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**Bilateral Deep Brain Stimulation (DBS): 4 Year Follow-up Study**

Sixty-nine (69) patients with PD, who underwent DBS of the bilateral subthalamic nucleus (STN, n=49) or globus pallidus internus (GPI, n=20) were included in a European multicenter study. Patients were assessed preoperatively and at 1 year and 3-4 years after surgery. The primary outcome measure was the change at 3-4 years in the 'off' medication score of the motor portion of the Unified Parkinson's Disease Rating Scale (UPDRS-III). DBS significantly improved activities of daily living for both groups and prolonged the 'on' time with good mobility and without dyskinesias. Adverse events, more pronounced in DBS of the STN, included cognitive decline, speech difficulty, instability, gait disorders and depression. Patients did not terminate treatment because of these adverse events. *Brain* 2005; 128:2240-2249.

<http://brain.oxfordjournals.org/cgi/content/abstract/128/10/2240>

**Deep Brain Stimulation (DBS) for Dystonia**

The first line therapy for dystonia consists primarily of pharmacologic agents, but recently deep brain stimulation (DBS) has emerged as the preferred treatment for patients with severe dystonia and other movement disorders who need surgical intervention. For patients with dystonia, an electrical stimulation directed at the deep nuclei in the globus pallidus internus has been the most thoroughly studied to date. This relatively safe procedure is rapidly evolving. Research suggests that primary dystonias and tardive dystonic syndromes may respond more dramatically to DBS than secondary dystonias. *2005 May;7(3):237-243. (Author Dr. Marks is Director of the San Francisco PADRECC).*

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=15814077&query hl16](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15814077&query hl16)

**Using Clinical-Practice Guidelines in Parkinson's Disease**

This article presents a case vignette of a man with signs of parkinsonism and continues with evidence for the differential diagnosis, pharmacologic, non-pharmacologic, and surgical therapies; suggestions for initial treatment are also included. This review uses the American Academy of Neurology clinical-practice guidelines and the Movement Disorder Society evidence-based recommendations for PD therapy and encourages their usage when diagnosing

patients with movement disorders. *N Engl J Med.* 2005 Sep 8;353(10):1021-7 (Author Dr. Nutt is Director of the Northwest PADRECC).

<http://content.nejm.org/cgi/content/extract/353/10/1021>

### **Prevalence and Treatment of Depression in PD**

In this article, the authors review existing literature on the prevalence and treatment of depression in PD. Prevalence estimates of depression vary widely ranging from 7%-76%. This variation is due to inconsistent assessment methodologies. To control for uncertainty of prevalence figures, the authors argue for more systematic and controlled research that focuses on well-validated definitions and measures of depression, assessment techniques, and sampling methods. Randomized treatment methods are also discussed. *J Neuropsychiatry and Clinical Neurosciences* 2005; 17:310-323. (Co-Author Dr. Lai is the Director of the Houston PADRECC).

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=16179652&query hl=19](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16179652&query hl=19)

### **Psychiatric Complications in Parkinson's Disease**

Parkinson's disease is sometimes characterized as a neuropsychiatric disease due to the high prevalence of psychiatric complications. The neuropathophysiological changes found in PD, plus the association between dopaminergic medications and certain psychiatric disorders, suggest a neurobiological basis for most psychiatric symptoms. Psychological factors are probably involved in the development of affective disorders. This article provides a comprehensive overview of the most common psychiatric complications in PD and encourages geriatric psychiatrists to offer consultation and clinical expertise to these patients. *Am J Geriatr Psychiatry*, 2005; 13(10):844-51. (Co-Authors Dr. Weintraub is a Geriatric Psychiatrist at the Philadelphia PADRECC and Dr. Stern is Director of the Philadelphia PADRECC).

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=16223962&query hl=28](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16223962&query hl=28)

### **Movement Disorders in the Older Patient**

A comprehensive article about PD and other common and less common movement disorders is discussed from a primary care perspective. The emphasis is on presenting features, differential diagnosis and general management recommendations with strategies for treatment of elderly patients. Causes of Parkinsonism are discussed including medications, multiple system atrophy, progressive supranuclear palsy, dementia with Lewy bodies, and other neurologic disorders. *Cleveland Clinic Journal of Medicine*, 72 (3), October, 2005, S38-S51. (Author Dr. Baron is Director of the Southeast PADRECC).

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=16265942&query hl=21](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16265942&query hl=21)

### **Proxy Reports in Parkinson's Disease**

A total of 64 pairs of patients and caregivers participated in this study that evaluated patient-proxy agreement on quality of life and physical activity for veterans with PD. On average,

proxies rated patient disability higher and quality of life lower than did patients. Patient-proxy agreement tended to be lower for patients with more severe PD. Greater patient-proxy agreement for the PDQ-39 subscales was evident than agreement on the more objective physical activity items. The authors conclude that differences in patient-proxy reports should be considered when designing research studies and in making clinical decisions that use retrospective self-reports. *Movement Disorders* 2005; 20:1462-1468. (Co-Authors: Dr. Lai is Director of the Houston PADRECC and Dr. Nelson is Co-Assoc. Director of Education of the Houston PADRECC. Ms. Fleming and Dr. Cook were formerly with the Houston PADRECC).

