

STOCKHOLM SWeden JUNE 8-12, 2014

18th INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS





FINAL PROGRAM

Explore the New and Improved MDS Website!

- All new look and easy navigation
- Enhanced videos and multimedia
- Responsive design for optimal viewing on desktop, tablet and mobile devices







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Dear Colleagues,

We would like to formally welcome you to Stockholm, Sweden! Known as the "Capital of Scandinavia", the International Parkinson and Movement Disorder Society (MDS) is excited to be hosting the 18th International Congress of Parkinson's Disease and Movement Disorders in Stockholm June 8-12, 2014.

Stockholm is rich in its Viking roots as the city booms with vibrancy. The city's ambiance attracts the most visitors in Scandinavia and the economy strives with the most multinational companies and the largest stock market. Accommodations of old and new are scattered throughout the largest city in Scandinavia, complete with plenty of restaurant locations to try traditional and modern Swedish cuisine. Stockholm emphasizes its use of natural resources and boasts about the natural scenery that surrounds the city.

The city hosts the annual banquet for Nobel Prize awards, which adds even more to its global recognition of emerging sciences. MDS is excited to add to Stockholm's entourage of scientific excellence, research and perspectives.

Welcome to Stockholm, and we hope you will have an unforgettable experience.

With kind regards,



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Matthew Stern President, International Parkinson and Movement Disorder Society, 2013-2015

Victor Fung Chair, Congress Scientific Program Committee, 2013 - 2015 Per Odin Co-Chair, Congress Scientific Program Committee, 2014

ABOUT MDS

The International Parkinson and Movement Disorder Society (MDS) is a professional society of clinicians, scientists, and other healthcare professionals who are interested in Parkinson's disease, related neurodegenerative and neurodevelopmental disorders, hyperkinetic movement disorders, and abnormalities in muscle tone and motor control. The spectrum of clinical disorders represented by the Society includes, but is not limited to:

Ataxia
Chorea
Dystonia
Gait disorders
Huntington's disease
Myoclonus and startle
Parkinson's disease and parkinsonism
Restless legs syndrome
Stiff person syndrome
Tardive dyskinesia
Tics and Tourette syndrome
Tremor and essential tremor

In recent years, there has been tremendous growth in new diagnostic information, pharmacological and neurosurgical treatments for Movement Disorders, as well as a greater understanding of impaired motor control function. MDS offers you and your patients an essential link to this knowledge.

In 1985, The *Movement* Disorder Society was founded on the initiative of Professors Stanley Fahn and C. David Marsden, whose leadership and vision guided the expansion of clinical expertise and research in this field. This not-for-profit organization merged in 1992 with the International Medical Society for Motor Disturbances. Publication of the journal *Movement* Disorders began in 1986, and the first International Congress was held in 1990.

In 2013, The *Movement* Disorder Society officially changed its name to the International Parkinson and Movement Disorder Society, in order to recognize the growing importance of Parkinson's disease care and research within the field of Movement Disorders.

Purpose, Mission And Goals

Purpose:

The objective and mission of the Society shall be to advance the neurological sciences pertaining to Movement Disorders; to improve the diagnosis and treatment of patients; to operate exclusively for scientific, scholarly and educational purposes; to encourage research; to provide forums, such as medical journals, scientific symposia and International Congresses, for sharing ideas and for advancing the related clinical and scientific disciplines; to encourage interest and participation in the activities of the Society among healthcare and allied professionals and scientists; and to collaborate with other related professional and lay organizations.

Mission and Goals:

To disseminate knowledge about Movement Disorders by:

- Providing educational programs for clinicians, scientists and the general public designed to advance scientific and clinical knowledge about Movement Disorders
- Sponsoring International Congresses and Symposia on Movement Disorders
- Collaborating with other international organizations and lay groups
- Publishing journals, video and other collateral materials committed to high scientific standards and peer review

To promote research into causes, prevention and treatment of Movement Disorders by:

- Using the Society's influence and resources to enhance support for research
- Facilitating the dissemination of information about research
- Encouraging the training of basic and clinical scientists in Movement Disorders and related disorders

For the purposes of favorably affecting the care of patients with Movement Disorders, the Society will provide expertise, advice and guidance to:

- Regulatory agencies to assist them in the approval process of safe and effective therapeutic interventions
- The public (media) and patient support groups by informing them of new research and therapeutic advances
- Governments to assist them in the development of policies that affect support of research and patient care
- Educational efforts to assist in developing standards of training in the specialty



ABOUT MDS



PresidentMatthew Stern, *USA*



President-Elect Oscar Gershanik, *Argentina*



Secretary Francisco Cardoso, Brazil



Secretary-Elect Claudia Trenkwalder, *Germany*



Treasurer Christopher Goetz, *USA*



Treasurer-ElectDavid John Burn, *United Kingdom*



Past-PresidentGünther Deuschl, *Germany*

MDS International Executive Committee

Paolo Barone, Italy
Bastiaan Bloem, Netherlands
Murat Emre, Turkey
Susan Fox, Canada
Victor Fung, Australia
Etienne Hirsch, France
Beom Jeon, Korea
Michael Okun, USA
Anthony Schapira, United Kingdom
Mark Stacy, USA

International Congress Oversight Committee

Chair: Philip Thompson, Australia Günther Deuschl, Germany Victor Fung, Australia Oscar Gershanik, Argentina Christopher Goetz, USA Anthony Lang, Canada Per Odin, Sweden Matthew Stern, USA

Congress Scientific Program Committee

Chair: Victor Fung, Australia
Co-Chair: Per Odin, Sweden
Per Almqvist, Sweden
Tim Anderson, New Zealand
Daniela Berg, Germany
Erwan Bezard, France
M. Angela Cenci, Sweden
K. Ray Chaudhuri, United Kingdom
Carlo Colosimo, Italy
Marina de Koning-Tijssen, Netherlands
Günther Deuschl, Germany
Joaquim Ferreira, Portugal
Oscar Gershanik, Argentina
Glenda Halliday, Australia

Hvder Iinnah. USA Paul Krack, France Olle Lindvall. Sweden Irene Litvan, USA Timothy Lynch, Ireland José Obeso, Spain Lynn Rochester, United Kingdom Robert Rodnitzky, USA Raymond Rosales, Philippines Klaus Seppi, Austria Matthew Stern, USA Antonio Strafella, Canada D. James Surmeier, USA Ryosuke Takahashi, *Japan* Eng-King Tan, Singapore Philip Thompson, Australia

Congress Local Organizing Committee

Chair: Per Odin Jan Aasly Sten-Magnus Aquilonius Andres Björklund Patrik Brundin M. Angela Cenci Erik Hvid Danielsen Espen Dietrichs Nil Dizdar Segrell Kiell Fuxe Tove Henriksen Anne Marie Janson Lang Bo Johnels Deniz Kirik Ian Linder Olle Lindvall Susanna Lindvall Ulrika Mundt-Petersen Karen Østergaard Sven Palhagen Per Svenningsson Hakan Widner

Past-Presidents

2011-2013 Günther Deuschl, *Germany* 2009-2011 Philip Thompson, *Australia* 2007-2009 Anthony Lang, *Canada* 2005-2006 Andrew Lees, *United Kingdom* 2003-2004 C. Warren Olanow, *USA* 2001-2002 Werner Poewe, *Austria* 1999-2000 Mark Hallett, *USA* 1997-1998 Eduardo Tolosa, *Spain* 1995-1996 Joseph Jankovic, *USA* 1991-1994 C. David Marsden, *United Kingdom* 1988-1991 Stanley Fahn, *USA*

International Medical Society for Motor Disturbances Past-Presidents

1993-1994 C. Warren Olanow, *USA* 1991-1992 Bastian Conrad, *Germany* 1989-1990 Mark Hallett, *USA* 1987-1988 Mario Manfredi, *Italy* 1985-1986 C. David Marsden, *United Kingdom*

MDS International Secretariat

International Parkinson and Movement Disorder Society 555 East Wells Street, Suite 1100 Milwaukee, WI 53202-3823 *USA*

Tel: +1 414-276-2145 Fax: +1 414-276-3349

E-mail: info@movementdisorders.org Website: www.movementdisorders.org

MEMBERSHIP INFORMATION

Membership Benefits

Highlights

- Annual Subscription to the print and online Journal, *Movement* Disorders
- New in 2014 online only journal, Movement Disorders-Clinical Practice
- Quarterly Newsletter entitled, Moving Along
- Access to the Members Only online Membership Directory
- Reduced Registration rates
- Access to Members Only CME Activities and Web Resources
- Access to DVDs, Webcasts, and the MDS Video Library
- Voting Rights in MDS elections and selection of leadership representatives

Details

- JOURNALS: Movement Disorders is a peer-reviewed journal covering all topics of the field of basic science. Subscribers receive 14 regular issues of the journal each year. Movement Disorders—Clinical Practice is the new exclusively online journal from MDS. Debuting in 2014, the sister publication to Movement Disorders, Movement Disorders-Clinical Practice seeks to publish peer-reviewed articles that are focused on clinical practice and educational issues relevant to movement disorders neurology.
- NEWSLETTER: Moving Along This quarterly newsletter
 highlights recent and ongoing Society activities, as well as
 offers a forum for members to exchange ideas and read about
 noteworthy and upcoming leaders in the field of Movement
 Disorders.
- DIRECTORY: An Online and Mobile Directory which lists addresses, telephone and fax numbers, and e-mail addresses for all current members.
- REDUCED REGISTRATION: A reduction in fees charged for participation in the Society's educational programs. Among these are the annual International Congress of Parkinson's Disease and Movement Disorders, and various clinical and scientific programs held separately from the Congress each year.
- CME ACTIVITIES, DVDS, TRAINING VIDEOS, and VIDEO
 LIBRARY: A unique selection of educational opportunities,
 including live and online CME/CPD activities and reference
 material on topics in Movement Disorders.

Free 12-Month Trial Membership! MDS Associate Member Program

Non-Members now have the opportunity to apply for membership with the International Parkinson and Movement Disorder Society (MDS) absolutely free! Delegates of the International Congress will receive one year of membership, including member benefits*, immediately upon acceptance to the Society, for no charge at all. Eligible delegates** will be contacted approximately one month following the International Congress; wherein the International Secretariat will provide special instructions to apply online for associate membership with the Society. Interested individuals are encouraged to apply online within 30 days of contact.

*Associate members will not receive the print journal and do not have voting rights.

**Participants paying the Non-Member registration fee will be eligible to participate in the Associate member program. This option is not available to those registering as a Junior or Health Professional participant or anyone who registered as part of a group. Only those who have not previously been members of MDS are eligible to apply.

Join us in 2014! We expect this to be an exciting year for MDS and we look forward to bringing you news of these and other new initiatives through the *Movement* Disorders journals, *Moving Along* newsletter and the MDS website.

For further information, please contact: International Parkinson and Movement Disorder Society 555 East Wells Street, Suite 1100 Milwaukee, WI 53202 USA Tel: + 1 414-276-2145

Fax: + 1 414-276-3349

E-mail: <u>info@movementdisorders.org</u> Website: <u>www.movementdisorders.org</u>



Order your MDS Apparel

at the MDS Booth in Exhibit Hall B or online at www.mdscongress2014.org





MDS EDUCATION

To better fulfill its global mission of advancing the neurological sciences as they relate to the field of Movement Disorders, MDS is continually expanding its educational portfolio. This growing portfolio offers an increasing variety of high caliber continuing medical education and continuing professional development opportunities in movement disorders. For more information about the opportunities listed in this section, please visit <a href="https://www.movementdisorders.org/education.

Outreach Education Programs

The following outreach education programs are intended to support movement disorders conferences and meetings in underserved areas. Applications, which include a proposed program, a budget and an online form, are submitted through the MDS website. Corresponding MDS Regional Sections and the MDS Education Committee review outreach education applications throughout the year.

Developing World Education Program

MDS is committed to supporting quality movement disorders education in underserved areas worldwide. Through the Developing World Education Program (DWEP), funds are administered in a flexible support program tailored to the needs of each region. The funds can be used to sponsor faculty travel and accommodation, logistics costs or other course expenses which are approved at the time of application.

Ambassador Program

The Ambassador Program supports the travel of one or two international experts, who are MDS members, to an underserved area for the purposes of education and scientific exchange. Sponsored speakers should deliver a keynote lecture during the meeting.

Visiting Professor Program

The Visiting Professor Program supports the travel of one or two international experts, who are MDS members, to an underserved area for the purposes of education and scientific exchange. During the visit, invited experts should conduct teaching seminars in local hospitals or institutions, participate in grand rounds and/or provide input to further the understanding of movement disorders in the host country.

Online Education

Coffee Break CME

The Coffee Break CME program provides education critical to providing the best care possible. Scientific content is presented in a modular format where each module is focused on a single topic. Each module can be completed in a short period of time and provides the clinician with updated information relevant to their practice. Both standard approaches and new advances are highlighted.

MDS is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. MDS designates this educational activity for a maximum of 2.0 *AMA PRA Category 1 Credits™* for each module. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Journal CME

Visit the Educational Resources page on the MDS website to view a list of *Movement* Disorders journal articles available for CME credit.

MDS is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. MDS designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits for each module. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Educational DVDs and Streaming Content

As part of its educational mission to expand the availability of educational content, MDS produces enduring materials of select programming. All content listed below can be purchased through the MDS website.

18th International Congress Teaching Courses and Themed Sessions Streaming Content

The Teaching Courses and Themed Courses for the 18th International Congress will be available for purchase on the MDS website. Access will include slides, audio and video of the recorded presentations and PDF syllabi for the Teaching Courses and the Themed Courses.

18th International Congress Teaching Courses:

- Non-dopaminergic symptomatic medications for the management of Parkinson's disease
- Dystonia: A practical approach to diagnosis, measurement and management
- · Movement disorders and internal medicine
- Addiction and withdrawal of dopamine replacement for Parkinson's disease
- Gait in parkinsonian syndromes and other movement disorders
- Uncommon treatable movement disorders not to be missed
- How to assess patients in clinical trials with experimental therapies for Parkinson's disease
- Autoimmune movement disorders

18th International Congress Themed Sessions, *Emerging and Experimental Therapies:*

- Cell therapy for Parkinson's disease
- Continuous dopaminergic stimulation (CDS)-based therapies for Parkinson's disease
- Development and maintenance of the nigrostriatal dopamine pathway: Novel insights and therapeutic targets
- Development of new treatments for targeting abnormal aggregation of alpha-synuclein
- Dyskinesias associated with old and new therapies for Parkinson's disease

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MDS EDUCATION

- Examples of video-documented outcomes of cell and gene therapy
- Gene silencing for movement disorders
- Gene therapy for Parkinson's disease and movement disorders
- How to assess patients in clinical trials with experimental therapies for Parkinson's disease
- How to avoid stem cell tourism and misuse of cell and gene therapies
- Improving clinical translation of cell therapy for movement disorders
- Invasive therapies for Parkinson's disease: A video-based presentation
- New developments in Deep Brain Stimulation (DBS)

2014 MDS Video Challenge Streaming Content

At the 2014 MDS Video Challenge, held on June 11, 2014 at the 18th International Congress, unique movement disorders cases were presented by representatives from Movement Disorder Centers around the world and are discussed by two teams of senior experts in the field. The goal of the MDS Video Challenge was to have attendees learn from a series of unusual, intriguing cases and to see how senior experts approach and handle them.

Streaming access to the 2014 MDS Video Challenge will be available for purchase on the MDS website.

Content from Previous Congresses

The following Teaching Courses, Themed Sessions and MDS Video Challenges from the 15th, 16th and 17th International Congresses are available to order on the MDS website.

Other Online Education Resources

MDS provides a variety of online educational activities in addition to streaming video and CME programming. The following educational tools are available on the MDS website.

Parkinson and Movement Disorders Curriculum

The Parkinson and Movement Disorders Curriculum provides an overview of movement disorders and a clinical approach to the evaluation and management of common movement disorders. This curriculum is specially developed for trainees, internists, general neurologists and other clinicians interested in acquiring a basic understanding of movement disorders. Interested organizations or institutions may apply to MDS to request permission to use the curriculum.

MDS Video Library

This Members Only library consists of video supplements from the *Movement* Disorders journal since 1986. You may search the Video Library by keyword, author, volume and issue or a combination of these fields.

Live Courses

Through the MDS Regional Sections, MDS offers a robust list of live course learning opportunities. Below is a sample of upcoming courses offered through MDS. Please note that dates and locations are subject to change. For the most up-to-date list of live courses, please visit www.movementdisorders.org/education.

- Basic Scientists Summer School; Taipei; July 13-15, 2014
- 7th Annual MDS-ES Summer School for Young Neurologists; Barcelona, Spain; July 18-20, 2014
- Deep Brain Stimulation for Movement Disorders; Budapest, Hungary; September 11-12, 2014
- MDS-PAS School for Young Neurologists; Buenos Aires, Argentina; September 11-13, 2014
- 2nd Annual Allied Health Professionals Summer School;
 Torres Vedras (Lisbon), Portugal; September 25-27, 2014
- Genetics of Parkinson's Disease and other Parkinsonian Syndromes in Clinical Practice; Athens, Greece; October 3-4, 2014
- 50 Years of Progressive Supranuclear Palsy; Munich, Germany; October 10-11, 2014
- 4th Asian and Oceanian Parkinson's Disease and Movement Disorders Congress; Pattaya, Thailand; November 28-30, 2014
- Deep Brain Stimulation for Movement Disorders; Milan, Italy;
 December 2014
- MDS-PAS School for Young Neurologists; Atlanta, GA, USA; February 20-22, 2015
- Teaching Course on Diagnosis and Treatment of Cognitive Dysfunction in Movement Disorders; Newcastle upon Tyne, UK; Spring 2015
- Fostering New Directions in Parkinson's Research; White Plains, New York, USA; Spring 2015
- Deep Brain Stimulation for Movement Disorders; Barcelona, Spain; March 5-6, 2015
- Evidence Based Medicine Update on Treatments for Parkinson's Disease; Salvador da Bahia, Brazil; March 13, 2015
- Deep Brain Stimulation for Movement Disorders; Grenoble, France; September 10-11, 2015
- Allied Health Team Training for Parkinson's Disease; Campinas, Brazil; 2015



MDS EDUCATION

Rating Scales and Training Videos

Rating Scales

MDS provides rating scales and related resources published in the *Movement* Disorders journal to physicians, researchers and health professionals interested in Parkinson's disease and other movement disorders. By making these scales available, MDS works to improve the diagnosis of movement disorders and patient care, as well as increase the validity and reliability of research studies. You can access the rating scales below online by visiting: www.movementdisorders.org/publications/rating_scales. Links to the MDS-UPDRS and UDysRS training programs and rating scales use permission forms are also available through the rating scales link. Licensing fees are free for individual use, but fees may apply for government, nonprofit or industry-funded research.

The following rating scales are currently available:

- Global Assessment Scale for Wilson's Disease (GAS for WD)
- · Global Dystonia Scale
- Non-Motor Symptoms Scale (NMSQ) + (Includes NMSQ)
- Quality of Life Essential Tremor Questionnaire (QUEST)
- Rating Scale for Psychogenic Movement Disorders (PMD)
- Rush Dyskinesia Rating Scale *
- · Rush Videobased Tic Rating Scale
- UFMG Sydenham's Chorea Rating Scale (USCRS)
- Unified Dyskinesia Rating Scale (UDysRS) + *
- Unified Dystonia Rating Scale (UDRS)
- Unified Multiple System Atrophy Rating Scale (UMSARS)
- Unified Parkinson's Disease Rating Scale (MDS-UPDRS) + *

Asterisk (*) indicates scale was developed by MDS; Plus symbol (+) indicates translations of the scale are available.

Training Videos

MDS publishes several audiovisuals, which are available for sale from the MDS International Secretariat. All materials are available in DVD format. Special reduced rates are available to MDS members. For more information or to place an order, visit www.movementdisorders.org/publications/estore.php.

The titles that are currently available for purchase include: **Instructional Video for Motor Fluctuation Diaries in Parkinson's Disease**

Authored by C.G. Goetz, M. Grobman, L. Blasucci, and G.T. Stebbins, this instructional video demonstrates the 3 states of Parkinson's disease, off, on, and on with dyskinesia, with the intent to assist patients in completion of their motor fluctuation diaries. This video is 15 minutes.

Toronto-Western Spasmodic Torticollis Rating Scale TWSTRS Training Video

Authored by C. Comella, S. Bressman, C.G. Goetz, and A. Lang, this instructional video demonstrates the 10 categories in the TWSTRS scale with verbal and visual examples of scoring in each category. This video is approximately 1 hour and 25 minutes.

Unified Dyskinesia Rating Scale Teaching Program (UDysRS)

Authored by C.G. Goetz, John G. Nutt and G.T. Stebbins. This teaching program provides guidelines and rating examples of the Unified Dyskinesia Rating Scale, a new scale used for evaluating Parkinson's disease. This video is approximately 52 minutes.

Utility of an Objective Dyskinesia Rating Scale for Parkinson's Disease: (Rush Dyskinesia Rating Scale)

Authored by Goetz, et al. *Movement* Disorders Volume 9, Video Supplement. 2. This video provides guidelines and rating examples of the Rush Dyskinesia Rating Scale, a scale widely used for evaluating dyskinesias in Parkinson's disease. This video is approximately 17 minutes.

Unified Parkinson's Disease Rating Scale Training Video

(1995) Authored by C. G. Goetz, G.T. Stebbins, T. Chmura, S. Fahn, H. Klawans, and C. D. Marsden, this video demonstrates the different categories of the motor section of the UPDRS, with verbal and visual examples of scoring in each category. This video is approximately 1 hour.

Standardized Training Tools for the UPDRS Activities of Daily Living Scale (UPDRS Part II)

(2003) Authored by C.G. Goetz, P.A. Lewitt, and M. Weidenman. *Movement* Disorders Volume 18, Video Supplement. 2. This video provides suggestions on the application and interview techniques for Part II of the UPDRS with patient examples and guidelines for raters. This video is approximately 1 hour and 15 minutes.

The International Parkinson and Movement Disorder Society's Unified Parkinson's Disease Rating Scale (MDS-UPDRS) Training Video (2010)

The International Parkinson and Movement Disorder Society (MDS)-sponsored new version of the UPDRS is founded on the critique that was formulated by the Task Force for Rating Scales in Parkinson's disease (*Mov Disord* 2003;18:738-750). The MDS-UPDRS has four parts: Part I (non-motor experiences of daily living), Part II (motor experiences of daily living), Part III (motor examination) and Part IV (motor complications). This video is approximately 2 hours and 5 minutes.

