Vitamin D from different sources is inversely associated with Parkinson’s disease. Previous studies have shown an inverse relationship between total vitamin D levels and Parkinson's disease (PD). Vitamin D is found in two forms D2 (from diet and supplements) and D3 (from sunlight exposure). This study aimed to determine whether there was an association between the different types of vitamin D and PD. Plasma levels of D2 and D3 were measured in 478 people with PD and 431 healthy controls. The inverse relationship between total vitamin D levels and PD was confirmed. Furthermore, both D2 and D3 levels were inversely related to PD. As D2 levels are independent of sunlight exposure, this correlation suggests that low total vitamin D levels are not simply a result of reduced sunlight exposure in people with poor mobility due to PD. The authors could not exclude gastrointestinal dysfunction as a contributor to this finding.

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Apathy in untreated early-stage Parkinson’s disease: Relationship with other non-motor symptoms.

Apathy is a frequent and often disabling disorder seen in Parkinson’s disease. It can occur in isolation or as part of other comorbid disorders of PD, including depression or cognitive impairment. The prevalence of apathy in all PD patients ranges from 17% to 50%. This study aims to investigate the prevalence of apathy in treatment-naïve patients with early-stage PD. They also investigated the relationship between apathy and other non-motor symptoms of PD. In this study, 95 participants were included, all with early-diagnosed PD, not on treatment. To assess apathy, the group used a clinical interview and Lille Apathy Rating Scale (LARS). In this group, 18.95% of patients were apathetic, with one quarter of those patients also having depression. Depression was diagnosed also in clinical interview and using the Montgomery and Asberg Depression Rating Scale (MADRS). The investigators also looked at motor symptoms of PD and other non-motor symptoms such as sleep disorders, weight changes, changes in smell and taste, cognitive symptoms, and dysautonomia. Despite an apparent association between severity of motor symptoms and cognitive changes with apathy, when adjustments were made for these confounders, apathy appeared to be independent. This study suggests that apathy is an independent, non-motor symptom of Parkinson’s disease and the high prevalence of 18.95% suggests it could be a common prodromal symptom of PD.
Interventions for fatigue in Parkinson’s disease: A systematic review and metanalysis. Fatigue affects nearly 58% of people with Parkinson’s Disease. It is often a disabling symptom and one of the main factors leading to a reduced quality of life. The impact fatigue plays on patient’s lives has led to research evaluating potential treatments. This review article by Marloes Franssen et al worked to evaluate the various treatment options for fatigue in PD. Fourteen articles investigating drugs and behavioral therapy were evaluated. Four of the 11 studies investigating a pharmacological intervention (modafinil, bromocriptine, pramipexole, and doxepin) found a significant treatment effect of the intervention when compared with the control group. The remaining 9 studies, however, did not find a treatment effect. No non-pharmacological studies showed a treatment effect. While a variety of different treatment methods have been used to fight fatigue in PD, insufficient evidence exists to support the treatment of fatigue in PD with any drug or non-drug treatment.

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Committee Activities

Clinical Care Committee

- **Rotation of Committee Chair:** Leadership for the clinical care committee rotates amongst the PADRECCs. The Southeast PADRECC leads the committee for January/February. Committee meets via conference call the first Tuesday of the month at 12pm (EST)

- **Standardize and Optimize Clinical Care:** Continue to discuss a variety of clinical issues to learn from each other’s experiences, establish usage patterns of existing and emerging therapies, and discuss ways to enhance overall patient care. The committee continues to provide clinical support to the Consortium network, and work on measures to standardize clinical care across the PADRECC network. Recent agenda items have included ongoing discussion on:

  - Use of Clinical Video Telehealth for movement disorders and home monitoring devices: Review of applications in clinical arena for subset of patients, and ways to expand access to CBOCs and remote areas where subspecialty expertise is not available. Research ideas pertaining to the use of home monitoring devices in movement disorders patients.
• Palliative Care: Review of palliative care resources in the PADRECCs and discussion of how to provide resources to guide a fellow interested in the area of palliative care issues in the movement disorder patient

• Therapy Topics: DBS target selection, experience with various Neurotoxins, new PD medications (including droxidopa, duodopa etc.)

