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Ⅵ．文献・Abstract

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Guidelines for the Treatment of Parkinson’s Disease

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We made a systematic review of the literature on the treatment of Parkinson’s disease published between 1966 and December 2000. Each article was classified according to the evidence level proposed by Agency for Healthcare Research and Quality (AHRQ). We made Conclusion of the ad hoc committee on the efficacy and safety of each drug and each treatment was stated based on the level I clinical studies; if no level I study was found, level II and level III studies were consulted. Based on these reviews, we made a guideline for the treatment of Parkinson’s disease. Parkinson’s disease was classified into two groups, i.e., early stage Parkinson’s disease and advanced stage Parkinson’s disease. The former includes those parkinsonian patients who have not been treated with levodopa or a dopamine agonist; the latter consists of those parkinsonian patients who have been already on levodopa and are manifesting various problems arising from levodopa treatment.

First of all, we confirmed that there was no evidence to indicate that levodopa would potentiate nigral neurodegeneration in vivo by systematic review of the literature. Then by reviewing the literature on large scale randomized clinical trials comparing two treatment modalities, i.e., initiating treatment by a dopamine agonist or by levodopa. These studies showed that initiating treatment by a dopamine agonist delayed the onset of motor fluctuations related to chronic levodopa treatment. Based on these results, we have made a guideline for the treatment of early stage Parkinson’s disease. We recommend starting drug treatment by a dopamine agonist for early stage parkinsonian patients. Exceptions are those patients with dementia and elderly patients (above 70 to 75): they should be treated by levodopa initially. Demented parkinsonian patients are liable to develop hallucinations and delusions by dopamine agonists. Elderly patients have less chance of developing dyskinesia compared to younger patients. We also have made guidelines for the treatment of advanced parkinsonian patients who are manifesting various problems of long-term levodopa treatment.

Key Words: Parkinson’s disease, Treatment, Guideline, Motor fluctuations, EBM