MDS REGIONAL SECTIONS

European Section

The MDS European Section (MDS-ES) serves MDS members who live in Europe as well as select countries in Northern Africa and the Middle East. The MDS-ES Executive Committee is chaired by Prof. Olivier Rascol of Toulouse University Hospital in Toulouse, France, The MDS-ES Education Committee is chaired by Prof. Angelo Antonini of the Institute of Neurology. IRCCS San Camillo in Venice, Italy, During the past year, MDS-ES educational activities have been held in The Netherlands. United Kingdom, Italy, France, Serbia and Morocco. The official MDS-ES website includes a wealth of programming and Section information, including section leadership and mission, details about MDS Regional Development initiatives and access to MDS-ES/EFNS European diagnosis and management recommendations. One can also find information on fellowships, links to scholarly papers and keynote publications and a calendar of events.

For more information about the MDS-ES, please visit www.movementdisorders.org/regional_sections/es/.

Asian and Oceanian Section

The MDS Asian and Oceanian Section (MDS-AOS) serves MDS members from the majority of the Asian continent, as well as Australia, New Zealand and Oceania. The MDS-AOS Executive Committee is chaired by Dr. Louis Tan of the National Neuroscience Institute in Singapore. The MDS-AOS Education Committee is co-chaired by Prof. Madhuri Behari of the All India Institute of Medical Sciences in New Delhi, India and Prof. Shen-Yang Lim of the University of Malaya in Kuala Lumpur, Malaysia. The Asian and Oceanian Section was formed in 2006 at the 10th International Congress of Parkinson's Disease and Movement Disorders in Kyoto, Japan. Since its foundation, MDS-AOS has developed educational programs in India, Sri Lanka, China, Malaysia, the Philippines, Vietnam, Myanmar, Thailand and the United Arab Emirates among other locations. The official MDS-AOS website includes programming and Section information, including details about AOS Regional Partners, leadership, the AOS Training Fellowship Program and a calendar of events.

In 2014, the MDS-AOS is holding the 4th Asian and Oceanian Parkinson's Disease and Movement Disorders Congress (AOPMC) in Pattaya, Thailand November 28-30, 2014. Please visit www.movementdisorders.org/aopmc2014 for more information.

For further information on MDS-AOS or its educational opportunities, please visit www.movementdisorders.org/regional_sections/aos/.

Pan American Section

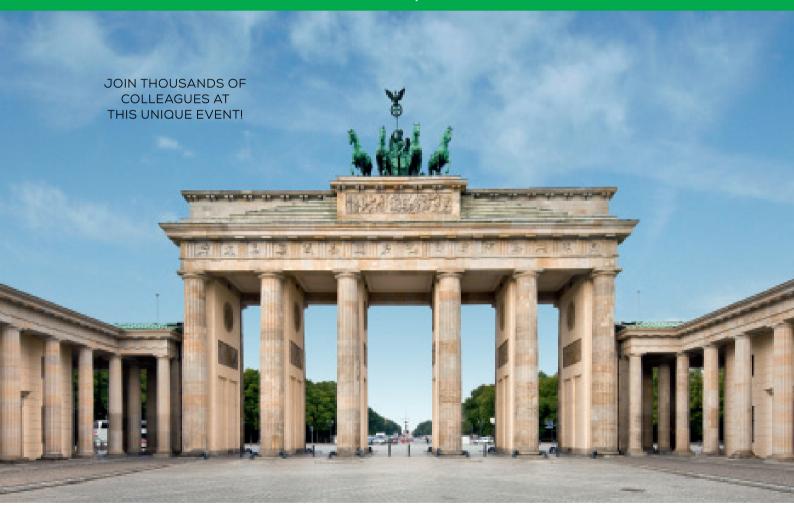
The MDS Pan American Section (MDS-PAS) is composed of members who live in the countries of the Western Hemisphere. The MDS- PAS Executive Committee is chaired by Dr. Jorge Juncos of Emory University in Atlanta, GA, USA. The MDS-PAS Education Committee is chaired by Dr. Irene Litvan of the University of California San Diego in San Diego, CA, USA. The MDS-PAS supports educational programming throughout the entire region and has recently held courses in the United States and Chile. The official MDS-PAS website includes a variety of programming and section information including details about the Regional Needs Assessment Survey, PAS Fellowship Program and MDS-PAS calendar of events.

For additional information on the MDS-PAS or its educational programming, please visit www.movementdisorders.org/regional_sections/pas/.



1ST CONGRESS JUNE 20-23, 2015 OF THE EUROPEAN ACADEMY OF NEUROLOGY

BERLIN, GERMANY





CONTINUING MEDICAL EDUCATION (CME) INFORMATION

Purpose

The purpose of the 18th International Congress of Parkinson's Disease and *Movement* Disorders is to offer a forum for clinical and basic discussion on a variety of movement disorder topics, including presentations of current research and available treatments.

Learning Objectives

Through state-of-the-art lectures, hot topic reviews, controversy debates, teaching courses, skills workshops and video sessions, participants will be better able to:

- Describe the pathophysiology and neurobiology of Parkinson's disease and other movement disorders
- 2. Discuss the diagnostic approaches and tools available for Parkinson's disease and other movement disorders
- 3. Discuss the pharmacological and non-pharmacological treatment options available for Parkinson's disease and other movement disorders

Target Audience

The target audience of the 18th International Congress of Parkinson's Disease and Movement Disorders includes clinicians, researchers, post-doctoral fellows, medical residents, medical students and other healthcare professionals with an interest in the current research and approaches for the diagnosis and treatment of movement disorders.

Accreditation Statement

The International Parkinson and Movement Disorder Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

An application has been made to the European Accreditation Council for Continuing Medical Education (EACCME®) for continuing medical education accreditation of this event.

Credit Designation

The International Parkinson and Movement Disorder Society designates this educational activity for a maximum of 35 *AMA PRA Category 1 Credits*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Faculty Financial Disclosure Information

It is the policy of the International Parkinson and Movement Disorder Society (MDS) to ensure balance, independence, objectivity and scientific rigor in all sponsored educational activities. All faculty participating in any MDS sponsored activities are required to disclose to the activity audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing medical education (CME) activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interest may reflect a possible bias in either the exposition or the conclusions presented.

Faculty financial disclosure information will be provided to participants in Stockholm.

Claiming CME Credit

To claim CME credit for participation in the 18th International Congress of Parkinson's Disease and Movement Disorders, participants must complete and submit an online CME Request Form. This form will be available beginning June 10th.

Instructions for claiming credit:

- After June 10, 2014, please visit: www.mdscongress2014.org/registration/cme.
- Log in after reading the instructions on the page. You will need your International Congress File Number which is located on your name badge, registration confirmation or e-mail congress@movementdisorders.org.
- Follow the on-screen instructions to claim CME credit for the sessions you attended.
- You may print your certificate from your home or office, or save it as a PDF for your records.

If you have any questions or need help claiming credit, please contact the MDS International Secretariat at education@movementdisorders.org.

INTERNATIONAL CONGRESS INFORMATION A-Z

Abstracts

All accepted abstracts are presented as a poster at the 2014 International Congress, and published in an electronic supplement to the *Movement* Disorders journal, online edition. Additionally, select abstracts are presented in a Guided Poster Tour. All published abstracts are available on the MDS abstracts website, where you can download a PDF of accepted abstracts or search by author, keyword or abstract title. Please visit www.mdscongress2014.org for further information.

Please see Poster Sessions and Guided Poster Tours for a listing of daily abstract presentations. For a complete listing of abstracts by topic, please see page 60.

Late-Breaking Abstracts

All accepted Late-Breaking Abstract posters are displayed in Exhibition Hall B, Monday – Thursday throughout the duration of the International Congress.

Late-Breaking Abstract poster presentations will take place Wednesday, June 11 from 12:00-13:30 in Exhibition Hall B. A supplement of the Late-Breaking Abstracts is also available (on USB) with the Congress registration materials, and is available on the 2014 International Congress website, www.mdscongress2014.org.

MDS Study Group Abstracts

All accepted MDS Study Group abstract posters are displayed in Exhibition Hall B, Monday – Thursday throughout the duration of the International Congress.

MDS Study Group abstract poster presentations will take place Wednesday, June 11 from 12:00-13:30 in Exhibition Hall B. A supplement of the MDS Study Group Abstracts is available with the Late-Breaking Abstracts supplement (on USB) in Congress registration materials.

Abstracts on USB

All accepted abstracts, Late-Breaking Abstracts and MDS Study Group abstracts are published in the supplement to the MDS Journal and are available for all registered delegates as a USB at the registration desk during regular Congress hours.

Badges

All International Congress attendees will receive a name badge with their registration materials. Badges should be worn at all times as they are used to gain access into all International Congress sessions and activities. Badge colors will be identified as follows:

Blue = Delegate Yellow = Exhibitor Purple = Press Black = Staff

Camera Policy

Cameras are not permitted in any 18th International Congress educational sessions or in the poster areas.

Certificate of Attendance

A certificate of attendance is available near the end of the 2014 Final Program.

Coffee Breaks

Coffee and tea will be available at the following times and locations:

Sunday, June 8, 10:00 – 11:00	Entrance Hall
Monday, June 9, 10:00 – 10:30	. Exhibition Hall B
Tuesday, June 10, 10:00 – 11:00	. Exhibition Hall B
Wednesday, June 11, 10:00 – 10:30	. Exhibition Hall B
Thursday, June 12, 9:30 – 10:00	. Exhibition Hall B

Congress Information Desk

Location: Entrance Hall of the Stockholmsmässan (near Registration Desk)

Continuing Medical Education (CME)

Please refer to page 13 for Continuing Medical Education (CME) information.

Currency

The exchange rate for US Dollars as of May 7 is: 1 USD = 6.50 SEK The exchange rate for Euros as of May 7 is: 1 EUR = 9.04 SEK

Evaluations

Please take time to complete the evaluation form provided at each session you attend. Your input and comments are essential in planning future educational programs for MDS.

Upon completion, evaluations may be returned to the session room attendants, or to the MDS Booth (located in Exhibition Hall B).

INTERNATIONAL CONGRESS INFORMATION A-Z

Events

Welcome Ceremony Sunday, June 8

Location: Room A1 19:30 to 21:30

All International Congress attendees are warmly invited to attend the International Congress Welcome Ceremony at the Stockholmsmässan. This event is open to all registered delegates.

MDS Video Challenge Pre-Event Gathering Wednesday, June 11

Location: Entrance Hall 19:00 – 20:00

MDS Video Challenge Wednesday, June 11

Location: Room A1 20:00 – 22:00

Please join Masters of Ceremony Anthony Lang and Kapil Sethi as they host a world-renowned panel of Movement Disorders experts in guiding participants through unique Movement Disorder cases. The cases will be presented by representatives from Movement Disorder Centers around the world and discussed by the Panel of Experts. Awards will be given for the most interesting and challenging cases. Country pride will add an enjoyable spirit of competition to this event. The goal of this session is for attendees to learn from a series of unusual, very interesting patients and see how senior experts approach these types of challenging cases.

The 2014 Panel of Experts are: Victor Fung, *Australia* Orlando Barsottini, *Brazil* Daniel Healy, *Ireland* Björn Holmberg, *Sweden* David Riley, *USA*

This event is open to all registered delegates.

Exhibit Hall

Location: Exhibition Hall B

For more information, please refer to page 34.

Monday, June 9:	9:00 - 18:00
Tuesday, June 10:	9:00 - 18:00
Wednesday, June 11:	9:00 - 18:00
Thursday, June 12:	9:00 - 16:00

Floor Plans of the Stockholmsmässan

Please refer to page 17.

Guided Poster Tours

Guided Poster Tours will be led by members of the MDS faculty and leadership, and the authors will be present to discuss the abstracts. There will be 16 total Guided Poster Tours with four simultaneous tours per day from Monday, June 9 through Thursday, June 12. Each tour will feature abstracts on a specific topic.

Please refer to page 52 for further Guided Poster Tour information and schedules.

Internet

Complimentary Wi-Fi will be available throughout the Stockholmsmässan for all attendees.

MDS Booth

Location: Exhibition Hall B

The MDS Booth hours are as follows:

Monday, June 9:	9:00 – 18:00
Tuesday, June 10:	9:00 - 18:00
Wednesday, June 11:	9:00 - 18:00
Thursday, June 12:	9:00 - 16:00

Official Language

The official language of the International Congress is English.

Press Information

Members of the working media receive waived registration for the 18th International Congress. Journalists and writers should report to the Congress Information Desk with their credentials to register for the International Congress. All press must wear their name badge for admittance into MDS sessions.

Please visit $\underline{www.mdscongress2014.org/Press.htm}$ for further information and requirements.

Registration Desk

Location: Entrance Hall, Ground Level

Name badges, scientific session tickets, abstract USB's, Final Programs and International Congress bags can be collected at the International Congress Registration Desk.

Registration Desk hours are as follows:

Saturday, June 7:	16:00 – 20:00
Sunday, June 8:	7:00 – 20:00
Monday, June 9:	7:00 - 18:00
Tuesday, June 10:	7:00 – 18:00
Wednesday, June 11:	7:00 – 18:00
Thursday, June 12:	7:00 – 16:00

^{*} Please note that these hours are subject to change.



INTERNATIONAL CONGRESS INFORMATION A-Z

Scientific Sessions

The 2014 Scientific Program will incorporate Therapeutic Plenary Sessions, Plenary and Parallel Sessions, Teaching Courses, Video Sessions, Skills Workshops, Guided Poster Tours and Blue Ribbon Highlights.

Sessions will focus on the latest developments in:

- Emerging and Experimental Therapies
- Movement Disorder topics, including, but not limited to, ataxia, chorea, dystonia, myoclonus, Parkinson's disease, restless legs syndrome, spasticity, stereotypies, tics and tremors
- Basic Science issues, including, but not limited to, genetics, neuroimaging, neuropharmacology, surgical therapy and transplantation
- Other less common clinical conditions

Special Accessibility Needs

To ensure any special needs can be properly met, requests should have been addressed in advance with the MDS International Secretariat. Delegates requiring special arrangements in order to fully participate in the International Congress should provide a written description of such needs to the MDS Information Booth upon arrival.

Speaker Ready Room

Location: Room R201 - R203

All speakers and Guided Poster Tour presenters must check in at the Speaker Ready Room with their presentation materials the day prior to their scheduled presentation. Equipment is available to allow faculty and presenters to review their presentations. Audio/Visual personnel will be available for assistance.

The Speaker Ready Room hours are as follows:

Saturday, June 7:	16:00 - 20:00
Sunday, June 8:	7:00 - 18:00
Monday, June 9:	7:00 - 18:00
Tuesday, June 10:	7:00 - 18:00
Wednesday, June 11:	7:00 - 18:00
Thursday, June 12:	7:00 – 16:00

Ticketed Sessions

Tickets are required for admission into all Parallel Sessions, Teaching Courses, Video Sessions, and Skills Workshops. There is no additional fee for tickets to these sessions. Please check the Registration Desk for ticket availability.

Therapeutic Plenary Sessions, Plenary Sessions and poster sessions do not require a ticket to attend.

Venue

Stockholmsmassen (Stockholm Convention Centre) SE-125 80 Stockholm Sweden

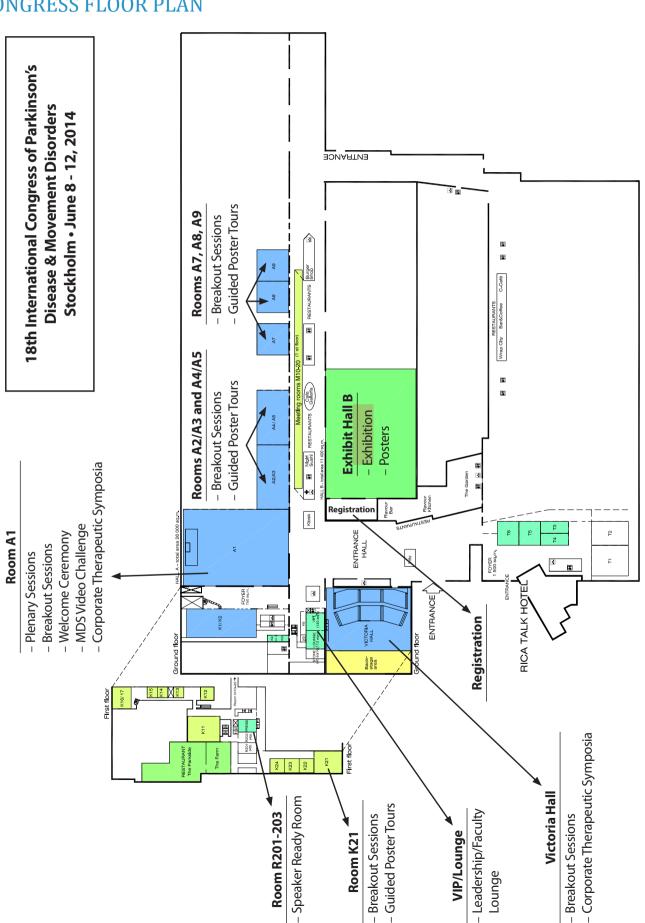
Visitor's address: Mässvägen 1, Älvsjö

Weather

The average daytime temperature in Stockholm in June is approximately $61 - 70^{\circ}$ F ($16 - 21^{\circ}$ C).



CONGRESS FLOOR PLAN





Poster Sessions

Poster sessions give each delegate an opportunity to view their colleagues' posters on the most current research in the field of Movement Disorders. Authors will be present for 1.5 hours each day to explain their work and answer questions. All accepted abstracts are presented as a poster at the 2014 International Congress.

Poster sessions will be held Monday – Thursday during the Congress, in Exhibition Hall B. Posters are available for viewing from 9:00 – 18:00 Monday through Wednesday, and 9:00 – 16:00 on Thursday. Poster session schedules vary by date; please see the *Poster Session Schedule* below for specific times and session topics.

Late-Breaking Abstracts

All accepted Late-Breaking Abstract posters are displayed in Exhibition Hall B, Monday – Thursday throughout the duration of the Congress. Late-Breaking Abstract poster presentations will take place Wednesday, June 11 from 12:00 – 13:30 in Exhibition Hall B.

MDS Study Group Abstracts

All accepted MDS Study Group Abstract posters are displayed in Exhibition Hall B, Monday – Thursday throughout the duration of the International Congress. MDS Study Group Abstract poster presentations will take place Wednesday, June 11 from 12:00 – 13:30 in Exhibition Hall B.

Abstract Publication

All regular accepted abstracts are published in a supplement to the MDS Journal. Please visit www.movementdisorders.org to access The *Movement* Disorders Journal, where you can download a PDF of accepted abstracts.

Abstracts are also available for viewing and download from a searchable website. Please visit www.mdscongress2014.org/Abstracts.htm for further information.

Along with their International Congress registration materials, all registered delegates will receive one (1) abstract USB containing all regular published abstracts, Late-Breaking Abstracts and MDS Study Group abstracts.



Poster Session Schedules

Sunday, June 8, 2014

No poster sessions on Sunday

Monday, June 9, 2014

Poster Session: 12:30 – 14:00 Poster viewing 9:00 – 18:00 Location: Exhibition Hall B

Abstract numbers	Abstract Topic
1 - 103	Basic Science
104 - 112	Gene Therapies and Cell-based Therapies
113 - 181	Genetics
182 - 262	Neuroimaging
263 - 342	Parkinsonisms (secondary and parkinsonism-plus)
343 - 392	Parkinson's disease: Neuropharmacology

Tuesday, June 10, 2014

Poster Session: 12:30 – 14:00 Poster viewing 9:00 – 18:00 Location: Exhibition Hall B

Abstract numbers	Abstract Topic
393 - 406	Quality of life / caregiver burden in movement disorders
407 - 474	Parkinson's disease: Quality of life / caregiver burden
475 - 484	Rating scales
485 - 514	Parkinson's disease: Rating scales
515 - 530	Choreas (non-HD)
531 - 547	Clinical Electrophysiology
548 - 550	History
551 - 594	Huntington's disease
595 - 606	Lewy Body Dementia and other dementias in movement disorders
607 - 745	Parkinson's disease: Clinical Trials
746 - 782	Parkinson's disease: Electrophysiology

Wednesday, June 11, 2014

Poster Session: 12:00 – 13:30 Poster viewing 9:00 – 18:00 Location: Exhibition Hall B

Abstract numbers	Abstract Topic
	* Late-Breaking Abstracts
	* Study Group Abstracts
783 - 810	Parkinson's disease: Sleep disorders
811 - 821	Restless legs syndrome
822 - 832	Drug-Induced movement disorders
833 - 841	Neuropharmacology
842 - 908	Parkinson's disease: Behavioral disorders
909 - 1004	Parkinson's disease: Cognition
1005 - 1073	Parkinson's disease: Phenomenology
1074 - 1099	Pediatric movement disorders
1100 - 1110	Spasticity
1111 - 1123	Tics/stereotypies
1124 - 1163	Tremor
1164 - 1169	Wilson's disease, storage and metabolic movement disorders

Thursday, June 12, 2014

Poster Session: 12:00 – 13:30 Poster viewing: 9:00 – 16:00 Location: Exhibition Hall B

Abstract numbers	Abstract Topic
1170 - 1240	Surgical Therapy: Parkinson's disease
1241 - 1272	Surgical Therapy: Other Movement Disorders
1273 - 1319	Ataxia
1320 - 1454	Dystonia
1455 - 1474	Education in movement disorders
1475 - 1512	Epidemiology
1513 - 1522	Myoclonus
1523 - 1558	Parkinson's disease: Dysautonomia

*Late-Breaking Abstracts and Study Group Abstracts are on display Monday - Thursday.



