

**VA**

U.S. Department of Veterans Affairs  
Veterans Health Administration  
Parkinson's Disease Research,  
Education & Clinical Centers

**NATIONAL VA PARKINSON'S DISEASE****C O N S O R T I U M***Education · Collaboration · Advocacy*

# **THE TRANSMITTER**

*July 2022*

## **Article Reviews**

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### **Persistent Racial Disparities in Deep Brain Stimulation for Parkinson's Disease**

Using National Inpatient Sample data from the Healthcare Cost and Utilization Project and the Agency for Healthcare Research and Quality, Cramer and colleagues evaluated access to deep brain stimulation (DBS) in Parkinson's disease (PD) in the United States from 2002 to 2018. DBS utilization increased by 82% during this time period, however there were significant disparities in access to the procedure. Black patients with PD were nearly 80% less likely to undergo DBS than White patients with PD. Female patients were nearly 20% less likely to undergo DBS than male patients. Sex disparities were also seen when performing multivariate analyses based on racial background – White female patients were 20% less likely to receive DBS than White males and Black females were over 30% less likely to receive DBS than Black male patients, although the trend for Black female patients did not reach statistical significance. Older patients and those with two or more co-morbid conditions were also less likely to undergo DBS. Conversely, increasing income and private insurance were associated with increasing odds of receiving DBS. The rates of racial disparity demonstrated in the last decade are almost identical to those reported in the prior decade, the causes of which are felt to be “complex and multifactorial”. Future research is needed to understand the rate at which DBS is offered and declined across minority groups in order to further determine specific reasons for these disparities and propose solutions to bridge the gaps.

*Cramer SW, Do TH, Palzer EF, Naik A, Rice AL, Novy SG, Hanson JT, Piazza AN, Howard MA, Huling JD, Chen CC, McGovern RA. Persistent Racial Disparities in Deep Brain Stimulation for Parkinson's Disease. Ann Neurol. 2022 Apr 19. doi: 10.1002/ana.26378. Epub ahead of print. PMID: 35439848.*

### **Undetected ophthalmological disorders in Parkinson's disease**

While non-motor symptoms are increasingly acknowledged in Parkinson's disease (PD), ophthalmological disorders in PD have received little attention in clinical care and their prevalence and impact in PD is poorly understood. This cross-sectional observational study systematically evaluated ophthalmological disorders among 102 patients with PD aged 60 or older who had completed the Visual Impairment in Parkinson's Disease Questionnaire (VIPD-Q), while excluding those with secondary parkinsonism, systemic disease (including diabetes), congenital eye disease, or on medications known to affect vision. Patients in the study underwent detailed ophthalmological assessment and abnormalities were categorized based on clinical relevance (based on severity), potential for threatening vision, and treatability.

Remarkably, 92% of patients in this cohort had a clinically relevant ophthalmological disease, with 77% having a potentially vision-threatening disease, and 34% having a functionally limiting but treatable disease. The most prevalent disorders were dry eyes (86%), ocular misalignment (50%), optic nerve disorder (50%), and convergence insufficiency (41%). Furthermore, they found a small but statistically significant association between fall frequency and number of clinically relevant ophthalmological diseases even after correction for

variables such as age, H&Y stage, freezing of gait, and disease duration. While there was no control cohort included, the prevalence of disorders in this study is far higher than reported in the general population, and there is mechanistic plausibility for the increased incidence of these conditions in patients with PD. This study argues that ophthalmological screening of patients with PD is important even in the absence of subjectively reported complaints. Treatment of these conditions may improve quality of life and potentially reduce falls, though this will need to be formally evaluated in future studies.

*Borm CDJM, Werkmann M, de Graaf D, Visser F, Hofer A, Peball M, Smilowska K, Putz D, Seppi K, Poewe W, Hoyng C, Bloem BR, Theelen T, de Vries NM. Undetected ophthalmological disorders in Parkinson's disease. J Neurol. 2022 Jul;269(7):3821-3832. doi: 10.1007/s00415-022-11014-0. Epub 2022 Mar 9. PMID: 35262759; PMCID: PMC9217779.*

