News
The University of Texas Health Science Center at Dallas
5323 Harry Hines Boulevard Dallas, Texas 75235 (214)688-3404

May 8, 1981

CONTACT: Susan Rutherford
Office: 214/688-3404
Home: 214/349-7820

* * * *Crippling Parkinson's disease is subject of symposium.

DALLAS--They look like zombies with their dead pan expressions and their peculiar shuffling gaits. Yet some of them fight to remain witty and literate even though the disease seems to be slowly setting their bodies into concrete.

The diagnosis is "Parkinson's disease." Neurologist Dr. R. Malcolm Stewart of The University of Texas Southwestern Medical School describes these patients as "people trapped within themselves."

Sitting at the dinner table, 60-year-old Albert is in the advanced stages of the disease. Hands shaking, mouth drooling, teary-eyed from depression, he is cared for by a very loving and devoted family. Having lived with the progressively degenerative brain disease for almost 25 years, Albert is more fortunate than some Parkinson patients. One Dallas woman in her sixth year of the disease has already progressed to the point of losing the ability to swallow, to speak and often, to remember. Her disease has followed a relatively unique course due to a vast array of complications, but this unpredictability is often the nature of Parkinson's disease. Symptoms vary from one individual to the next, often making diagnosis difficult.

Typically, the early signs of parkinsonism are tremor in a hand or foot, muscle stiffness, slowness of movement, a stooping posture, impaired balance and decreased voice volume.

Dr. Stewart, a researcher of the body's chemical imbalances brought on by the disease, is hosting a patient/family educational symposium on parkinsonism. It is slated for Saturday, May 16, from 2 to 5 p.m. in Gooch Auditorium on The University of Texas Health Science Center campus. With him will be a panel of experts including Dr. Richard R. North of the Texas Neurological Institute, Dr. Harold L. Klawans of Rush Medical College in Chicago and Dr. Manfred D. Muenter of Mayo Clinic.

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The panel will discuss the disease, medications and other therapy presently available, and will assess the outlook for the future. Free to the public, the symposium is sponsored by the United Parkinson Foundation, Chicago.

Parkinsonism afflicts thousands in this country, primarily those over the age of 40. It is a non-contagious, incurable disorder caused by insufficient quantities of the chemical "dopamine" in the parts of the brain responsible for motor control. And it is one of the most crippling of the central nervous system disorders, sometimes called "a model for aging."

Victims may live 20 years or more with medication to fight back the symptoms. But the disease itself still progresses. Rarely the cause of death, parkinsonism can weaken patients until they become susceptible to other diseases.

On autopsy, brains of those who have died with the disease show a striking resemblance. There is a loss of pigmented cells in the area called the "substantia nigra." Sometimes this loss is almost 100 percent, making a usually dark area almost white.

When parkinsonism was first identified by Dr. James Parkinson, an 18th century physician, the treatment was to drain blood from the patient's neck. Since then many forms of treatment have been tried, with varying success. Stewart explains that treatment now usually consists of a combination of medication, often "replacement therapy" to keep dopamine levels up, and physical therapy to keep muscles limber. Treatment should be tailored to the particular patient, he says, since the disease ranges from very mild to life threatening in different patients. The disease may be so innocuous in some patients that they never seek medical help.

For some patients, however, even the most recent advancements in drug therapy fail to control their symptoms. And drug side effects are often as bad as the disease.

Stewart, who is medical director of a recently established Dallas Area Parkinsonism Society Clinic at the medical school, is actively involved in clinical research to classify patients into subgroups which can be identified early so that predictions can be made about the best form of therapy for them. And he is engaged in laboratory experiments to test drug effectiveness at various stages of the disease.

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