

ic PD and 41 normal subjects. For the study we used the following instruments: original scale of Hoehn and Yahr Stages and the Quality of Life in Swallowing Questionnaire (SWAL-QOL).

Results: From the data analysis, it can be seen that there is a significant difference between the QOL in swallowing of PD patients, especially from stage 1 to 4 of the disease, according to the overall score. Regarding the specific areas that the questionnaire assesses, there was a significant difference in the fields of burden, duration of meal times, communication, social function, sleep and fatigue, when comparing stages 1 and 2 with stage 4. It was found that individuals in any stage of PD present a highly significant difference ($p < 0.0001$) in QOL in swallowing compared to subjects without the disease, according to the overall score of the questionnaire. In the analysis of the domains of the questionnaire, it was found that the significant differences occur after the second stage. After this stage the score decreased significantly, representing the decline in quality of life.

Conclusion: The quality of life in swallowing of Parkinson's patients is impaired as the disease progresses. The application of SWAL-QOL in the studied population provides relevant information to health-care professionals about swallowing and other manifestations resulting from the decline of this function, which allows a better delineation of care.

Key words: Parkinson's disease, quality of life, swallowing, scale.

*Estudo da qualidade de vida em deglutição de parkinsonianos (Resumo). Dissertação de Mestrado. Universidade Federal de Pernambuco, UFPE (Área: Neurociências). Orientador: Otávio Gomes Lins. Co-orientador: Maria das Graças Wanderley de Sales Coriolano.

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Prevalence of depression in multiple sclerosis (Abstract). Dissertation. Salvador, 2011.

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Introduction: The association between depression and multiple sclerosis (MS) is customary (about 37 to 60% of patients), with a suicide frequency 7.5 times higher than in healthy individuals. Many studies point to a common pathophysiologic basis between these pathologies; there is evidence of neurologic lesions that disconnect some regions of cerebral cortex and/or subcortical pathways, like the fronto-temporal detachment caused by lesions on the arcuate fasciculus, or the hypothalamus-mediated endocrine dysfunction caused by inflammatory activity.

The occurrence of this comorbidity in Brazilian population is yet underestimated. At Bahia, this datum does not exist. In addition, the drug treatment hasn't been effective.

Objective: To estimate the prevalence of depression and the clinical and demographic profiles of patients with MS and to evaluate the applicability of Beck's Depression Inventory (BDI) among these persons.

Method: It has been performed an analytic descriptive transversal study. The diagnosis of MS has been performed using Poser's criteria; to depression, it has been used the BDI, and a psychiatric interview has ensued, using the Mini International Neuropsychiatric Interview (M.I.N.I.) for further analyses. Patients with suspect of Devic's disease, and demential syndrome have been excluded, along with patients with acute exacerbation of MS, those who are on interferon, or have less than two years of diagnosis of MS.

Results: 76 patients were included in this study. According to BDI criteria, 48.7% of the sample had depression, compared to 56%, following M.I.N.I. criteria. The concordance index between these two methods was almost perfect ($\kappa = 0.84$). 1 patient (1.4%) has suicided, and suicidal ideation was present in 21.3% of patients. The average age for presenting symptoms was 33.3 years, and the mean period of disease was 9.3 years. There was only a strong association between severe neurologic impairment and depression ($p = 0.05$).

Conclusions: In accordance with current literature, depression among MS patients has higher prevalence than in other disabling neurologic diseases, corroborating with our datum of 48.7%. Although controversial, in our sample, depression correlated with a higher level of neurologic impairment and further disability. BDI may be an appropriate tool to evaluate depression in MS.

Key words: Multiple sclerosis, depression, Beck's Depression Inventory

*Prevalência de depressão em portadores de esclerose múltipla (Resumo). Dissertação de Mestrado, Pós Graduação da Fundação Baiana para o Desenvolvimento das Ciências (Área: Neurociências). Orientador: Manuela Garcia Lima, Co-orientador: Antonio de Souza Andrade Filho.

