Clinical Profile of Patients With Movement Disorders Presented to Outpatient Clinic

Thesis

Submitted for Partial Fulfillment of Master's Degree in Neuropsychiatry

Presented by

Mai Mohamed Elsayed Abdeldayem
M.B.B.Ch, Faculty of Medicine-Ain Shams University

Under Supervision of

Prof. Dr/ Mahmoud Haroun Ibrahim
Professor of Neuropsychiatry
Faculty of Medicine - Ain Shams University

Prof. Dr/ Ali Soliman Ali Shalash
Professor of Neuropsychiatry
Faculty of Medicine - Ain Shams University

Dr/ Alia Hassan Mansour
Lecturer of Neuropsychiatry
Faculty of Medicine – Ain Shams University

Faculty of Medicine
Ain Shams University
2018

سورة البقرة الآية: ٣٢

Acknowledgment

First and foremost, I feel always indebted to **ALLAH,** *the Most Kind and Most Merciful.*

I'd like to express my respectful thanks and profound gratitude to **Prof. Dr/ Mahmoud Haron Ibrahim,** *Professor of Neuropsychiatry, Faculty of Medicine - Ain Shams University for his keen guidance, kind supervision, valuable advice and continuous encouragement, which made possible the completion of this work.*

I am also delighted to express my deepest gratitude and thanks to **Prof. Dr/ Ali Soliman Ali Shalash,** *Professor of Neuropsychiatry Faculty of Medicine - Ain Shams University, for his kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.*

I am deeply thankful to **Dr/ Alia Hassan Mansour,** *Lecturer of Neuropsychiatry Faculty of Medicine – Ain Shams University, for her great help, active participation and guidance.*

My deepest thanks are also to **Dr. Eman Hamed,** *Lecturer of Neuropsychiatry Faculty of Medicine – Ain Shams University, Ain Shams University, for her close clinical supervision and kind help.*

I would like to express my hearty thanks to all **my family** *who have supported and inspired me till this work was completed.*

Last but not least my sincere thanks and appreciation to all patients participated in this study.

Mai Mohamed

List of Contents

List of Tables

List of Tables (Cont...)

List of Tables (Cont...)

List of Figures

List of Figures (Cont...)

List of Abbreviations

Abb.	Full term
AOD	*Adult Onset Dystonia*
BG	*Basal Ganglia*
COMT	*Catechol O-methyltransferase*
CT	*Computed Tomography*
DOI	*Duration of illness*
ET	*Essential Tremor*
FDA	*Food and Drug Administration*
F-M	*Fahn-Marsden Rating Scale*
HD	*Huntington Disease*
MAO-B	*Monoamine Oxidase-B*
MDs	*Movment Disorders*
MPTP	*Methyl-Phenyl-Tetrahydropyridine*
MRI	*Magnetic Resonance Imaging*
MSA	*Multiple System Atrophy*
NMDA	*N-methyl-d-aspartate*
NMSs	*Non-Motor Symptoms*
PD	*Parkinson Disease*
PKU	*Phenylketonuria*
PPN	*Pedunculopontine Nucleus*
STN	*Subthalamic Nucleus*
TAF	*Tremors Assessment Form*
TTD	*Time to Diagnosis*
UPDRS	*Unified Parkinson's disease Rating Scale*
VA	*Ventral Anterior*
VL	*Ventral Lateral*

ABSTRACT

We hypothesized that, Parkinson's disease is the most frequent presentation in the clinic followed by dystonia patients**,** patients with chorea, then patients with tremor and tics.

Both the incidence and prevalence of Parkinson disease increase with age, and the prevalence may be as high as 1 in 50 for patients over the age of 80 years. There was equal distribution among both sex, (57.58%) of patients were from rural area.

Moreover there is significant delayed diagnosis of involuntary movement disorders in rural areas.

Regarding tremor, the ET is more common in males with 26% of subjects had positive FH. There is significant relation between duration of ET and its severity.

Keywords: Movement Disorders - Essential Tremor - Catechol O-methyltransferase

INTRODUCTION

Movement disorder (MD) is a forthcoming branch of neurology. Movement disorders (MDs) implies abnormal movement or paucity of movement either voluntary or automatic which is not attributable to weakness or spasticity or any other medical causes directly interfering musculoskeletal system, such as, advanced rheumatoid arthritis or slowing of medical condition like hypothyroidism ***(Ghosh et al., 2013).***

The pathology of most of the movement disorders is usually due to lesions of the basal ganglia or its connections ***(Fahn et al., 2011).***

Movement disorders can be classified as either hyperkinetic or hypokinetic;

Hyperkinetic disorders: including tremor, chorea, dystonia, tics, myoclonus, and other involuntary movements.

Hypokinetic disorders: encompass the Parkinsonian disorders that includes Parkinson disease (PD) & Parkinson plus syndromes ***(De Rijk et al., 1997).***

They are common causes of disability, especially in older people ***(Niall et al., 2009).***

The overall prevalence of PD, for example, is 1% in people aged 65-85 years, increasing to 4.3% above the age of 85 years. The prevalence of essential tremor-the most common

form of tremor-is 4% in people aged over 40 years, increasing to 14% in people over 65 years of age ***(Dogu et al., 2003).*** The prevalence of tics in school-age children and adolescents can be as high as 21% ***(Kurlan et al., 2002).***