

PARKINSON'S DISEASE

This 62 year old lady presented after a fall while out shopping with a friend. She said she had tripped and did not lose consciousness. She described a 6-month history of a gradually worsening tremor in the right hand, worse at rest and when walking or using the left hand. She also felt 'slow' when trying to initiate a movement, but was fine once moving. Her friends had commented on her walking: she now shuffles, and struggles to keep up when out shopping.

She currently takes thyroxine (50 mcg once daily) for hypothyroidism. Past medical history was otherwise unremarkable, with no history of neurological or cardiovascular disease, She is a non-smoker, and drinks ten units of alcohol a week.

On examination, there was a coarse, resting 'pill-rolling' tremor of the right hand, involving the thumb and index finger. Tremor was exacerbated by active movement in the contralateral limb, and on walking. She had a shuffling gait, and a slightly flexed posture. She was slow to rise from a chair and start walking, and was unable to stop abruptly or turn when directed. Power in the upper lower limbs was normal (5/5), but there was increased tone in all four limbs , with 'lead-pipe' rigidity. Neurological examination was otherwise normal, and she had an abbreviated mental test score of 10/10. General examination was unremarkable. My provisional diagnosis is of idiopathic Parkinson's disease.

Prognosis and treatment options were discussed. It was suggested that the use of L-Dopa should be deferred until symptoms get worse, given that its efficacy wears off in the long term. She was referred to the Movement Disorders clinic for further functional assessment and help with daily activities.