

**308. Therapeutic experiences of longterm treatment of the parkinsonian syndrome with a L-Dopa retard preparation**

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Some of the disadvantages of longterm L-Dopa therapy are its side effects. A decrease in the failure rate may be possible by elimination of the side effects. Nausea, vomiting and hyperkinesia are caused by the variable blood concentration of L-Dopa, therefore stabilization of the Dopa-concentration should be attempted. This can be arranged by altering resorption, either its form or its time. One possibility is to alter the resorption delaying substance. The decrease in Dopa resorption can be monitored by measuring the blood level of the substance. A group of 33 patients with parkinsonian syndrome was treated with Dopa retard prepared by combination with resorption delaying substance (contents of one tablet 400 mg Dopa). This group of patients was compared with another group treated with a normal Dopa preparation. The age distribution and the severity of the neurological symptoms were approximately the same. For analysis of the results, beside neurological examination, Webster's rating scale, a personal rating scale and psychodiagnostic tests (Gerstenbrand, Grunberger et al.) were used. In some of the cases the amino acid distribution in the cerebrospinal fluid and blood was estimated. In some cases of both groups tremorgrams could be carried out. In all cases the side effects were precisely recorded.

Comparison of both groups showed that patients treated with the L-Dopa preparation in a retard form had a more favourable result, the daily dose was 20–30% lower and there were fewer side effects.

**309. Intermittent claudication of the cauda equina**

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The condition of transient lower limb symptoms that occur only while walking or standing, due to a critical compression of the cauda equina roots (Blau and Logue, *Lancet*, 1961, 1, 1081), is now widely accepted. Different names have been attached to the syndrome but the authors still favour 'intermittent claudication of the cauda equina', because it describes the site of the lesion as well as the disorder of function without prejudice to the altered physiology. The mechanism of the discontinuous symptoms is still disputed: ischaemia, variable disc compression and locally increased pressure have been advocated. Nevertheless it has become clear that narrowing of the lumbar canal, particularly in the AP diameter, is determined by several factors – congenital (Verbiest, *J. Bone Jt Surg.*, 1955, 37B, 576), traumatic and ageing – hence comparable to the factors that influence cervical myelopathy in cervical spondylosis. Exercising the patient and examination while the symptoms are present can help to make the diagnosis. Myelography, however, remains the crucial special investigation and surgery the only method of relieving symptoms. The authors' recent cases will be reviewed.

**310. Four year follow-up of intellectual function in Parkinson patients treated with L-Dopa**

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Twenty-three Parkinson's disease patients were administered the Wechsler Adult Intelligence Scale and the Wechsler Memory Scale as part of a larger battery of cognitive, conative, memory, perceptual and perceptual-motor tasks immediately prior to beginning L-Dopa treatment, a second time when maximum therapeutic benefits had been achieved, one year after this second testing and again after 4 years. The results of the first 3 testings have already been reported (Arbit et al., *L-Dopa and Parkinsonism*, pp. 329–336, F.A. Davis Co., 1970; and Boshes et al., in: *Parkinson's Disease: Rigidity, Akinesia, Behavior*, Vol. I: *Leadoff Statement*, Hans Huber Press, 1972). These studies show in general that there is not the deterioration that one would expect from a non-treated Parkinson's disease group or in a control group treated with a drug other than L-Dopa. The current findings show that over the entire range of abilities sampled by the 2 Wechsler scales there remains a consistency in functioning from the prior test occasions such that 4 years after treatment was begun we find only the deterioration that is expected as part of the normal aging process.

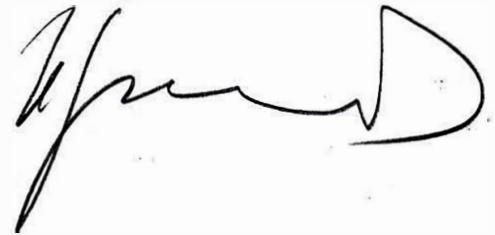
**311. Cineradiographic study of swallowing disorders in patients with Parkinson's disease**

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Previous radiologic studies of swallowing in Parkinson patients have concentrated on

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