



Clinical Profile of Patients With Movement Disorders Presented to Outpatient Clinic

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

لَسْبَدَانِكَ لَا نَعْلَمُ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

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List of Abbreviations

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

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*).