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=16028212&query hl=23](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16028212&query hl=23)

### **Shortages in Parkinson's Trials**

The majority of physicians who treat patients with PD have never referred a patient to a clinical trial. The Michael J. Fox Foundation for PD Research surveyed 500 physicians and more than 500 patients to inquire whether they discussed participation in clinical trials. The findings suggest that 65% of neurologists and 54% of primary care physicians have discussed clinical trials with 10% or less of their patients. Only 14% of primary care physicians and 21% of neurologists were satisfied with the amount of information available about PD clinical trials. A new website [www.PDtrials.org](http://www.PDtrials.org) has been launched to educate patients about the clinical trials process and to help patients and caregivers locate appropriate trials. *Practice Trends, Clinical Neurology News, August 2005, p. 22.*

### **Parkinson's Disease and Osteoporosis**

Researchers report that Parkinson's disease (PD) in older men is associated with lower bone mineral density and they recommend screening these patients for osteoporosis. After examining nearly 6,000 community dwelling men (including 52 of them with PD), they found a significantly lower bone density of the spine and hip in PD patients. The fall risk for these patients was about three times that of the comparison group. These data should be interpreted with caution in female patients, different racial groups, and those with advanced illness. *J Am Geriatr Soc. 2005 Sep;53(9):1559-64.* <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1532-5415.2005.53464.x?prevSearch=allfield%3A%28Parkinsons+disease+and+bone+fractures%29>

### **Unsaturated Fatty Acids Intake May Protect Against Parkinson's Disease**

Unsaturated fatty acids are important constituents of neuronal cell membranes and have neuroprotective, antioxidant, and anti-inflammatory properties. High intake of unsaturated fatty acids may reduce the risk of Parkinson's disease. In this Rotterdam study, researchers focused on the association between unsaturated fatty acids intake and the risk of PD in over 5000 subjects who were PD-free at baseline. After following the subjects for six years, 51 had developed PD and their unsaturated fatty acids were inversely related to the risk of developing PD. This association was not true for the saturated fatty acids but more studies are needed. *Neurology. 2005 Jun 28;64(12):2040-5.* <http://www.neurology.org/cgi/content/abstract/64/12/2040>

### **Preventing Chronic Illness**

35 million people will die in 2005 from heart disease, stroke, cancer, and other chronic diseases. Only 20% of these deaths will be in high-income countries – while 80% will occur in low and middle-income countries. This goal of reducing chronic illness death rates by 2% annually is further discussed in *The Lancet, Early Online Publication, 5 October 2005*.

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=16257345&query hl=25](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16257345&query hl=25)

### **Upcoming Events**

► **Feb. 12-14, 2006.** Parkinson's Action Network, Washington, DC. Visit the PAN website at [www.parkinsonaction.org](http://www.parkinsonaction.org) or call 800-850-4726 for more information

► **Feb. 22-26, 2006.** The World Parkinson Congress (WPC) will be held in Washington, DC. The PADRECCs are an organizational sponsor. For more information: [www.worldpdcongress.org](http://www.worldpdcongress.org)

► **April 1-8, 2006.** The American Academy of Neurology 58<sup>th</sup> Annual Meeting, San Diego, CA.

► **Oct. 8-11, 2006.** The American Neurological Association 131<sup>st</sup> Annual Meeting, Chicago, IL.

► **Oct. 29- Nov. 2, 2006.** 10th International Congress of Parkinson's Disease and Movement Disorders. Kyoto, Japan. Offered by The Movement Disorder Society.

[www.movementdisorders.org](http://www.movementdisorders.org)

► **June 3-7, 2007.** 11th International Congress of Parkinson's Disease and Movement Disorders Istanbul, Turkey. Offered by The Movement Disorder Society. [www.movementdisorders.org](http://www.movementdisorders.org)

### **Just A Minute...**

Watch for the verite' film "Almost Home" to be shown on the Public Broadcasting System (PBS) in Jan. 2006. One of the featured nursing home residents lives with Parkinson's disease.

Visit the Young Parkinson's Information & Referral Center (American Parkinson's Disease Association) at [http://www.youngparkinsons.org/pages/index/siteindex\\_tracking.htm](http://www.youngparkinsons.org/pages/index/siteindex_tracking.htm)  
Community Partners for Parkinson Care II (CPPII), an outreach program of the National Parkinson Foundation, is designed to reach diverse and rural communities nationwide. For more information on this grant, visit <http://www.parkinson.org/site/pp.asp?c=9dJFJLPwB&b=71117>

### **The National PD Consortium**

**Mission statement:** *...to support the provision of optimal care and education for veteran patients diagnosed with Parkinson's disease and related movement disorders through advocacy, scientific inquiry and enhanced clinical expertise.*

#### **Coordinating Center:**

**Philadelphia VA Medical Center**

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**Jeff Bronstein, MD, PhD (Co-Chairperson)**  
**Barry Cusack, MD (Co-Chairperson)**  
**Yuri Romaniuk (National Coordinator)**

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