



VA PADRECC CONNECTIONS



National Parkinson's Disease Research, Education and Clinical Centers Newsletter
Houston, Philadelphia, Northwest (Portland/Seattle), Southeast (Richmond), San Francisco, Southwest (West Los Angeles)
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VA Algorithm in the Medical Treatment of Parkinson's Disease

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Medical treatments for Parkinson's disease have undergone dramatic changes in the past fifty years. Early empiric use of anticholinergic drugs was minimally effective. The discovery of levodopa in the 1960s was a major breakthrough in the treatment and management of PD. In addition, the introduction of levodopa led to both the development of other drugs that enhance its effectiveness and to the dopamine agonists.

Despite the value of these drugs in alleviating the symptoms of Parkinsonism, side effects from long-term use may occur which can limit their usefulness. As we gain more experience, an evolving strategy has emerged which focuses on limiting side effects while maximizing the effectiveness of these drugs. In an effort to improve the care of veterans throughout the VA system, the VHA Pharmacy Benefits Management Strategic Healthcare Group,

along with a Medical Advisory Panel from the PADRECCs, has developed an algorithm for initiating therapy in early Parkinson's disease. This is derived, as much as possible, on evidence-based studies and closely follows recommendations set forth in published guidelines.

The VA guidelines conclude:

- 1) No medication has been shown to unequivocally slow the progression of the disease.
- 2) Medications should not be used until the patient has functional disability.
- 3) Levodopa is still considered to be the "gold standard" drug, though its use is subject to some long-term problems, particularly the development of dyskinesias.
- 4) Dopamine agonists including pramipexole, ropinirole, pergolide, and bromocriptine are less likely to cause dyskinesias.
- 5) Younger patients with disabling symptoms of Parkinson's disease

should begin on either low potency drugs such as the anticholinergic medications and amantadine or dopamine agonists.

6) Levodopa is recommended as the first drug in elderly patients and patients with cognitive deterioration, despite long-term problems.

7) No one dopamine agonist has been shown to be better than another.

8) The evidence is insufficient to support the use of a COMT inhibitor in early Parkinson's disease therapy.

9) Non-medication treatments such as physical therapy, occupational therapy, and speech therapy support programs and patient education should be considered at any stage.

These recommendations will no doubt change as new medications become available and as our understanding of existing medications increases.



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Development of Quality Indicators for Veterans with Parkinson's Disease

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Parkinson's Disease (PD) is a chronic, progressive neurological condition and a major cause of disability. Appropriate management of PD is challenging because of the availability of a wide range of effective interventions. Organizations, including the Veterans Administration health care system, are increasingly using quality indicators to measure the caliber of medical treatment. (Example: "Has a patient admitted with a myocardial infarction and no contraindication to aspirin received aspirin within 24 hours of admission?")

A team of health services researchers, who are also VA neurologists affiliated with the PADRECCs,

developed and evaluated a set of evidence-based quality indicators for PD care. After a review of the medical literature for studies relevant to PD, the team drafted a list of quality indicators specific to PD care and prepared written summaries of the existing evidence for each one. Indicators were carefully reviewed and rated on criteria of validity, feasibility, impact on outcomes, room for improvement, and overall utility by a national panel of movement disorder experts through a scientific process. The team published a manuscript describing the full details and findings of the project (Mov Disord. 2004 Feb;19 [2]:136-50).

Examples of these indicators

for PD care included documented indication for newly prescribed medication, assessment for medication-induced parkinsonism, treatment of wearing-off, annual assessment of falls, and assessment of depression. Forty-one of the top-rated quality indicators were re-worded into "care processes" so they would be easier for clinicians and educators to use. The team assembled these care processes and evidence summaries into a monograph which has been distributed to the PADRECC-affiliated staff. We hope they will serve as a useful reference and guide to designing future educational activities. For a copy of the monograph, please contact your regional PADRECC.

National Teleconference on Parkinson's Disease

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The PADRECC network has developed *Understanding and Managing Parkinson's Disease: A Program for Healthcare Professionals*. This three-hour educational program offers specialized training for clinicians including physicians, nurses, and allied health professionals in the treatment and management of persons with Parkinson's disease (PD). The program consists of six, 30-minute educational modules. Topics include an overview of PD, medical management, rehabilitation strategies, cognitive and behavioral changes in PD, surgical interventions, and research.

The PADRECC network collaborated with the Employee Education System (EES), an educational component of VHA that offers system-wide employee education, and the Virginia, Western Reserve,

Mountain State and Pennsylvania Consortia of Geriatric Education Centers, a program supported by the Health Resources and Services Administration, Bureau of Health Professions.

The training program builds on educational needs relevant to caregivers in organizations served by the VHA and the private sector. It not only provides an innovative educational opportunity but fosters collaboration among multiple governmental programs and the larger health care community.

Understanding and Managing Parkinson's Disease: A Program for Healthcare Professionals was originally broadcasted as a series of four nationwide teleconferences commencing on November 12, 2003 and concluding on December 17, 2003. The broadcasts were seen by over

1500 VA Healthcare professionals and several hundred health care providers from the private sector. Ninety percent of viewers rated them as outstanding. More than 93% said they would recommend the programs to their friends and coworkers. Ninety-eight percent of viewers reported that they acquired new knowledge or developed new skills as a result of the broadcast, while 99% said what they learned would improve their performance as a health-care professional.