### **Long-term Effect of Regular Physical Activity on Exercise Habits in Patients with Early Parkinson Disease**

In this study, the authors used data from the Parkinson's Progression Markers Initiative (PPMI) study to evaluate the long term effects of exercise habits on disease progression. It was a retrospective analysis in an observational cohort study. Physical activity was evaluated with the Physical Activity Scale for the Elderly questionnaire. The authors performed linear effects models including age, sex, levodopa equivalent dose, and disease duration as covariates. They aimed to understand interaction effects of regular physical activity and moderate to vigorous exercise levels. They also conducted sensitivity analyses using the multiple imputation method. In this study of 237 individuals with early PD, regular physical activity and moderate to vigorous exercise was not significantly associated with overall clinical progression. There were statistically significant associations found between regular physical activity levels and slower worsening of postural and gait stability, ADLs, and processing speed. Moderate to vigorous exercise was associated with slower decline of postural and gait stability as well. To summarize, this study adds to the growing body of literature supporting the possible neuroprotective effects of exercise and provides additional data that different types of physical activity have varying effects on specific aspects of disease progression (such as postural stability and cognition). Interpretations are limited due to the retrospective nature of this analysis and possibility for reverse causality.

by Tsukita, et. al (PMID 35022304)

## **Committee Activities**

### **Clinical Care Committee**

- **Rotation of Committee Chair:** Leadership for the clinical care committee rotates amongst the PADRECCs. The Houston PADRECC leads the committee for July/August. The committee meets via conference call the first Tuesday of the month at 12pm (EST)
- **Standardize and Optimize Clinical Care:** The committee continues to discuss treatment strategies, new medications and other procedures, and other clinical issues to improve patient care and outcomes across the national PADRECCs service area.. It also serves to provide clinical support to the consortium network by focusing on procedures and measures to standardize clinical care across the PADRECC network.
- Recent agenda items have included:
  1. Discussion of COVID 19 era operational modifications at various PADRECCs, sharing of new practices
  2. Evaluation of strengths and weaknesses of clinical services at various PADRECCs
  3. Future planning to enhance clinical service provision at PADRECCs : Suggestions and Strategies

## Education Committee

- **PADRECC/EES Movement Disorder Series-Webinars:** knowledge-based webinars to provide VHA healthcare professionals with current practice standards and emerging trends in the treatment of Parkinson's disease and other movement disorders. CEs are typically provided for the live webinars. Check out the following link for a list of past webinars and if you are interested in receiving a recording of a past webinar please email [Gretchen.glenn@va.gov](mailto:Gretchen.glenn@va.gov) and list the date/topic of interest:  
[https://www.parkinsons.va.gov/Consortium/Presentations/Audio\\_Conference/MDS.asp](https://www.parkinsons.va.gov/Consortium/Presentations/Audio_Conference/MDS.asp)
  - **SAVE THE DATE- Movement Disorders Series Part 2-Webinar** Planning is underway for this webinar which will be held on **October 13, 2022**-More information and registration link to follow
- **National VA PD Newsletter:** The newsletter is currently in the editing phase and once completed will be emailed out and posted on the National Website
- **VHA/PADRECC & The Parkinson's Foundation Partnership:** Goal of the partnership is to improve the care and quality of life for Veterans living with PD through collaborative education, research and services. This committee spearheads many of the projects for this partnership. Please check out the Transmitter email for current partnership offerings/activities
- **National Website Maintenance:** The committee performs periodic maintenance checks of the National Website to ensure information is current and up-to-date.
- **PADRECC Transmitter:** This committee continues to assemble and distribute this *e*-newsletter every other month.
- **Resources available on the National Website:**
  - **Patient Education Brochures-** <https://www.parkinsons.va.gov/patients.asp>
    - Exercise and Physical Activity
    - Fall Prevention
    - Motor Symptoms
    - Non-Motor Symptoms
    - Agent Orange and Toxic Exposures and PD
  - **PADRECC Support/Education Groups:** The PADRECCs are now holding virtual groups open to Veterans and care partners interested in attending. Please check out the National Website for listing of dates/times and contact person to register for the groups and please share with your patients/care partners: <https://www.parkinsons.va.gov/patients.asp>
  - **My Parkinson's Story-**<https://www.parkinsons.va.gov/patients.asp>  
A series of short videos prepared by the VA PADRECCs addressing various aspects of Parkinson's disease.
  - **Suggested Education Essentials for Veterans with PD**
    - **Digital version:** <https://www.parkinsons.va.gov/patients.asp>  
  
Suggested Education Essentials
    - **Printer friendly version:**