Poster Session Topics (Alphabetically)

1273 - 1319	Ataxia Thursday, June 12
1 - 103	Basic Science Monday, June 9
515 - 530	Choreas (non-HD) Tuesday, June 10
531 - 547	Clinical Electrophysiology Tuesday, June 10
822 - 832	Drug-Induced movement disorders Wednesday, June 11
1320 - 1454	Dystonia Thursday, June 12
1455 - 1474	Education in movement disorders Thursday, June 12
1475 - 1512	Epidemiology Thursday, June 12
104 - 112	Gene Therapies and Cell-based Therapies Monday, June 9
113 - 181	Genetics Monday, June 9
548 - 550	History Tuesday, June 10
551 - 594	Huntington's disease Tuesday, June 10
595 - 606	Lewy Body Dementia and other dementias in movement disorders Tuesday, June 10
1513 - 1522	Myoclonus Thursday, June 12
182 - 262	Neuroimaging Monday, June 9
833 - 841	Neuropharmacology Wednesday, June 11
263 - 342	Parkinsonisms (secondary and parkinsonism-plus) Monday, June 9
842 - 908	Parkinson's disease: Behavioral disorders Wednesday, June 11
607 - 745	Parkinson's disease: Clinical Trials Tuesday, June 10
909 - 1004	Parkinson's disease: Cognition Wednesday, June 11
1523 - 1558	Parkinson's disease: Dysautonomia Thursday, June 12
746 - 782	Parkinson's disease: Electrophysiology Tuesday, June 10
343 - 392	Parkinson's disease: Neuropharmacology Monday, June 9

1005 - 1073	Parkinson's disease: Phenomenology Wednesday, June 11
407 - 474	Parkinson's disease: Quality of life / caregiver burden Tuesday, June 10
485 - 514	Parkinson's disease: Rating scales Tuesday, June 10
783 - 810	Parkinson's disease: Sleep disorders Wednesday, June 11
1074 - 1099	Pediatric movement disorders <i>Wednesday, June 11</i>
393 - 406	Quality of life / caregiver burden in movement disorders Tuesday, June 10
475 - 484	Rating scales Tuesday, June 10
811 - 821	Restless legs syndrome Wednesday, June 11
1100 - 1110	Spasticity Wednesday, June 11
1241 - 1272	Surgical Therapy: Other Movement Disorders Thursday, June 12
1170 - 1240	Surgical Therapy: Parkinson's disease Thursday, June 12
1111 - 1123	Tics/stereotypies Wednesday, June 11
1124 - 1163	Tremor Wednesday, June 11
1164 - 1169	Wilson's disease, storage and metabolic movement disorders Wednesday, June 11

Guided Poster Tours

Guided Poster Tours give groups of delegates an opportunity to hear discussion on a select group of abstracts in several sub-categories. Attendance is limited, and admission will be granted on a first-come, first-served basis. Guided Poster Tours do not require a ticket to attend.

A list of Guided Poster Tour abstracts and authors can be found on pages 52 of the 2014 Final Program. Abstracts selected for a Guided Poster Tour presentation are published in a supplement to the MDS Journal, and can be found on the searchable abstract website.

Guided Poster Tour Schedule

Sunday, June 8, 2014

No Guided Poster Tours on Sunday

Monday, June 9, 2014

12:30 - 14:00

GPT 1	Huntington's disease	Room A7
GPT 2	Lewy body dementia and other dementias in movement disorders	Room A8
GPT 3	Parkinson's disease: Clinical Trials	Room A9
GPT 4	Rating scales and assessment tools	Room K21

Wednesday, June 11, 2014

12:00 - 13:30

GPT 9	Basic Science	Room A7
GPT 10	Dystonia	Room A8
GPT 11	Parkinsonisms (secondary and parkinsonism-plus)	Room A9
GPT 12	Surgical Therapy: Parkinson's disease	Room K21

Tuesday, June 10, 2014

12:30 - 14:00

GPT 5	Genetics	Room A7
GPT 6	Parkinson's disease: Behavioral disorders	Room A8
GPT 7	Parkinson's disease: Neuropharmacology	Room A9
GPT 8	Surgical Therapy: Movement disorders other than Parkinson's disease	Room K21

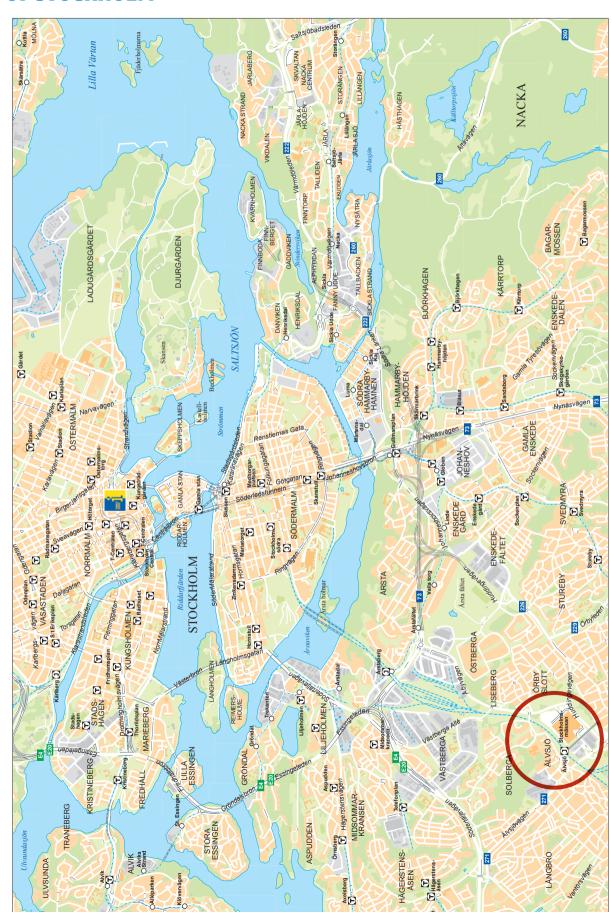
Thursday, June 12, 2014

12:00 - 13:30

GPT 13	Sleep disorders and RLS	Room A7
GPT 14	Parkinson's disease: Cognition	Room A8
GPT 15	Parkinson's disease: Phenomenology	Room A9
GPT 16	Tremor	Room K21



MAP OF STOCKHOLM





Now Available on the MDS Website! *Movement* Disorders-Clinical Practice

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MDCP Eastern Hemisphere, Editor-in-Chief

Marcelo Merello

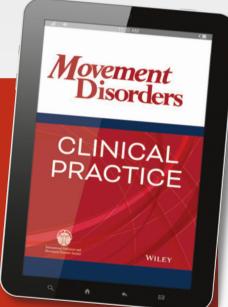
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Submit your articles at: http://mc.manuscriptcentral.com/mdcp





MDS-0314-222



Honorary Membership Awards

The Honorary Membership Awards recognize individuals who have made extraordinary contributions to the field of Movement Disorders or to the Society.

Sunday, June 8 Welcome Ceremony 19:30 to 21:30



Anthony Lang, OC, MD, FRCPC *Toronto. ON. Canada*



William Weiner, MD Baltimore, MD, USA

President's Distinguished Service Award

The President's Distinguished Service Award is given in recognition of long and distinguished service to the International Parkinson and Movement Disorder Society.

Sunday, June 8 Welcome Ceremony 19:30 to 21:30

Stanley Fahn Lecture

Wednesday, June 11 as part of 4101 Plenary Session IX: Presidential Lectures

The Stanley Fahn Award Lecture was created to recognize an outstanding scholar and role-model clinician in the field of Movement Disorders. The selected lecturer must show evidence of exceptional contributions which have resulted in better understanding of the cause, diagnosis, or treatment of Movement Disorders, and have translated into meaningful improvements in the standard of clinical practice. The selected lecturer must demonstrate evidence of consistent dedication to Movement Disorders education and research.

Shakes, Twists and Jerks: Can we diagnose them and treat them?

Stanley Fahn Lecturer - Joseph Jankovic, MD



Dr. Joseph Jankovic is Professor of Neurology and Distinguished Chair in Movement Disorders Director, Parkinson's Disease Center and Movement Disorders Clinic, Department of Neurology, Baylor College of Medicine, Houston, Texas, USA. He completed residency in Neurology at the Neurological Institute, Columbia University, New York City, where he was selected as the Chief Resident and also obtained additional training in movement disorders with Stanley Fahn, MD. In 1977 he joined the faculty of Baylor College of Medicine and became the founder and director of the Parkinson's Disease Center and Movement Disorders Clinic, which has since been recognized as a "Center of Excellence" by the National Parkinson Foundation and the Huntington Disease Society of America. He was elected as the 3rd President of the International Parkinson and Movement Disorder Society (MDS), after Drs. Fahn and Marsden. He is an Honorary Member of the American Neurological Association, International Parkinson and Movement Disorder Society, Australian Association of Neurologists, European Federation of Neurological Societies, and the French Neurological Society. Dr. Jankovic is the recipient of many other honors including the American Academy of Neurology Movement Disorders Research Award, The First National Parkinson Foundation Distinguished Service Award, the Guthrie Family Humanitarian Award presented by the Huntington's Disease Society of America, the Tourette Syndrome Association Lifetime Achievement Award, and the Dystonia Medical Research Foundation Distinguished Service Award. Dr. Jankovic has published over 900 original articles and chapters, and edited or co-edited over 50 books and volumes. Since 1991, Dr. Jankovic has co-directed the annual course "A Comprehensive Review of Movement Disorders", in Aspen, Colorado, USA. He has been a member of many editorial boards including Neurology, Movement Disorders, Journal of Neurology Neurosurgery and Psychiatry, Journal of the Neurological Sciences, Neurology Medlink, and many other journals. He is a current or past member of many scientific and medical advisory boards of national foundations including the Dystonia Medical Research Foundation, International Essential Tremor Foundation, and the Tourette Syndrome Association, and has also served on the executive scientific advisory boards of the Michael J. Fox Foundation for Parkinson's Research and the National Parkinson Foundation Clinical and Scientific Advisory Board. Dr. Jankovic has mentored numerous fellows and other trainees many of whom have become leaders in the field of neurology and movement disorders.

C. David Marsden Lecture

Wednesday, June 11 as part of 4101 Plenary Session IX: Presidential Lectureships

The C. David Marsden Lecture was created to recognize an outstanding scholar and inspiring neuroscientist in the field of Movement Disorders. The selected lecturer must show evidence of exceptional contributions which have resulted in better understanding of the neurobiology of Movement Disorders, and have translated into tangible improvements in clinical therapy and/or providing insight into normal brain function in the control of movement. The selected lecturer must demonstrate evidence of consistent dedication to Movement Disorder education and research.

Developing cell therapy for human neurodegenerative disease – a life-long journey

C. David Marsden Lecturer - Olle Lindvall, MD, PhD



Olle Lindvall received his PhD in 1974 and MD in 1978 from the University of Lund, Sweden, and has been affiliated with the school for more than 45 years. He became a specialist in neurology in 1982 and Professor and Senior Consultant in clinical neurology at Lund University Hospital in 1992. He served as Chairman of the Division of Neurology 1996-2012 and of the Department of Clinical Neuroscience 2001-2003, and was Vice Dean of the Medical Faculty, University of Lund, 1997-1999. In 2014, he was appointed Senior Professor of Neurology at the University of Lund.

In the 1970's, Lindvall developed a new, highly sensitive histofluorescence method for the visualization of catecholamine neurons, especially dopaminergic neurons, in the central nervous system. He applied this method to describe the anatomical organization of catecholamine systems in the forebrain of rodents and a non-human primate and discovered new dopaminergic projections to the frontal and cingulate cortices. He became interested in the plasticity of these neurons and their influence on cerebral blood flow in the diseased brain. From early 1980's Lindvall's clinical activities centered on patients with Parkinson's disease. He was leading the clinical cell transplantation program for Parkinson's patients at Lund University Hospital between 1983 and 2012. This program pioneered the use of neuronal replacement as a possible novel therapeutic strategy to restore function in the diseased human brain. Lindvall's research interests have focused on the use of cell and gene therapy for preservation and restoration of function in acute and chronic neurodegenerative diseases. His experimental laboratory has worked with neurotrophic factors, transplantation of stem cells

and reprogrammed cells, and the formation of new nerve cells from the brain's own neural stem cells after various insults. During his career, Lindvall has put major efforts in translational research, i.e., to move findings from basic research to the clinic for application in patients.

Olle Lindvall has published around 500 articles, review articles and book chapters. He has served on several editorial boards and was Member of Board of Reviewing Editors for SCIENCE 2005-2011. He was Chairman of the Swedish Movement Disorder Society 1995-1998, and Member of the Board of the Swedish Research Council, Medical Division, 2001-2006. Since 2005, he has been a Member of the Scientific Advisory Board of the Michael J. Fox Foundation for Parkinson's Research. From 2007-2008, he Co-chaired the International Society for Stem Cell Research (ISSCR) Task Force for the Clinical Translation of Stem Cells, an international group of experts who developed the Guidelines for the Clinical Translation of Stem Cells.

Lindvall has received numerous prizes and awards. In 2008, he was elected Member of the Royal Swedish Academy of Sciences, and since 2010 he has been Chairman, Class for Medical Sciences, Royal Swedish Academy of Sciences. Lindvall was elected Foreign Member of the Georgian National Academy of Sciences in 2010.

Junior Awards

Three Junior Awards recipients have been selected based on their significant contribution to research in the field of Movement Disorders.

International Parkinson and Movement Disorder Society

Wednesday, June 11

4101: Plenary Session IX: Presidential Lectureships Chairs: Matthew Stern, Oscar Gershanik, Günther Deuschl

Iulia Muellner, MD

Bern, Switzerland

Dopaminergic deneveration severity depends on COMT Val158Met polymorphism in Parkinson's disease

Julia Muellner, MD¹, Iman Gharrad¹, Aurelie Kas¹, Jean-Baptiste Martini¹, Khadija Tahiri¹, Florence Cormier, MD¹, Niklaus Meier, MD², Michael Schuepbach, MD², Alexis Brice, MD, Professor, MD¹, Alain Mallet¹, Andreas Hartmann, MD¹, Marie-Odile Habert, MD¹ and Jean-Christophe Corvol, MD¹. ¹Centre d'Investigation Clinique, Hôpital de la Pitié Salpêtrière, Paris, France and ²Neurologie, Inselspital, University Hospital Bern, Bern, Switzerland.

Objective: To test the hypothesis of the association of genetically defined COMT-activity with severity of striatal denervation in patients with Parkinson's disease.

Background: COMT initiates dopamine degradation in the brain. Its activity depends on a single nucleotide polymorphism (Val158Met, rs4680) which separates high (Val/Val, or COMTHH), intermediate (Val/Met, or COMTHL) and low metabolizers (Met/Met, or COMTLL). COMT rs4680 has been shown to be associated with the age at onset of motor symptoms in Parkinson's disease (PD). Therefore, COMT activity may play a role as a compensating mechanism of dopaminergic denervation in PD.

Methods: 40 patients with idiopathic PD were included. Motor severity in OFF-state was assessed by the UPDRS III rating scale. SPECT imaging was performed in all subjects after injection of [123I]-FP-CIT. The binding potential (BP) for each voxel within the striatum was individually defined by the ratio of the tracer binding in the region of interest and a region of non-specific activity in the occipital cortex. The whole striatum, as well as the caudate nucleus, and the putamen were analyzed. The COMT (rs4680) SNP was genotyped using a TaqMan® SNP Genotyping assay. A linear regression model was used to evaluate the effect of the COMT genotype on striatal denervation ([123I]-FP-CIT BP), adjusted for UPDRS III score, age and sex.

Results: We found the following genotype distribution: 9 (23%) COMTHH, 25 (64%) COMTHL and 3 (7%) COMTLL. There was no significant difference in disease severity, treatments and motor scores between genotypes. When adjusted to clinical severity, sex and age, striatal BP significantly differed (p=0.014) between genotypes. Low (COMTLL) and intermediate (COMTHL) metabolizers showed a higher rate of denervation than high metabolizers (COMTHH). Similar results were found for the denervation in the caudate nucleus and the putamen. The analysis of the correlation between the striatum with the higher extent of denervation adjusted to contralateral clinical motor scores showed the highest significance for the COMT genotype effect on the denervation (p=0.006).

Conclusions: We showed striatal denervation is different according to the COMT Val158Met polymorphism, and therefore may play a role as a compensatory mechanism in the delay of PD motor symptoms.

Anhar Hassan, MD

Rochester, MN, USA

The profile of long-term Parkinson's disease survivors with 20 years disease duration and beyond

Anhar Hassan, MBBCh^{1,2}, Samuel S Wu, PhD¹, Peter Schmidt, PhD3, Tanya Simuni, MD4, Nir Giladi, MD5, Janis M Miyasaki, MD6, Bastiaan R Bloem, MD, PhD⁷, Irene A Malaty, MD¹ and Michael S Okun, MD¹. ¹University of Florida, Gainesville, FL, USA; ²Mayo Clinic, Rochester, MN, USA; 3National Parkinson Foundation, Miami, FL, USA; 4Northwestern University Feinberg School of Medicine, Chicago, IL, USA; 5Tel-Aviv University, Tel-Aviv, Israel; ⁶University of Toronto, Toronto, ON, Canada and ⁷Radboud University Nijmegen Medical Center, Nijmegen, Netherlands.

Objective: To describe the characteristics of PD-20 subjects.

Background: Parkinson's disease (PD) patients with 20 years or more survival (PD-20) are not well characterized. Examination of long-term survivors may identify favorable PD characteristics and improve health care delivery in this population.

Methods: The international multicenter National Parkinson's Foundation Quality Improvement Initiative study (NPF-QII) database was queried to identify PD-20 subjects. Demographic and clinical data were analyzed.

Results: There were 187 PD-20 subjects (45% women) representing 4% (187/4619) of all NPF participants. Subjects were mean age 69.2 years, with mean age 44.0 years at PD onset, and median H&Y stage 3. The majority (89%) was living at home, and required a caregiver (88%). PD-20's were mildly cognitively impaired for age (MoCA estimate 22.6 +/- 3.7), with most deficits in verbal fluency and delayed recall. Ninetyeight percent were taking levodopa, 60% dopamine agonists, and 40% antidepressants. Cognitive enhancers (16%) and antipsychotics (14%) were less frequently used. Almost half (41%) had an ER visit or hospital admission in the last year. Quality of life (PDQ-39 index 36+/-15%) was mild-moderately impaired, with most impairment in mobility and ADLs. Caregiver strain measured by the Multidimensional Caregiver Strain Index (27+/-16%), recorded highest subscores in social constraint. PD-20 subjects below age 70 had better cognition than those above 70.

Conclusions: PD-20 subjects typically have early-onset PD with better than expected motor and cognitive disability. Further research may identify factors conferring long-term PD survival, improvements in quality of life and methods to reduce caregiver strain.

Samuel Shribman, MBBS, MA

London, United Kingdom

The distribution of α -synuclein in the enteric nervous system: An immunohistochemical study on colonic resections from 24 control and 4 Parkinson's disease patients

Samuel E Shribman, MBBS, MA¹, Alastair J Noyce, MBBS, BMedSci, MRCP², Joanne E Martin, MBBS, PhD, FRCPath³, Gavin Giovannoni, MBBCh, PhD, FRCP³ and Charles H Knowles, MBBChir, PhD, FRCS¹. ¹National Centre for Bowel Research and Surgical Innovation, Barts and the London School of Medicine and Dentistry, London, United Kingdom; ²Reta Lila Weston Institute of Neurological Studies, UCL Institute of Neurology, London, United Kingdom and ³Blizard Institute of Cellular and Molecular Science, Barts and the London School of Medicine and Dentistry, London, United Kingdom.

Objective: (1) To optimise antibodies against α -synuclein (α S) and phosphorylated α -synuclein ($p\alpha$ S) in Parkinson's disease (PD) and control brains. (2) To determine the distribution of α S and $p\alpha$ S in the enteric nervous system. (3) To examine the density of Lewy pathology in enteric nervous system of PD patients.

Background: Lewy pathology occurs in the enteric nervous system (ENS) of PD patients. Recent studies have suggested that gastrointestinal biopsies taken during colonoscopy can be used as a tool in the diagnosis of PD by immunostaining for p α S. However, the description of p α S immunostaining in controls in previous studies is variable and few specifically aimed to characterise the distribution of α S and p α S in the healthy colon.

Methods: Antibodies against αS and $p\alpha S$ were optimised for a range of antigen retrieval methods and antibody dilutions using PD and control brains. Single cross-sections of sigmoid resections from 24 control patients, across a range of ages and both genders, were stained for αS and $p\alpha S$. Sigmoid and ascending colon resections from 4 patients with PD were also examined. The pattern and grade of staining across each tissue layer was analysed and the presence of Lewy pathology was recorded.

Results: The degree of αS and $p\alpha S$ staining in PD brain varies significantly with different antigen retrieval methods. Lewy pathology was clearly demonstrated in PD but not control brain with an optimized antigen retrieval method. αS and $p\alpha S$ are widely distributed in a granular staining pattern in the ENS of the majority of control patients without any clear relationship to age or sex. A single Lewy neurite was found in the cross-sections from 4 colonic resections in PD patients.

Conclusions: The disparity between antigen retrieval methods employed in previous studies may explain the variable detection of αS and $p\alpha S$ in the ENS in previous studies. The presence of $p\alpha S$ staining in the majority of control patients and the paucity of Lewy pathology in PD patients has important implications for the role of colonoscopic biopsy as a biomarker.



