PARKINSON’S DISEASE AND PARKINSONIAN SYNDROMES

PREFACE

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Guest Editors

Parkinson’s disease (PD) and Parkinsonian syndromes (PS) are leading causes of neurologic disability and will continue to grow in prevalence as our population ages. Indeed, neurologists, internists and generalists alike will be asked to evaluate and treat more and more patients with Parkinsonian disorders. Moreover, our ever-expanding arsenal of medical and surgical treatment options has enabled us to approach these patients with a new level of optimism, rather than simply playing a supportive role as the disease inexorably progresses.

The introduction of three new drugs for PD within the last year alone has complicated the pharmacotherapy of this disorder and necessitates an understanding of accepted dogma as well as ongoing controversy regarding drug therapy. While levodopa continues its reign as the most effective symptomatic agent for PD, we continue to seek alternatives to its use because of the as yet unproven belief that it may hasten the degenerative process or at least cause troubling motor fluctuations and abnormal involuntary movements. We can now defer its use (or use lower doses) with the earlier introduction of dopamine agonists (there are now four to choose from) or monoamine oxidase inhibitors (MAOI). Further, supplementing levodopa therapy with MAOI or catechol-o-methyl transferase (COMT) inhibitors and using long acting levodopa preparations have gained acceptance as a means of more closely approximating the normal state of dopa metabolism.

The treatment of advanced PD has also benefitted from the ever-increasing array of therapeutic alternatives. The ability of clinicians to try different dopamine agonists, COMT inhibitors and long acting levodopa preparations in patients experiencing complications of longstanding levodopa therapy (motor fluctuations and dyskinesias) or advancing disease increases the likelihood of clinical improvement. Novel surgical interventions including ablative procedures and deep brain stimulation have proven effective in appropriately selected patients.

This issue of Medical Clinics of North America reviews the diagnosis and management of PD and PS. It is written to address practical issues relevant to all clinicians treating these disorders. Differential diagnosis, pharmacologic management of early and late disease, surgical treatments and nonpharmacologic interventions are discussed. Additionally, articles on novel drugs and restorative therapies will give the reader insight into the (near) future of treating PD and PS. It is apparent that the ability to substantially impact upon the
natural history of neurodegenerative disorders that were once terribly disabling is well within our grasp.

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