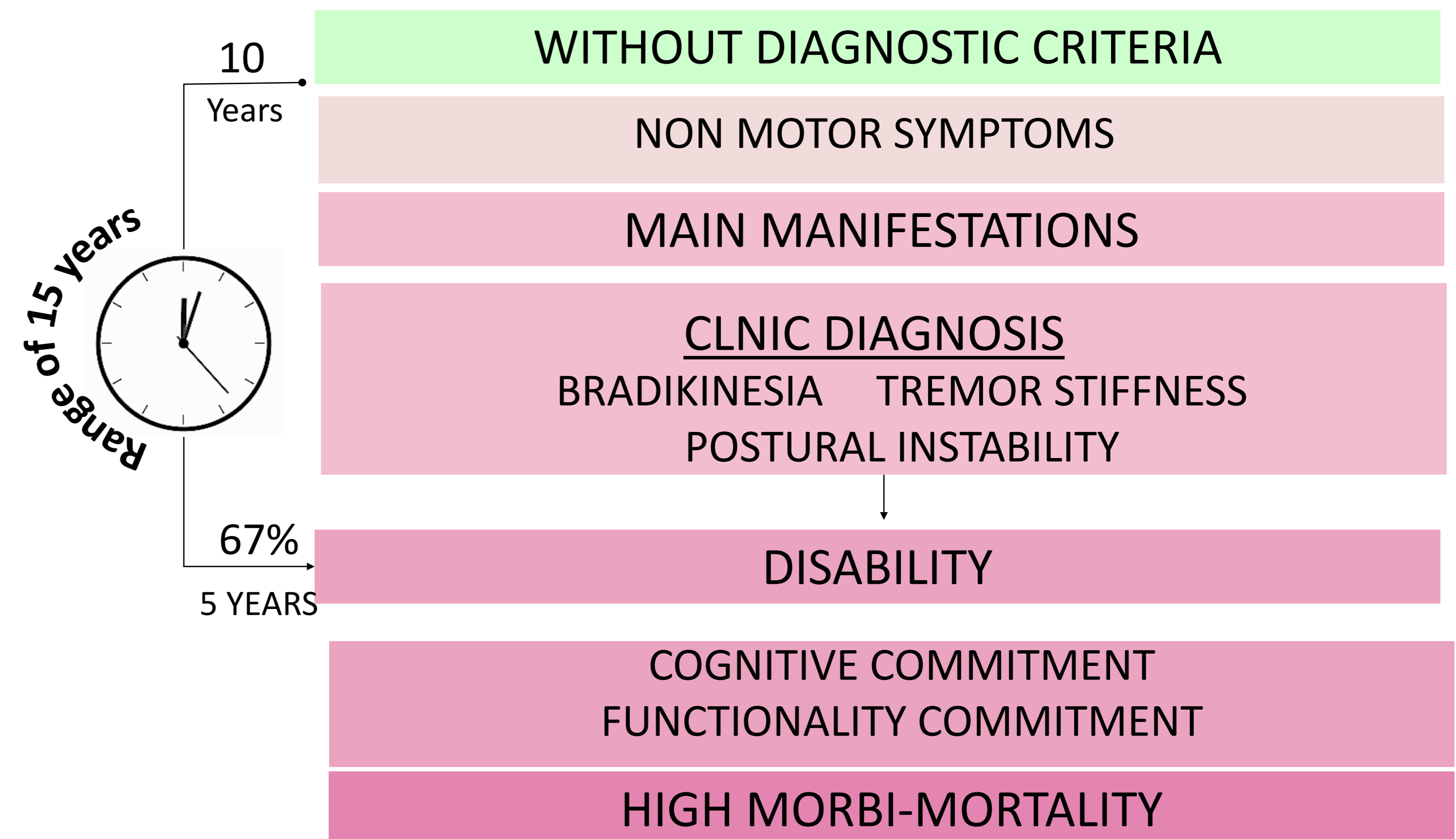
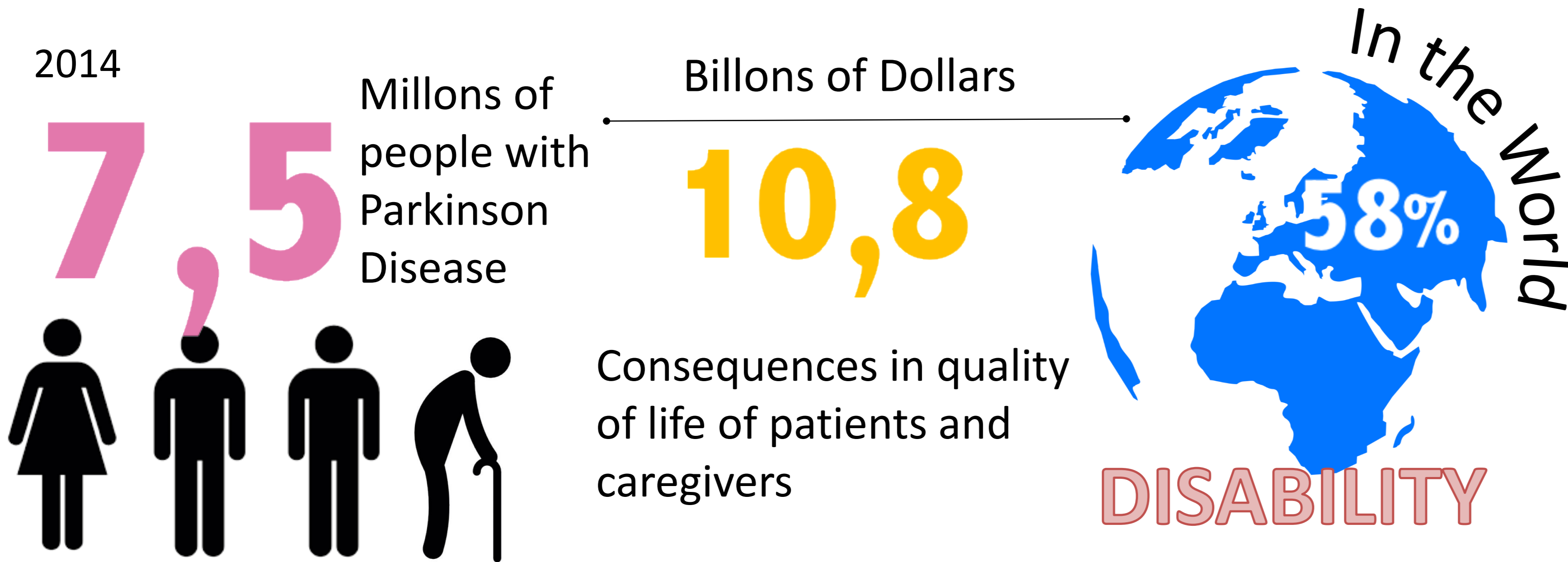