2014 Travel Grants

Hesham Abboud

Cleveland, OH, USA

Olalekan Agunbiade

Ilesha, Nigeria

Marion Albares

Bron, France

Lorena Almeida

Salvador, Brazil

Julius Anang

Montreal, PQ, Canada

Julieta Arena

Buenos Aires, Argentina

Jean Baker

Burlington, VT, USA

Bettina Balint

Heidelberg, Germany

Danny Bega

Chicago, IL, USA

Sonia Benítez-Rivero

Oxford, United Kingdom

Florian Brugger

St. Gallen, Switzerland

Daniela Calvo

Buenos Aires, Argentina

Miriyam Carecchio

Novara, Italy

Abderrahmane Chahidi

Tagzirt, Morocco

Fubo Cheng

Tübingen, Germany

Lucy Collins

Cambridge, United Kingdom

Gemma Cummins

Cambridge, United Kingdom

Rubens Cury

São Paulo, Brazil

Marie Davis

Seattle, WA, USA

Aman Deep

Phoenix, AZ, USA

Emilie Favre

Bron, France

Jesica Ferrari

Buenos Aires, Argentina

D.L. Fischer

Grand Rapids, MI, USA

Daniela Frosini

Pisa, Italy

Richard Fu

London, United Kingdom

Christos Ganos

London, United Kingdom

Macarena Gonzalez

Buenos Aires, Argentina

Kristina Grim

Salt Lake City, UT, USA

Priti Gros

Longueuil, PQ, Canada

Nawaz Hack

Gainesville, FL, USA

Mallory Hacker

Nashville, TN, USA

Masa-aki Higuchi

Gainesville, FL, USA

Franziska Hopfner

Kiel, Germany

Vincent Jourdain

Quebec, PQ, Canada

Michaela Kaiserova

Olomouc, Czech Republic

Galina Kavaldjieva

Munich, Germany

Drew Kern

Toronto, ON, Canada

Meir Kestenbaum

New York, NY, USA

Mohammad Khalil

Dhaka, Bangladesh

Julia Kraemmer

Paris, France

Florian Krismer

Innsbruck, Austria

Pardeep Kumar

New Delhi, India

Jose Laffita-Mesa

Holguin, Cuba

Rachael Lawson

Newcastle upon Tyne, United Kingdom

David Lindenbach

Binghamton, NY, USA

Melanie Lising

San Francisco, CA, USA

Marian Livingston

Portland, OR, USA

Lan Luo

Houston, TX, USA

Antonella Macerollo

London, United Kingdom

Graziella Madeo

Rome, Italy

Daniel Martinez-Ramirez

Gainesville, FL, USA

Carine Maurer

Bethesda, MD, USA

María Merino

Buenos Aires, Argentina

Kelly Mills

San Francisco, CA, USA

Svjetlana Miocinovic

Dallas, TX, USA

Jitendriya Mishra

Chandigarh, India

Marcello Moccia

Naples, Italy

Jolynne Mokaya

Nairobi, Kenya

Eddic Morales-Sánchez

Guadalajara, Mexico

Adriana Moro Curitiba. Brazil

Dimitrios Nacopoulos

Cleveland, OH, USA

Martin Nevrly

Olomouc, Czech Republic

Flavia Niccolini

London, United Kingdom

Srivadee Oravivattanakul

Cleveland, OH, USA

Roberto Ortega

New York, NY, USA

Christiana Ossig Dresden, Germany

or esacri, acrimany



Gian Pal

Chicago, IL, USA

Sanjay Pandey

Bethesda, MD, USA

Isabel Parees

London, United Kingdom

Raminder Parihar

Boston, MA, USA

Amar Patel

New York, NY, USA

Camila Piccinin

Campinas, Brazil

Annika Plate

Munich, Germany

Ketan Jhunjhunwala

Bangalore, India

Ritesh Ramdhani

New York, NY, USA

Gail Ramiro

Manila, Philippines

Eva Reiter

Innsbruck, Austria

Daphne Robakis

New York, NY, USA

Sergio Rodríguez Quiroga

Buenos Aires, Argentina

Liana Rosenthal

Lutherville, MD, USA

Malco Rossi

Buenos Aires, Argentina

Valerie Rundle-Gonzalez

Gainesville, FL, USA

Valeria Sajin

Chisinau, Moldova

Alvaro Sanchez-Ferro

Cambridge, MA, USA

Veronica Santini

Boston, MA, USA

Harini Sarva

New York, NY, USA

Sergio Scollo

Buenos Aires, Argentina

Yury Seliverstov

Krasnogorsk, Russia

Stefania Sgroi

Bern, Switzerland

Shital Shah

Philadelphia, PA, USA

Kara Smith

Philadelphia, PA, USA

Carolina Souza

São Paulo, Brazil

Baochan Tran

Philadelphia, PA, USA

Kaviraja Udupa

Toronto, ON, Canada

Nelleke Van Wouwe

Nashville, TN, USA

Salvador Velazquez Osuna

Mexico City, Mexico

Padmaja Vittal

Chicago, IL, USA

Ana Westenberger

Lübeck, Germany

Brenton Wright

New York, NY, USA

Jinglin Zhang

Beijing, China



MDS 18TH INTERNATIONAL CONGRESS SESSION DEFINITIONS

Blue Ribbon Highlights:

This session will provide a critical review of the best poster presentations by a panel of experts, highlighting the relevance, novelty and quality of both clinical and basic research presented by the delegates.

Controversies:

This Plenary Session is designed to involve all International Congress attendees. Content is prepared to stimulate interest and debate among a panel of experts. Views from several angles will be addressed as discussion of pre-selected "hot" topics will be open for debate among the panelists.

Corporate Therapeutic Symposia:

These company-based informational sessions will provide attendees with non-CME educational opportunities to learn the latest in therapeutics.

Guided Poster Tours:

Guided Poster Tours will give small groups of delegates an opportunity to hear discussion on a select group of abstracts in several sub-categories.

Parallel Sessions:

These concurrent sessions provide an in-depth report of the latest research findings, state-of-the-art treatment options, as well as a discussion of future strategies. Parallel sessions will have evidence-based components and incorporate the "hot" issues in Parkinson's disease and other movement disorders.

Plenary Sessions:

These sessions provide a broad overview of the latest clinical and basic science research findings and state-of-the-art information.

Poster Sessions:

Poster sessions give each delegate an opportunity to view their colleagues' posters on the most current research in the field of Movement Disorders. Authors will be present for 1.5 hours each day to explain their work and answer questions.

Science and Technology Pavilion

The Science and Technology Pavilion will provide a less hurried, educational atmosphere in which physicians and healthcare professionals can enhance their knowledge of emerging technologies and optimal treatment techniques, and experience hands-on demonstrations of the latest technology in a private atmosphere. This is a non-CME opportunity.

Skills Workshops:

These clinic-based training sessions provide an educational illustration of clinical techniques and treatment procedures through demonstrations utilizing patient videos and proper equipment to further develop practitioners' skills and knowledge within the field of treatment of movement disorders.

Teaching Courses:

These educational programs provide up-to-date information focused on a single topic. The sessions highlight both the clinical and basic science of topics of relevance to Movement Disorder specialists. The sessions are unique in providing a syllabus that includes a review of the topic and the presentation slides. In addition, these programs provide ample time for questions and a discussion period at the conclusion of the presentations.

Therapeutic Plenary Sessions:

These sessions provide the latest information regarding the scientific and clinical evidence supporting treatment options for Parkinson's disease and other movement disorders.

Video Sessions:

Designed to provide a broad overview of related movement disorders, the video sessions will focus on the phenomenology covering the many different kinds of movement disorders affecting the population today.

SPECIAL MEETING THEME:

Emerging and Experimental Therapies

At each annual International Congress, the Congress Scientific Program Committee selects a theme that is highlighted throughout the meeting. This year's theme, "Emerging and Experimental Therapies" will be showcased in two Plenary Sessions, seven Parallel Sessions, one Skills Workshop, one Teaching Course, and two Video Sessions. International experts will serve as faculty, and the meeting participants can elect to attend any or all of the sessions. These sessions are designated with a



2014 CONGRESS SCHEDULE-AT-A-GLANCE

Pichary Session IV Pichary		aturday, June 7		Sunday, Monday, Tuesday, June 8 June 9 June 10		Wednesday, June 11	Thursday, June 12				
Sign Sign Session										Committee Meetings 7:00 - 8:00	
14:30	8:30	Therapeutic Plenary Session I		ssion I					(Presidential Lectures)	Plenary Session XI 8:00 - 9:30	
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14:30	10:00	ıstry P Iotel)	Break				Break Business			Combination	
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14:30	11:30	cational Course disson Blu Wat	Symposia 14:00 - 15:00 Symposia 14:00 - 15:00 Break Break 15:00 - 15:30 15:00 - 15:30							Blue Ribbon Highlights 11:00- 12:00	
14:30 15:00 15:00 16:00 16:00 16:00 16:00 16:00 16:00 16:00 16:00 16:00 16:00 16:00 16:00 16:30 16:30 16:30 16:30 17:0	12:30	on's Disease Edu 7:30 - 16:00 (Ra			Poster Sessions						
14:00 - 15:00		MDS Parkinsc			12:30 - 14:00 12:30 - 14:00 Corporate Therapeutic Corporate Therapeutic		14:00	Symposia			
Therapeutic Plenary Session III 14:30 - 16:30 Parallel Sessions Teaching Courses 15:00 - 17:00 Therapeutic Plenary Parallel Sessions Teaching Courses 15:00 - 17:00 Teach	14:30					Scie					٦
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17:00 Break 17:00 - 17:30 End	16:00		14:3	0 - 16:30 Break	Parallel Sessions/ Teaching Courses		Parallel Sessions/ Teaching Courses		Teaching Courses	Parallel Sessions/ Teaching Courses 15:00 - 17:00	
Therapeutic Plenary Break 17:30 - 18:00 17:30 - 18:00 Skills Workshops / Video Sessions Video Se	17:00		16:3	0 - 17:00						End	٩
18:00 Session IV 17:30 10:00 Skills Workshops / Video Sessions 17:30 19:00 Skills Workshops / Video Sessions 17:30 - 19:00 17:30 - 19:00 Skills Workshops / Video Sessions 17:30 - 19:00 17:30 - 19:	17:30		Therape	eutic Plenary					17:00 - 17:30		
Video Sessions Video Sessions	18:00		Ses	sion IV	17.30 - 18.00		17:30 - 18:00		Video Sessions		
	18:30				Video Sessions		Video Sessions		17:30 - 19:00		
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19:30	19:30								MDS Video Challenge		
20:00 Welcome Ceremony MDS Video Challenge	20:00		Welcom	e Ceremony						Scan to learn more on our website!	
20:30 19:30 - 21:30 Scan to learn more our website!											
21:00											
<u>21:30</u> <u>22:00</u>											



SUNDAY, JUNE 8, 2014

1101 Therapeutic Plenary Session I

Early/Mid/Late parkinson journey 8:00 - 10:00

Location: Room A1

Chairs: Sten-Magnus Aquilonius *Uppsala, Sweden* Andrew Lees *London, United Kingdom*

8:00 L-dopa - From idea to treatment: A historical review Arvid Carlsson Gothenburg, Sweden

8:40 Treatment strategies for early phases of Parkinson's disease Heinz Reichmann Dresden, Germany

9:20 Treatment strategies for advancing Parkinson's disease Lars Timmermann Cologne, Germany

At the conclusion of this session, participants should be better able to:

- Refer to the history behind the development of a dopaminergic therapy in Parkinson's disease
- 2. Describe treatment principles for early stage Parkinson's disease
- 3. Describe treatment principles for advancing Parkinson's disease

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

AOS General Assembly

10:00 - 11:00

Location: Room A9 All delegates from Asia and Oceania are encouraged to attend.

ES General Assembly

10:00 - 11:00

Location: Room A8 All delegates from Europe and North Africa are encouraged to attend.

PAS General Assembly

10:00 - 11:00

Location: Room A7 All delegates from Pan America are encouraged to attend.

1102 Therapeutic Plenary Session II

Treatment of dystonia 11:00 - 13:00

Location: Room A1

Chairs: Stanley Fahn New York, NY, USA Hyder Jinnah Atlanta, GA, USA

11:00 Recognizing the many varied clinical manifestations of the dystonias
Hyder Jinnah
Atlanta. GA. USA

11:40 Medical treatment and nonsurgical management options for the dystonias Alfredo Berardelli Rome, Italy

12:20 Surgical treatment options for the dystonias

Marwan Hariz

London, United Kingdom

At the conclusion of this session, participants should be better able to:

- 1. Recognize the many varied clinical manifestations of the dystonias
- Learn different strategies for use of medications and botulinum toxins for best treatment outcomes
- 3. Know the risks and benefits of various surgical options, including DBS, lesional approaches, denervation procedures and intrathecal baclofen

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

1103 Therapeutic Plenary Session III

Treatment of non-motor Parkinson's disease 14:30 - 16:30

Location: Room A1

Chairs: K. Ray Chaudhuri

London, United Kingdom

Susan Fox

Toronto, ON, Canada

14:30 The dopaminergic non-motor symptoms and evidence base for treatment
K. Ray Chaudhuri
London, United Kingdom

15:10 The non-dopaminergic non-motor symptoms of Parkinson's disease:
 Management strategies in a nutshell
 Susan Fox
 Toronto, ON, Canada

1103 Therapeutic Plenary Session III, cont.

15:50 Emerging animal models of nonmotor symptoms Peter Jenner London, United Kingdom

At the conclusion of this session, participants should be better able to:

- Recognize the non-motor symptoms that are dopaminergic (in part or whole) in nature including non-motor fluctuations and address the current evidence base for the treatment of these symptoms base
- 2. Learn about the clinical pharmacological and non-pharmacological management strategies for non-motor symptoms of Parkinson's disease that arise from non-dopmaminergic involvement such as aspects of depression, dementia, sleep disorders and Dysautonomia
- 3. Become familiar with the ongoing work so to develop suitable animal models that may unravel the pathophysiology and help treatment of non-motor symptoms of Parkinson's disease

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

1104 Therapeutic Plenary Session IV

Treatment of tremor 17:00 - 19:00

Location: Room A1

Chairs: Günther Deuschl Kiel, Germany Louis Tan Singapore

17:00 Medical therapy (including BoNT) of essential tremor: The essentials Tiago Mestre *Toronto, ON, Canada*

17:40 Invasive and experimental therapies of tremors: Last resort?

Jens Volkmann

Würzburg, Germany

18:20 Rare and unusual tremors:
No reason to quit
Marie Vidailhet
Paris, France

At the conclusion of this session, participants should be better able to:

- 1. Describe the evidence-based therapy of essential and Parkinson tremor
- Summarize the limitations of medical treatment of the common tremors and describe the options for advanced therapies for common resting and postural/action tremors

SUNDAY, JUNE 8, 2014

Therapeutic Plenary Session IV,

3. Debate how to treat rare tremors and identify the diagnostic pearls to diagnose them and summarize the available therapeutic knowledge

Recommended Audience: Basic scientists, Clinical academicians, Practitioners, Students/ Residents/Trainees

Welcome Ceremony

19:30 - 21:30 Location: Room A1

MONDAY, JUNE 9, 2014

2101 Plenary Session V



Gene therapy for Parkinson's disease and movement disorders

8:00 - 10:00 Location: Room A1

Chairs: Jeffrey Kordower Chicago, IL, USA C. Warren Olanow

New York, NY, USA

8:00 Basic principles of gene therapy Dawn Bowles Durham, NC, USA

8:40 Tropic factor delivery with gene therapy **Jeffrey Kordower** Chicago, IL, USA

DA/DOPA delivery with gene 9:20 therapy in Parkinson's disease Tomas Björklund Lund, Sweden

At the conclusion of this session, participants should be better able to:

- 1. Understand the challenges of gene therapy, the procedures currently applied and the outcome of first studies
- 2. Discuss the current status of gene delivery of trophic factors
- 3. Identify the challenges and first strategies of DA/DOPA delivery with gene therapy

Recommended Audience: Basic scientists. Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

2102 Plenary Session VI

New insights into the pathology, progression and heterogeneity of Parkinson's disease

10:30 - 12:30

Location: Room A1

Chairs: Glenda Halliday

Randwick, NSW, Australia

Matthew Stern Philadelphia, PA, USA

10:30 What do we now know about synuclein's role in Parkinson's disease pathology? Iohn Trojanowski

Philadelphia, PA, USA

11:10 How does pathology explain clinical phenotype?

> Virginia Lee Philadelphia, PA, USA

2102 Plenary Session VI, cont.

Extranigral pathology and 11:50 preclinical detection Charles Adler Scottsdale, AZ, USA

At the conclusion of this session, participants should be better able to:

- 1. Understand the role of synuclein in the pathogenesis of Parkinson's disease
- 2. Understand the relationship of pathological processes to clinical heterogeneity
- 3. Evaluate potential strategies for preclinical detection of Parkinson's disease

Recommended Audience: Basic scientists, Clinical academicians. Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

Guided Poster Tours

GPT 1: Huntington's disease

12:30 - 14:00

Location: Room A7

GPT 2: Lewy body dementia and other dementias in movement disorders

12:30 - 14:00 Location: Room A8

GPT 3: Parkinson's disease: Clinical Trials

12:30 - 14:00 Location: Room A9

GPT 4: Rating scales and assessment tools

12:30 - 14:00 Location: Room K21

Poster Session 1

12:30 - 14:00

Abstract numbers 1 - 392 Location: Exhibition Hall B Poster viewing: 9:00 - 18:00

Corporate Therapeutic Symposia

14:00 - 15:00

Please see pages 134-135 for more information.



MONDAY, JUNE 9, 2014

2203 Parallel Session (TICKET)



Dyskinesias associated with old and new therapies for Parkinson's disease 15:30 - 17:30

Location: Room A4/A5

Chairs: M. Angela Cenci Lund, Sweden Olivier Rascol Toulouse, France

15:30 Dyskinesias as a manifestation of maladaptive striatal plasticity M. Angela Cenci Lund, Sweden

16:10 The serotonin system in human L-dopa-induced and graft-induced dyskinesias: The state of the art Paola Piccini London, United Kingdom

16:50 Functional brain networks in Parkinson's dyskinesias Andrea Kühn Berlin, Germany

At the conclusion of this session, participants should be better able to:

- 1. Review recent experimental literature on the pathophysiological adaptations of striatal neurons in treatment-induced dyskinesias
- 2. Describe recent findings on the serotonin system in L-DOPA-induced and graft-induced dvskinesias
- 3. List network-levels changes associated with treatment-induced dyskinesias

Recommended Audience: Basic scientists, Clinical academicians, Students/Residents/ Trainees

2204 Parallel Session (TICKET)



Improving clinical translation of cell therapy for movement disorders

15:30 - 17:30

Location: Room K21

Chairs: Erwan Bezard Bordeaux, France Hakan Widner Lund, Sweden

15:30 Experiences from the Transeuro multicenter clinical transplantation trial with fetal cells in Parkinson's disease Hakan Widner Lund, Sweden

16:10 Cell transplantation beyond Parkinson's disease: Experiences from the MSA trial Young Sohn Seoul, Korea

2204 Parallel Session (TICKET), cont.



16:50 Cell transplantation in Huntington's disease Anne-Catherine Bachoud-Levi Creteil, France

At the conclusion of this session, participants should be better able to:

- 1. Understand the specifics of cell transplant trials (whatever the cell source)
- 2. Consider MSA as proof-of-concept disease for future Parkinson application
- 3. Understand the progress of cell transplant trial in Huntington's disease

Recommended Audience: Basic scientists. Clinical academicians, Students/Residents/ Trainees

2205 Parallel Session TICKET

Gait disturbance in Parkinson's disease: A postural control or locomotor defect?

15:30 - 17:30

Location: Room K1/K2

Chairs: Alice Nieuwboer Heverlee, Belgium Lynn Rochester Newcastle upon Tyne, United Kingdom

15:30 Neural mechanisms of locomotion and posture control Colum MacKinnon Minneapolis, MN, USA

16:10 Capturing discrete features of gait, postural control and their coupling in Parkinson's disease **Jeffrey Hausdorff** Tel Aviv, Israel

16:50 Novel therapeutic approaches to gait training Alice Nieuwboer Heverlee, Belgium

At the conclusion of this session, participants should be better able to:

- 1. Understand the underlying mechanisms of locomotor and postural control, their coupling during gait and their contribution to gait disturbance in Parkinson's disease
- 2. Identify novel methods to characterize and capture selective features of gait that describe complex locomotor and postural control deficits, the relationship between the two, and the evidence for this in Parkinson's disease and their translation to the clinic

2205 Parallel Session TICKET, cont.

3. Provide an overview of contemporary approaches that aim to address complex gait deficits; particularly locomotor and postural control coupling, when they emerge and the timing of intervention in Parkinson's disease

Recommended Audience: Basic scientists. Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

2206 Parallel Session TICKET

What's new in PSP? 15:30 - 17:30

Location: Room A2/A3

Chairs: Günter Höglinger Munich, Germany Irene Litvan La Jolla, CA, USA

15:30 Etiopathogenesis of PSP: Genetics Günter Höglinger Munich, Germany

16:10 Etiopathogenesis of PSP: Occupation and environment Irene Litvan La Jolla, CA, USA

16:50 Treatment of PSP and other tauopathies Maria Stamelou Athens, Greece

At the conclusion of this session, participants should be better able to:

- 1. Recall the most recent advances in the potential role of genetics in the risk for PSP
- 2. Understand the most recent advances in the potential role of environmental and occupational factors in the etiopathogenesis
- 3. Explain the most recent advances in the treatment of PSP and other tauopathies

Recommended Audience: Basic scientists, Clinical academicians, Practitioners, Students/ Residents/Trainees

2207 Parallel Session TICKET

Management of multiple system atrophy: An update 15:30 - 17:30

Location: Room A9

Chairs: Carlo Colosimo Rome, Italy Björn Holmberg Gothenburg, Sweden

15:30 How to diagnose MSA early Pietro Cortelli Bologna, Italy

16:10 New developments in the genetics of MSA Shoji Tsuji Tokyo, Japan

MONDAY, JUNE 9, 2014

2207 Parallel Session TICKET, cont.

16:50 Treatment of MSA: State of the art François Tison

Pessac, France

At the conclusion of this session, participants should be better able to:

- 1. Understand the latest developments in the diagnosis and pathogenesis of MSA
- 2. Learn the recent developments in the genetics and pathogenesis of MSA
- 3. Provide an update on the progress of symptomatic and disease-modifying interventions in the context of MSA

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

2208 Parallel Session TICKET

Late-breaking clinical and scientific topics relevant to Movement Disorders 15:30 - 17:30

Location: Victoria Hall

Chairs: Günther Deuschl Kiel, Germany José Obeso Pamplona, Spain

Discussion Panel:

David John Burn

Newcastle upon Tyne, United Kingdom

Hyder Jinnah Atlanta, GA, USA Timothy Lynch Dublin, Ireland D. James Surmeier Chicago, IL, USA Ryosuke Takahashi

Kyoto, Japan

Presentations:

Recent advances in understanding the role of PD-related genes: LRRK2, PINK-1 and Parkin Ryosuke Takahashi Kyoto, Japan

Latest studies on disease modification Karl Kieburtz

Karl Kieburtz Rochester, NY, USA

Diabetes drugs for the treatment of neurodegenerative disease: Background and prospects Roger Barker Cambridge, United Kingdom

2208 Parallel Session TICKET, cont.

Novel technologies to dissect the role of circuits and cells in animal models of Movement Disorders D. James Surmeier *Chicago, IL, USA*Adaptive deep brain stimulation Alberto Priori

Alberto Priori

Milan, Italy

Focused ultrasound as a now

Focused ultrasound as a new treatment of movement disorders? José Obeso *Pamplona, Spain*

At the conclusion of this session, participants should be better able to:

- Understand and appreciate the latest clinical and scientific discoveries that are relevant to movement disorders
- 2. Understand the role of new clinical discoveries for basic science
- 3. Understand the role of new basic science discoveries for clinical progress

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

2309 Teaching Course TICKET

Non-dopaminergic symptomatic medications for the management of Parkinson's disease 15:30 - 17:30

Location: Room A8

Chairs: Susan Fox Toronto, ON, Canada Kjell Fuxe Stockholm, Sweden

- 15:30 Glutamatergic medications Paolo Calabresi Rome, Italy
- 16:10 Mono-aminergic medications Per Svenningsson Stockholm, Sweden
- 16:50 Cholinergic medications Antonio Pisani Rome, Italy

At the conclusion of this session, participants should be better able to:

- Understand the basic pharmacological mechanisms of glutamate transmission relevant to Parkinson's disease and the rationale for glutamate antagonists in the treatment of dyskinesia in Parkinson's disease
- 2. Understand the pathophysiology of noradrenergic and serotonergic transmission in Parkinson's disease and the clinical evidence supporting the use of already marketed drugs (e.g., beta-blockers, antidepressants, L-DOPA, alpha 1 agonists (midodrine), methylphenidate)

2309 Teaching Course TICKET, cont.

3. Understand the pathophysiology of cholinergic transmission relevant to Parkinson's disease and the rationale for drugs such as anticholinergics, nicotinic agents and cholinesterase inhibitors in the management of motor and non-motor symptoms in Parkinson's disease

Recommended Audience: Basic scientists, Clinical academicians, Students/Residents/ Trainees

2310 Teaching Course TICKET

Dystonia: A practical approach to diagnosis, measurement and management 15:30 - 17:30

Location: Room A7

Chairs: Cynthia Comella
Chicago, IL, USA
Marina De Koning-Tijssen
Groningen, Netherlands

- 15:30 Diagnosis and pathogenesis of dystonia
 William Dauer
 Ann Arbor, MI, USA
- 16:10 How to rate dystonia Cynthia Comella Chicago, IL, USA
- 16:50 Current medical and surgical treatments for dystonia Elena Moro Grenoble. France

At the conclusion of this session, participants should be better able to:

- 1. Discuss the clinical diagnosis and pathogenesis of dystonia
- 2. Appreciate the usefulness of the rating scales for dystonia
- 3. Summarize current medical and surgical therapies for dystonia and their applications Recommended Audience: Clinical academicians,

Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees



MONDAY, JUNE 9, 2014

2411 Skills Workshop TICKET



How to avoid stem cell tourism and misuse of cell and gene therapies 18:00 - 19:30

Location: Room K21

In this interactive session, the faculty will review and debate the risks and misuse of stem cell and gene therapies. The participants will learn an approach of how to educate patients about the risks of uncontrolled use of stem cells and gene therapies.

