonest cause of dementia in the western world. In addition to its high prevalence, the potential for prevention and reversibility further stresses its importance. This multi-author North American and European text is written by the leading players in VaD research. Essentially all areas of research are well covered.

Despite its importance, the term "vascular dementia" is often used for both broad, comprising several disorders with distinct aetiologies such as multi-infarct disease and hypertensive leucoencephalopathy. In the first chapter, the debate regarding the usefulness of the concept "vascular dementia" is aired by Bowler and Hachinski who state that "The concept of vascular dementia has outlived its usefulness". They argue that clinical "facts" about VaD are not supported by experimental evidence. They also feel that attempts to devise diagnostic criteria similar to those used in Alzheimer's disease result in failure to detect early VaD. As an alternative to VaD, they propose the term "vascular cognitive impairment" (VCI).

This refers to cognitive impairment due to any vascular disease except haemorrhage or large vessel stroke. Rather than define the cognitive impairment in VCI, they wish to study prospectively the type and extent of cognitive impairment seen in patients with vascular disease. In terms of clinical applicability, they draw an analogy between VCI and cervical disease—that is, an at-risk state at which risk factors may be modified. Next, experimental and clinicopathological studies are discussed, as is epidemiology. Clinicians will perhaps find the chapter on the clinical diagnosis of VaD most useful. The most important aspects of clinical examination and investigation in reaching a diagnosis of VaD are presented. This follows a neuropathological classification of clinical criteria for VaD. White matter disease, and the related issue of whether cerebral hyperperfusion can cause dementia in the absence of infarction, are also discussed. The use of structural and functional imaging, both in terms of aiding in the clinical diagnosis and as a research tool, is well covered. The issue of treatment is addressed, dealing particularly with neuroprotective agents.

It is unfortunate that many clinicians still perceive neuropsychology to be mainly a theoretical tool for elucidating theoretical cognitive models of behaviour, rather than as a discipline which directly informs patient care. Here, the relevant chapter aims to illustrate how, in the clinical investigation of a patient, the neuropsychology report can be as informative, and interesting, as the neuroimaging report.

This text is an excellent overview of current knowledge regarding VaD. The interested clinician will be more than satisfied, while the dementia specialist will find it excellent in itself, and also a useful source of definitive references.

JOHN GREENE


The third edition of Essentials of Clinical Neurology is white coat pocket sized. It aims to provide both practical and reference style information for the medical student or junior doctor. It seeks to cover neurological patients as well as acting as a reference for more experienced physicians. While perhaps written with the general physician in mind, it assumes at least a basic knowledge of neuropsychiatry and neurophysiology.

The book is divided into three sections not of equal weighting. The first provides the neurological novice with an excellent introduction to Basic clinical history taking and neuroexamination which is both comprehensive and logically explains the interpretation of clinical signs. This section also contains a description of investigations available to the neuroexaminer concentrating on the seemingly bewildering array of neuroradiological and electrophysiological tests available.

The second section is the practical one and the reason one might carry this book around; evaluation of common neurological signs and symptoms. What to do and think when faced with a dizzy patient, one with weakness or sensory loss, the patient with frequent loss of balance etc. While once again relatively comprehensive, this section is disadvantaged by the inaccessibility of the data. The reader is crying out for tables, flow charts and other pictorial forms of information to aid rapid and logical diagnosis. Where present, "boxes" and tables are helpful but are poorly (if at all) labelled again making the extraction of information difficult.

The final section and two thirds of this book contains a discussion of "common neurological diseases". This is rather a misnomer as, for example, one is more likely to win the National Lottery than to contract Creutzfeld-Jakob disease. This section is more a short text book of neurology omitting the obscure. Symptoms, signs, diagnosis, treatment, pathophysiology, and, if relevant, genetic associations are covered but the criticism of the previous section must be re-echoed; the text could very usefully have been broken up by more subheadings and "boxes" and tables clearly labelled. The information is all there, it just doesn't jump out at the reader.

Such a brief text book as this providing us with the "essentials" is greatly strengthened by good referencing. Each section is divided into chapters and at the end of each is a list of suggested further reading which is not exhaustive but moderately up to date with one or two exceptions. For example, prion diseases, incorrectly listed under slow viral diseases, have a 1987 reference as the most up to date. Much of our current understanding of the fascinating molecular basis of these diseases has been worked out since that time.

The book ends with a basic glossary of common neurological terms most useful for the medical student whose medical vocabulary is still expanding rapidly. Does this book meet its own stated aim of providing the medical student or house officer with "a practical introduction to the evaluation of common neurological diseases"? I believe that it does.

GILLIAN HALL


Immunological and inflammatory diseases of the nervous system are amongst the most interesting and taxing disorders dealt with by clinical neurologists. They are overrepresented within inpatient diagnostic indices, at clinicopathological conferences, and increasing in accounting for referrals, and medical politics. After all, cancer we mostly image and pass on for management, and disorders of metabolism trouble adult neurologists almost as frequently... and degeneration? Well, all of us degenerate, sooner or later, others. By and large these are unstoppable processes affecting the older adult. Inflammation though often strikes idiosyncratically at the younger individual, and its common treatability imposes greater pressures of accuracy on the diagnostic clinician.

And there is variety, and there is depth. Each neurological domain has its own primary or idiopathic disorder—multiple sclerosis in the central nervous system, Guillain-Barre syndrome, myasthenia, and inflammatory myopathies, and each of these has own subcategories and complications. Then there are the more shadowy disorders less easily pigeon holed—idiopathic inflammatory radiculopathies, amyloid neuropathies, brachial neuritis and multifocal inflammatory demyelinations affecting both central and peripheral tissue. And beyond these, involvement of the brain, spinal cord, nerve, or muscle can occur in any of the systemic inflammatory disorders—the primary or secondary vasculitides, connective tissue disorders, Behcet's, or sarcoidosis, while antibody dependent immune mechanisms are implicated in a whole host of paraneoplastic disorders and in diseases not necessarily related to cancer, such as the stiff arm syndrome. Not a single one of these illnesses suffers academic stasis, new advances in cellular immunology, molecular biology, and physiology yielding significant and even dramatic changes in our understanding of each. Long gone too are the days of "steroids or not" as the only therapeutic decision. New ways of using steroids, cytotoxic immunosuppressants, each with its own particular strengths and weaknesses, and more recently plasmapheresis, intravenous immunoglobulin, and cytokines, many still finding their way, now may be drawn upon.

So this is a timely and welcome monograph, penned in a consistent and easily manageable style almost entirely by two neurologists with great experience in the