

## Appendix 10

### DRUG PAIN IN PARKINSON'S DISEASE

Because many doctors feel that all problems in a PDer, including pain, must be signs of advancing Parkinson's, I am including these excerpts from a paper read at a Parkinson's research conference in Coventry, England, June 19, 1998. In my own experience, I have seen that most pain in Parkinson's comes from dystonias. These dystonias can be the result of old injuries causing muscle flaccidity or tension, and they can also be the result of overmedication. In the latter case, it appears as if the brain employs muscles with decreased muscle-motor command communication to burn off some of the excess dopamine via frantic activity. The muscles may shake or they may spasm instead. If they go into spasm mode, the resultant pain can be excruciating and does not usually ebb until the medication wears off. If pain first appears an hour or so after taking a pill, whether or not the pill ever seems to be effective, it is a good guess that the pain is the result of overmedication. The apparent "failure" of the pill may be, in fact, a symptom of freezing from overmedication.

The following is from a paper by Kylash Bhatia, MD (Department of Clinical Neurology, Institute of Neurology, University College London).

"...Pain can be the presenting feature of PD but more commonly pain in PD patients may be associated with motor fluctuations induced by treatment...."

"...Quinn and colleagues in 1986 classified PD pain into four main categories. The first category was patients in whom pain preceded the diagnosis of PD. The other 3 categories were related to motor fluctuations with regard levodopa treatment. The first category was '*off period pain without dystonia*' and included morning pain, beginning of dose pain and end of dose pain. The second category was '*pain associated with dystonic spasms*' which could again occur early morning, during the off-period, at the beginning of a dose or at the end of a dose. The third category was '*Peak-dose pain*', occurring when the patient was turned on."

"...However, others believe that pain symptoms which accompany PD may not be directly related to motor phenomena and cite the following reasons.

1. pain can often occur on the opposite side of the body to the main motor signs
2. sensory symptoms and pain can exist for many years before the usual motor symptoms of PD develop
3. there is often no relationship between pain and tremor or rigidity
4. while antiparkinson medication sometimes relieves motor and pain symptoms, this therapy does not always alleviate pain and in some cases can increase sensory symptoms.
5. "...in some individuals, levodopa dosage reduction may be required (rare cases where only levodopa withdrawal led to cessation of pain have been recorded)."

