

AUTHORS' REPLY

Dear Sir,

We are thankful to the reader for going through our article carefully and giving thoughtful comments. In response to our worthy reader's comments and valued suggestions, we have the following explanation.

1. After 4–6 years of symptoms, the majority of levodopa-treated patients encounter motor complications.⁽¹⁾ We reported the complications which include not only the motor ones but also postural hypotension and mental status changes, i.e. confusion and hallucinations. In addition to levodopa, approximately three-quarters of patients in our cohort received anticholinergics and about one-third of patients were also on amantadine, and these may have contributed to the complications. Despite the fact that the mean duration of follow-up period was 3.5 years, the total mean disease duration was 8.5 years. Furthermore, some of the patients were already diagnosed to have Parkinson's disease before they presented to our institution and were on medications at the time of presentation. We agree that survival curves would have given us more precise information regarding the exact timing of development of these complications. However, our data does suggest the progression of disease and development of complications over time.

2. Though depression was not mentioned in Table I, it was present in 34% of the patients. We agree that in Table II, the number in the cell of second row and second column should be 15, and that was mentioned in the table.

3. Since this was a retrospective chart review and there are no established movement disorder clinics, the data regarding exact symptom onset and disease progression in terms of the Unified Parkinson Disease Rating Scale was incomplete. So it was not possible to assess the course of disease with respect to progression and outcome in patients with different symptom onset.

4. Pearson chi-square and Fisher's exact tests were used, as appropriate.⁽²⁾ The results reported in Tables II and IV are based on Fisher's exact test, as observations in some cells were < 5.

5. All of our patients responded symptomatically to the therapy, at least early in course. "Early in course" refers to the early period of therapy.

6. We compared patients aged 50 years or below with patients aged above 50 years. The only difference was that the elderly group was more likely to develop cognitive impairment. We also compared the differences between genders but we did not find any statistically significant difference. We did notice male preponderance in our cohort; however, we think an epidemiological study in our region is warranted to answer these questions.

Yours sincerely,

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REFERENCES

1. Lawrence IG, Jacob IS. Medical treatment of Parkinson's disease. In: Kurlan R, ed. Treatment of movement disorders. Philadelphia, PA: JB Lippincott, 1995:1-56.
2. Chan YH. Biostatistics 103: qualitative data – tests of independence. Singapore Med J 2003; 44:498-503.