Parkinson's Disease

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ARS Question

A 56 y.o. man presents with trouble walking, small hand writing, and a resting tremor.

You make a presumptive diagnosis and suggest:

- A. Sinemet trial
 B. Head MRI
 C. Propranolol for essential tremor
 D. Stroke work-up
 E. SSRI for anxiety

Parkinson's Disease

- Loss of dopaminergic neurons in the substantia nigra
- Lewy bodies
- Differentiate from broader classification of parkinsonism
- Mean age of onset 55yo

Substantia nigra Normal Parkinson disease

Lewy Body Brown melanin pigment Nerve cell nucleus Lewy bodies

Parkinsonism

- Parkinson's Disease
- Neuroleptic side effect
- Post-encephalitic
- Toxins (Mn, CO, MPTP)
- Dementia
- Wilson's disease
- Basal ganglia calcifications
- Parkinson-plus syndromes

 - syndromes

 Progressive supranuclear palsy
 Corticobasoganglionic degeneration

 Shy-Drager syndrome
 Olivopontocerebellar atrophy
 Diffuse Lewy body disease

Parkinson-plus Syndrome

- Gait problem is early feature
- Rare tremor
- No (or poor) response to Sinemet
- PSP

 Vertical gaze palsy

 CBGD

 Asymmetric rigidity
 Alien limb
 Cortical sensory

 SDS

 Autonomic

 OPCA

 Cerebellar

 DLBD

 Dementia

 - - » Dementia» Hallucinations

PD: Clinical

- Slow progressive course
- 4 cardinal features
 - » Resting tremor
 - » Bradykinesia
 - » Rigidity (cogwheel)
 - » Postural reflex impairment
- Other: dementia, depression, autonomic

Facial Masking



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Posture PD: Levodopa Sinemet = carbidopa/levodopa Most potent drug for PD Preferred treatment age > 75 Side effects GI Dyskinesias Dementia, hallucinations » Orthostatic hypotension • Start 25/100 QD, increase q 3d up 3 tid as needed

PD: Dopamine Agonist

- Act directly on dopamine receptors
- Synergy with levodopa
- Longer T1/2
- Reduced dyskinesias
- Same side effects as levodopa
- Initial treatment age < 65
- 3rd generation options(Mirapex, Ropinirole)

PD: Anticholinergics • Helpful in tremor Adverse effects are common • Trihexyphenidyl 1mg qd up to 12mg div tid PD: Amantadine Dopaminergic and anticholinergic Adverse effects PD: MAO-B Inhibitors Rasagiline and Selegiline Reduction of motor fluctuations May have neuroprotective effects » Consider in early onset disease

PD: COMT inhibitors

- Block COMT metabolism of levodopa
- Dopaminergic SEs
 - » Reduce levodopa by 30%
- Entacapone (Comtan)
- Combination drug
 - » Carbidopa/levodopa/entacapone

