Depression in Parkinson's disease

We were surprised at the choice of controls used by Huber et al in their study which recently showed little relationship between depressive features and the progression of the disease. They recruited their "controls" from carers of Parkinsonian patients, either spouses of the patients or members of a support group, which we have previously criticised with respect to studies which have had similar methodological problems.

We have studied a group of 100 Parkinsonian patients and their carers using the Hospital Anxiety and Depression scale which avoids many of the somatic elements of the Hamilton or Beck inventories, and has been well validated for the physically ill. We found a close relationship not only between the levels of depression in patient and carer, but also for features of anxiety. We have used controls of similar disability who were unrelated to the patients, and shown no difference in depressive features between Parkinsonian and non-Parkinsonian.

This leads us to believe that in contrast to the argument proposed in this paper, and traditional teaching, much of the "depression" seen not only in Parkinson's disease but also in other chronically disabling diseases (such as stroke) is a non-specific feature of disability, whereas anxiety is a much more specific and clinically relevant psychological feature of this intriguing disease.

We would hope that recognition of these psychological features will be reflected not only in therapy for the patient, but also in considered management of their carers.

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P Fletcher
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Huber replies:

MacMahon and Fletcher have taken exception to the use of spouses of patients with Parkinson's disease (PD) as controls in our recent paper. 'Their study compared patients with PD to controls of similar disability. This approach has been used several times in the past to examine the question of whether depressive symptoms associated with PD extend beyond that expected as a reaction to physical disability. Our study examined the relationship between severity of PD and depressive symptoms. We specifically examined whether there is a differential relationship among the various aspects of depression and disease severity. We did not, as these authors suggest "find little relationship between depressive features and the progression of the disease". We found unique relationships between the various symptoms of depression and severity of PD. These results suggest that inconsistent findings in the literature may be due in part to the use of different depression scales. More importantly, our results suggest that the cause of depression in PD is more complicated than the simple endogenous versus reactive dichotomy would imply. These results do not agree with the suggestion of these researchers that depression is a nonspecific feature of PD. It would appear that the relationship between depression and disability in PD is complicated and varies with respect to different features of depressive symptoms.

While the finding of these researchers that there is a correlation between depression scores of carers and patients with PD is a useful methodological note, the interesting question is why patients have greater depression. Finally, these researchers should not have been "surprised" at the use of our controls based on their reported study. Our paper was submitted in October of 1988 and their letter related to anxiety was published in August of 1989 and the abstract related to depression in April of 1990. It is legitimate to criticise authors for not acknowledging new research in the area. It is not, however, legitimate to criticise the failure to cite as of yet published research.

Steven J. Huber
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Episodic paroxysmal hemicrania

The report by Blau and Engel highlights the episodic nature of paroxysmal hemicrania and suggests that patients can be divided into three groups: A) those who begin with the chronic phase; B) those who remain episodic and C) those who start episodic and then progress to chronicity.

The report prompts me to detail the history of a female patient who presented at the age of 43 with a three year history of episodic left sided paroxysmal hemicrania. At worst, her attacks occurred up to 20 times per day with a maximum duration of 10–15 minutes. At best, they occurred twice per day. The initial cluster period was four to six months with four to six months of relief from the attacks. Investigation showed no abnormality and a diagnosis of episodic hemicrania was made and she showed a dramatic response to indomethacin.

The initial episodic phase of the disease lasted four years and in the fourth year, following the diagnosis being established at the end of the third year, she had two periods of therapy with indomethacin of five months each.

She then went into a three year period where she required daily therapy because of the severity of her symptoms, the attacks occurring virtually daily. She then re-entered an episodic phase of the disease which has now lasted for two years.

The patient's history would suggest therefore that patients with episodic disease can have protracted chronic phases and then return to an episodic pattern and that this pattern should be recognised as part of the spectrum of paroxysmal hemicrania.

W.J.K. Cumming
Cheadle, Cheshire


BOOK REVIEWS


This book reports the proceedings of the first Princeton Drug Research Symposium. At first glance, these three subjects appear disparate bedfellows though on reflection there are obvious links, the Benzodiazepines with epilepsy and anxiety and the excitatory aminoacids with epilepsy and ischaemia. The book is set out in four sections. The first three are each preceded by a review article. In the first section on anticonvulsants, Dr Porter describes the development of anti-epileptic drugs firstly historically and then with regard to current drug treatments, the emergence of the new anti-convulsants and the design and clinical trials to assess efficacy. This is then followed by reviews on the mechanism of seizures and mechanism-based approaches to the development of new anti-convulsants. This whole section is of interest to the clinician and certainly points the way to the new and exciting pharmacological developments.

