

## Parkinson's Disease on Treatment with Viskaldix

Sir,

Many drugs are known to produce extrapyramidal syndromes. These include some antimalarial drugs, phenothiazides, thioxanthenes, butyrophenones, tricyclic antidepressants and hypotensive agents as well as individual drugs such as metoclopramide, lithium salts, tetrabenazine and diphenhydramine. Beta-adrenergic blocking drugs have not been implicated in causing extrapyramidal effects.

Fine tremor of the extremities associated with pindolol therapy has been described.<sup>1</sup>

As far as I am aware no cases of Parkinsonian-like syndrome associated with pindolol therapy have been previously described.

Two cases are presented in which such a condition occurred in patients taking Viskaldix (pindolol 10mg with clopamide 5mg).

Case 1. M.E.T. is a woman of 64 years of age who had been treated with Viskaldix for hypertension since March 1981. Her blood pressure was adequately controlled on two tablets daily and she remained well until Christmas 1981. At that time she started to complain of vague backache and lack of energy. She was treated with various presentations of aspirin and no other features were noted until October 1982 when she was recorded as walking with a shuffling gait and having rather immobile facies. A tentative diagnosis of early Parkinsonism was made but specific examination did not reveal any tremor or rigidity. At the time of her next attendance in January 1983 she was exhibiting a static 'pill-rolling' tremor, cog-wheel rigidity and dysdiadochokinesis. Her handwriting and her copy drawing were both characteristic of Parkinson's Disease.

Viskaldix was discontinued but in spite of this her condition worsened and she was therefore treated with Sinemet (110 and later 275). These were subsequently withdrawn because of the onset of dysgeusia. On changing to Disipal (orphenadrine) 50 mg three times a day her extra-pyramidal signs improved considerably. Unfortunately her blood pressure also rose and it was decided to restart rawiloid with veriloid, on the grounds that previous exposure to this drug had produced a satisfactory response and had been discontinued only after several years' use when she had become depressed.

Case 2. T.L. is a man of 64 years of age. He was found to have mild hypertension on routine testing when under treatment for arthritis in May 1981. A random blood pressure reading five years earlier had been normal. Little response was achieved using Neonaclex K (bendroflumazide 2.5 mg) and so Viskaldix was substituted in April 1982. Initially he experienced slight bronchospasm but persisted with the drug in spite of this. No other symptoms were reported and his blood pressure control appeared to be adequate. At a follow-up appointment in October 1983 he was noted to have developed a 'pill-rolling' tremor of the right hand, and intention tremor and cog-wheel rigidity. As the symptoms and signs were minimal, Viskaldix was discontinued and no anti-Parkinsonian agent has been introduced. Like the first patient this man has been taking

regular doses of nonsteroidal anti-inflammatory drugs, mainly Levius (aspirin 500 mg) for 'arthritis'.

Pindolol is a widely used beta-adrenergic drug effective for the treatment of hypertension and angina. It is recognized as having powerful partial-agonist activity which has been suggested as the cause for the occasional fine tremor that may occur with its use. The occurrence of Parkinson's disease in association with the use of Viskaldix has not been previously described. It is possible that in both cases the development of the extra-pyramidal signs may be the manifestations of an interaction between Viskaldix and aspirin.

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### Reference

- Hod H et al. Pindolol induced tremor. *Postgrad Med J* 1980; 56: 346-347.

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## DATES FOR YOUR DIARY

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### Introductory Course on Transactional Analysis

A 2-day course is being held on 2 and 3 April 1984 at the College, 14 Princes Gate, London SW7 1PU, for those general practitioners who wish to increase their understanding of personality and communications between people.

This course will cover the theory of Transactional Analysis as expressed by Dr Eric Berne, author of 'Games People Play'. The material will be related to the relationship between the doctor and the people who are his patients.

Approval under Section 63 is being sought.

For further details and an application form, please apply to Mrs Sue Smith, Education Division, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

### Development Surveillance

Do you have any doubts or worries concerning your paediatric surveillance programme? You do? Why not come and share them at a College Study Day which is being held on Tuesday 27 March 1984?

The purpose of the Study Day is to bring together general practitioners doing paediatric surveillance to discuss mutual problems and ways of solving

them. Contributors to the day include Professor John Bain, Dr Stuart Carne and Dr Graham Curtis Jenkins.

Approval under Section 63 for 2 sessions is being applied for.

For further details and an application form, please apply to Mrs Sue Smith, Education Division, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

### British Association of Trauma in Sports

The next meeting will be held in Cardiff on 6 April 1984, and will be on 'The Knee in Sport'. Full details can be obtained from Dr John Davies, 118 Harley Street, London W1.

### MRCGP Courses

For further details of the MRCGP Courses listed here please apply to the names and addresses that are given. Mrs Sue Smith of the Education Division at College Headquarters, 14 Princes Gate, Hyde Park, London SW7 1PU (Tel: 01-581 3232) is endeavouring to keep an up-to-date list of these events. Course Organizers are requested to send her details when planning new MRCGP Courses.

Stourbridge—January—June—trainees  
Mrs Price, Medical Services Centre,