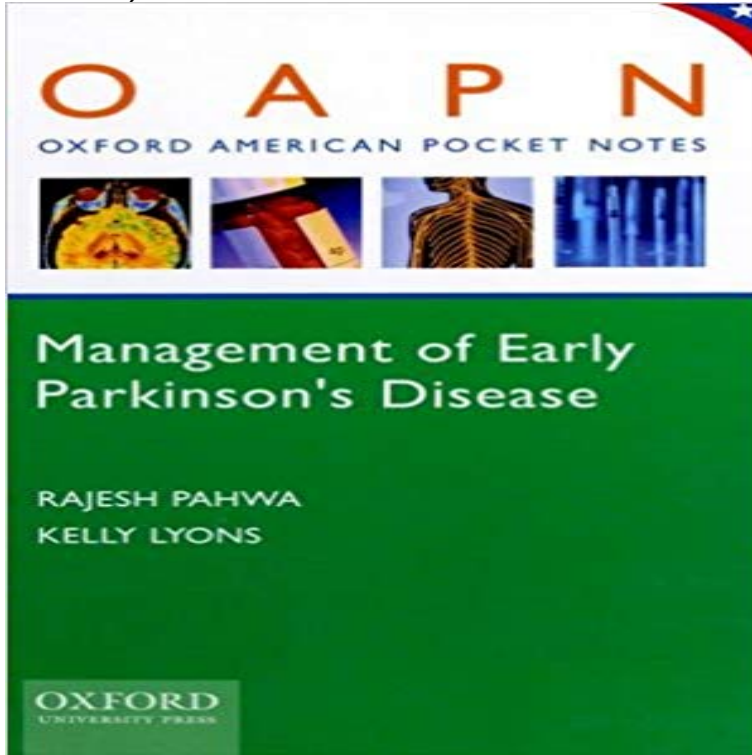


Management of Early Parkinsons Disease (Oxford American Pocket Notes)



Parkinsons Disease (PD) is a progressive, neurodegenerative disorder with the cardinal symptoms of bradykinesia, rigidity and tremor, as well as a postural inability in the later stages of the disease. It has been estimated that over 1,000,000 people in the United States are affected by PD with approximately 50,000-60,000 new cases diagnosed each year. The average age of PD onset is 60 years, although persons can onset much later and approximately 4-10% onset prior to the age of 40. The primary neurochemical change in PD is a loss of dopamine in the substantia nigra, although it is increasingly recognized that additional neurotransmitters and brain areas are involved. The cause of PD is unknown, and there is currently no cure available. The treatment of PD can be challenging and treatment of early PD can be complex with choice of initial therapy, as well as timing the initiation of therapy. Although there are currently no treatments approved to stop or slow the progression of PD, this is an area of active research, as it is estimated that approximately 60-80% of dopamine neurons are lost by the time of diagnosis. There are several symptomatic treatments available for all stages of PD, including monoamine oxidase type B (MAO-B) inhibitors, dopamine agonists, levodopa, and less commonly, anticholinergics and amantadine. The treatment regimen in the early stage needs to be individualized based on the disease characteristics and life situation of each patient. The goal of therapy in early PD is to identify a treatment strategy to control the parkinsonian symptoms, such as motor fluctuations and dyskinesia, without causing adverse events.

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