



Short communication

The Unrelated Communication Interlude (UCI) – An automatic behavior phenomenon in Parkinson's disease

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ABSTRACT

We report on 8 patients with Parkinson's disease (PD) who experienced suddenly episodes of speech unrelated to the topic of conversation or wrote sentences unrelated to the context. During these episodes and later, unless pointed out, patients were unaware of the behavior. We called this phenomenon Unrelated Communication Interlude (UCI). All patients were male; half of them with impulse control disorders (punding, hypersexuality, or pathological gambling). Four patients reported sleepiness when the episodes of UCI occurred. There were no significant differences in age at examination, age of onset of PD, and neuropsychological tests score (Mini-Mental State Examination, Frontal Assessment Battery, and Beck Depression Inventory) between patients with UCI and those without. To our knowledge, this is the first reported phenomena of such abnormal behavior in Parkinson's disease. UCI was considered as automatic behavior similar to that seen in narcolepsy and excessive daytime sleepiness. UCI might be occurring in relation to excessive daytime sleepiness in PD.

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1. Introduction

Various non-motor symptoms cognitive, neuropsychiatric, sensory, and autonomic disturbances, have recently been observed in patients with Parkinson's disease (PD). Some of them are thought to be related to dopamine replacement therapy (DRT). Addictive behaviors punding, hypersexuality, and pathological gambling, also referred to as impulse control disorders [1], were suggested as being related to DRT, especially those with dopamine agonists [1]. Irresistible attacks of sleep and daytime sleepiness have also been linked to DRT [2].

We performed semi-structured interviews of patients with PD to identify abnormal behaviors. Some patients had episodes of unaware speech or writing of sentences, unrelated to the context. In these cases the patients were unaware of their behavior until somebody pointed it out. Some of the patients while experiencing these phenomena reported feeling sleepy.

2. Patients and methods

Written informed consent was obtained from all participants prior to study participation. From 250 outpatients with PD under care 140 and their family caregivers as informants consented to receive neuropsychological assessment and an

interview regarding abnormal behaviors, including impulse control disorders. This study was approved by the Human Research Ethics committee of Juntendo University.

The following neuropsychological batteries were administered in person to all patients participated in this study: the Mini-Mental State Examination (MMSE) [3], the Frontal Assessment Battery (FAB) [4], and the Beck Depression Inventory (BDI) [5]. Patients and their family caregivers separately received semi-structured interview in private. The Epworth Sleepiness Scale (ESS) [6] was administered within four weeks from the first interview to a subset of the patients who experienced UCI. Out of 8 patients with UCI, 3 received an additional interview for ESS. For 5 patients, we sent ESS to their mailing address, however, only two responded.

Daily levodopa equivalent unit dose of DRT (levodopa and dopamine agonists) was calculated according to the published method [7]. Statistical analysis was performed using SPSS software version 14.0 (SPSS, Chicago, IL). The level of statistical significance in this study was defined as 0.05.

3. Results

A total of 140 patients with PD consented to be interviewed. The mean age of the patients was 65.98 ± 9.20 (SD) years (range, 43–84 years); 52.9% of the patients were male. Abnormal behaviors, including punding, hypersexuality, and pathological gambling, were identified in 9 patients (6.4%), i.e., 3 with punding (2.1%), 7 with hypersexual behaviors (5.0%), and 2 with pathological gambling (1.4%). In addition, 8 patients (5.7%) experienced episodes of UCI (Table 1). The age at examination, the age of onset of PD and disease duration were not significantly different between the patients with and without UCI (Table 2). The frequency of UCI

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Table 1
Clinical characteristics of Unrelated Communication Interlude.

Sex	Occupation	Patients' symptoms	Duration	Frequency	Other abnormal behaviors	Antiparkinsonian therapy	H&Y	MMSE	FAB	BDI	ESS
M	Investment specialist in financial company	Wrote about private matters for 2–3 sentences in business email. He noticed sleepiness.	6 months	Several times/month	Hypersexuality	Levodopa, 300 mg/Carbidopa, 30 mg; Pergolide, 750 mg; Selegiline, 10 mg; Trihexyphenidyl, 2 mg	2	26	18	2	
M	Copywriter in advertising agency	Spoke to his staff in sentences unrelated to the conversation. He noticed sleepiness.	6 months	Several times/week	Hypersexuality	Levodopa, 700 mg/Carbidopa, 70 mg; Pergolide, 1250 mg; Selegiline, 5 mg	3	27	17	7	
M	Administrative work coping with claims	Unintentionally wrote several sentences using PC that he noticed later.	6 months	Several times/month	Punding	Levodopa, 300 mg/Benserazide, 75 mg, Trihexyphenidyl, 4 mg, Amantadine, 150 mg; Pramipexole, 3 mg; Selegiline, 5 mg	3	29	17	7	14
M	Owner of building company	Gave unrelated answers to his business client during conversation which his wife observed and pointed out.	12 months	Several times/month		Levodopa, 450 mg/Benserazide, 112 mg; Pergolide, 0.75 mg,	3	25	13	7	10
M	Divorce mediator	Unconsciously wrote unrelated sentences in hand writing. He noticed sleepiness.	24 months	Several times/week		Levodopa, 600 mg/Carbidopa, 60 mg; Selegiline, 10 mg; Pramipexole, 3 mg	3	26	16	13	
M	Administrative work in construction company	Talked unconsciously about sexy images of women during weekly business meetings with his client.	6 months	Once/week	Hypersexuality/Pathological gambling	Levodopa, 400 mg/Benserazide, 100 mg, Pramipexole, 4 mg; Pergolide, 4 mg, (DBS one year prior to the interview.)	3	29	15	8	9
M	Engineer in electric company	Talked about matters different from what he intended during conversation at work. He noticed sleepiness.	3 months	Once/week		(LEU 33.5 mg; LEU/agonist 33.5 mg)	3	27	16	7	23
M	Retired	Talked about unrelated matters during conversation which his wife pointed out.	24 months	Several times/month		Levodopa, 600 mg/Carbidopa, 60 mg; Pramipexole, 1.5 mg	3	22	14	21	9

H&Y: Hoehn & Yahr stage; DBS: Deep Brain Stimulation; MMSE: Mini-Mental State Examination; FAB: Frontal Assessment Battery; BDI: Beck Depression Inventory; ESS: Epworth Sleepiness Scale.

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