• Quality improvement/assurance project looking at hospitalized PADRECC patients and use of dopamine-blocking medications

• VERA funding for the catastrophically disabled veteran

• The use of DAT scans in clinical practice: Applications and pitfalls of use. Standardization of interpretation

• The incorporation of yoga and other exercise modalities along with meditation and breathing in the care of the PD patient and how to enhance access of these modalities to our patients

• Multidisciplinary clinics in practice – opportunities and challenges in integration of other specialty modalities into movement disorders clinic (eg. PT/OT/psychiatry)

• PADRECC Transmitter: PADRECC clinicians provide reviews of recent movement disorder publications that are included in the PADRECC Transmitter

Education Committee

• PADRECC/EES Movement Disorder Series: The 2nd audio conference for FY 15 was held on January 8th, 2015- “Systemic Approach to Patient with Chorea.” The audio conferences are archived on the National website www.parkinsons.va.gov under the Movement Disorder Series tab. All evaluations for CMEs are being done electronically via TMS and preregistration is required. Please see the Dates to Remember section below for listing of upcoming audio conferences.

• Patient Education Video Project: The My Parkinson’s Story video series from FY 11 & 12 are now available for viewing on the National PADRECC & VA Consortium Website:
http://www.parkinsons.va.gov/patients.asp and on YouTube.

- **Enduring Materials Project:** In collaboration with EES, the committee developed an on-line TMS self-study program that offers CME credit for a 3 year period. The purpose of this program is to provide VHA healthcare professionals with a broadened medical awareness of Mood Disorders in PD. The program is **NOW available on TMS:**

  https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEM_DETAILS&componentID=14771&componentTypeID=VA&revisionDate=1343926380000

- **PADRECC Transmitter:** The committee continues to assemble and distribute this e-newsletter every other month.

  **Northwest PADRECC Service Area Update**

  **Northwest PADRECC**

  **Director:** Joe Quinn, MD

  Telehealth isn’t just for doctor’s visits! During the last four years, the NW PADRECC has been using V-tel technology to bring patient education events to more Veterans in its service area. NW PADRECC staff started a pilot effort in 2011 to engage personnel at 5-8 VA sites to act as “remote facilities” to host Veterans for one-hour patient education lectures broadcast via live V-tel.

  The NW PADRECC serves Veterans in ten states and three VISNs. Tele-education has been a way to provide local information and support to Veterans who may have limited mobility and/or be unable to travel long distances. Additionally, the events also serve Veterans in ways which are not so obvious. Veterans and family members receive information at the lectures, but also have a chance to meet others with similar medical issues. Although not a “support group,” the education events give Veterans a valuable opportunity to socialize and exchange information with others in their area. The V-tel events are interactive, allowing patients to ask questions of the presenter and to interact with other patients virtually.

  Results of the tele-education effort have been highly positive. The overall number of Veterans and family members able to attend education events has doubled since the beginning of the 2011 pilot, with registration of up to 200 people for a single event. Through informal channels and through survey feedback, Veterans and VA personnel at the remote sites have provided enthusiastic, positive feedback about having the programs available to them. Currently, 13 remote sites in Oregon, Washington, Idaho, and Alaska regularly participate in the educational offerings.
Dates to Remember

March 12, 2015

EES/PADRECC Movement Disorder Series

Topic: Military Service And Neurodegenerative Disease – Parkinson’s Disease As An Example
http://www.parkinsons.va.gov/

March 23-25, 2015

2015 PAN Forum

Washington, DC

http://www.parkinsonsaction.org/your-voice/pan-conference

April 18-25, 2015

American Academy of Neurology Annual Meeting

Washington, DC

https://www.aan.com/conferences/2015-annual-meeting/submit-your-abstract/

May 14, 2015

EES/PADRECC Movement Disorder Series

Topic: Tardive Dyskinesia

http://www.parkinsons.va.gov/

June 14-18, 2015

25th Annual Movement Disorder Society International Congress

San Diego, CA
September 10, 2015

EES/PADRECC Movement Disorder Series

Topic: Aspiration Pneumonia and Parkinson’s Disease

http://www.parkinsons.va.gov/