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INTRODUCTION



If well, the clinical diagnosis is supported in the determination of the classic triad: "Bradykinesia, tremor and stiffness", the evidence that is available signs that the non-motor symptoms of early presentation, could anticipate the beginning of the disease.

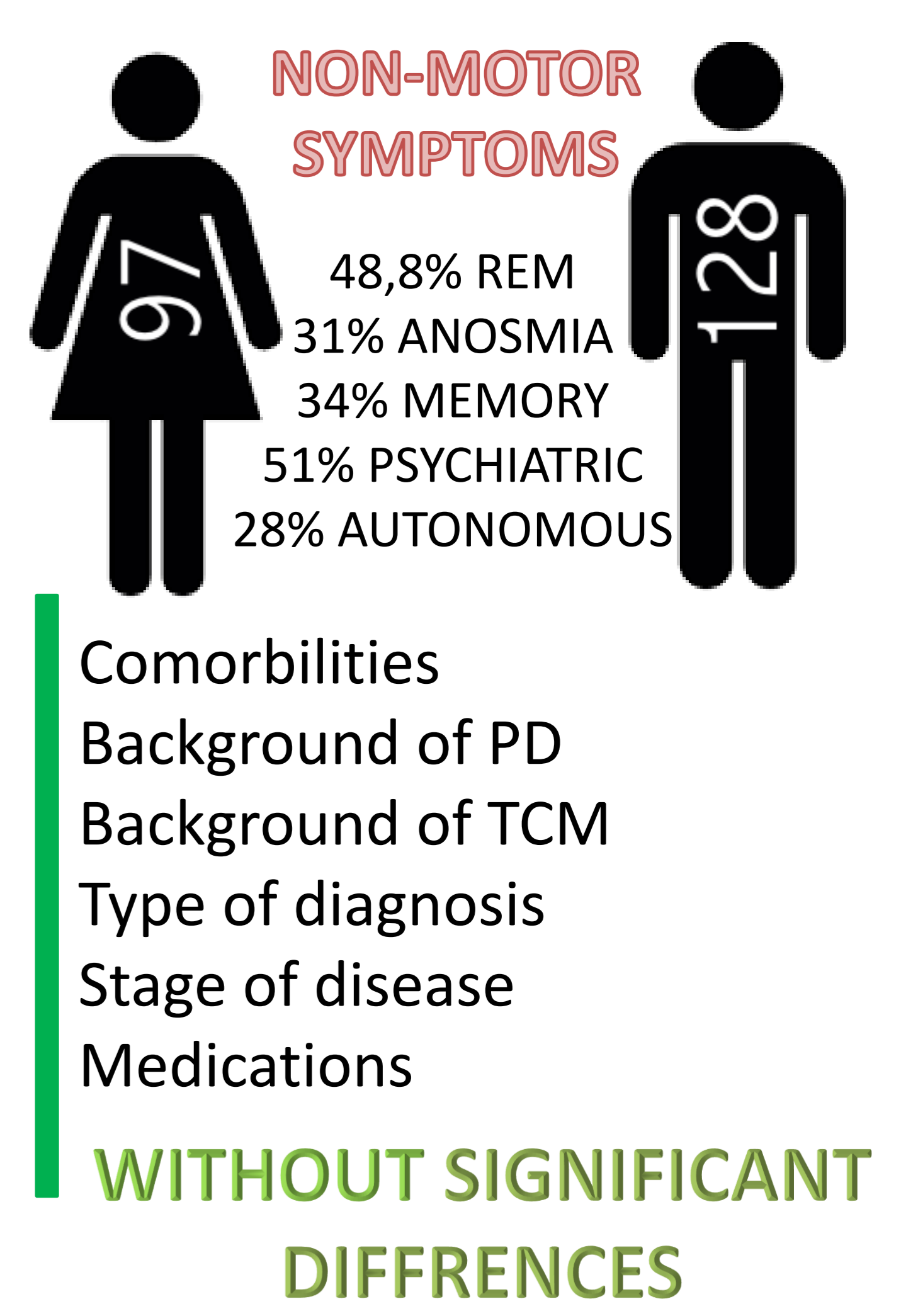
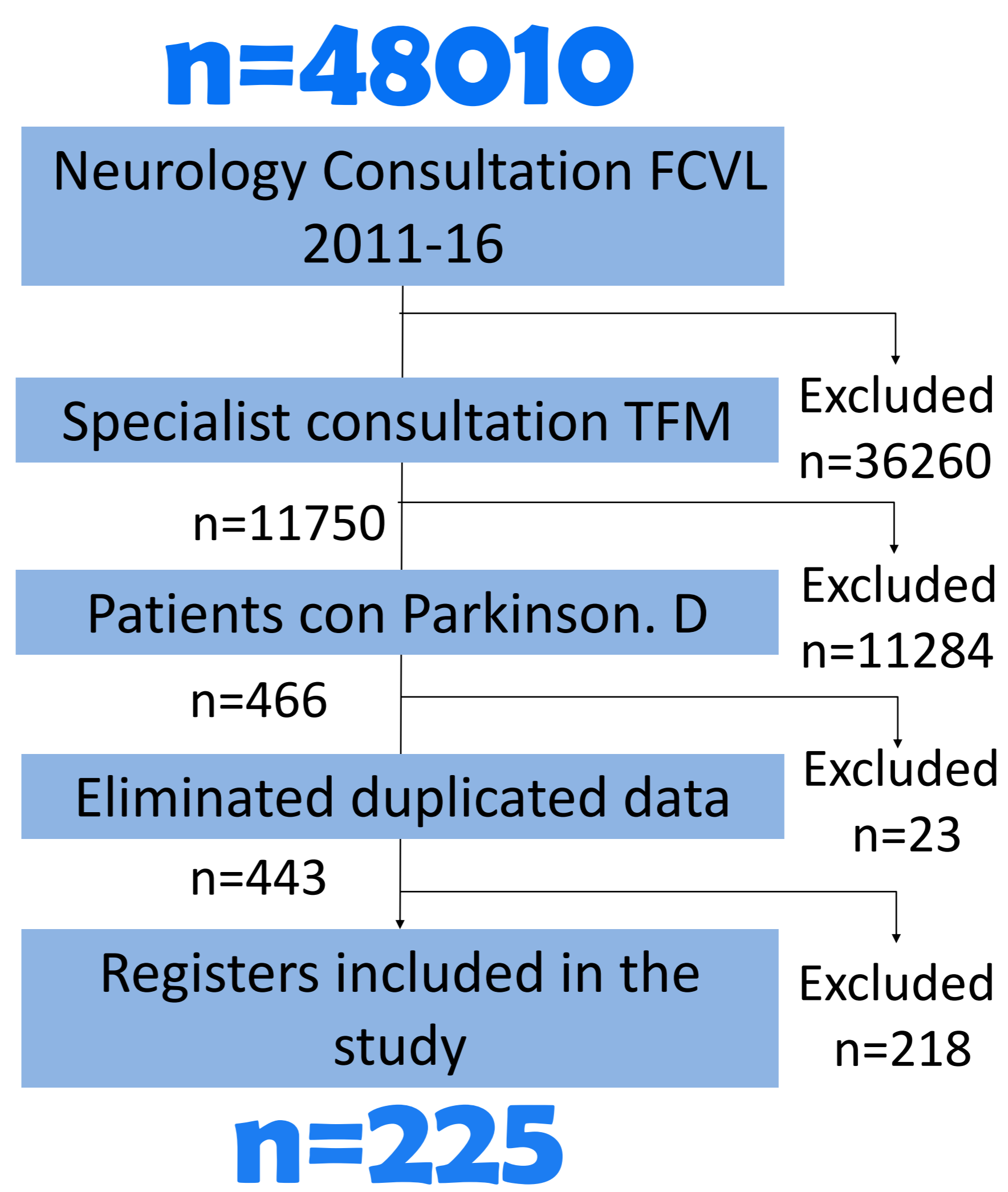
METODOLGY

