PO-C6-05

SUSTAINED RELEASE L-DOPA IN L-DOPA RESPONSIVE RESTLESS LEGS SYNDROME

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Patients with idiopathic restless legs syndrome complain about increased sleep latency and frequent nocturnal awakenings, sometimes about day-time symptoms at rest. Treatment with L-DOPA, bromocriptine, opioids or benzodiazepines has been proven a successful therapy in insomnia due to idiopathic and uremic restless legs syndrome (RLS).
L-DOPA is considered as efficient and reliable long-term treatment without addiction problems. To avoid nocturnal rebound-effect after a single bed-time dose and to reduce nocturnal awakenings we initiated an unblinded trial with a combination of 25/100mg Benserazide/Levodopa and 25/100mg sustained release Benserazide/Levodopa (Madopar HBS, 1 to 2 capsules) in 12 patients with idiopathic RLS and positive L-DOPA response.
The 12 patients (6 male, 6 female) aged 45 to 77 years suffered 2 up to 55 years from idiopathic RLS, with an increased sleep latency in 11 and nocturnal awakenings (mean:3.75 per night) in all patients. Diagnosis of RLS was supported by polysomnography with additional PMS (periodic movements in sleep) syndrome in 8 patients. Daytime symptoms were present in 10 patients.
Patients evaluated duration of sleep latency, nocturnal awakenings, daytime symptoms and side effects with a self-rating nocturnal diary. Sleep latency improved by levodopa standard alone, but nocturnal awakenings decreased significantly by combination of standard and sustained release L-DOPA in 9 patients and has been sustained up to 3 months follow up.
Three patients complained about side effects, 2 of them discontinued therefore L-DOPA (drowsiness, vomiting).
We conclude that a combination therapy of levodopa standard and sustained release L-DOPA is superior to L-DOPA standard alone in respect to improvement of sleep quality and reduction of nocturnal rebound effects.

PO-C6-06

SLEEP DISTURBANCES IN MEN WITH SEXUAL PROBLEMS AND THEIR TREATMENT WITH THE BULGARIAN PHYTODRUG "APHROPAN"

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Sleep disturbances are particularly frequent in male patients with sexual problems. The main problem is to find such a drug which from one side has to tone the organism and to resolve the sexual problems and from the other side to liquidate the insomnia. The authors scale their experience with the new Bulgarian phytodrug "Aphropan", which is acting in the two directions. 3 groups of male patients with sexual problems in whom insomnia is especially emphasized were treated with "Aphropan":

1) with psychogenic etiology;
2) with organic etiology;
3) placebo group (with insomnia without sexual problems).

The results are as follows:

Group 1) - the insomnia was in 60% of the patients, and after the treatment the insomnia was present in 5%.
Group 2) - 35% at the beginning with insomnia, after the treatment no insomnia.
Group 3) - 20% and 15% repectively.

PO-C6-07

MICRONAROUSALS IN SLOW WAVE SLEEP

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Approached by a search for functional microstates behind the artificially smooth surface of sleep phases an ever changing dynamic process scattered by succession of microarousals could be explored.

Spontaneous events were simulated by experimentally controlled evoked ones. Different kinds (and degrees) of microarousals where analysed by two basic methods.

Long latency components of auditory evoked potentials of healthy human adults were analysed in different slow wave sleep stages and at different electrode positions. The large negative deflection, seems to be analogous with the negative component of the K-complexes, consisted of 2 distincts components with 300 and 550 msec latency and with central and frontal amplitude maxima respectively. The amplitude of the following prominent positivity at 900 msec was proportional with the amplitude of the larger negativity. Very long components (N 1500 and P 1900) where observed with increasing amplitudes parallel to the deepening of sleep. K-complex like slow transients proved to belong partially to information processing and partially to the slow wave generating sleep process.

The time evolution of the poststimulus EEG power spectrum has been investigated in slow wave sleep within the initial 10-15 sec after acoustic stimuli supposed to evoke slight arousal shifts, micro-arousals. A total of 1805 single EEG response from sleep records of nine healthy subjects have been analysed. The responses of four subjects had been visually classified before the analysis into the following categories: no visually detectable response, single K-complex, K-complex followed by sigma spindle, K-complex followed by alpha spindle, K-complex followed by delta group.

A distinct spectral time course pattern could be identified in the poststimulus epochs, however, these epochs were integrant parts of a continuous sleep EEG activity. The poststimulus spectral pattern is characterized by a short initial power elevation and a following reduction at the delta, theta, alpha and beta frequency band and a simultaneous but prolonged (5-20 sec) and strong (50 %) power reduction at the 13-14 Hz sigma spindle band. This phenomenon seems to be a common feature in different stages of slow wave sleep. The quantitative differences between the types distinguished delineated a continuum of a microstate thought to be slight micronarousal. This stimulus-related microstate could serve as a transitory stand-by state ready to reach higher arousal rapidly while maintaining the continuity of sleep, hence the inhibition of spindle activity could provide a phasically improved thalamo-cortical sensory inflow after environmental stimuli.

PO-C6-08

ELECTRICAL STATUS EPILEPTICUS DURING SLEEP CAUSING "FORCED NORMALISATION" OF THE DAYTIME EEG AND ACUTE PSYCHOSIS

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Overt psychosis or or slighter disturbances in behaviour and performance has been described in patients with epilepsy as early as 1860 (1). These phenomena can be distinguished into two different groups. The ictal psychosis with corresponding EEG abnormalities can be understood as an diffuse cerebral dysfunction caused by the epileptic discharges. The cause of the interictal psychosis is less understood, but the reduction of seizures and the normalisation of the EEG trace has been well documented.

We describe a patient with acute psychosis, "forced normalisation" of the daytime EEG tracing and electrical status epilepticus during sleep. The cessation of the almost continous epileptic discharges during sleep marked the turning point towards the normalisation of the psychic symptoms during the day.

We interpret the psychosis in this patient as related to the sleep fragmentation by epileptic discharges. We hypothesize, that the so-called "normalisation" of the daytime EEG in this patient represents a mechanism to prevent further epileptic discharges by the increase of the vigilance level. We suspect that more patients with interictal psychosis and "normalized" daytime EEG have sleep disturbances by epileptic discharges or even electrical status epilepticus during sleep. Therfore we recommend 24-hour-EEG monitoring and sleep polygraphy in epileptic patients with acute psychosis, especially if the daytime EEG is "normal".

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