

LETTER TO THE EDITOR

Dysphagia complaint and gender in Parkinson's diseaseN. Argolo^a and A. C. Nóbrega^{a,b}^a*Division of Neurology and Epidemiology, Federal University of Bahia, Salvador;* and ^b*Department of Speech-Language Pathology, Health Sciences Institute, Federal University of Bahia, Salvador, Bahia, Brazil*

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In issue 1 of the current volume, Perez-Lloret *et al.* [1] report the prevalence of oral-buccal symptoms in patients with Parkinson's disease (PD) from a French cohort (COPARK). These symptoms were defined as UPDRS items 5, 6 and 7 ≥ 1 . The results showed presence of dysarthria, sialorrhea and dysphagia in 51%, 37% and 18% of the 419 participants, respectively.

They recognize the fragility of UPDRS as a measurement tool of oral-buccal

symptoms. This is a subjective scale that is not validated for these symptoms. Nevertheless, we would like to stress the difficulty of patients with PD patients in perceiving their symptoms, particularly those related to swallowing disorders.

Although dysphagia is present in most patients with PD, only a few complain about it [2]. Rodrigues *et al.* [3] have found decreased sensitivity in the larynx and pharynx in this population, with silent episodes of laryngeal penetration an aspiration of saliva, which may be related with the reduction in perceiving swallowing disorders. Therefore, it is likely that the prevalence of dysphagia of the COPARK study has been underestimated.

Perez-Lloret *et al.* also found that dysphagia was associated to female gender, depressive symptoms and motor fluctuations, but they have no plausible explanation of this result. Previous study reports a higher prevalence of depressive symptoms in women with PD [4]. Women usually also tend to report poorer general health status and more chronic limitations of activity than men [5]. Thus, this group of patients may be more able to perceive and report about their emotional and physical disorders.

Despite these hypotheses, much still needs to be studied both about the influence of gender on perceptions of the disease and a higher prevalence of depressive symptoms, especially in PD, to determine how they may affect the ability of the patient to complain about

their swallowing disorders. In the same way, it is necessary to investigate the role of decreased sensitivity in the reduction of swallowing complaints. The accurate identification of swallowing disorders in these patients could help to prevent episodes of tracheal aspiration, a risk factor for respiratory infection and death in PD [6].

References

1. Perez-Lloret S, Nègre-Pagès L, Ojero-Se-nard A, *et al.* Oro-buccal symptoms (dysphagia, dysarthria, and sialorrhea) in patients with Parkinson's disease: preliminary analysis from the French COPARK cohort. *Eur J Neurol* 2012; **19**: 28–37.
2. Ali GN, Wallace KL, Schwartz R, DeCarle DJ, Zagami AS, Cook IJ. Mechanisms of oral-pharyngeal dysphagia in patients with Parkinson's disease. *Gastroenterology* 1996; **110**: 383–392.
3. Rodrigues B, Nóbrega AC, Sampaio M, Argolo N, Melo A. Silent saliva aspiration in Parkinson's disease patients. *Mov Disord* 2010; **26**: 138–141.
4. Baba Y, Putzke JD, Whaley NR, Wszolek ZK, Uitti RJ. Gender and the Parkinson's disease phenotype. *J Neurol* 2005; **252**: 1201–1205.
5. Malmusi D, Artazcoz L, Benach J, Borrell C. Perception or real illness? How chronic conditions contribute to gender inequalities in self-rated health. *Eur J Public Health* 2012; **22**: 781–786.
6. Nobrega A, Rodrigues B, Melo A. Is silent aspiration a risk factor for respiratory infection in Parkinson's disease patients? *Parkinsonism Relat Disord* 2008; **14**: 646–648.