MAIN VARIABLES	
CARÁCTERISTICAS	age and gender
RELATION WITH DISEASE	Age, subtype, medications, time of evolution UPDRS
RELATION WITH NON-MOTOR SYMPTOMS	REM dream disorder, Orthostatism, Anosmia, Depression, Anxiety, Apaty, urinary problems, constipation.
RELATED WITH BACKGROUND	Parkinson, tremor, hipertension, diabetes, motor disorder

2011-2016
Sample used
Statistical analysis

DISTRIBUTION OF NON-MOTOR SYMPTOMS BY SEX			
CHARACTERISTICS	MEN	WOMEN	P
sleep disorder	69 (53,91)	41 (42,27)	0,084
Anosmia	43 (33,59)	27 (27,84)	0,355
cognitive symptoms	34 (26,56)	22 (22,68)	0,505
psychiatric symptoms	62 (48,44)	54 (55,64)	0,282
autonomous symptoms	41 (32,03)	23 (23,71)	0,171
psychiatric: anxiety, depression, trastorno del control de impulsos, alucinaciones, autonomous: diarrea, constipation, orthostatism, incontinence			

RESULTS AND CONCLUSIONS



DISTRIBUTION OF NON-MOTOR SYMPTOMS BY MOTOR SUBTYPE			
CHARACTERISTICS	OR	ICR	P
Sleep disorder vs Bradykinesia	0,3	0,14-0,75	0,002
Sleep disorder vs stiffness	3	0,46-3,27	0,003
Anosmia vs stiffness	1,23	0,46-3,27	0,003
Psychiatric vs gait commitment	3,42	1,39-8,44	0,001
Autonomous vs stiffness	3,31	1,2-8,87	0,01
Autonomous vs Tremor	0,43	0,19-0,96	0,02

CONCLUSIONS

- The 23,5% of the patients in the first consult did not had a clinical diagnosis of PD. 100% of them where diagnosed after 5 years. The variables with strong association– significant OR – can be used in a sensible manner to detect patients with PD at early stages of disease. The inclusion of new diagnostic criteria of PD allows to detect patients in early stages of Disease
- The prevalence and symptoms behaviour is similar with the findings described in medical literature, being sleep disorder the most frequent.
- The association between the clinical phenotypes and the prevalence of certain non-motor symptoms is similar with the findings described in medical literature

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