Comparing Risperidone and Olanzapine to Tetrabenazine for the Management of Chorea in Huntington Disease: An Analysis from the Enroll-HD Database.

Currently two VMAT2 inhibitors, tetrabenazine (TBZ) and deutetrabenazine are the only FDA approved medications for the treatment of chorea in Huntington’s Disease. Antipsychotic drugs (most commonly olanzapine and risperidone) are also used to treat chorea but their efficacy for this is based on small studies, case series, and expert opinion. Schultz et. al. took advantage of the very large Enroll HD cohort to compare the antichoreic effects of these three drugs. Their primary outcome was annual rate of change in total motor score (TMS) between baseline and next available visit. They used propensity scores to be sure groups were well matched and even did a sub-analysis looking just at persons started on one of the three drugs within 1-14 days after the baseline visit. They found annualized increases (worsening) of TMS of 1.47, 3.20, and 5.7 points respectively for risperidone, olanzapine, and TBZ. They also examined the annual rate of change in the total chorea scores in the groups for the main and sub-analyses seeing no significant difference between any of the groups. There was a higher psychiatric burden in the persons on risperidone and olanzapine at study start and the olanzapine group did experience more weight gain. A randomized trial is underway which will give better evidence but this study certainly adds support to the antichoreic effects of risperidone and olanzapine.

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Comparative Study of Cerebrospinal Fluid Alpha-synuclein Seeding Aggregation Assays for Diagnosis of Parkinson’s Disease

Previous studies have shown that CSF from PD patients can seed aggregation of recombinant alpha-synuclein with high concordance with PD diagnosis. In this study, the investigators aimed to cross-validate two CSF alpha-synuclein seeding aggregation assays (SSA) to detect pathogenic alpha synuclein species in patients with PD. Two independent laboratories tested CSF of PD patients and healthy controls in a blinded fashion from the BioFIND cohort (105 PD and 79 healthy controls) using real-time quaking-induced conversion (RT-QuIC) and protein misfolding cyclic amplification (PMCA). These assays showed a high accuracy for PD diagnosis. For the RT-QuIC and PMCA the area under the curve from receiver operating characteristic curve analysis for the
diagnosis of PD versus healthy controls was 0.89, and 0.93 for respectively and 0.95 when considering only concordant assay results. No correlation between assay parameters and clinical parameters such as disease duration or severity was found. SAA s may be useful for PD diagnosis in clinical practice and clinical trials in the future.


Safety and efficacy of CVT-301 (levodopa inhalation powder) on motor function during off periods in patients with Parkinson’s Disease: a randomized, double blind, placebo-controlled phase 3 trial

Treatment with levodopa is the standard of care for symptomatic management in patients with Parkinson’s Disease. However, chronic treatment with levodopa can often lead to changes in clinical response resulting in motor fluctuations. The Span-PD Study Group evaluated CVT-301, a self-administered levodopa oral inhalation powder, for treatment of OFF periods. Over 350 patients were enrolled with results demonstrating significant improvement in objective UPDRS motor scores from predose to 30 minutes postdose as well as favorable results for maintenance of ON symptoms for at least 60 minutes following drug administration. Furthermore, CVT-301 was generally safe, well tolerated, and with few adverse effects, though the long-term safety and efficacy warrants further investigation. CVT-301 received FDA approval in December 2018 under the trademark name Inbrija and is now available for use by patients with Parkinson’s Disease.


Committee Activities

Clinical Care Committee

- **Rotation of Committee Chair:** Leadership for the clinical care committee rotates amongst the PADRECCs. The San Francisco PADRECC leads the committee for March/April. 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 latest research on PD, new treatment strategies and a variety of clinical issues to improve patient care and outcomes. It also serves to provide clinical support to the consortium network by focusing on measures to standardize clinical care across the PADRECC network. Recent agenda items have included discussions on:

  1. Clinical experience and discussion on obtaining baseline EKG with QTc monitoring on patients on anti-psychotics and Pimavanserin
  2. Continued discussions and progress towards delivering Telehealth to our veterans using Video Connect.
  3. VA Tele-Mental Health Parkinson’s Disease Expert Consultation Program was developed to assist providers with managing PD patients with complex mental health diagnostic or psychopharmacological questions
4. Discussion about the use of St. Jude, Medtronic or Boston Scientific device for deep brain stimulation.

