Do your patients know how to prepare for their next visit with you?

visit morethanmedication.ca

6 tips for top team skills
Working as part of a multidisciplinary team is becoming more common, and these ideas can help you facilitate smooth relations for the entire group 26

Redesigning recruitment
Ontario's new program for attracting doctors to rural and northern regions has some recruiters fearing the changes being implemented will make their jobs more difficult 45

The Medical Post

VOLUME 46 NO. 6 $82 year THE ROGERS NEWSPAPER FOR CANADA'S DOCTORS CANADIANHEALTHCARENETWORK.CA APRIL 6, 2010

Neurology panel revises Parkinson's guidelines

by Terry Murray

TORONTO | An international panel convened by the American Academy of Neurology has produced new guidelines for treating the nonmotor symptoms of Parkinson's disease.

The panel—made up of six physicians from the U.S. and one each from Canada, France and the U.K.—reviewed the available evidence for more than 10 symptoms including autonomic dysfunction, sleep disorders, fatigue and anxiety.

Cognitive and mood dysfunction in Parkinson's, as well as treatment of sialorrhea with botulinum toxin, were addressed by previous academy panels in 2006 and 2008.

While evidence for the treatments used for many of the nonmotor symptoms was deemed "weak" or "insufficient," knowledge of the drugs to treat similar symptoms in other diseases is sufficient to make them the standard of care, according to a Canadian neurologist.

In an interview, Dr. Oksana Suchowersky, professor and director of the movement disorder program at the University of Calgary, said it may no longer be ethical to conduct the placebo-controlled randomized trials that would provide "Level A" evidence.

But trials would be useful to determine which of the two or three options that are currently used is best. "While there is no evidence (for the use of some of these therapies) in Parkinson's disease specifically, it doesn't mean they're not effective and we can't use evidence from other similar conditions or with similar problems, and from clinical experience," said Dr. Suchowersky. (Although she was not involved in preparing this "practice parameter," which appeared in the March 16 issue of *Neurology*, she was involved in preparing the earlier academy guidelines and is currently developing Canadian Parkinson's treatment guidelines.)

"We have to use our clinical experience and judgment in how we treat patients. We use what we know how to use from general medicine," Dr. Suchowersky said.

That's especially true for the nonmotor symptoms of Parkinson's which, especially later in the disease, can interfere more with quality of life than the motor symptoms, she said. "Nonmotor symptoms are a major component of Parkinson's disease that were not recognized until the last five years or so, and now that we're more aware of them, (we see) they cause much more disability and decreased quality of life as compared with the motor symptoms," she said.

The following is a list of some of the treatments contained in the guidelines:

- Sexual dysfunction: sildenafil citrate for patients with erectile dysfunction.
- Constipation: isosmotic macrogol (polyethylene glycol).
- Excessive daytime somnolence: modafinil should be considered to improve patients' subjective perception of this symptom.
- Restless legs syndrome and periodic limb movements of sleep: levodopa/carbidopa.
- Fatigue: methylphenidate.

For other symptoms, the evidence is insufficient to recommend a particular treatment:

- Orthostatic hypotension: indomethacin, fludrocortisones, pyridostigmine or domperidone, not all of which are approved for this indication.
- Urinary incontinence: Use of anticholinergics is supported by their pharmacologic action and "widespread clinical use," but they have also been shown to cause confusion in Parkinson's patients.
- Other autonomic symptoms: Controlled trials for other autonomic symptoms, including urinary frequency, urinary urgency, nocturia, sweating and hypersalivation are lacking, although botulinum toxin was recommended in a previous practice parameter to be considered for drooling.
- Insomnia: Data are insufficient for the use of levodopa/carbidopa, and "conflicting" for melatonin.
- REM sleep behaviour disorder: Data regarding its treatment in Parkinson's patients using clonazepam and melatonin are insufficient.