Correlations of ADAS-Cog and MMSE with category scores were highest with paranoid/delusions (r = 0.25, ADAS-Cog; r = -0.16, MMSE) and activity disturbances (r = 0.25, ADAS-Cog; r = -0.25, MMSE). The weakest relationships, not statistically significant, were found on aggressiveness (r = 0.01, ADAS-Cog; r = -0.06, MMSE) and diurnal rhythm (r = -0.12, ADAS-Cog; r = 0.09, MMSE). CONCLUSIONS: Given the relatively low correlations (r < 0.40) of the BEHAVE-AD-FW with ADAS-Cog and MMSE, the BEHAVE-AD-FW may measure previously undetected symptoms of dementia in AD and might be an independent supplement to measures of cognition.

**STUDY OF THE QUALITY OF LIFE IN PARKINSON'S DISEASE PATIENTS IN RUSSIA**

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**OBJECTIVES:** To assess an influence of depression, dementia, disease severity and motor complications on the Quality of Life (QoL) in Parkinson’s Disease (PD).

**METHODS:** Quality of Life was measured in 241 patients with PD (male: 127, female: 114, mean age: 66.1 ± 7.5, duration of disease: 5.2 ± 3.2) using the Parkinson Disease Questionnaire (PDQ-39), a disease-specific instrument. Dementia was evaluated by using the MMSE and depression was evaluated by Hamilton Rating Scale (HAM). Disease severity and motor function were recorded with the Hoehn and Yahr scale and the UPDRS II-IV. Spearman’s correlation coefficient was used to calculate correlation scores.

**RESULTS:** All domains of PDQ-39 significantly correlated with depressive symptoms. Significant correlation between HAM scores and PDQ-39 summary index (R = 0.53, p < 0.001) was observed. PDQ-39 also correlated with UPDRS II (R = 0.67, p < 0.001), UPDRS III (R = 0.49, p < 0.001) and HY stage (R = 0.62, p < 0.001). Motor fluctuations and dyskinesias (UPDRS IV) had significant impact on QoL (R = 0.57, p < 0.001). Dementia or cognitive impairment had a minor correlation with UPDRS III and HY stage (R = -0.32, p < 0.001 and R = -0.44, p < 0.001, respectively) but had no correlation with PDQ-39.

**CONCLUSIONS:** Disease severity, motor fluctuations, and depression influence on QoL in patients with Parkinson’s disease. In contrast, a significant impact of cognitive impairment on QoL of patients with Parkinson’s Disease was not revealed. Treatment of depressive symptoms and prevention of motor complications in PD patients may improve considerably their Quality of Life.

**CLINITRAC: A NOVEL METHOD FOR EVALUATING OUTCOME IN PARKINSON DISEASE**

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**OBJECTIVES:** Parkinson’s Disease (PD) is a chronic neurological disease with disabling motor symptoms such as tremor and rigidity, which may occur intermittently. The DIREQT trial is an open label randomised trial designed to study the effects of Duodopa (intra-intestinal administration of L-DOPA) compared to conventional oral therapy of PD. DIREQT has three phases: 1) two weeks pre-study phase; and 2) two weeks of Duodopa followed by two weeks of conventional therapy—or vice versa; C: 6 months follow-up with conventional therapy or Duodopa depending on patient preferences. Since PD symptoms fluctuate from hour to hour, standard methods for evaluating quality of life are less suitable. The aim of this paper is to describe a novel method for assessing outcome in PD.

**METHODS:** The Clinitrac system consists of a handheld computer (PDA) with a mobile telephone. The PDA is pre-programmed with PD questionnaires (UPDRS, PSAA, PDQ-39) and generic quality of life (QoL) instruments (TTO, 15D). Patients receive notification to fill in the forms through the PDA at 8 AM, noon, 4 PM and 8PM. Entries are automatically transmitted to a central database via the mobile phone. If the patient does not respond within 15 minutes, the data will be reported missing and later entry is not allowed. The principal investigator and a research nurse have access to the database, supervise the data collection and may contact patients with high missing rates.

**RESULTS:** During the period August 2002 through November 2002 in total 12 patients have been included in the study. All were able to use the PDA in spite of severe PD symptoms. The rate of compliance with scheduled data entries varied between 77% and 97%. CONCLUSION: Clinitrac seems to offer a system that is acceptable to the patient for repeated QoL measurements during one single day. Compliance with the scheduled data entries is excellent, but validity of entries has not yet been established.

**CHANGES IN QUALITY OF LIFE RESULTING FROM TREATMENT FOR PERSONS WITH ADVANCED PARKINSON'S DISEASE: SUMANIROLE VERSUS PLACEBO**

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**OBJECTIVE:** Parkinson’s disease (PD) has consistently been shown to exert a negative influence on patient-reported quality of life (QoL). Few studies have differentiated between early and advanced disease. A study focusing on patients with advanced disease was desired because it is expected that all patients will ultimately experience an advanced form of PD, and that this information would be useful for patients, caregivers, and health care administrators. The objective of this study was to assess the impact of sumanirole, a new, highly selective D2 dopamine receptor agonist, on the QoL of patients with advanced PD.