The second part begins with an historical review on the development of anti-anxiety agents and is followed by papers on serotonin mechanisms and the structure of GABA and Benzodiazepine receptors. This section contains a lot of basic science and is Biological, the non-expert to assimilate. The third part and to the reviewer, the most interesting commences with an authoritative overview from Dr Meldrum on the pathophysiology of Cerebral Ischaemia and Trauma with a view to therapeutic intervention. This is a definitive account and sets the scene for subsequent papers on the limitations of animal models of cerebral ischaemia, the potential neuroprotective value of NMDA receptor antagonists, the role of Oxygen Radical in stroke and finally brain anti-
cytotoxic oedema agents. I particularly enjoyed the article by Etienne and Hakim, on the clinical testing of compounds that might modify or inhibit neurodegenerative disorders. The final section, without any introduction is entitled Novel Compounds. It is a confusing potpourri relating to novel anti-
convulsants, NMDA antagonists and antio-
lytics and apart from giving an impression of new directions, gives little else to the non-
pharmacologist.

I found the text disconcerting because of the mention of different type sets used. It
does give the impression of rapid and (per-
haps unfairly) careless assembly. One had a
similar impression of the editorial control. As
regards content, there were areas of interest
obviously in and around neurology and also the
development of new anti-convulsants and the
review articles at the beginning of each sec-
tion were generally excellent. I did not feel
however, that these alone justified purchasing
such an expensive text which is probably only
of value to the Pharmacologist and Clinician
with a detailed knowledge and research
interest of the neuro-pharmacology of these
disorders. I could not therefore, generally
recommend this book.

IAN BONE

Evoked Potential Manual. A Practical
Guide to Clinical Applications. 2nd
Revised Edition. Edited by EJ COLON AND SL
VISSER. (Pp 358; Price: Dfl 250.00, US$ 149.00, UK£ 86.00.) Dordrecht, Kluwer
Academic Publishers Group, 1990. ISBN 0-
7923-0791-7

A purpose written book yet uneven in style,
language and references, as if a conference
date or place may have been overlooked or
omitted. The first is a useful general chapter
on technical and methodological considera-
tions on the measurements of evoked respon-
ses. Individual chapters on all types of evoked
potentials follow, detailing the short, long
and middle latency responses. A chapter on
magnetic stimulation, both transcranial and
transcranial and one on event related poten-
tials end the volume.

The book deals with the advantages, draw-
backs and pitfalls of the various stimuli, electrode
placement, source of artefacts, set-
ting up control studies etc; it even deals with
where to place a department of clinical neuro-
physiology! It gives anatomical and
theoretical background and explanations of
the various procedures. The one on visual
evoked responses and the one on somato-
sensory potentials each give a paragraph on
brain mapping as well. From the clinician's
point of view, the best chapter is the one on
visual evoked responses. Controversial
theories and findings are mentioned or des-
cribed in all chapters; only those which give a
short summary with critical comment after
each debate do help to clear rather than add to
the evoked response. For the one on somatosen- 
sory potentials this manual qualifies as heavy—not least because of its
weight. Heavy language throughout; it
feels like a translation and searching for a verb
may or may not be different finding it at the end
of a long sentence. The editor missed out on an
abundance of misprints which do not make
the reading any easier. Just a few examples:
discuss, degrease, potential, will give the
flavour. References are plentiful and relevant
including many up-to-date ones, an excellent
feature and an asset to the book. After one
of the chapters the bibliography is Vancouver
style, all other lists appear in alphabetical (Harvard) order. The reasons for the
inconsistency remain obscure. The subject index is
eratic. Altogether ten clinical conditions are
mentioned, Reye's, Wilson's, Huntington's
disease among the ten; other diseases,
occasionally or often dealt with in the text
are omitted from the index, Multiple Sclerosis
being one of the many omissions. The logic
escapes me. The book assumes considerable
knowledge of the field and limits its usefulness
to the exclusion of the uninitiated in the
principles of electrophysiology. However it
will be very helpful when introducing and
setting up new techniques in an electrophys-
iological laboratory, both clinical and
research.