Ann Marie Janson Lang Stockholm, Sweden

Wolfgang Oertel Marburg, Germany

At the conclusion of this session, participants should be better able to:

- 1. Understand the potential risks of misuse of stem cell and gene therapies
- 2. Advise and educate patients on the risks of uncontrolled stem cell and gene therapies
- 3. Advocate on behalf of patients with regard to misuse of cell and gene therapies

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

2412 Skills Workshop TICKET



Movement disorders emergencies 18:00 - 19:30

Location: Room K1/K2

In this interactive session, the faculty will discuss methods to improve participants' ability to recognize true movement disorders emergencies and develop strategies for their management.

Steven Frucht New York, NY, USA

Iill Ostrem

Greenbrae, CA, USA

At the conclusion of this session, participants should be better able to:

- 1. Recognize the typical presentation and clinical characteristics of several movement disorders emergencies
- 2. Develop management strategies for several movement disorders emergencies
- 3. Identify and learn to manage acute or severe complications related to Parkinson's disease and its therapy, including Deep Brain Stimulation therapy

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

2413 Skills Workshop TICKET

How to approach and manage patients with movement disorders and disturbances of sleep wakefulness 18:00 - 19:30

Location: Room A7

In this interactive session, participants will be better able to recognize the mechanisms, the diagnostic workup and management of disturbances of sleep wakefulness in Parkinson's disease and atypical parkinsonism as well as other movement disorders including drug-related movement disorders during sleep.

Birgit Frauscher Innsbruck, Austria

Rosalia Silvestri Messina, Italy

At the conclusion of this session, participants should be better able to:

- 1. Identify and manage disturbances of sleep wakefulness in Parkinson's disease and atypical parkinsonism
- 2. Identify and manage disturbances of sleep wakefulness in hyperkinetic movement disorders including drug-related movement disorders during sleep
- 3. Explain the mechanisms, the diagnostic workup and management of disturbances of sleep wakefulness in movement disorders

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

2414 Skills Workshop TICKET



Exercise therapy in movement disorders 18:00 - 19:30

Location: Room A2/A3

In this interactive session, participants will be better able to understand how to select the most appropriate type of exercise for their patient depending upon their needs and understand key features relating to compliance. The faculty will identify different types of exercise, the rationale and benefits of each type and key features that impact maintaining an active lifestyle. Participants will learn how to apply those principles in their clinical practice.

Terry Ellis Boston, MA, USA Margaret Mak Hong Kong

2414 Skills Workshop TICKET, cont.

At the conclusion of this session, participants should be better able to:

- 1. Understand different types of exercise and their benefits in Parkinson's disease
- 2. Select appropriate type of exercise in Parkinson's disease depending upon aim of
- 3. Identify key barriers and facilitators for exercise in patients with movement disorders Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

2515 Video Session TICKET



Unusual presentations of common movement disorders 18:00 - 19:30

Location: Victoria Hall

In this interactive session, the faculty will present videos of unusual presentations of common hyperkinetic and hypokinetic movement disorders and provide an approach of how to localize where the causative lesion is and what the lesion might be (differential diagnosis), and appropriate investigations and treatment will be discussed. Audience participation is strongly encouraged.

Timothy Counihan Galway, Ireland

Barry Snow

Auckland, New Zealand

At the conclusion of this session, participants should be better able to:

- 1. Recognize and appreciate the broad variable clinical phenotype of common movement disorders
- 2. Localize where the "lesion" is in these unusual presentations
- 3. Identify what the "lesion" might be by generating a reasonable differential diagnosis Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

MONDAY, JUNE 9, 2014

2516 Video Session TICKET

Drug-induced movement disorders 18:00 - 19:30

Location: Room A8

In this interactive session, participants will be better able to recognize the phenomenology of drug-induced movement disorders and identify the different forms of acute, subacute, and tardive or chronic syndromes induced by drugs.

Mohit Bhatt Mumbai, India Stewart Factor Atlanta, GA, USA

At the conclusion of this session, participants should be better able to:

- 1. Describe the movement disorders associated with the use of drugs, from psychotropics to non psychotropics
- 2. Distinguish the acute, subacute and tardive or chronic drug-induced movement disorders, including acute dystonia, akathisia, parkinsonism, and tardive dyskinesia in all its variants
- 3. Identify clues leading to the suspicion of druginduced movement disorders

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician). Practitioners, Students/Residents/Trainees

2517 Video Session TICKET

Update on spastic paraplegias and spastic ataxias 18:00 - 19:30

Location: Room A9

In this interactive session, the faculty will review the clinical and genetic aspects of hereditary spastic paraplegia and the spastic ataxias.

Alexandra Durr Paris, France

Bart Van De Warrenburg Nijmegen, Netherlands

At the conclusion of this session, participants should be better able to:

- 1. Understand the rapidly expanding spectrum of hereditary spastic paraplegia genes, the corresponding clinical phenotypes, and the genetic testing strategies
- 2. Recognize spastic ataxia as a distinctive clinical entity and to learn that this has a rather limited differential diagnosis
- 3. Know that the presence of spasticity can sometimes be an important clue towards the underlying diagnosis in patients with movement disorders

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

2518 Video Session TICKET

Ataxia: Familial and sporadic 18:00 - 19:30

Location: Room A4/A5

In this interactive session, the faculty will present videos of both genetic and sporadic ataxias and discuss the clues to recognize and differentiate between the different causes of ataxia.

Mathieu Anheim Strasbourg, France Alessandro Filla Naples, Italy

At the conclusion of this session, participants should be better able to:

- 1. Use the heterogeneity of movement disorders for the diagnosis of inherited ataxias
- 2. Identify a clinical approach for the diagnosis of both inherited and acquired ataxias
- 3. Learn the (new) genetic causes of ataxia Recommended Audience: Clinical academicians, Practitioners, Students/Residents/Trainees



3101 Plenary Session VII



Cell therapy for Parkinson's disease

8:00 - 10:00

Location: Room A1

Chairs: Anders Björklund Lund, Sweden Olle Lindvall Lund, Sweden

8:00 Lessons learned from open-label cell transplantation studies Roger Barker Cambridge, United Kingdom

8:40 Reflections on sham-controlled clinical trials using fetal cell: Fifteen years later Stanley Fahn New York, NY, USA

9:20 Prospects of using stem cell-derived cells for clinical transplantation Olle Lindvall Lund, Sweden

At the conclusion of this session, participants should be better able to:

- 1. Identify the different types of cell therapy available for Parkinson's disease research in progress and the future
- 2. Identify the current state and future of transplantation therapy in Parkinson's disease
- 3. Identify the effectiveness of transplants and avoid side effects and investigate how Parkinson's disease interacts with transplantation

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

MDS Business Meeting

10:00 - 11:00

Location: Room K21 Open to all delegates

Science and Technology Pavilion

10:00 - 17:00

Please see page 135 for more information.

3102 Plenary Session VIII

Key learnings from recent movement disorders clinical trials

11:00 - 12:30

Location: Room A1

Chairs: Joaquim Ferreira Lisbon, Portugal Christopher Goetz Chicago, IL, USA

3102 Plenary Session VIII, cont.

11:00 Recent clinical trials on Parkinson's disease Christopher Goetz Chicago, IL, USA

11:30 Recent clinical trials on other movement disorders Werner Poewe Innsbruck, Austria

12:00 What to expect from ongoing clinical trials: Current challenges and methodological issues Joaquim Ferreira Lisbon, Portugal

At the conclusion of this session, participants should be better able to:

- 1. Review recent advances in the therapy of Parkinson's disease
- 2. Provide an update on the progress of therapeutic interventions for other movement disorders
- 3. Provide an overview of the current challenges for the design and conduction of clinical trials in movement disorders

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

Guided Poster Tours

GPT 5: Genetics

12:30 - 14:00 Location: Room A7

GPT 6: Parkinson's disease: Behavioral disorders

> 12:30 - 14:00 Location: Room A8

GPT 7: Parkinson's disease: **Neuropharmacology**

> 12:30 - 14:00 Location: Room A9

GPT 8: Surgical Therapy: Movement disorders other than Parkinson's disease

> 12:30 - 14:00 Location: Room K21

Poster Session 2

12:30 - 14:00

Abstract numbers 393 - 782 Location: Exhibition Hall B Poster viewing: 9:00 - 18:00

Corporate Therapeutic Symposia

14:00 - 15:00

Please see pages 134-135 for more information.

3203 Parallel Session (TICKET)



Continuous dopaminergic stimulation (CDS)-based therapies for Parkinson's disease

15:30 - 17:30

Location: Room A4/A5

Chairs: Erik Danielsen Aarhus, Denmark Tove Henriksen Copenhagen, Denmark

15:30 CDS in Parkinson's disease: When do we need to start?

Santiago Perez Lloret Buenos Aires, Argentina

16:10 New ways of delivering oral and non-infusional CDS Per Odin

Bremerhaven, Germany 16:50 Dopaminergic infusion therapies Dag Nyholm

Uppsala, Sweden At the conclusion of this session, participants should be better able to:

- 1. Understand what we have learned from animal and human studies about how the continuous dopaminergic stimulation might influence motor fluctuations in early versus late Parkinson's disease
- 2. Learn and appreciate the rationale for established and in-development oral and transdermal methods for CDS via strategies utilizing continuous drug delivery outlining effect on motor, non-motor symptoms and quality of life in Parkinson's disease
- 3. Learn and understand the effects of dopaminergic treatments delivered by infusion (subcutaneous, intra-jejunal, intravenous) on motor and non-motor symptoms and quality of life in Parkinson's disease

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

3204 Parallel Session TICKET



Development and maintenance of the nigrostriatal dopamine pathway: Novel insights and therapeutic targets 15:30 - 17:30

Location: Room A9

Chairs: Ernest Arenas Stockholm, Sweden

Thomas Perlmann Stockholm, Sweden

15:30 Genetic factors governing the neuronal dopaminergic phenotype **Ernest Arenas** Stockholm, Sweden

3204 Parallel Session (TICKET), cont.

- 16:10 Nurr-1 role in the development and maintenance of dopamine neurons and Parkinson's disease treatment
 Anders Björklund
 Lund, Sweden
- 16:50 The role of trophic factors in the maintenance of nigrostriatal neurons and Parkinson's disease treatment
 Krystof Bankiewicz
 San Francisco, CA, USA

At the conclusion of this session, participants should be better able to:

- Understand how dopamine neurons differentiate, and how this process can be controlled in the lab
- Learn how Nurr-1 modulates the development and maintenance of DA neurons and recognize its role as a therapeutic option for Parkinson's disease
- 3. Identify the role of GDNF and BDNF in the maintenance of nigrostriatal neurons and their role as Parkinson's disease therapeutic options

Recommended Audience: Basic scientists, Clinical academicians, Practitioners, Students/ Residents/Trainees

3205 Parallel Session TICKET

Management of the gastrointestinal system in movement disorders 15:30 - 17:30

Location: Room K21

Chairs: Nicholas Miller
Newcastle upon Tyne, United Kingdom
Robert Rodnitzky
Iowa City, IA, USA

- 15:30 Diagnosis and management of dysphagia in Parkinson's disease Nicholas Miller Newcastle upon Tyne, United Kingdom
- 16:10 Contribution of diet to motor fluctuations in Parkinson's disease and strategies for management Alison Leake Surrey, United Kingdom
- 16:50 Medical management of gastrointestinal disturbance and motor fluctuations in Parkinson's disease
 Sarah Marrinan
 Newcastle upon Tyne, United Kingdom

At the conclusion of this session, participants should be better able to:

 Identify procedures to effectively diagnose and manage dysphagia in Parkinson's disease and the role of the speech and language therapist in this process

3205 Parallel Session TICKET, cont.

- Describe the impact of diet on motor fluctuations in Parkinson's disease and identify management strategies and the role of the dietician in this process
- 3. Understand the medical management of gastrointestinal disturbance to minimize motor fluctuations

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

3206 Parallel Session TICKET

Movement Disorders Grand Rounds 15:30 - 17:30

Location: Victoria Hall

In this interactive session, volunteer patients with a known complex move¬ment disorder will be in attendance. The patients, their history and clinical findings (including video of the movement disorder) will be presented to one of the four movement disorder "experts." The expert will review the history with the patient and highlight and demonstrate the neurological signs to the audience. The expert's job is to generate a differential diagnosis and manage¬ment plan which can be critiqued by his/ her fellow experts, the audience and the chairs. The session will show how a movement disorders expert takes a clinical history and performs a movement disorders examin ation of a patient to generate a diagnosis and a management plan. The faculty will discuss and debate the differential diagnosis. Audience participation and critique is encouraged. The final diagnosis and learning point will be presented after the expert and audience discussion is finished.

Chairs: Martin Paucar Arce Stockholm, Sweden Per Svenningsson Stockholm, Sweden

Experts:

Bastiaan Bloem
Nijmegen, Netherlands
David John Burn
Newcastle upon Tyne, United Kingdom
Beom Jeon
Seoul, Korea
Claudia Trenkwalder
Kassel, Germany

3206 Parallel Session TICKET, cont.

Presenters from Stockholm, Sweden: Stansislav Beniaminov Lovisa Brodin Jan Weinberg

At the conclusion of this session, participants should be better able to:

- Describe how to characterize the dominating motor disturbance when diagnosing movement disorders
- Describe the use of other diagnostic methods in the differential diagnosis of movement disorders
- 3. Describe how to combine clinical picture and the results of apparative investigations to reach a preliminary diagnosis

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

3207 Parallel Session TICKET

An update on Huntington's disease: From pathophysiology to new treatments 15:30 - 17:30

Location: Room K1/K2

Chairs: Joaquim Ferreira
Lisbon, Portugal
Sarah Tabrizi
London, United Kingdom

- 15:30 Understanding the neurodegenerative processes in Huntington's disease to develop novel therapeutics Ignacio Munoz-Sanjuan Los Angeles, CA, USA
- 16:10 Biomarkers and outcomes for clinical trials in Huntington's disease
 Sarah Tabrizi
 London, United Kingdom
- 16:50 Update on disease modifying and symptomatic treatments
 Bernhard Landwehrmeyer
 Ulm, Germany

At the conclusion of this session, participants should be better able to:

- Assess the contribution of preclinical research to understand pathophysiology and to study new treatment strategies in Huntington's disease
- 2. Discuss biomarkers and outcomes of clinical trials in Huntington's disease
- Describe current achievements in and future options for the treatment of Huntington's disease

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees



3208 Parallel Session TICKET

Update on protein pathology and protein propagation in neurodegenerative diseases 15:30 - 17:30

Location: Room A2/A3

Chairs: Espen Dietrichs Oslo, Norway Glenda Halliday Randwick, NSW, Australia

15:30 Proteinopathies causing movement disorders and their clinical relevance Glenda Halliday Randwick, NSW, Australia

16:10 Do proteinopathies spread in the brain? Miguel Vila Barcelona, Spain

16:50 The latest in targeting treatments to proteinopathies Eliezer Masliah La Jolla, CA, USA

At the conclusion of this session, participants should be better able to:

- 1. Understand what human pathological investigations tell us about neurodegenerative diseases and the significance of proteinopathies to clinical deficit
- 2. Understand the experimental evidence supporting the concept that proteins can be transferred from cell to cell propogating disease and that this mechanism is relevant in movement disorders
- 3. Identify therapeutic developments for proteinopathies

Recommended Audience: Basic scientists, Clinical academicians, Students/Residents/Trainees

3309 Teaching Course TICKET

Movement disorders and internal medicine 15:30 - 17:30

Location: Room A7

Chairs: Tim Anderson Christchurch, New Zealand Roongroj Bhidayasiri Bangkok, Thailand

15:30 Infections and movement disorders Roongroj Bhidayasiri Bangkok, Thailand

16:10 Endocrine-metabolic disorders and movement disorders Yih-Ru Wu Taipei, Taiwan

16:50 Cardiovascular diseases and movement disorders Vladimir Kostić Belgrade, Serbia

3309 Teaching Course TICKET, cont.

At the conclusion of this session, participants should be better able to:

- 1. List the movement disorders associated with infections, endocrine-metabolic-disorders and cardiovascular diseases
- 2. Discuss the clinical features and diagnosis of movement disorders associated with infections, endocrine-metabolic-disorders and cardiovascular diseases
- 3. Manage the movement disorders associated with infections, endocrine-metabolicdisorders and cardiovascular diseases

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

3310 Teaching Course TICKET

Addiction and withdrawal

of dopamine replacement therapy for Parkinson's disease

15:30 - 17:30

Location: Room A8

Chairs: Oscar Gershanik Buenos Aires, Argentina Sean O'Sullivan Cork, Ireland

- 15:30 Role of dopaminergic systems in reward mechanisms Daniel Weintraub Ardmore, PA, USA
- 16:10 Dopamine dysregulation syndrome Sean O'Sullivan Cork, Ireland
- 16:50 Dopamine agonist withdrawal syndrome Melissa Nirenberg New York, NY, USA

At the conclusion of this session, participants should be better able to:

- 1. Understand the biological mechanisms leading to dopamine dysregulation syndrome including behavioral addictions, impulse control disorders and addiction to L-dopa
- 2. Recognize and manage addictive and impulsive behaviors associated with the use of dopaminergic drugs in the treatment of Parkinson's disease
- 3. Describe risk factors, clinical features and management of dopamine agonist withdrawal syndrome

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/ Residents/Trainees

3411 Skills Workshop TICKET

How to design clinical trials in hypo/hyperkinetic movement disorders (focus on Parkinson's disease and Huntington's disease) 18:00 - 19:30

Location: Room K1/K2

In this interactive session, participants will be better able to recognize clinical trial design options, outcome measurements and reasons for trial failure in Parkinson's disease and Huntinaton's disease trials.

Karl Kieburtz Rochester, NY, USA Cristina Sampaio Princeton, NJ, USA

At the conclusion of this session, participants should be better able to:

- 1. Discuss clinical trial design options (traditional and novel trial designs) in Parkinson's disease and Huntington's disease trials
- 2. Discuss outcome measurements and the placebo effect in Parkinson's disease and Huntington's disease trials
- 3. Discuss reasons for trial failure in Parkinson's disease and Huntington's disease trials

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/

3412 Skills Workshop TICKET

Update on bladder and sexual dysfunction in parkinsonian disorders 18:00 - 19:30

Location: Room A7

In this interactive session, participants will learn how to investigate and treat bladder and sexual dysfunction in patients with parkinsonian disorders.

Karl-Erik Andersson Winston-Salem, NC, USA Gila Bronner Ramat-Gan, Israel

At the conclusion of this session, participants should be better able to:

- 1. Understand the pathophysiological basis for bladder and sexual dysfunction in patients with parkinsonian disorders
- 2. Understand how to investigate and manage bladder and sexual dysfunction in patients with parkinsonian disorders
- 3. Familiarize with newer treatment options for managing bladder and sexual dysfunction in parkinsonian disorders

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

3413 Skills Workshop TICKET

Tips and tricks for botulinum neurotoxin treatment 18:00 - 19:30

Location: Room A2/A3

In this interactive session, the faculty will highlight the different therapeutic botulinum toxin preparations. Also, meaningful clinical outcomes hinged on the balance of efficacy and side effect profiles will be discussed.

A. Peter Moore Liverpool, United Kingdom Raymond Rosales

At the conclusion of this session, participants should be better able to:

Manila, Philippines

- 1. Describe which among the pharmacological profiles of botulinum neurotoxin is best relevant in clinical practice
- 2. Delineate which botulinum neurotoxin treatment efficacy parameter and side effect profile will translate to meaningful clinical outcomes
- 3. Describe how electromyography and ultrasound can be useful in the clinics in regard to when it should be applied, which conditions and whom are the patients best to benefit

Recommended Audience: Clinical academicians. Practitioners, Students/Residents/Trainees

3414 Skills Workshop TICKET

Treatments of Tourette syndrome 18:00 - 19:30

Location: Room A8

In this interactive session, participants will be able to describe the clinical features of Tourette syndrome, and describe medical and DBS treatment for Tourette syndrome.

Davide Martino London, United Kingdom Tamara Pringsheim

Calgary, AB, Canada

At the conclusion of this session, participants should be better able to:

- 1. Describe clinical features of Tourette syndrome
- 2. Understand future directions of pharmacological approaches
- 3. Understand the risk/benefit and limits for non-pharmacological approaches

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

3515 Video Session (TICKET)



Examples of video-documented outcomes of cell and gene therapy 18:00 - 19:30

Location: Room A9

In this interactive session, the faculty will highlight the benefits and risks of gene therapy and cell therapies in neurodegenerative disorders and movement disorders. Audience participation is encouraged.

