

Getting Wiser, or Just More Crotchety?

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A LONG-STANDING PATIENT of mine with Parkinson's disease (PD) showed up for a routine appointment, much worse than when I had seen him last, four months prior. He had undergone a detox program and, for reasons unclear to me, placed on an antipsychotic drug that had made his motor



function much worse. The literature, which I am very familiar with, since drug-induced movement disorders and psychiatric problems in PD are two of my long-time research interests, is quite clear that this drug is contraindicated in patients with PD. I am fully aware that most doctors, including psychiatrists and others treating substance abuse disorders, may not be aware of this problem, and I was cognizant of my lack of information concerning why my patient was put on the drug at all. The patient had no follow-up visits scheduled with the doctor so my stopping the drug was not going to create any conflicts in management. But I decided that this doctor needed to be educated to avoid causing similar problems in the future. So, I wrote him a letter, with citations referencing the published papers, explaining why this drug should be avoided in treating PD patients.

I have done this sort of thing before, but only rarely. I'm writing this column because I've realized that I seem to be

doing it more in my senescence. One might argue that I'm leveraging my experience and my possible status in this small medical community, and embracing and expanding my role as an "educator." Alternatively, I'm becoming increasingly narrow-minded, opinionated and irascible. I once

chanced on a line I've taken to heart, working, as I do, in what is sometimes considered "geriatric neurology": "Old people don't grow crotchety. Crotchety people grow old."

A few months ago I met a woman who had been taking metoclopramide for indigestion. This drug is not supposed to be used for more than three months at a time, but this patient had responded so well, after having suffered for many years, that she and her gastroenterologist were very reluctant to stop it. She saw me because she had developed a well-known complication of long-term use of this drug, tardive dyskinesia. Unfortunately, this is usually a permanent problem that does not go away, even if the drug is stopped. When I discussed this problem with the patient, she reiterated multiple times that her gastroenterologist had told her that she'd need to take the drug the rest of her life, but was doing so well she needn't see him again. Although I could not be certain that the doctor had, indeed, told

her this, I, nevertheless, wrote him a letter, pointing out that the package insert for the drug specifically limited how long the drug may be used because of this possibly permanent side effect. I've been an expert witness for malpractice claims due to this problem for this and other related medications. My letter was written to be gently persuasive, as a useful piece of advice from a colleague. I did not expect a response, although as I write this, I realized that the offending doctor really should have thanked me. I was helping him by helping his future patients. My letter to him was not calling him out in any way, although I could see how he might have interpreted it that way.

Last year one of my PD patients had what I thought was an unusual spine problem. I referred her to a spine specialist with a particular interest in PD. After a several-month wait she saw a physician's assistant, who rendered an opinion, basically, "nothing to worry about." This was not reassuring to me, given my expertise with PD and its manifold complications. So I wrote the doctor a letter, and, to top it off, a column in this journal about the sometimes inappropriate use of physician extenders.

Back to my being old and crotchety. In writing a paper this past month, an uninvited opinion paper about a topic no one else seems to care about, venting my spleen about lung physiologists not evaluating a very uncommon but interesting breathing problem in my

PD patients and, instead, explaining their shortness of breath on an incorrect mechanism, I came upon a recent paper that quoted James Parkinson's monograph of 1817. I was surprised. "He fetched his breath hard," was the quote. I've read the monograph a few times. It's a beautifully written rococo work, and I couldn't recall any reference to breathing. Luckily the book is short and I found the quote without much trouble, but discovered that not only was the quote a phrase that Parkinson, himself, quoted from another doctor, but

it was an example of patients who did *not* have "the Shaking Palsy" (Parkinson's name for the disease later named after him) and was an example of why he wrote the monograph. I was surprised that none of the several co-authors of this recent publication responded to my email. Perhaps it was never received. Perhaps they were embarrassed. Should they care? Perhaps they thought I was an odd crank. I thought I'd save them the embarrassment of repeating this error.

Am I older and wiser, or older and more crotchety? ❖

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