Progress in Clinical Neurological Trials
Vol. 1 Amyotrophic Lateral Sclerosis.
Edited by F CLIFFORD ROSE. (Pp 238).
0-939957-23-X

This publication brings together the papers
presented at the meeting held at Charing
Cross Hospital in June, 1988, and devoted to
the Consideration of Therapeutic Trials in
Amyotrophic Lateral Sclerosis. The organ-
iser of the meeting, F. Clifford Rose, is also
this book’s Editor.

While the aetiology and pathogenesis of the
disease remain unknown, the clinical
picture in its various guises, is usually easily
recognised. The course of the disease
however, can be unpredictable but only with
regards to the rate of deterioration and the
length of survival to the inevitable fatal
outcome.

Many chapters are devoted to the assess-
ment and measurement of the motor deficit,
muscle strength, bulbar dysfunction including
dysphagia, and the help that electro-
mypography can provide in this process. The
ethical issues involved in the use of trials in
such a disease, and in particular regarding the
use of placebos, are sensitively considered.
Definite preliminary evidence of the disease is
a prerequisite for a well constructed placebo
controlled therapeutic trial. Such trials are going
on all the time; and in so much as this book
gives good background reading to the
researcher and the evaluating clinician, it
can be recommended.

KJ ZILKHA

Management of Childhood Brain
Tumors. Edited by MELVYN DEUTSCH. (Pp
523; Price: Dfl 410.00; US$ 175.00; UK£123.25.) Dordrecht, Kluwer Academic
Publishers Group, 1990. ISBN 0-792-30669-
4

This multi-author volume is the third in
a series on Foundations of Neurological Sur-
geries. All 26 contributors are from North
America and only one is that of two major
centres of paediatric neurology in Pittsburgh
and in Toronto provide the majority of the
clinical background for the views presented.
The editor, who contributes a third of the 24
chapters, correctly states in his introduction
that there has been major progress in the
management of paediatric brain tumours in
the last 20 years. It is arguable that the
improvements in paediatric practice in this
decade have been more beneficial than in
adult neuro-ontology. Specifically
improved shunts and methods of tumour
excision, together with radiotherapy and
chemotherapy, have given results in certain types of tumour,
for example a 70% 5 year survival in many
stages of medulloblastoma.

This is a comprehensive textbook which
provides well referenced review chapters in
all the relevant areas, including neuropath-
ology, neuroradiology, surgery, radiotherapy
and chemotherapy of childhood brain
tumours and spinal tumours. Several aspects
of management of paediatric brain tumours
remain controversial. In neuropathological
classification the use of the term PNET
(primitive neuroectodermal tumour) has been
hotly debated and in the long run it will
probably be the preferred neuropathology chapter in this
book this controversy, and others, is address-
ed in a very even-handed way. Equally
counterversial matters, which have led to
strident disputes, are addressed in the
excellent chapters on gliomas of the visual
pathway, on craniopharyngioma, and on
tumours of the cerebral hemispheres. Other
more common tumours like medulloblas-
tomas and cerebellar astrocytomas, where at
present basic and clinical aspects are less
counterversial are also described in depth
with clear reviews. Although paediatric neuro-
ontology has made long strides, the current
state of the art is still not so advanced as to
have been major breakthroughs and
important advances still have not been
arrived at concerning many aspects of
management. In several chapters it is made
clear that progress in this field requires multiscience,
possibly multination, studies.

This book can be recommended to all in
the neurosciences, whether neurobiologists,
neurologists or neurosurgeons as well as to
radiotherapists and medical oncologists. It
is well produced but expensive, it would be
useful, if not indispensable, but it should find
a place in all departmental libraries at centres
where children with brain tumours are treated.

DG THOMAS

Obsessive-Compulsive Disorders 2nd
Edition Theory and Management. Edited
by MA JENKINS, P L BALE AND WM E
MINCHIELLO. (Pp 436; Price: £38.50.)

1980 saw the first published reports of
efficacy for pharmacological treatment for Obsessive
Compulsive Disorders (OCD). Over the sub-
sequent decade there has been an explosion of
interest in the investigation of this intriguing
illness and many long held myths have been
dispelled. We now know, for example, that
OCD is a common disorder and that treat-
ment with certain drugs, notably those with
5HT uptake inhibitor properties is likely to
be effective.

The discovery of specific pharmacological
therapies for OCD has not only revolution-
sed clinical management but has also
initiated research in this previously neglected
area. The body of knowledge is quickly

J Neurol Neurosurg Psychiatry: first published as 10.1136/jnnp.54.7.666-c on 1 July 1991. Downloaded from http://jnnp.bmj.com/ on September 22, 2022 by guest. Protected by copyright.