ONSET AND SPREAD OF DYSKINESIAS AND MOTOR SYMPTOMS IN PARKINSON’S DISEASE

M. Bloise\textsuperscript{1} MD, G. Fabbrini\textsuperscript{1} MD, G. Defazio\textsuperscript{2} MD, C. Colosimo\textsuperscript{1} MD, A. Suppa\textsuperscript{1} MD, A. Berardelli\textsuperscript{1} MD

\textsuperscript{1} Department of Neurological Sciences and Neuromed Institute, ‘Sapienza’ University of Rome, Italy; \textsuperscript{2} Department of Neurological and Psychiatric Sciences, University of Bari, Italy

We retrospectively investigated in consecutive Parkinson’s disease (PD) outpatients the relationship between the body region in which LID first appeared and the body region where parkinsonian motor symptoms started. We also studied the spread of LID and motor symptoms to other body parts during the progression of PD. Of the 307 PD patients investigated, 99 with LID were enrolled in the study. In these 99 patients LID started unilaterally in the limbs in 44, bilaterally in the limbs in 26 and in craniocervical region in 29, whereas motor symptoms invariably started in the limbs. LID and motor symptoms started in the same body region in less than half of the patients studied. Of the 99 patients studied, 69 had LID spread to at least another body region during the course of their disease. In this group clinical examination yielded a significantly different distribution of LID and motor symptoms. These findings suggest that the onset and spread of LID and motor symptoms may follow different anatomical patterns.