**METHODS:** A double-blind,
randomized, placebo-controlled, parallel-group study was conducted in 280 patients with advanced PD who were receiving levodopa. The study included a 7-week escalation phase, a 4-week maintenance phase, and a 1-week taper phase. QoL outcomes for the intent-to-treat groups were evaluated as secondary endpoints within the clinical trial. These endpoints were assessed through the use of 3 fully validated QoL instruments: the PD Questionnaire (PDQ-39), the EuroQol (EQ-5D), and the Functional Status Questionnaire (FSQ). **RESULTS:** Significant differences in mean change scores favoring sumanorile were apparent in the domain pertaining to Activities of Daily Living (ADL) within the PDQ-39 and in the Overall Summary Score of the PDQ-39 ($P < 0.0006$ and $P < 0.0093$, respectively). Significant differences favoring sumanorile were observed in the domain associated with Usual Activities in the EQ-5D ($P < 0.0280$) and in the Basic Activities of Daily Living domain of the FSQ ($P < 0.0092$). Changes in the Mobility domain in the PDQ-39 also trended toward significance in favor of sumanorile ($P < 0.0556$). **CONCLUSIONS:** These data demonstrate consistent findings of improved QoL when assessed by each of three QoL instruments for patients with advanced PD who were treated with sumanorile.

**PARENT PERCEPTIONS OF MEDICATIONS FOR ADHD: A PILOT STUDY**

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Attention deficit hyperactivity disorder (ADHD) is a behavioral disorder originating in early childhood, with a high risk for continued symptoms into adolescences and adulthood. Although stimulant medications are often recommended to treat ADHD, parents’ views of these medications have not been reported in the literature. **OBJECTIVES:** To report pilot study results of a questionnaire developed to evaluate parent perceptions of medications to treat ADHD symptoms in children. **METHODS:** A parent questionnaire (Parent Perceptions of Medication for ADHD Questionnaire) was adapted from previously developed physician perception survey. Prior to administration, two physicians experienced in treating ADHD children reviewed the parent questionnaire for face validity. Item responses were either yes/no questions or rated on a 6-point scale. Face-to-face interviewer administered follow-up questions were performed to assess questionnaire clarity and relevance. The study subjects were recruited from a sample of parents who had an ADHD child enrolled in a Midwestern ADHD clinic. **RESULTS:** Forty-three parents of children with ADHD participated in the study. The Flesch-Kincaid grade level readability of the questionnaire was 3.7. A majority (95%) of parents indicated they understood the classification of medications as a stimulant or a controlled substance however, many of the parents were not able to correctly define these terms. When deciding whether or not to have their child take medication for ADHD, 54% and 61% stated that their decision was not influenced by whether the medication was a stimulant or controlled substance, respectively. A majority of the parents surveyed indicated that they were concerned about their child taking a stimulant (58%) and would prefer a non-stimulant option if approved by the FDA (79%). **CONCLUSIONS:** Although parents reported the questionnaire was clear and understandable, many were not able to define key terms. With this questionnaire it was possible to quantify parent’s perceptions towards ADHD drug treatment.

**QUALITY OF LIFE (QOL) IN PATIENTS WITH PARTIAL EPILEPSY IN MOSCOW**

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**OBJECTIVES:** To study the influence of different factors on QOL of patients with partial epilepsy. **METHODS:** Frequency, severity (NHS3 scale, M. F. O’Donoghue et al., 1996) of seizures and QOL (QOLIE-31 scale, J. Cramer 1998) were analyzed in the population of 242 adult epilepsy patients with partial epilepsy in Moscow. The cross-cultural adaptation of the QOLIE-31 scale was performed. **RESULTS:** Patients with partial epilepsy who experienced persistent seizures and received ineffective antiepileptic medication had significantly lower total QOL scores than patients receiving optimized therapy: $42.13 \pm 4.14$ and $48.89 \pm 3.45$, respectively ($P < 0.001$). The QOL of patients with partial epilepsy depends on the duration of the disease and severity and frequency of seizures. The severity of seizures has the strongest correlation with subscales of emotional well-being, energy/fatigue, medication effects, and social functioning, whereas the frequency of seizures had the strongest correlation with seizure worry, energy/fatigue, cognitive functioning, and social functioning. After optimized therapy 59% of patients became seizure-free. The QOL of patients receiving optimized therapy depends on their response to the antiepileptic medication. Seizure-free were characterized by improvement in all subscales of QOLIE-31, with a total score of 52.71 ± 3.41. Clinical efficacy/tolerability, QOL improvement, cost-effectiveness parameters were similar on carbamazepine or valproate monotherapy, that supports the use of valproate as adequate first-line drugs in patients with partial epilepsy. Even one or two persistent seizures per year significantly decreased the patient’s QOL in comparison to seizure-free patients. **CONCLUSIONS:** The quality of life of patients with partial epilepsy depends on the duration of the disease and severity and frequency of seizures. Long-term ineffective therapy caused a negative effect on QOL.