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Evaluation of quality of life and sleep of individuals with Steinert's disease (Abstract)*. Thesis. Salvador, 2010.

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The Steinert's disease (SD) is the most common form of muscular dystrophy with onset of symptoms in adult-

hood. The disease is an autosomal-dominant variable penetrance. This mutation leads to a multisystem disease with the presence of *diabetes mellitus*, hypogonadism, cataracts, cardiac and nervous system. Rohrer described hypersomnia, and more recently there are reports of central apneas, obstructive and oxyhemoglobin desaturation during sleep. The study aimed to determine the profile of sleep and quality of life in patients with SD and compare them with normal controls. We studied 18 patients admitted with SD in Neuromuscular Diseases Clinic of Federal University of Bahia, Brazil, and 20 controls. The participants completed the WHOQOL-100 for assessing quality of life, signed a consent form and received a sleep diary to be completed for thirty days. After one month, the scales investigated responded snoring and Stanford Sleepiness Scale and Epworth daytime sleepiness, and underwent polysomnography investigation and the Test of Multiple Sleep Latency (TMSL). There was a higher prevalence of men in both groups. SD in the group with the extremes of age were 21 to 55 years, since the extremes in the control group were 21 and 64 years. In patients with SD were observed lower sleep efficiency, increased time awake after sleep onset, greater number of arousals and increased arousal index. The frequency and obstructive apnea index and hypopnea were higher in patients with SD. The minimum saturation of oxyhemoglobin during sleep was lower in patients with SD. Among the volunteers who underwent the TMSL was observed in the group of individuals with SD there is a higher percentage of individuals who initiated some stages of the sleep cycle. It was also observed in the group of individuals with SD is an inverse correlation between the mean latencies in the TMSL with apnea / hypopnea. Individuals with SD showed higher degree of daytime sleepiness in both scales. We also observed that the mean score on the Epworth Sleepiness Scale in the group of patients with SD was higher compared with the control group. When evaluating each of the facets of the WHOQOL-100 is observed in the group of patients with SD most mediators tended to affect results in lower quality of life. Thus, we observed that patients with SD should be investigated routinely with polysomnographic studies, TMSL, use of scales for the assessment of daytime sleepiness and quality of life in order to provide an accurate profile of the clinical conditions and their repercussions, which can guide the adoption of measures to improve the welfare and long-term prognosis.

Key words: myotonic dystrophy, Steinert, apnea, sleep, polysomnography, quality of life.

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Endoscopic endonasal transsphenoidal surgery for pituitary adenomas: evaluation of results and technical aspects (Abstract). Thesis. São Paulo, 2011.

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Introduction: The endoscopic surgery has been increasingly accepted for the treatment of pituitary adenomas. There is still controversy regarding the benefits of this new technique. A new surgical approach must be safe and effective.

Objective: Analyze the results and technical aspects of the endoscopic endonasal transsphenoidal approach for pituitary adenomas.

Method: Retrospective study of 30 consecutive patients that underwent endoscopic endonasal resection of pituitary adenomas with a follow up from 24 to 67 months.

Results: There were 18 women and 12 men, mean age 44 years (range 17-65 yr). Among the 30 patients, 23 had macroadenomas and 7 microadenomas. Twelve patients had non-functioning tumors, 9 had ACTH-secreting tumors, and 8 had GH-secreting tumors and 1 prolactinoma. Complete resection and hormonal control was achieved in all microadenomas. Macroadenomas were completely removed in 6 patients, subtotal resection in 6 and partial resection in 11. Three patients had diabetes insipidus and 5 had CSF leaks treated with lumbar drainage.

Conclusion: The endonasal endoscopic approach for pituitary microadenomas and macroadenomas restricted to the sella is effective and safe. Macroadenomas with suprasellar extensions and cavernous sinus invasion may require endoscopic extended approaches for complete removal. The endoscopic endonasal transsphenoidal approach offers excellent visualization of anatomical structures and preserves the nasal cavity.

Key words: endoscopy, pituitary/surgery, adenoma.

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