

Effective Diagnostic and Treatment Methods in Vascular Parkinsonism and Parkinson's Disease: Temporhythmic Correction

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It is known that, in vascular parkinsonism and Parkinson's disease it is observed shortening of steps, bradi, oligokinesia, and also tremor disturb such kind of patients. Despite, there have been developed several methods in order to differentiation, diagnostics and effective treatment maintaining to be one of the most important topics of the nowadays.

Methods of Research: In order to early and effective differential diagnostics, also to properly treat of tremor and short steps in vascular parkinsonism and Parkinson's disease it is used method of tempo-rhythmic correction. 80 patients have participated in our research and the mean age of them was 62.3 ± 4.7 years. All patients were divided into 4 groups:

1st group - patients who have vascular parkinsonism and they have received both medicamentous treatment and temporhythmic correction.

In the group 2 were patients with Parkinson's disease, they have also received both medicamentous treatment and temporhythmic correction.

Group 3 was a group of patients with vascular parkinsonism they have received only medicamentous treatment.

4th group of patients with Parkinson's disease, they have received also only medicamentous treatment.

First of all, there is measured height, weight and body mass index. Calculated and scheduled common length of steps, amount of steps passed in 500 m and sum of spent kcal. Patients were observed during 10 days: was selected quiet music and have measured amount of steps and length of passed distance for 3 times during the 10 day. Patients walked in the morning under quiet music, on the midday under quickened and on the evening under fast rhythm music. The results were recorded while there were walking.

All patients were evaluated by the Parkinson's Disease Questionnaire (PDQ-39) scale.

Results: According to the results of our 10-day observations.

In 1st group the maximal positive result according to PDQ-39 was on "vital activity" and was 2.87 ± 1.36 . Patients said that they had felt easiness while dressing, bathing, eating and serving to themselves. In normal people the average length of step is 40% of the height, in the first days of tempo-rhythmic correction in all patients this index was 25 or 28% and 30 or 32% on the last day of correction.

In patients of 2nd group according to PDQ-39 the maximal positive outcome was on "vital activity" and is 2.23 ± 1.16 . Patients of this group said that they felt more easiness on dressing and eating. The average length of steps in patients with Parkinson's disease was 21 or 23% on the first day of the temporhythmic correction, and 22,24% in the last days of the temporhythmic correction.

Groups 3 and 4 received only medicamentous therapy, and correction was not conducted in group patients. The PDQ-39 consisted in 3rd group - 1.9 ± 2.16 and 4th group - 2.03 ± 1.37 .

Conclusion: In conclusion, we can say that temporhythmic correction is method of treatment and rehabilitation, which is effective in each type of vascular parkinsonism and Parkinson's disease also in economical aspect that patient can use both in the hospital and in the home. The average length of steps in Parkinson's disease is more shorter than in the vascular parkinsonism. Temporhythmic correction is an effective and cost-effective method of differential diagnosis of vascular parkinsonism and Parkinson's disease