Peter LeWitt West Bloomfield, MI, USA Niall Quinn London, United Kingdom

At the conclusion of this session, participants should be better able to:

- 1. Understand and appreciate the potential clinical benefits and pitfalls of gene therapy in movement disorders
- 2. Appreciate the clinical potential of the cell therapies
- 3. Appreciate the potential benefits and hazards of gene and cell therapies in neurodegenerative disease and movement disorders

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

3516 Video Session TICKET

Diagnosis and treatment of psychogenic movement disorders

18:00 - 19:30

Location: Victoria Hall

In this interactive session, based on video presentations, participants will learn to identify and uncover clinical and behavioral features of movement disorders that suggest a psychogenic origin.

Kailash Bhatia London, United Kingdom Alberto Espay Cincinnati, OH, USA

At the conclusion of this session, participants should be better able to:

- 1. Appreciate the clinical characteristics of hyperkinetic psychogenic movement disorders
- 2. Recognize the clinical signs of psychogenic parkinsonism and other hypokinetic psychogenic movement disorders
- 3. Understand common social, medical, and legal circumstances associated with the appearance of psychogenic movement disorders

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

3517 Video Session TICKET

Ten golden tips on how to better diagnose unusual movement disorders 18:00 - 19:30

Location: Room A1

In this interactive session, participants will be better able to understand the diagnostic work-up of patients presenting with an unusual movement disorder, and recognize a series of "tips and tricks" used by experts in movement disorders in their own clinical work-up of patients with unusual movement disorders.

Marina De Koning-Tijssen Groningen, Netherlands Daniel Healy Dublin, Ireland

At the conclusion of this session, participants should be better able to:

- 1. Understand that the diagnostic work-up of any unusual movement disorders starts with a proper clinical description of the phenotype, including the dominant movement disorder, any additional movement disorders and the accompanying signs
- 2. Appreciate the broad spectrum and complexity of unusual movement disorders
- 3. Recognize several "tips and tricks" used by experts in movement disorders in their own clinical work-up of patients with unusual movement disorders

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees



3518 Video Session TICKET

Wilson's disease and other "heavy metal" basal ganglia disorders 18:00 - 19:30

Location: Room A4/A5

In this interactive session, participants will be better able to diagnose, understand and treat Wilson's disease and manaanese related basal aanalia disorders. They will be able to recognize the "red flags" that suggest heavy metal basal ganglia disorders. Audience participation is encouraged.

Ronald Pfeiffer Memphis, TN, USA Pille Taba Tartu, Estonia

At the conclusion of this session, participants should be better able to:

- 1. Understand the underlying and pathophysiology mechanisms of heavy metal basal ganglia disorders
- 2. Recognize the "red flags" leading to the diagnosis of these conditions and appreciate the strength and limitations of the respective diagnostic tests
- 3. Understand the different pharmacological and non-pharmacological treatment options for these conditions, appreciating both the advantages and disadvantages of the currently available medication

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

WEDNESDAY, JUNE 11, 2014

Plenary Session IX

Presidential Lectures 8:00 - 10:00

Location: Room A1

Chairs: Matthew Stern Philadelphia, PA, USA Oscar Gershanik Buenos Aires, Argentina Günther Deuschl

Keil, Germany 8:00 Stanley Fahn Lecture: Shakes, Twists and Jerks: Can we diagnose them and treat them? Joseph Jankovic

8:30 **Junior Award Lectures:** Iulia Muellner Bern, Switzerland Anhar Hassan Rochester, MN, USA Samuel Shribman London, United Kingdom

Houston, TX, USA

9:30 C. David Marsden Lecture: Developing cell therapy for human neurodegenerative disease — A life-long journey Olle Lindvall Lund, Sweden

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (nonphysician), Practitioners, Students/Residents/ Trainees

4102 Plenary Session X

Advances in movement disorders in children and adolescents 10:30 - 12:00

Location: Room A1

Chairs: Russell Dale Sydney, NSW, Australia Victor Fung

Westmead, NSW, Australia 10:30 Solving the riddle of encephalitis

lethargica: Autoimmune movement disorders Russell Dale Sydney, NSW, Australia

11:00 Diagnosis and management of disorders of catecholamine synthesis and transport Manju Kurian London, United Kingdom

11:30 Advances in the pathophysiology and management of Tourette syndrome Alexander Münchau Hamburg, Germany

4102 Plenary Session X. cont.

At the conclusion of this session, participants should be better able to:

- 1. Recognize and treat encephalitis lethargica
- 2. Recognize and treat disorders of catecholamine synthesis and transport
- 3. Understand the latest in pathophysiology and management of Tourette syndrome

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

Guided Poster Tours

GPT 9: Basic Science

12:00 - 13:30 Location: Room A7

GPT 10: Dystonia

12:00 - 13:30 Location: Room A8

GPT 11: Parkinsonisms (secondary and parkinsonism-plus)

12:00 - 13:30 Location: Room A9

GPT 12: Surgical Therapy: Parkinson's disease

> 12:00 - 13:30 Location: Room K21

Poster Session 3

12:00 - 13:30

Abstract numbers 783 - 1169 Location: Exhibition Hall B Poster viewing: 9:00 - 18:00

Corporate Therapeutic Symposia

13:30 - 14:30

Please see pages 134-135 for more information.

4203 Parallel Session TICKET



New developments in Deep **Brain Stimulation (DBS)** 15:00 - 17:00

Location: Victoria Hall

Chairs: Karen Østergaard Aarhus, Denmark Stig Rehncrona Lund, Sweden

15:00 DBS in Parkinson's disease: How

early to start? Günther Deuschl Kiel, Germany

15:40 New targets and new indications for DBS in movement disorders Joachim Krauss Hannover, Germany



16:20 Adverse effects and long term safety Michael Okun Gainesville, FL, USA

At the conclusion of this session, participants should be better able to:

- 1. Discuss the best moment to consider DBS in Parkinson's disease patients
- 2. Understand the recent advances in the new surgical targets and potential new therapeutic indications for DBS in movement disorders
- 3. Discuss the frequency and relevancy of adverse effects and long term safety of DBS

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4204 Parallel Session (TICKET)



Gene silencing for movement disorders 15:00 - 17:00

Location: Room A4/A5

- Chairs: Jan Aasly Trondheim, Norway Nicole Déglon Lausanne, Switzerland
- 15:00 Dampening the toxic gain of function of autosomal dominant genes Blair Leavitt Vancouver, BC, Canada
- 15:40 Gene silencing in Huntington's disease Nicole Déglon Lausanne, Switzerland
- 16:20 Gene silencing for other neurodegenerative diseases Henry Paulson Ann Arbor, MI, USA

At the conclusion of this session, participants should be better able to:

- 1. Understand approaches that can be used to counteract the effects of mutated proteins in autosomal dominant movement disorders
- 2. Understand various approaches for silencing the abnormal gene in Huntington's disease
- 3. Learn about the status of gene silencing in other neurodegenerative diseases in animal models and/or humans

Recommended Audience: Basic scientists, Clinical academicians, Students/Residents/Trainees

4205 Parallel Session TICKET

Pedunculopontine area stimulation for treating movement disorders 15:00 - 17:00

Location: A9

- Chairs: Per Almqvist Stockholm, Sweden Pierre Pollak Geneva, Switzerland
- 15:00 PPN: Location, structure and function Iuan Mena-Segovia Oxford, United Kingdom
- 15:40 Are there clinical benefits? Pierre Pollak Geneva, Switzerland
- 16:20 Are there alternative targets for treating gait and balance? Ludvic Zrinzo London, United Kingdom

At the conclusion of this session, participants should be better able to:

- 1. Describe the PPN anatomy, its neurochemical and elecrophysiological characteristics
- 2. Discuss the inconsistent results of PPN stimulation, and the factors contributing to differences in clinical outcomes
- 3. Learn about surgical targets and trajectories for treating gait disorders by DBS

Recommended Audience: Basic scientists. Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

4206 Parallel Session TICKET

Redefining Parkinson's disease: Update on work of the task force 15:00 - 17:00

Location: Room K1/K2

Chairs: Daniela Berg Tübingen, Germany Matthew Stern Philadelphia, PA, USA

- 15:00 Update on new MDS clinical diagnostic criteria for Parkinson's disease Ron Postuma Montreal, QC, Canada
- 15:40 Update for diagnosing Parkinson's disease earlier: New criteria for prodromal Parkinson's disease Daniela Berg Tübingen, Germany
- 16:20 Does genetics influence diagnostic criteria for Parkinson's disease? Thomas Gasser Tübingen, Germany

4206 Parallel Session TICKET, cont.

At the conclusion of this session, participants should be better able to:

- 1. Understand suggestions for new diagnostic criteria
- 2. Understand models integrating markers for an earlier diagnosis of Parkinson's disease
- 3. Explain how current understanding of genetics influences our conception of Parkinson's disease and possible consequences

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/

4207 Parallel Session TICKET

Historical aspects of movement disorders 15:00 - 17:00

Location: Room K21

- Chairs: Sten-Magnus Aquilonius Uppsala, Sweden Francisco Cardoso Belo Horizonte, Brazil
- 15:00 Contributions of Scandinavian neuroscientists to the field of movement disorders Sten-Magnus Aquilonius Uppsala, Sweden
- 15:40 History of concepts of dystonia Emmanuel Broussolle Lvon, France
- 16:20 Chorea: Emergence from olla podrida to movement disorder Francisco Cardoso Belo Horizonte, Brazil

At the conclusion of this session, participants should be better able to:

- 1. Understand the contribution of Scandinavian neurologists, neurosurgeons and neuroscientists to the field of movement disorders
- 2. Understand how the concept of dystonia has evolved in order to aid understanding of the phenomenology and interpret the literature on dystonia
- 3. Understand how the concept of chorea has evolved in order to better understand the phenomenology associated with and literature on chorea

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees



WEDNESDAY, JUNE 11, 2014

4208 Parallel Session TICKET

Corticobasal syndrome: Clinical, neuroanatomical and genetic perspectives 15:00 - 17:00

Location: A2/A3

Chairs: Melissa Armstrong Baltimore, MD, USA Adam Boxer Palo Alto, CA, USA

15:00 Clinical pathological correlations in CBD Helen Ling London, United Kingdom

15:40 Genotype/Phenotype in CBS Adam Boxer Palo Alto, CA, USA

16:20 CBD proposed criteria Melissa Armstrong Baltimore, MD, USA

At the conclusion of this session, participants should be better able to:

- 1. Understand the clinicopathological correlation of CBD
- 2. Understand the role of genetics in the development of the various pathologies that present with a CBS
- 3. Understand newly developed clinical diagnostic criteria for CBD

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

4309 Teaching Course TICKET

Gait in parkinsonian syndromes and other movement disorders 15:00 - 17:00

Location: Room A8

Chairs: Nir Giladi Tel Aviv, Israel Lynn Rochester Newcastle upon Tyne, United Kingdom

15:00 Pathophysiology of gait in parkinsonian syndromes and other movement disorders Nir Giladi Tel Aviv, Israel

15:40 Evaluation of gait disorders: Clinical observation and gait analysis Evzen Ruzicka Prague, Czech Republic

16:20 Practical approach to management Lynn Rochester Newcastle upon Tyne, United Kingdom

4309 Teaching Course TICKET, cont.

At the conclusion of this session, participants should be better able to:

- 1. Understand the physiology of normal gait and the abnormalities in parkinsonian syndromes and other movement disorders
- 2. Characterize the different patterns of gait disorders and how they can be assessed using clinical observation and laboratory testing
- 3. Recognize the different therapeutic interventions for gait disorders in parkinsonian syndromes and other movement disorders from pharmacological options to various exercise/rehabilitation programs

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4310 Teaching Course TICKET

Uncommon treatable movement disorders not to be missed

15:00 - 17:00

Location: Room A7 Chairs: Alberto Albanese

Milan, Italy **Eng-King Tan** Singapore

Uncommon treatable hypokinetic 15:00 disorders **Eng-King Tan** Singapore

15:40 Uncommon treatable hyperkinetic disorders Alberto Albanese Milan, Italy

16:20 Unusual reversible iatrogenic disorders Madhuri Behari New Delhi. India

At the conclusion of this session, participants should be better able to:

- 1. Recognize the clinical features, identify appropriate diagnostic tests, and initiate prompt treatment for hypokinetic disorders
- 2. Recognize the clinical features, identify appropriate diagnostic tests, and initiate prompt treatment for hyperkinetic disorders
- 3. Recognize the clinical features, identify appropriate diagnostic tests, and initiate prompt treatment for reversible iatrogenic

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4411 Skills Workshop TICKET

Lessons I learned from my patients

17:30 - 19:00

Location: Room K21

In this interactive session, the audience and speakers discuss the approach to movement disorder cases where the diagnosis is not immediately apparent but emerges with reassessment of clinical features and regular follow-up.

Carlo Colosimo Rome, Italy Timothy Lynch Dublin, Ireland

At the conclusion of this session, participants should be better able to:

- 1. Recognize the value in clinical practice of critically reviewing cases where diagnostic or management revisions were made
- 2. Identify frequent and preventable pitfalls in the evaluation of patients with movement disorders
- 3. Recognize the merits of periodic reassessment of clinical features and patient's management

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4412 Skills Workshop TICKET

MDS-UPDRS 17:30 - 19:00

Location: Room A9

This interactive session will be dedicated to description, use and clinical application of the MDS-UPDRS scale.

Mayela Rodriguez Violante Mexico City, Mexico Anette Schrag

London, United Kingdom

At the conclusion of this session, participants should be better able to:

- 1. Identify where the MDS-UPDRS can be applied in clinical practice in addition to research studies
- 2. Identify how one interprets the responses to interviews and self report in MDS-UPDRS
- 3. Identify the other relevant comparable instruments that cover the dimensions covered by MDS-UPDRS (such as motor dysfunction and non-motor disabilities as a whole and the plus and negative aspects of these tools)

Recommended Audience: Clinical academicians. Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

WEDNESDAY, JUNE 11, 2014

4413 Skills Workshop TICKET

Palliative care for parkinsonian syndromes 17:30 - 19:00

Location: Room A8

In this interactive session, participants will be better able to understand how to identify and evaluate palliative care needs in parkinsonian syndromes and dementia. The faculty will outline key principles of palliative care management in parkinsonian syndromes and the roles of team members. Participants will learn how to apply those principles to identify and address needs including optimal timing of intervention.

Iulie Carter Portland, OR, USA Ianis Mivasaki Toronto, ON, Canada

At the conclusion of this session, participants should be better able to:

- 1. Identify key palliative care issues (motor and non-motor) in Parkinson's using principles of palliative care management
- 2. Discuss the therapeutic approach to palliative care needs including optimal timeline for intervention
- 3. Understand key issues in relation to dementia and palliative care in Parkinson's and Parkinson plus syndromes

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4414 Skills Workshop TICKET

Treatment of psychiatric and cognitive symptoms in Parkinson's disease 17:30 - 19:00

Location: Victoria Hall

In this interactive session, participants will improve their skills in detection and management of cognitive deterioration, hallucinations, apathy, depression and anxiety.

Paolo Barone Naples, Italy Klaus Seppi Innsbruck, Austria

At the conclusion of this session, participants should be better able to:

- 1. Differentiate cognitive and psychiatric symptoms related to disease rather than medication and understand their respective mechanisms
- 2. Screen, detect, and evaluate the most relevant Parkinson's disease-related cognitive and psychiatric symptoms and know how to treat them

4414 Skills Workshop TICKET, cont.

3. Know the treatments with high level of evidence of cognitive and behavioral parkinsonian symptoms

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4515 Video Session (TICKET)



Invasive therapies for Parkinson's disease: A video-based presentation 17:30 - 19:00

Location: Room A4/A5

In this interactive session, faculty will make video presentations of patients with advanced Parkinson's disease as basis for a discussion on indications, contraindications for and choice of advanced therapy (apomorphine pump, LCIG pump and Deep Brain Stimulation).

Angelo Antonini Venice, Italy Paul Krack Grenoble, France

At the conclusion of this session, participants should be better able to:

- 1. Recognize the main indications and contraindications for the different available invasive therapies in Parkinson's disease (apomorphine pump, jejunal levodopa infusion, surgery)
- 2. Describe potential complications and adverse effects
- 3. Use an algorithm for selection of invasive therapies

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4516 Video Session TICKET

Unusual movement disorders 17:30 - 19:00

Location: Room K1/K2

In this interactive session, faculty will focus on video presentations of uncommon movement disorders that may be inherited, acquired, or idiopathic.

Victor Fung Westmead, NSW, Australia Mandar Jog London, ON, Canada

At the conclusion of this session, participants should be better able to:

- 1. Recognize less common inherited movement disorders
- 2. Recognize less common acquired or idiopathic movement disorders

4516 Video Session [TICKET], cont.

3. Describe an approach to the differential diagnosis of unusual movement disorders Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4517 Video Session TICKET

Movement disorders in pediatrics/adolescents 17:30 - 19:00

Location: Room A7

In this interactive session, the faculty will present a series of videos to highlight the broad spectrum of movement disorders commonly seen in the young. There will be discussions on a practical clinical approach and management of these cases. Padraic Grattan-Smith Matraville, NSW, Australia

Emmanuel Roze Paris, France

At the conclusion of this session, participants should be better able to:

- 1. Recognize the spectrum of common movement disorders in the young
- 2. Conduct a clinical approach to the diagnosis of the common movement disorders in the
- 3. Recognize the differences in management of movement disorders between the young and

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

4518 Video Session TICKET

Eve movements in movement disorders

17:30 - 19:00

Location: Room A2/A3

In this interactive session, faculty will discuss the approach to oculomotor diagnosis and show examples of eye movement abnormalities in movement disorders.

Tim Anderson Christchurch, New Zealand Janet Rucker New York, NY, USA

At the conclusion of this session, participants should be better able to:

- 1. Undertake accurate bedside examination of eye movements including saccades, pursuit, vergence, vestibular and alignment
- 2. Recognize nystagmus and other oscillatory disorders and know pharmacotherapeutic



WEDNESDAY, JUNE 11, 2014 THURSDAY, JUNE 12, 2014

4518 Video Session TICKET

Describe the characteristic clinical eye movement abnormalities in patients with the common, and some less common movement disorders

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

MDS Video Challenge

Pre-Event Gathering 19:00 - 20:00 Location: Entrance Hall

MDS Video Challenge

20:00 - 22:00Location: Room A1
Please see page 15 for more

Please see page 15 for more information.

5101 Plenary Session XI

Neurodegeneration with brain iron accumulation discoveries and controversies 8:00 - 9:30

Location: Room A1

Chairs: Kailash Bhatia

London, United Kingdom

Susan Hayflick Portland, OR, USA

8:00 Neurodegeneration with brain iron accumulation diseases:
Presentation in infancy and childhood

Susan Hayflick Portland, OR, USA

8:30 Neurodegeneration with brain iron accumulation diseases:
Presentation in adolescence and adulthood
Susanne Schneider
Kiel, Germany

9:00 The role of iron in neurodegeneration: Insights from disorders of neuronal brain iron accumulation and other diseases Kay Double

Sydney, NSW, Australia
At the conclusion of this session, participants

should be better able to:

- 1. Recognize NBIAs that present in infancy and childhood
- Recognize NBIAs that present in adolescence and adulthood
- 3. Understand the role of iron in neurodegenerative disease

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

5102 Controversies in Movement Disorders

10:00 - 11:00

Location: Room A1

Chairs: David John Burn

Newcastle upon Tyne, United Kingdom

Eduardo Tolosa Barcelona, Spain

10:00 Levodopa from the get go? (YES) Andrew Lees London, United Kingdom

10:15 Levodopa from the get go? (NO) Olivier Rascol Toulouse, France

10:30 Are psychogenic movement disorders organic? (YES) Mark Edwards London, United Kingdom

5102 Controversies in Movement Disorders, cont.

10:45 Are psychogenic movement disorders organic? (NO)
Anthony Lang
Toronto, ON, Canada

At the conclusion of this session, participants should be better able to:

- Discuss the arguments for and against the early initiation of levodopa therapy in Parkinson's disease
- Make adequate decisions regarding the initial pharmacological management of Parkinson's disease
- 3. Discuss the different hypotheses underlying the generation of the so called psychogenic or functional movement disorders
- Present arguments for and against the existence of changes in brain functioning in psychogenic or functional movement disorders

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

5103 Blue Ribbon Highlights

11:00 - 12:00

Location: Room A1 Chairs: Alfredo Berardelli Rome, Italy

> Mark Hallett Bethesda, MD, USA

This session will provide a critical review of the best poster presentations by a panel of experts, highlighting the relevance, novelty, and quality of both clinical and basic research presented by the delegates.

D. James Surmeier Chicago, IL, USA Oscar Gershanik Buenos Aires, Argentina

At the conclusion of this session, participants should be better able to:

- 1. Gain an overview of recent developments in the basic science of movement disorders
- Gain an overview of recent clinical developments
- 3. Gain an overall perspective on current topics of interest in movement disorders

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

THURSDAY, JUNE 12, 2014

Guided Poster Tours

GPT 13: Sleep disorders and RLS

12:00 - 13:30 Location: Room A7

GPT 14: Parkinson's disease: Cognition

12:00 - 13:30 Location: Room A8

GPT 15: Parkinson's disease: Phenomenology

12:00 - 13:30 Location: Room A9

GPT 16: Tremor

12:00 - 13:30 Location: Room K21

Poster Session 4

12:00 - 13:30

Abstract numbers 1170 - 1558 Location: Exhibition Hall B Poster viewing: 9:00 - 16:00

Corporate Therapeutic Symposia

13:30 - 14:30

Please see pages 134-135 for more information.

