

CNS SPECTRUMS[®]

THE INTERNATIONAL JOURNAL OF NEUROPSYCHIATRIC MEDICINE

EXPERT REVIEW SUPPLEMENT

CASE STUDIES IN THE ADVANCEMENT OF PARKINSON'S DISEASE

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CME 1

ABSTRACT

Parkinson's disease is the second most common neurodegenerative disease following Alzheimer's disease. As there is no biomarker or diagnostic test available for the diagnosis of Parkinson's disease, diagnosis of this disorder can be challenging. Parkinson's disease symptoms include both motor and non-motor symptoms. Non-motor symptoms may require special attention, such as the impulse control disorders that can be devastating to patients and their families. This Expert Review Supplement presents three cases that illustrate different aspects of Parkinson's disease, including diagnosis, non-motor symptoms, and treatment.

CASE STUDIES IN THE ADVANCEMENT OF PARKINSON'S DISEASE

Accreditation Statement/Credit Designation

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Mount Sinai School of Medicine and MBL Communications, Inc. The Mount Sinai School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.



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This activity has been peer reviewed and approved by James C.-Y. Chou, MD, associate professor of psychiatry at the Mount Sinai School of Medicine. Review Date: Dec. 17, 2008.

Statement of Need

Parkinson's disease (PD) is a progressive neurodegenerative disorder that affects ~1% of the United States population >65 years of age. The disease is characterized by a large number of motor and non-motor features that can impact function to a variable degree. Because there is no definitive test for the diagnosis of PD, the disease must be diagnosed based on clinical criteria. A thorough understanding of the broad spectrum of clinical manifestations of PD is essential to the proper diagnosis. Current therapeutic strategies focus primarily on reducing the severity of PD symptoms using dopaminergic medications. Levodopa is the most efficacious drug to treat the symptoms of PD, and response to levodopa is one of the criteria for the clinical diagnosis of PD. However, the response to levodopa therapy changes over time, and its long-term use is commonly associated with disabling motor complications. Deciding how soon to initiate therapy with levodopa is a debated issue, weighing the benefits of symptom relief against the long-term risks of developing motor complications. An important educational need exists to improve the current diagnosis and treatment strategies in order to improve patient functionality and quality of life and caregiver burden.

Target Audience

This activity is designed to meet the educational needs of neurologists.

Learning Objectives

At the completion of this activity, participants should be better able to:

- Estimate barriers to early and accurate diagnosis of Parkinson's disease
- Appraise pharmacologic treatment options for the treatment of Parkinson's disease according to individualized care
- Explain efficacy, safety, and tolerability of emerging treatment options available for Parkinson's disease

Faculty Affiliations and Disclosures



Karen Frei, MD, is neurologist at the Parkinson's and Movement Disorder Institute, Orange Coast Memorial Medical Center, in Fountain Valley, California. She reports no affiliations with or financial interest in any organization that may pose a conflict of interest.



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The authors discuss unapproved, investigational uses of agents in this supplement.

Acknowledgment of Commercial Support

Funding for this activity has been provided by an educational grant from Solvay.

Peer Review

James C.-Y. Chou, MD, has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Janssen, and Pfizer.

To Receive Credit for this Activity

Read this supplement and complete the CME post-test and evaluation on pages 7 and 8. A score of 70% or higher on the post-test awards physicians with 1 *AMA PRA Category 1 Credit(s)*[™]. Please allow 4 weeks for certificate processing.

Release Date: Dec. 1, 2008; Termination Date: Dec. 31, 2010

The estimated time to complete this activity is 1 hour.