

PEARLS FOR MANAGEMENT OF PARKINSONIAN DISORDERS

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Top 10 issues facing the Field

- Standardized protocols for outpatient care
- Standardized protocols for hospitalization care
- Education of primary care doctors (diagnosis, referral)
- Training and meaningful integration of Parkinson's disease specialists
- Address aspiration and aspiration pneumonia
- Address levodopa resistant symptoms (walking, talking, thinking)
- Identifying and treating depression and anxiety
- Early identification and treatment of ICD's and DDS
- Getting DBS and duopa to appropriate candidates
- Getting PD drugs and surgeries paid by the health care system

Diagnosis

- The aging population will translate to more PD cases in the clinic(s)
- Spend time when you diagnose a patient (important moment they will remember for the rest of their life)
- A diagnosis of PD is not a death sentence
- Emphasize what they do not have (ALS, AD, tumor, etc.)
- 1/5 will not present with tremor
- When "on" medications they could look normal (careful jumping to the conclusion they are psychogenic)
- DAT scans are overused

Multidisciplinary Management

- Seeing a neurologist reduces morbidity, mortality, and nursing home placement
- Seeing a neurologist decreases hospitalization rates
- If you can try to coordinate care with a multidisciplinary team
- DBS is a good example of the importance of multidisciplinary care (published outcomes)
- There is data from NET-PD and from multidisciplinary DBS groups to suggest this approach impacts outcome

Behavioral Therapies

- Exercise is like a drug for Parkinson's disease
- Coffee, tea and interdisciplinary care may all be effective therapies
- Quality of life in PD is affected more by non-motor symptoms when compared to motor symptoms
- Depression is the largest unmet hurdle in Parkinson's disease
- Identify and treat impulse control disorders (ICDs)
- Even smart well educated patients may not have insight into an ICD

Medications

- Timing of medications is as important, if not more important, than dose or type of medication
- Try to prevent hospitalizations
- There is a high risk of hospitalization in Parkinson
- Know which psychosis drugs are safer in Parkinson (Clozapine, Quetiapine, Pimavanserin)
- Don't give Metoclopramide, Compazine, or Phenergan in PD

Deep Brain Stimulation

- Know when to make your brain electric
- Target and tailor DBS to symptoms (not a one size fits all...e.g. should not reflexively recommend bilateral STN DBS for all patients)
- DBS is not a light switch
- Important to set DBS expectations
- Medication reduction is not the goal of DBS
- If there are problems (DBS failures) troubleshoot, as ½ or more of patients can be helped

Other Therapies

- There is a need for continuous therapies to reduce medication burden
- Duopa pumps, patches and other novel delivery systems may be helpful
- Tell your patients to ask their doctor what's new at every visit
- It is our responsibility to address and educate on stem cell tourism (and other therapies such as glutathione injections)
- Vaccines and other therapies hold a lot of hope for patients but they are not yet ready for prime time

Selected References

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