5204 Parallel Session (TICKET)



Development of new treatments for targeting abnormal aggregation of alpha-synuclein 15:00 - 17:00

Location: Victoria Hall

Chairs: Wassilios Meissner Bordeaux, France Brit Mollenhauer Kassel, Germany

15:00 Results from preclinical proof of concept studies Tiago Fleming Outeiro Lisbon, Portugal

15:40 Which biomarkers may be useful as objective outcome measures for clinical trials? Takahiko Tokuda Kyoto, Japan

16:20 Multiple system atrophy as a model for clinical proof of concept studies Wassilios Meissner Bordeaux, France

At the conclusion of this session, participants should be better able to:

- 1. Describe the results of preclinical proof of concept studies targeting alpha-synuclein
- 2. Identify potential biomarkers that may serve as objective outcomes for future diseasemodification or neuroprotection trials

5204 Parallel Session (TICKET), cont.



3. Evaluate the usefulness of the clinical model of multiple system atrophy for future diseasemodification or neuroprotection trials in synucleinopathies

Recommended Audience: Basic scientists, Clinical academicians, Practitioners, Students/Residents/ Trainees

Parallel Session TICKET 5205

Restless legs syndrome (RLS) 15:00 - 17:00

Location: Room K1/K2

Chairs: Lena Leissner Orebro, Sweden Claudia Trenkwalder Kassel, Germany

15:00 Latest developments concerning RLS genetics and pathophysiology Juliane Winkelmann Palo Alto, CA, USA

15:40 New diagnostic criteria and treatment algorithm for RLS Diego Garcia-Borreguero Madrid, Spain

16:20 What to do when RLS treatment becomes complicated (including pregnancy, secondary RLS and treatment complications) Birgit Högl Innsbruck, Austria

At the conclusion of this session, participants should be better able to:

- 1. Understand the genetic background of RLS and the implications for the pathophysiology
- 2. Describe main treatment strategies for RLS
- 3. Manage the most common treatment complications in RLS

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

5206 Parallel Session TICKET



Geographical and socioeconomic disparities in movement disorders care 15:00 - 17:00

Location: Room K21

Chairs: Sven Palhagen Enskede Gård, Sweden Raymond Rosales Manila, Philippines

15:00 An African perspective Roberto Cilia Milan, Italy

An Asian perspective 15:40 Roland Dominic Jamora Manila, Philippines

5206 Parallel Session TICKET, cont.

An American perspective Nabila Dahodwala Philadelphia, PA, USA

At the conclusion of this session, participants should be better able to:

- 1. Describe the movement disorders in developing countries that may create an impact into the global perspective
- 2. Identify key problem areas in diagnosis and treatment approaches of movement disorders in the developing countries
- 3. Understand how patient care outcomes are addressed and leveled with their socioeconomic implications

Recommended Audience: Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/Trainees

5207 Parallel Session TICKET

Neuroinflammation and "two-face" microglia in neurodegenerative disorders 15:00 - 17:00

Location: Room A4/A5

Chairs: Etienne Hirsch Paris, France Rvosuke Takahashi Kvoto, Japan

Immunology of neurodegeneration Howard Gendelman Omaha, NE, USA

15:40 Neuroinflammation in Parkinson's disease Etienne Hirsch Paris, France

16:20 Brain imaging of microglial activation in neurodegeneration Makoto Higuchi Chiba, Japan

At the conclusion of this session, participants should be better able to:

- 1. Provide an overview of recent and future developments in microglia-peripheral immune cell interactions, and opportunities associated with current and future research in this field
- 2. Describe the protective and detrimental "Two-Face" roles of microglia in neurodegenerative process especially focusing on Parkinson's
- 3. Understand how we can visualize neuroinflammation/microglia activation in movement disorders and other neurodegenerative diseases

Recommended Audience: Basic scientists, Clinical academicians, Students/Residents/Trainees



THURSDAY, JUNE 12, 2014

5208 Parallel Session TICKET

Basal ganglia pathways in health and disease 15:00 - 17:00

Location: Room A2/A3

Chairs: Andrea Kühn Berlin, Germany José Obeso Pamplona, Spain

15:00 Distinct pathways of information flow within the basal ganglia Atsushi Nambu Okazaki, Japan

15:40 Functional significance of the direct and indirect pathways in the basal ganglia Erwan Bezard Bordeaux, France

16:20 Clinical relevance of basal ganglia pathways Maria Rodriguez-Oroz Pamplona, Spain

At the conclusion of this session, participants should be better able to:

- 1. List the main pathways of information flow within the basal ganglia (direct, indirect and hyperdirect pathways)
- 2. Integrate different lines of experimental evidence that define the direct and indirect pathways and their functional role
- 3. Appreciate the role of these pathways in the pathophysiology of movement disorders Recommended Audience: Basic scientists, Clinical academicians, Students/Residents/Trainees

5209 Parallel Session TICKET

Windows of the mind: Neuroimaging neuropsychiatric symptoms in Parkinson's disease 15:00 - 17:00

Location: Room A9

Chairs: Simon Lewis Sydney, NSW, Australia Antonio Strafella Toronto, ON, Canada

15:00 From synapse to the neural networks of impulse control Antonio Strafella Toronto, ON, Canada

15:40 From hypothesis to understanding hallucinations Simon Lewis Sydney, NSW, Australia

16:20 Imaging of depression and apathy Stephane Thobois Lyon, France

5209 Parallel Session [TICKET], cont.



At the conclusion of this session, participants should be better able to:

- 1. Understand the clinical manifestations and impact of impulse control disorder, hallucinations, depression, fatigue and sleep disorder in Parkinson's disease
- 2. Recognize the clinical features of these common non-motor symptoms in Parkinson's disease and relate them to underlying pathophysiological substrates
- 3. Appreciate how functional neuroimaging techniques including Positron Emission Tomography, Magnetic Resonance Spectroscopy and functional MRI can help our understanding of non-motor symptoms

Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners, Students/Residents/ Trainees

5310 Teaching Course TICKET





How to assess patients in clinical trials with experimental therapies for Parkinson's disease 15:00 - 17:00

Location: Room A7

Chairs: Karl Kieburtz Rochester, NY, USA Olle Lindvall Lund, Sweden

15:00 Recruitment strategies and patient selection Alfonso Fasano Toronto, ON, Canada

Biochemical and imaging markers 15:40 Kenneth Marek New Haven, CT, USA

16:20 Design and critical appraisal of clinical trials Bernard Ravina Cambridge, MA, USA

At the conclusion of this session, participants should be better able to:

- 1. Understand how to select the best candidates undergoing experimental therapies for Parkinson's disease
- 2. Choose adequate imaging and laboratory outcomes
- 3. Critically appraise the results from the trials Recommended Audience: Basic scientists, Clinical academicians, Health Professionals (Non-Physician), Practitioners

5311 Teaching Course TICKET

Autoimmune movement disorders 15:00 - 17:00

Location: Room A8

Chairs: Sarosh Irani Oxford, United Kingdom Thomas Kimber Adelaide, SA, Australia

15:00 Autoimmune hyper and hypokinetic movement disorders Thomas Kimber Adelaide, SA, Australia

15:40 Stiff-man syndromes Hans-Michael Meinck Heidelberg, Germany

16:20 Recognition and treatment principles for autoimmune syndromes of myoclonus and epilepsy Sarosh Irani Oxford, United Kingdom

At the conclusion of this session, participants should be better able to:

- 1. Learn when to suspect, how to diagnose and treat autoimmune hyperkinetic movement disorders (Sydenham's chorea, antiphospholipid syndrome, NMDA-receptor encephalitis)
- 2. Learn when to suspect, how to diagnose and treat autoimmune hypokinetic movement disorders (stiff-man syndromes, autoimmune parkinsonism)
- 3. Learn to recognize the overlap between the phenomenology movement disorders andmyoclonus or seizures caused by immunemediated encephalitis, and how to diagnose and treat these conditions (e.g. opsoclonusmyoclonus, anti-VGKC/CASPR2/LGi1 Ab associated encephalitis)

Recommended Audience: Clinical academicians, Practitioners, Students/Residents/Trainees

FACULTY LISTING

Aasly, Jan

Trondheim, Norway

4204

Adler, Charles Scottsdale, AZ, USA

2102

Albanese, Alberto

Milan, Italy

4310

Almqvist, Per

Stockholm, Sweden

4205

Anderson, Tim

Christchurch, New Zealand

3309, 4518

Andersson, Karl-Erik

Winston Salem, NC, USA

3412

Anheim, Mathieu

Strasbourg, France

2518

Antonini, Angelo

Venice, Italy

4515

Aquilonius, Sten-Magnus

Uppsala, Sweden

1101, 4207

Arenas, Ernest

Stockholm, Sweden

3204

Armstrong, Melissa

Baltimore, MD, USA

4208

Aziz, Tipu

Oxford, United Kingdom

4205

Bachoud-Levi. Anne-

Catherine

Creteil, France

2204

Bankiewicz, Krystof

San Francisco, CA, USA

3204

Barker, Roger

Cambridge, United Kingdom

2208, 3101

Barone, Paolo

Naples, Italy

4414

Behari, Madhuri

New Delhi, India

4310

Berardelli, Alfredo

Rome, Italy

1102,5103

Berg, Daniela
Tübingen, Germany

4206

Bezard, Erwan

Bordeaux, France

2204, 5208

Bhatia, Kailash

London, United Kingdom

3516, 5101

Bhatt, Mohit

Mumbai, India

2516

Bhidayasiri, Roongroj

Bangkok, Thailand

3309

Björklund, Anders Lund, Sweden

2101 220*A*

3101, 3204

Björklund, Tomas

Lund, Sweden 2101

Bloem. Bastiaan

Nijmegan, Netherlands

3206, 5102

Bowles, Dawn

Durham, NC, USA

2101

Boxer, Adam

Palo Alto, CA, USA

4208

Bronner, Gila

Ramat-Gan, Israel

3412

Broussolle, Emmanuel

Lyon, France

4207

Brundin, Patrik

Grand Rapids, MI, USA

5204

Burn, David John

Newcastle upon Tyne,

United Kingdom

2208, 3206, 5102

Calabresi, Paolo Rome, Italy

2309

Cardoso, Francisco

Belo Horizonte, Brazil

4207

Carlsson, Arvid
Gothenburg, Sweden

1101

Carter, Julie

Portland, OR, USA

4413

Cenci, M. Angela Lund, Sweden

2203

Chaudhuri, K. Ray
London, United Kingdom

1103

Cilia, Roberto

Milan, Italy

5206

Colosimo, Carlo

Rome, Italy 2207, 4411

Comella, Cynthia

Chicago, IL, USA

2310

Cortelli, Pietro Bologna, Italy

2207

Counihan, Timothy *Galway, Ireland*

2515

Dahodwala, Nabila Philadelphia, PA, USA

5206

Dale, Russell

Sydney, NSW, Australia

4102

Danielsen, Erik

Aarhus, Denmark

3203

Dauer, William

Ann Arbor, MI, USA

2310

De Koning-Tijssen, Marina

Groningen, Netherlands 2310. 3517

Deglon, Nicole

Lausanne, Switzerland 4204

Deuschl, Günther Kiel, Germany

1104, 2208, 4101, 4203

Dietrichs, Espen Oslo, Norway

3208

Double, Kay

Sydney, NSW, Australia

5101

Durr, Alexandra

Paris, France 2517

Edwards, Mark

London, United Kingdom

5102

Ellis, Terry

Boston, MA, USA 2414

Espay, Alberto

Cincinnati, OH, USA 3516

Factor, Stewart Atlanta, GA, USA

2516

Fahn, Stanley
New York, NY, USA

1102, 3101

Fasano, Alfonso

Toronto, ON, Canada 5310

Ferreira, Joaquim Lisbon, Portugal

3102, 3207 Filla, Alessandro

Naples, Italy

2518

Fox, Susan Toronto, ON, Canada

1103, 2309

Frauscher, Birgit

Innsbruck, Austria 2413

Frucht, Steven

New York, NY, USA 2412

Fung, Victor

Westmead, NSW, Australia

4102, 4516

Fuxe. Kiell

Stockholm, Sweden

Garcia-Borreguero, Diego

Madrid, Spain 5205

2309

Faculty Listing



FACULTY LISTING

Gasser, Thomas Tübingen, Germany 4206

Gendelman, Howard *Omaha, NE, USA* 5207

Gershanik, Oscar Buenos Aires, Argentina 3310, 4101, 5103

Giladi, Nir *Tel Aviv, Israel* 4309

Goetz, Christopher Chicago, IL, USA 3102

Grattan-Smith, Padraic Matraville, NSW, Australia 4517

Hallett, Mark Bethesda, MD, USA 5103

Halliday, Glenda *Randwick, NSW, Australia* 2102, 3208

Hariz, Marwan London, United Kingdom 1102

Hausdorff, Jeffrey Tel-Aviv, Israel 2205

Hayflick, Susan Portland, OR, USA 5101

Healy, Daniel *Dublin, Ireland* 3517

Henriksen, Tove Copenhagen, Denmark 3203

Higuchi, Makoto *Chiba, Japan* 5207

Hirsch, Etienne Paris, France 5207

Högl, Birgit Innsbruck, Austria

Innsbruck, Austria 5205

Höglinger, Günter Munich, Germany 2206 Holmberg, Björn Gothenburg, Sweden 2207

Irani, Sarosh Oxford, United Kingdom 5311

Jamora, Roland Dominic Manila, Philippines 5206

Jankovic, Joseph Houston, TX, USA 4101

Janson Lang, Ann Marie

Stockholm, Sweden 2411

Jenner, Peter London, United Kingdom

Jeon, Beom Seoul, Korea 3206

1103

Jinnah, Hyder *Atlanta, GA, USA* 1102, 2208

Jog, Mandar London, ON, Canada 4516

Kieburtz, Karl Rochester, NY, USA 2208, 3411, 5310

Kimber, Thomas Adelaide, SA, Australia 5311

Kordower, Jeffrey Chicago, IL, USA 2101

Kostic, Vladimir Belgrade, Serbia

3309

Krack, Paul Grenoble, France 4515

Krauss, Joachim Hannover, Germany

4203 Kühn, Andrea

Kühn, Andrea Berlin, Germany 2203, 5208

Kurian, Manju London, United Kingdom 4102 Landwehrmeyer, Bernhard *Ulm, Germany*

3207

4204

Lang, Anthony Toronto, ON, Canada 5102

Leake, Alison Surrey, United Kingdom 3205

Leavitt, Blair Vancouver, BC, Canada

Lee, Virginia Philadelphia, PA, USA 2102

Lees, Andrew London, United Kingdom 1101, 5102

Leissner, Lena *Orebro, Sweden* 5205

Lewis, Simon Sydney, NSW, Australia 5209

LeWitt, Peter West Bloomfield, MI, USA

Lindvall, Olle *Lund, Sweden* 3101, 4101, 5310

3515

4208

Ling, Helen
London, United Kingdom

Litvan, Irene La Jolla, CA, USA 2206

Lynch, Timothy *Dublin, Ireland* 2208, 4411

MacKinnon, Colum Minneapolis, MN, USA 2205

Mak, Margaret Hong Kong 2414

Marek, Kenneth New Haven, CT, USA

5310

Marrinan, Sarah Newcastle upon Tyne, United Kingdom 3205 Martino, Davide

Orpington, United Kingdom 3414

Masliah, Eliezer *La Jolla, CA, USA*

3208 Meinck, Hans-Michael *Heidelberg, Germany*

Meissner, Wassilios Bordeaux, France

5311

5204
Mana Sagaria Ivan

Mena-Segovia, Juan Oxford, United Kingdom 4205

Mestre, Tiago Toronto, ON, Canada 1104

Miller, Nicholas Newcastle upon Tyne, United Kingdom 3205

Miyasaki, Janis *Toronto, ON, Canada* 4413

Mollenhauer, Brit Kassel, Germany 5204

Moore, Peter Liverpool, United Kingdom

Moro, Elena Grenoble, France 2310

3413

Münchau, Alexander Hamburg, Germany 4102

Munoz-Sanjuan, Ignacio Los Angeles, CA, USA 3207

Nambu, Atsushi *Okazaki, Japan* 5208

Nieuwboer, Alice *Heverlee, Belgium* 2205

Nirenberg, Melissa New York, NY, USA

3310 Nyholm, Dag *Uppsala, Sweden*

3203

Faculty Listing

FACULTY LISTING

O'Sullivan, Sean *Cork, Ireland* 3310

Obeso, José *Pamplona, Spain* 2208, 5208

Odin, Per

Bremerhaven, Germany

3203

Oertel, Wolfgang Marburg, Germany

2411

Okun, Michael Gainesville, FL, USA

4203

Olanow, C. Warren *New York, NY, USA*

2101

Østergaard, Karen Aarhus, Denmark

4203

Ostrem, Jill Greenbrae, CA, USA

2412

Outeiro, Tiago Fleming Lisbon, Portugal

5204

4204

3203

Palhagen, Sven Enskede Gård, Sweden 5206

Paucar Arce, Martin *Solna, Sweden* 3206

Paulson, Henry Ann Arbor, MI, USA

Perez Lloret, Santiago Buenos Aires, Argentina

Perlmann, Thomas Stockholm, Sweden

3204 Pfeiffer, Ronald

Pfeiffer, Ronald Memphis, TN, USA

3518

Piccini, Paola London, United Kingdom

2203

Pisani, Antonio Rome, Italy 2309 Poewe, Werner Innsbruck, Austria

3102

Pollak, Pierre Genève, Switzerland

4205

Postuma, Ron Montreal, Canada

4206

Pringsheim, Tamara Calgary, AB, Canada

3414

Priori, Alberto Milan, Italy 2208

Quinn, Niall

London, United Kingdom

3515

Rascol, Olivier Toulouse, France 2203, 5102

Ravina, Bernard Cambridge, MA, USA

5310

Rehncrona, Stig Lund, Sweden

4203

Reichmann, Heinz Dresden, Germany

1101

Rochester, Lynn Newcastle upon Tyne, United Kingdom 2205, 4309

Rodnitzky, Robert Iowa City, IA, USA

3205

Rodriguez Violante, Mayela Mexico City, Mexico

4412

Rodriguez-Oroz, Maria *Pamplona, Spain*

5208

Rosales, Raymond *Manila, Philippines* 3413, 5206

Roze, Emmanuel Paris, France

4517

Rucker, Janet New York, NY, USA

4518

Ruzicka, Evzen Prague, Czech Republic

4309

Sampaio, Cristina Princeton, NJ, USA

3411

Schneider, Susanne *Kiel, Germany*

5101

Schrag, Anette

London, United Kingdom

4412

Seppi, Klaus Innsbruck, Austria

4414

Silvestri, Rosalia Messina, Italy

2413

Snow, Barry

Auckland, New Zealand

2515

Sohn, Young Seoul, Korea 2204

Stamelou, Maria Athens, Greece

2206

Stern, Matthew Philadelphia, PA, USA 2102, 4101, 4206

Strafella, Antonio *Toronto, ON, Canada*

5209

Surmeier, D. James *Chicago, IL, USA* 2208, 5103

Svenningsson, Per *Stockholm, Sweden* 2309, 3206

Taba, Pille *Tartu, Estonia* 3518

Tabrizi, Sarah

London, United Kingdom

3207

Takahashi, Ryosuke *Kyoto, Japan* 2208, 5207

Tan, Eng-King Singapore 4310

Tan, Louis Singapore 1104

Thobois, Stephane *Lyon, France* 5209

Timmermann, Lars *Cologne, Germany*

1101

Tison, François Bordeux, France

2207

Tokuda, Takahiko *Kyoto, Japan* 5204

Tolosa, Eduardo Barcelona, Spain

5102

Trenkwalder, Claudia Kassel, Germany 3206, 5205

Trojanowski, John Philadelphia, PA, USA

2102

Tsuji, Shoji *Tokyo, Japan* 2207

Van De Warrenburg, Bart Nijmegen, Netherlands

2517

Vidailhet, Marie *Paris, France* 1104

Vila, Miquel Barcelona, Spain

3208

Volkmann, Jens Würzburg, Germany 1104

Weintraub, Daniel *Ardmore, PA, USA*

3310

Widner, Hakan Lund, Sweden 2204

Winkelmann, Juliane Palo Alto, CA, USA

5205 Wu, Yih-

Wu, Yih-Ru *Taipei, Taiwan* 3309



GUIDED POSTER TOUR 1 -

Huntington's disease

Location: Room A7
12:30 - 14:00

Monday, June 09, 2014

554 Longitudinal changes in volume and shape of striatal nuclei in manifest Huntington's disease

L. Cleret de Langavant, M. Nazir, V. Gaura, S. Lavisse, C. Verny, P. Krystkowiak, A.-C. Bachoud-Lévi, P. Remy, The MIG-HD Trial Investigators (Créteil, France)

557 The co-occurrence of Alzheimer's disease and Huntington's disease: A neuropathological study of 14 elderly Huntington's disease subjects

M.Y. Davis, S. Jayadev, C.D. Keene, T.D. Bird (Seattle, WA, United States)

562 Cerebellar hypermetabolism in HD: Relationships with motor symptoms

V. Gaura, S. Lavisse, P. Payoux, S. Goldman, C. Verny, P. Krystkowiak, P. Damier, F. Supiot, J.-F. Demonet, A.-C. Bachoud-Levi, P. Remy (Orsay, France)

566 Automated assessment of bradykinesia and chorea in Huntington's disease

K.E. Kotschet, S. Osborn, M.K. Horne (Fitzroy, Australia)

571 Design of the dose-range finding (DRF), randomized, double-blind, placebo-controlled study, evaluating the safety and efficacy of pridopidine for symptomatic treatment in patients with Huntington's disease GR Landwehrmeyer R Reilmann K Kiehurtz F Eval A

G.B. Landwehrmeyer, R. Reilmann, K. Kieburtz, E. Eyal, A. Wickenberg, M. Bassan (Ulm, Germany)

Neuropsychiatric features along the pre-symptomatic and early stage of Huntington's disease

S. Martinez-Horta, J. Perez-Perez, M. Carceller, R. Fernandez de Bobadilla, J. Pagonabarraga, B. Pascual-Sedano, C. García-Sanchez, J. Kulisevsky (Barcelona, Spain)

575 Brain phosphodiesterase 10A (PDE-10A) density in early premanifest HD gene carriers

F. Niccolini, T. Reis Marques, S. Haider, N. Muhlert, A.C. Tzortzi, C. Loane, G.E. Searle, N. Robertson, S. Natesan, P. Piccini, S. Kapur, E.A. Rabiner, R.N. Gunn, S.J. Tabrizi, M. Politis (London, United Kingdom)

[18F]MNI-659 and PET as an imaging biomarker of PDE10A for longitudinal studies of Huntington disease (HD) D.S. Russell, O. Barret, D.L. Jennings, J.H. Friedman, G.D.

