

like fastening buttons. My first treatment was selegiline. It had just come out and there was talk about it protecting the neurons, so I told my doctor I wanted to be on it.

AP: *Did the treatment work?*

KM: Selegiline held the tremor back enough for me not to need other treatment for about a year. I then started levodopa/carbidopa. I continued the selegiline, but eventually I had to stop it because of side effects. At times I could barely walk and had difficulty eating. These symptoms improved after I stopped selegiline, but it seemed to take months to get it out of my system. I also had to increase my dose of levodopa/carbidopa.

AP: *What other treatments have you had?*

KM: The dose of levodopa quickly increased to 950 mg a day. I was still having periods when I would have to stop what I was doing and lie down. I would have to take a rapid acting tablet levodopa/benserazide and wait for it to switch me on again.

As time progressed walking became a chore and it was difficult to get moving. If I had something important to do I would take amantadine and diazepam. They would keep me pretty normal; they were my 'special occasion' drugs.

During 2000 things became more difficult. I had no energy and I was having to spend more time lying down despite having cabergoline added to my treatment. My nerves were on edge so I was also taking amitriptyline.

AP: *When the medication became less effective what did you do?*

KM: I decided to have surgery. If it worked I would get a number of better years, if it did not, I would just be in a nursing home a few years earlier than expected. It was an option I had to take.

AP: *What was the surgery like?*

KM: It did not worry me. My main concern was having to lie in the MRI scanner with a frame attached to my skull. My anxiety was relieved by the time I eventually had the scan because hospital delays made me wait all day in the ward with this frame stuck on my head.

The surgery was done with a local anaesthetic. Although the surgeon was prodding around in my brain, I did not feel anything. After what seemed like a couple of hours the surgeon was going to give up. As I had kept quiet about having surgery and had got somebody to look after my children, I did not want to have a second operation three months later. I asked the surgeon to have another go and luckily he found the spot.

AP: *How has the pallidotomy helped you?*

KM: So far I have had a good response. I can now go to a restaurant and eat with a knife and fork, walking is a joy and I look normal. I still get off-periods. They are not pleasant, but they are not as bad as they were. I now take entacapone and cabergoline, but I only need a smaller dose of levodopa/carbidopa.

AP: *Do you have any suggestions for how doctors could better help people in your situation?*

KM: Doctors need to listen more to their patients with Parkinson's disease, because we can find it difficult to express ourselves. While it is easy to focus on the physical problems, there is often an internal mental battle going on. I was prone to panic attacks, other people get depressed. Encouraging people to have a positive attitude is important. I am now working for Parkinson's New South Wales and can say to doctors that it will offer good support to people who want to talk about their experiences with other people who have Parkinson's disease.

## Patient support organisations

### Parkinson's disease

Parkinson's Australia is a not-for-profit community organisation with a branch in every State and Territory. It provides information and support to people living with Parkinson's disease, their carers, families and friends. You can obtain an information kit by calling the toll free number 1800 644 189, or reach the State and Territory branches through the Parkinson's Australia web site [www.parkinsons.org.au](http://www.parkinsons.org.au)

### Contacts

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Tel: (03) 9551 1122  
Fax: (03) 9551 1310  
National freecall: 1800 644 189  
Web site: [www.parkinsons.org.au](http://www.parkinsons.org.au)

## Australian Capital Territory

Parkinson's Australian Capital Territory  
PO Box 717  
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Tel: (02) 6290 1984

Fax: (02) 6286 4475

## New South Wales

Parkinson's New South Wales  
Concord Hospital  
Building 64, Hospital Road  
CONCORD NSW 2139

Tel: (02) 9767 7881

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## Queensland

PO Box 8075  
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Tel: (07) 3391 3877

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## South Australia and Northern Territory

Parkinson's Syndrome Society of SA  
Neurological Resource Centre  
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## Tasmania

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## Victoria

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## Western Australia

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## Book review

**Clinical pharmacology essentials**  
**Evan Begg. Auckland: Adis Books; 2000.**  
**84 pages.**  
**Price \$22.95**

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This is a very useful short book which lives up to its name. It is divided into 32 topics, each topic being covered in two opposing pages. The list of topics fully covers clinical pharmacology, although the formula of two pages per topic

results in some topics being covered in a little more or less detail than others. The selection of the topics is also a little arbitrary, and has clearly been determined to a significant extent by the requirement of two pages per topic.

It should be noted that this is not a textbook of therapeutics, nor is it a textbook of pharmacology. It bridges the gap between those two disciplines by covering such topics as drug clearance, the half-life, dosing in renal impairment, drug interactions, and compliance with medications.

This book should be very useful for undergraduate medical and pharmacy students, and also for postgraduate trainees in disciplines such as internal medicine and anaesthetics. I highly recommend it.