5. Clinical experience with recently introduced medications for Parkinson’s disease, Huntington’s disease, and tardive dyskinesia including Rytrary, Extended Release Amantadine, Pimavanserin, deutetrabenazine, valbenazine, etc.

6. Continued discussion about referrals, outcomes and target selection trends regarding deep brain stimulation surgery for PD, ET, and dystonia.

7. Continued discussion focused on clinical experience sharing among the group regarding DUOPA™ (carbidopa/levodopa) enteral suspension for the treatment of motor fluctuations in advanced Parkinson's disease

8. Discussion about newer avenues of delivering tele-health within the VA healthcare system including video-connect

9. Discussion about newer clinic models to provide focused treatment for non-motor symptoms of PD (Palliative Care Clinics) and to improve overall health of our patient population (Wellness Clinics)

10. Strategies to minimize the impact of reduced workforce at the PADRECC, innovative ideas to improve performance and deliver care

11. Discussion about collaborative research, including involvement in industry supported projects like Apomorphine subcutaneous infusion study

12. The prevalence of vitamin D deficiency in Parkinson’s disease, the need to monitor and strategies and outcomes of current replacement strategies

13. Discussion about management of psychogenic/functional movement disorders

Education Committee

- **PADRECC/EES Movement Disorder Series:** The third audioconference for FY 19 was held on March 14, 2019 “Pain in Parkinson’s Disease” by Dr. David Drake, Medical Director, Interventional Pain Clinic and Director Integrative Health Richmond, VAMC. The audioconferences are archived on the national website www.parkinsons.va.gov under the Movement Disorder Series tab. Please see the Dates to Remember section below for a listing of upcoming audioconferences and mark your calendars.

- **Updating PADRECC Pocket Card:** Committee is in the process of updating the pocket card which includes the treatment algorithm and medication list as it is out of date.

- **PD at Home:** Monthly PD telephone education/support group conference available nationwide on the 2nd Tuesday of each month: 10am PT, 11am MT, 12p CT, 1pm ET. Monthly flyers will be emailed to all Consortium Members, please advertise to your PD patients.

- **National Website Maintenance:** The committee performs 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.

- **PADRECC is now on VA PULSE:** We invite you to follow us: https://www.vapulse.net/community/care-topics/parkinsons-disease/overview
On this page you can view notices of upcoming Movement Disorders Series presentations, links to all recorded webinars and our 20-video VA Parkinson’s playlist on YouTube. Also available are a wealth of resources for VA Professionals and Veterans/families, research publications, informational newsletters, and more.

- **Resources available on the National Website - Please share with your patients**
  - Patient Education Brochures - [https://www.parkinsons.va.gov/patients.asp](https://www.parkinsons.va.gov/patients.asp)
    - Exercise and Physical Activity
    - Fall Prevention
    - PD Medications
    - Motor Symptoms
    - Non-Motor Symptoms
    - Agent Orange and Toxic Exposures and PD
  - My Parkinson’s Story - [https://www.parkinsons.va.gov/patients.asp](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 [https://www.parkinsons.va.gov/patients.asp](https://www.parkinsons.va.gov/patients.asp)
  - Updated Resource Request Form - PADRECC staff and consortium members can order bulk supply of FREE educational materials from PF and APDA. Please click on the following website link and complete the Resource Request Form and mail or fax to address listed: [https://www.parkinsons.va.gov/clinicians.asp](https://www.parkinsons.va.gov/clinicians.asp)

**Dates to Remember**

**May 4-10, 2019**
*American Academy of Neurology (AAN) Annual Meeting*
Philadelphia, PA
[https://www.aan.com/conferences-community/annual-meeting/](https://www.aan.com/conferences-community/annual-meeting/)

**May 9, 2019**
*EES/PADRECC Movement Disorders Series*
Topic: Sleep Issues and PD

**June 2-7, 2019**
*5th World Parkinson Congress*
Kyoto, Japan

https://www.worldpdcoalition.org/default.aspx

**September 12, 2019**

*EES/PADRECC Movement Disorders Series*

Topic: Parkinson’s 101

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