A videocassette of the program and printed materials are available. For more information please visit the national PADRECC website at www.va.gov/padrecc/ or contact Kathleen Watson, MS, Project Coordinator, Virginia Geriatric Education Center, at (804) 828-9060 or by e-mail at kdwatson@mail2.vcu.edu.

VA Cooperative Study Investigates Best Treatment Strategies

Galit Kleiner-Fisman, MD, PADRECC Neurologist, Philadelphia PADREC

Veterans Administration cooperative study #468: A comparison of best medical therapy and deep brain stimulation of subthalamic nucleus and globus pallidus for the treatment of Parkinson's disease.

The VA cooperative study, investigating the best treatment strategies for patients with Parkinson's disease (PD), is completing its second year. This study prompted the establishment of the Parkinson's Disease Research, Education and Clinical Centers (PADRECCs) as dedicated Parkinson's disease (PD) multidisciplinary centers to conduct the study and provide comprehensive care to veterans with PD and their families. There are also six university centers participating in the study that are affiliated with the VAMCs in those cities. This study is a unique collaboration in that it is financially supported by the VA, NINDS, and the Medtronic Corporation.

The question of the optimal surgical treatment strategy for PD patients has not been conclusively defined. There have been many smaller studies of DBS interventions that indicate DBS of the globus pallidus (GPi) or subthalamic nucleus (STN)

ameliorates symptoms of PD. We do not know however, whether the beneficial effect is superior to that achieved with comprehensive medical therapy, whether the clinical benefit is maintained, or which site (Gpi or STN) is the optimal target. This study is poised to answer these questions.

The study is designed as a prospective, randomized, multicenter trial projected to enroll 316 patients from 13 centers over 2 years, each with three years of post-operative follow-up. The patients are randomized to six months of best medical therapy (BMT) or immediate surgery. If participants are randomized to surgery, they are then further randomized to DBS in the STN or the Gpi. Six months following BMT, patients will be further randomized to surgery in the STN or Gpi in the same way as the immediate surgery patients. The primary objective of the study is to determine which site (STN or Gpi) results in the best outcome after 2 years. A secondary objective will be to decide if BMT for six months is more effective than DBS in improving PD motor symptoms.

Other important questions include adverse events, health resource use, medication use, and therapy complications. To capture this information, patients will be evaluated using home diaries, the Unified Parkinson's Disease Rating Scale motor scores, neuropsychological assessments, and quality of life scales.

The first patient was recruited to participate in the study in April 2002, at the Philadelphia PADRECC. As of February 2004, there have been 138 patients randomized (86 VA and 52 university) from all 12 sites with a target goal of 316 patients by completion of the study, anticipated in November 2006.

DBS is a potentially beneficial treatment option for PD patients. This landmark study should distinguish which anatomic site in the brain provides the best symptomatic relief. The findings will be crucial in establishing the optimal management for the disabling symptoms of PD.



Researchers at Northwest PADRECC: L to R: Kari Swarztrauber, MD (Director of PADRECC HSR&D); Eric Graf; Jane Anau; and Robert Bourdage.

Philadelphia PADRECC Fall Education Fair: K. Robinson, MD (PADRECC physiatrist) and H. Cianci, PT(physical therapist) speak on rehabilitation issues.



Houston PADRECC Patient/Family Conference: R. Simpson, Jr, MD, PhD (PADRECC Associate Director) presents on DBS.

PADRECC Activities

Nationwide PADRECCS

Houston PADRECC	
6/3/04	PADRECC Patient/Family Forum
6/12/04	1-Day Symposium for Allied Health Professionals
Philadelphia PADRECC	
5/14/04	PADRECC Speech & Swallowing Education Fair
5/24/04	2nd Annual PADRECC/MIRECC Symposium
Portland/Seattle (Northwest) PADRECC	
5/12/04	Vtel Conference Series
7/28/04	Vtel Conference Series
Southeast (Richmond) PADRECC	
6/12/04	1-Day Symposium: "Moving On with PD"
7/27/04	Monthly Patient/Caregiver Support Group
San Francisco PADRECC	
6/14/04	Weekly Journal Club
7/19/04	DBS Programming Seminar
Southwest (West Los Angeles) PADRECC	
7/19/04	Monthly Case Conference Journal Club
9/9/04	SW PADRECC Education and Research Conference

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National VA PD Consortium News

A web site has been established to enhance communication among members of the VA Parkinson's Disease (PD) Consortium (<http://swpadrecec.neurology.ucla.edu/consortium/home.htm>). It has links to the latest news, annual goals, calendar of events, and the national VA Consortium directory online. Members interested in posting new information on the website can contact Eric Cheng at Eric.Cheng@med.va.gov.

A primary goal of the Consortium is to network VA clinicians who provide care for veterans afflicted by PD and related movement disorders. Through this effort, the six PADRECC directors identified VA clinicians in their service areas who qualify as movement disorder specialists. Members of this Movement Disorder Specialist Directory have agreed to serve as expert resources complementary to the PADRECC network. They can provide specialty care to veterans unable to travel to a PADRECC facility. Their names and contact information are listed on the website.

for Consortium member registration information go to
www.va.gov/padrecec

or

<http://swpadrecec.neurology.ucla.edu/consortium/home.htm>

Understanding and Managing PD A Program for Healthcare Professionals Two VHS cassettes + handout, \$30.00 per set **Order Today!**

by phone 804-828-9060 or internet
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 or www.va.gov/padrecec



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