D.S. Russell, O. Barret, D.L. Jennings, J.H. Friedman, G.D. Tamagnan, D. Thomae, D. Alagilles, S. Papapetropoulos, R.N. Waterhouse, J.P. Seibyl, K.L. Marek (New Haven, CT, United States)

585 Autosomal recessive Huntington-like syndrome with hypogonadotropic hypogonadism

P. Santens, W. Steyaert, P. Coucke, B. Dermaut (Ghent, Belgium)

592 Huntington's disease progression model of total functional capacity scores

C.S. Venuto, E.R. Dorsey, K.D. Kieburtz (Rochester, NY, United States)

GUIDED POSTER TOUR 2 -

Lewy body dementia and other dementias in movement disorders

Location: Room A8

12:30 - 14:00

Monday, June 09, 2014

595 The role of unfolded protein response in Lewy body dementias

J.H. Baek, D. Whitfield, D. Howlett, P. Francis, E. Bereczki, P. Svenningsson, D. Aarsland (Stockholm, Sweden)

596 Onset of dementia with Lewy bodies is delayed for carriers of the apolipoprotein E ε2 genotype in a Norwegian cohort G. Berge, S.B. Sando, A. Rongve, D. Aarsland, L.R. White (Trondheim, Norway)

598 Extrapyramidal signs across variants of primary progressive aphasias

J. Ferrari, N. Pontello, M. Martinez-Cuitiño, G. Borovinsky, E. Gleichgerrcht, T. Torralva, F. Manes, A. Chade (Buenos Aires, Argentina)

599 Lewy body dementia: A three years clinical follow up study L. Kiferle, A. Vergallo, G. Palermo, M. Giuntini, R. Ceravolo, U. Bonuccelli (Pisa, Italy)

600 Cerebral microbleeds as an indicator of the severity of cognitive impairment in dementia with Lewy bodies
T.A. Makotrova, N.A. Trusova, A.A. Arablinskiy, O.S. Levin (Moscow, Russian)

601 Role of rivastigmine in treatment of Parkinson's disease and lewy body dementia

S. Raha, C. Hathway, L. Ebenezer (Bridgend, United Kingdom)

603 Rate of cognitive decline and diagnostic stability in dementia with Lewy bodies

A. Rongve, H. Soennesyn, D. Aarsland (Haugesund, Norway)

604 Clinicopathological characteristics of pure type Lewy body disease with dementia (Parkinson's disease with dementia and dementia with Lewy bodies)

R. Sengoku, H. Sumikura, M. Takao, H. Hatsuta, A. Nogami, A. Uchino, Y. Saito, S. Murayama (Tokyo, Japan)

605 Lower urinary tract function in dementia with Lewy bodies (DLB)

F. Tateno, R. Sakakibara, Y. Tuyusaki, M. Kishi, O. Takahashi, M. Sugiyama (Sakura, Japan)

606 Association of APOE4 and BCHE-K genotypes with diagnosis and cognitive decline in dementia patients

S. Vijayaraghavan, T. Darreh-Shori, A. Rongve, G. Berge, S.B. Sando, L.R. White, D. Arsland (Stockholm, Sweden)

GUIDED POSTER TOUR 3 -

Parkinson's disease: Clinical trials

Location: Room A9 12:30 - 14:00

Monday, June 09, 2014

- 611 Exenatide and motor symptoms in Parkinson's disease (PD)
 I. Aviles-Olmos, J. Dickson, Z. Kefalopoulou, A. Djamshidian, J.
 Kahan, P. Ell, P. Whitton, R. Wyse, T. Isaacs, A. Lees, P. Limousin, T.
 Foltynie (London, United Kingdom)
- 627 PD REHAB: A large pragmatic randomised controlled trial of physiotherapy and occupational therapy versus no therapy in mild to moderate Parkinson's disease

 C.E. Clarke, S. Patel, R. Woolley, N.J. Ives, C.E. Rick, F. Dowling, K. Wheatley, M.F. Walker, C.M. Sackley (Birmingham, United Kingdom)
- Accordion pill carbidopa/levodopa (AP-CD/LD) for treatment of advanced PD
 P.A. LeWitt, N. Giladi, T. Gurevich, H. Shabtai, R. Djaldetti, N. Roizen, S. Hassin-Baer, O. Cohen, G. Yahalom, I. Schlessinger, M. Nassar, R. Milo, M. Anca, P. Farkas, Y. Lamp, N. Navon, L. Flaishon (West Bloomfield, MI, United States)
- 685 The effects of an exercise intervention on cardiovascular system and skeletal muscle function in idiopathic Parkinson's disease

 A.K. O'Callaghan, D.G. Jakovljevic, M.I. Trenell, R.W. Walker (North Shields, United Kingdom)
- 694 Lipopolysaccharide binding protein as a potential biomarker of Parkinson's disease
 G.D. Pal, M. Shaikh, C.B. Forsyth, A. Keshavarzian, K.M. Shannon (Chicago, IL, United States)
- Frequent falls in people with Parkinson's disease:
 Performance of risk factors and models developed to distinguish fallers from non-fallers
 S.S. Paul, C. Sherrington, N.E. Allen, S.R. Lord, J.C.T. Close, V.S.C. Fung, C.G. Canning (Lidcombe, Australia)
- 718 Combined rasagiline and antidepressant use in Parkinson's disease in the ADAGIO study: Effects on non-motor symptoms and tolerability
 K.M. Smith, E. Eyal, S. Xie, D. Weintraub (Philadelphia, PA, United States)
- 729 The Parkinson's progression marker initiative (PPMI) –
 Assessment of clinical, imaging and CSF PD biomarkers
 The Parkinson Progression Marker Initiative (PPMI) (New Haven,
 CT, United States)
- 737 Alpha synuclein deposition in colonic biopsy tissue fails to distinguish Parkinson's disease from healthy individuals N.P. Visanji, C. Marras, D.S. Kern, L.W.C. Liu, A.E. Lang, L.N. Hazrati (Toronto, ON, Canada)
- 739 Long-term effects of the hopeful outdoor Parkinson's exercise (HOPE) program on enhancing the dynamic balance and gait performance in people with Parkinson's disease I.S.K. Wong-Yu, M.K.Y. Mak (Hong Kong SAR, China)

GUIDED POSTER TOUR 4 – Rating scales and assessment tools

Location: Room K21 12:30 - 14:00 Monday, June 09, 2014

- 483 Kinect-based automatic scoring system of TWSTRS-severity
 T. Nakamura, N. Nishimura, T. Asahi, G. Oyama, M. Sato, H.
 Kajimoto (Chofu, Japan)
- 485 Should we consider a collective interpretation of clinical balance tests results to best predict falls in people with Parkinson's disease?

 L.R.S. Almeida, G.T. Valença, N. Negreiros, E. Pinto, J. Oliveira-Filho (Salvador, Brazil)
- 493 Poor correlation between patients' assessments of medication state and clinician's interpretation of Parkinson's kinetigraph (PKG) objective recordings
 M. Dahlén, B. Eriksson, F. Bergquist (Göteborg, Sweden)
- 495 Retest-reliability of gait initiation failure using a new assessment score
 U.M. Fietzek, D. Pfeufer, K. Schwermann, M. Heene, A.O. Ceballos-Baumann (Munich, Germany)
- 500 Prevalence of non-motor symptoms amongst people with Parkinson's disease compared to controls
 T. Kao, G. Crotty, S.S. O'Sullivan (Cork, Ireland)
- A diary to assess non-motor symptoms in patients with Parkinson's disease
 C. Ossig, F. Gandor, A. Maaß, D. Sippel, M. Fauser, W.H. Jost, H. Reichmann, G. Ebersbach, A. Storch (Dresden, Germany)
- 509 Motion sensor dyskinesia assessment during activities of daily living C.L. Pulliam, M.A. Burack, J.P. Giuffrida, D.A. Heldman, T.O. Mera (Cleveland, OH, United States)
- 510 Validation of a novel Parkinson's disease pain scale (King's PD pain scale): A multicentre pilot study
 A.M. Rizos, P. Martinez-Martin, S. Pal, C. Carroll, D. Martino, D. Paviour, B. Kessel, M. Silverdale, L. Gallagher, A. Todorova, A. Sauerbier, A. Martin, M. Parry, S. Bassi, E. Ekins, R. Inniss, P. Odin, A. Antonini, C. Falup-Pecurariu, K. Ray Chaudhuri, On Behalf of EUROPAR and the IPMDS Non Motor PD Study Group (London, United Kingdom)
- 511 A novel Parkinson's disease pain questionnaire (King's PD pain quest): The patient's perspective
 A.M. Rizos, P. Martinez-Martin, S. Pal, C. Carroll, D. Martino, B. Kessel, L. Gallagher, A. Todorova, A. Sauerbier, A. Martin, M. Parry, S. Bassi, E. Ekins, R. Inniss, P. Odin, A. Antonini, C. Falup-Pecurariu, K. Ray Chaudhuri, On Behalf of EUROPAR and the IPMDS Non Motor PD Study Group (London, United Kingdom)
- 512 A service development study of the assessment and management of fracture risk in Parkinson's disease
 S.E. Shribman, K. Torsney, A.J. Noyce, G. Giovannoni, J. Fearnley, R. Dobson (London, United Kingdom)



GUIDED POSTER TOUR 5 -

Genetics

Location: Room A7
12:30 - 14:00

Tuesday, June 10, 2014

138 The autonomic profile of Ashkenazi Jews Parkinson's disease carriers of G2019S mutation in LRRK2 gene

T. Gurevich, A. Mirelman, R. Alcalay, A. Bar Shira, K. Yasinovsky, M. Zalis, A. Shkedy, R. Saunders Pullman, K. Marder, S. Bressman, A. Orr-Utreger, N. Giladi (Tel Aviv, Israel)

153 Novel SNCA mutation causes autosomal dominant Parkinson's disease

M.H. Martikainen, M. Päivärinta, M. Hietala, V. Kaasinen (Turku, Finland)

155 Temporal discrimination threshold (TDT) as an endophenotype in PARK2

J. McKinley, A. Molloy, L. Williams, O. Kimmich, J. Butler, S. Kearney, O. Ross, R. Reilly, S. O'Riordan, M. Hutchinson, T. Lynch (Dublin, Ireland)

156 Parkinson's disease in GTP cyclohydrolase-1 mutation carriers

N.E. Mencacci, I.U. Isaias, M.M. Reich, C. Ganos, V. Plagnol, J.M. Polke, J. Bras, M. Stamelou, A.J. Noyce, T. Opladen, A. Münchau, S. Hodecker, J. Volkmann, A. Lees, P. Alegria, S. Lesage, F. Cormier, A. Brice, P. Heutink, T. Gasser, A. Pittman, S. Lubbe, H.R. Morris, A. Singleton, J. Hardy, S. Klebe, K.P. Bhatia, N.W. Wood (London, United Kingdom)

159 Dopamine transporter deficiency syndrome: Clinical spectrum from infancy to adulthood

J. Ng, J. Zhen, E. Meyer, K. Erreger, Y. Li, N. Kakar, J. Ahmad, H. Thiele, C. Kubisch, N. Rider, D.H. Morton, K.A. Strauss, E.G. Puffenberger, D. D'Agnano, Y. Anikster, C. Carducci, K. Hyland, M. Rotstein, V. Leuzzi, G. Borck, M.E.A. Reith, M.A. Kurian (London, United Kingdom)

164 New SLC30A10 mutations in Indian families with early-onset dystonia and manganese transport disease

M. Quadri, M. Kamate, S. Sharma, S. Olgiati, J. Graafland, I. Kori, V. Hattiholi, S. Aneja, A. Kumar, G.J. Breedveld, F.W. Verheijen, V. Bonifati (Rotterdam, Netherlands)

167 A 12 years clinical follow-up of two PINK1 families: Motor, cognitive and psychiatric features

L. Ricciardi, A. Guidubaldi, S. Petrucci, L. Serra, T. Ialongo, B. Spanò, M. Bozzali, E.M. Valenti, A.R. Bentivoglio (London, United Kingdom)

168 MAPT haplotype and Lewy body pathology in patients with neurodegenerative disease

D. Robakis, L.N. Clark, J.P. Vonsattel, J.F. Crary, O. Levy (New York, NY, United States)

171 Exome sequencing of Parkinson's disease in order to identify genetic variants with high disease-risk

W. Satake, Y. Ando, H. Tomiyama, K. Kashihara, H. Mochizuki, S. Murayama, A. Takeda, K. Hasegawa, S. Tsuji, M. Yamamoto, M. Murata, N. Hattori, T. Toda (Kobe, Japan)

178 ARCA3 due to ANO10 mutations: Delineation and genotype/ phenotype correlation study

C. Tranchant, M. Renaud, M. Anheim, E.J. Kamsteeg, E. Salort-Campana, M. Mallaret, C.C. Verschuuren-Bemelmans, A. Durr, M. Koenig (Strasbourg, France)

GUIDED POSTER TOUR 6 –

Parkinson's disease: Behavorial disorders Location: Room A8

12:30 - 14:00

Tuesday, June 10, 2014

849 Genetics of impulse control disorders in PD: The role of serotonin and its interaction with the dopaminergic system R. Cilia, R. Benfante, R. Asselta, L. Marabini, C. Siri, S. Goldwurm, G. Pezzoli, D. Fornasari (Milan, Italy)

850 Information sampling in drug naive patients with Parkinson's disease

F.H.R. Costa, B. Averbeck, A. Lees, M.B. Vincent, A. Djamshidian, A.L. Rosso (Rio de Janeiro, Brazil)

853 Course of psychiatric symptoms and cognitive performance in early Parkinson's disease: Results from the PPMI study P. de la Riva, K. Smith, S.X. Xie, D. Weintraub (San Sebastian, Spain)

854 Perceptual decision making and Parkinson's disease. A direct comparison of deep brain stimulation, addictive behaviours and dopamine agonist therapy

A. Djamshidian, S.S. O'Sullivan, A.D. Lawrence, T. Foltynie, I. Aviles-Olmos, P. Limousin, N. Magdalinou, T. Warner, A. Lees, B. Averbeck (London, United Kingdom)

882 Impulse control symptoms in individuals with Parkinson's disease referred for deep brain stimulation (DBS) C.A. Racine, S.S. Wang, M. San Luciano, L.R. Alameddine, N.B. Galifianakis, M. Katz, K.A. Mills, L.C. Markun, R. Taylor, N. Ziman,

P.A. Starr, P.S. Larson, J.L. Ostrem (San Francisco, CA, United States)

884 Facial emotion expression and recognition in Parkinson's disease: How much does alexithymia count?

L. Ricciardi, M. Bologna, D. Ricciardi, B. Morabito, F. Morgante, D. Volpe, D. Martino, M. Pomponi, A. Tessitore, A.R. Bentivoglio, R. Bernabei, A. Fasano (Messina, Italy)

887 Optical coherent tomography in Parkinson's disease with and without hallucinations

J. Roth, E. Mejzlikova, J. Lizrova-Preinigerova, D. Brebera, E. Ehler, A. Kopal (Prague, Czech Republic)

895 Reflexive saccadic eye movements latency as biomarker that correlates with UPDRS in Parkinson's disease patients S. Szlufik, I. Dutkiewicz, A. Przybyszewski, P. Habela, D.

S. Szlufik, J. Dutkiewicz, A. Przybyszewski, P. Habela, D. Koziorowski (Warsaw, Poland)

900 Depressive symptoms in Parkinson's disease related to decreased volume of bilateral hippocampus and amygdala
 T.J. van Mierlo, C. Chung, E.M. Foncke, H.W. Berendse, O.A. van den Heuvel (Amsterdam, Netherlands)

903 Cognitive performance and psychiatric symptoms in de novo, untreated Parkinson's disease: Results from the PPMI study

D. Weintraub, T. Simuni, C. Coffey, C. Caspell-Garcia, E. Foster, P. Barone, J. Leverenz, D. Burn, J. Eberling, L. Chahine, I. Litvan, M. Troyer, A. Siderowf, D. Aarsland, K. Hawkins, The PPMI Cognitive Behavioral Working Group, The Parkinson's Progression Marker Initiative (Philadelphia, PA, United States)

907 Cholinergic deficits contribute to impaired postural control in early Parkinson's disease

A.J. Yarnall, S. Del Din, R. David, B. Galna, M.R. Baker, D.J. Burn, L. Rochester (Newcastle, United Kingdom)

GUIDED POSTER TOUR 7 -

Parkinson's disease: Neuropharmacology

Location: Room A9 12:30 - 14:00

Tuesday, June 10, 2014

- 345 Effect of MRI white matter hyperintensities over L-Dopa response in patients with idiopathic Parkinson's disease J.E. Arena, D. Ballesteros, D. Cerquetti, D.E. Dossi, M.D. Rossi, H. Chaves, C. Rollan, F. Melli, M. Merello (Buenos Aires, Argentina)
- 346 Therapeutic protein supplementation corrects iron export fatigue in Parkinson's disease S. Ayton, P. Lei, D.I. Finkelstein, A.I. Bush (Melbourne, Australia)
- Long-term data on subcutaneous apomorphine in 351 Parkinson's disease patients; a retrospective analysis of a Dutch cohort of 139 patients R.W.K. Borgemeester, M. Drent, T.V. Laar (Groningen, Netherlands)
- 356 Effects of levodopa on instrumented measures of balance and gait C. Curtze, M. Mancini, P. Carlson-Kuhta, J.G. Nutt, F.B. Horak (Portland, United States)
- 361 Impulse control disorder in patients with Parkinson's disease under dopamine agonist therapy: A multicenter P.J. Garcia Ruiz, J.C. Martinez Castrillo, A. Alonso Canovas, A. Herranz Barcenas, L. Vela Desojo, P. Sanchez Alonso, M. Mata, N.
- 365 Serum urate level correlates with the severity of Parkinson's disease H. Iwaki, M. Kannou, T. Tsujii, N. Nishikawa, M. Nagai, M. Nomoto (Toon, Japan)

Olmedilla Gonzalez, I. Mahillo Fernandez (Madrid, Spain)

- Effects of istradefylline in combination with L-DOPA on 368 Parkinsonian and dyskinetic motor symptoms in the 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)treated macaque model of Parkinson's disease W.K.D. Ko, Q. Li, J. Yang, G. Porras, J.S. Schneider, E. Bezard, E.Y. Pioli (Manchester, United Kingdom)
- 373 Oxidative stress status in patients with Parkinson's disease on and off medication M.B. Mbangata, R.V. Kartha, U. Mishra, L.D. Coles, P.J. Tuite, J.C. Cloyd (Minneapolis, MN, United States)
- 382 De-novo amantadine treatment prevents and delays onset of dvskinesias in Parkinson's disease M. Relja, J. Bozikov (Zagreb, Croatia)
- 387 Experiences with levodopa/carbidopa intestinal gel (LCIG) therapy in patients under and over 65 years A. Takáts, H. Nagy, A. Tóth (Budapest, Hungary)

GUIDED POSTER TOUR 8-

Surgical therapy: Movement disorders other than Parkinson's disease

Location: Room K21

12:30 - 14:00

1247

Tuesday, June 10, 2014

- The long-term outcomes of pallidal and thalamic deep brain stimulation in dystonia and tremor H. Asif, P.G. Bain, D. Nandi, M.J. Naushahi, S. O'Riordan, N. Pavese (London, United Kingdom)
- Utilization of predefined stimulation groups by essential 1242 tremor patients treated with VIM-DBS M.T. Barbe, J. Pochmann, C. Lewis, N. Allert, J. Wirths, V. Visser-Vandewalle, L. Timmermann (Cologne, Germany)
- Short and long-term outcome of chronic pallidal neurostimulation in DYT6 dystonia N. Brüggemann, A. Kühn, S.A. Schneider, C. Kamm, A. Wolters, P. Krause, P. Yu-Yan, F. Steigerwald, M. Wittstock, V. Tronnier, S. Zittel, T. Wächter, R. Krüger, E. Moro, A. Kupsch, A. Münchau, K. Lohmann, J. Volkmann, C. Klein (Lübeck, Germany)
- Clinical outcomes in orthostatic tremor treated with VIM deep brain stimulation R.R. Coleman, P.A. Starr, M. Katz, G.A. Glass, M. Volz, S.M. Khandhar, J.L. Ostrem (San Francisco, CA, United States)
- Deep brain stimulation improves motor symptoms and activities of daily living in X-linked dystonia-Parkinsonism (DYT3/Lubag) A. Domingo, N. Brüggemann, R. Rosales, R.D. Jamora, C. Diesta, R. Teleg, V. Tadic, S. Zittel, A. Weissbach, A. Westenberger, T. Bäumer, D. Rasche, J. Aguilar, A. Münchau, V. Tronnier, L.V. Lee, C. Klein (Lübeck, Germany)
- 1256 Tremor refractory to vim DBS: Are 2 leads better than one, and where should we implant? R. Mehanna, A.G. Machado, S. Oravivattanakul, G. Genc, S.E. Cooper (Houston, TX, United States)
- 1257 Nutritional profile of dystonic patients submitted to functional surgery J.R. Meireles, J.A. Guimarães, M.J. Rosas, R. Vaz (Porto, Portugal)
- 1258 Modeling the volume of tissue activation (VTA) during stimulation-induced dyskinesias and effective stimulation in dystonia patients treated with STN DBS K.A. Mills, C. de Hemptinne, L.C. Markun, P.A. Starr, J.L. Ostrem (San Francisco, CA, United States)
- 1259 Status dystonicus in tardive dystonia due to depletion of deep brain stimulation's pulse generator S. Miri, M. Rohani, G.A. Shahidi, M. Parvaresh (Brooklyn, NY, United States)
- Changed taste of DBS for reducing tremor 1268 A.L. Törnqvist Jensen, N. Montevert, H. Bjartmarz (Lund, Sweden)
- Pallidal deep brain stimulation in Huntington's disease S. Zittel, C.K.E. Moll, A. Gulberti, V. Tadic, D. Rasche, W. Hamel, T. Bäumer, V. Tronnier, A. Münchau (Luebeck, Germany)



GUIDED POSTER TOUR 9 -

Basic science

Location: Room A7 12:00 - 13:30

Wednesday, June 11, 2014

- Interplay of striatal projection neurons in the generation of 4 dyskinesia in Parkinson's disease
 - C. Alcacer, J. Jakobsson, M.A. Cenci (Lund, Sweden)
- 9 TIGAR inactivation rescues dopaminergic neurons in parkin deficiency O. Bandmann, M. Keatinge, L. Flinn, M. DaCosta (Sheffield, United
 - Kingdom)
- 13 Direct, non-viral neural reprogramming of patient specific fibroblast cell cultures - Properties, possibilities and limitations
 - P. Capetian, L. Azmitia, M. Pauly, B. Meier, M. Klett, M. Döbrössy, C. Klein (Lübeck, Germany)
- 18 The deubiquitinase USP15 antagonizes parkin-mediated mitochondrial ubiquitination and mitophagy T. Cornelissen, D. Haddad, C. Van Humbeeck, W. Mandemakers, B. Koentjoro, C.M. Sue, K. Gevaert, B. De Strooper, P. Verstreken, W. Vandenberghe (Leuven, Belgium)
- 26 Impaired maturation of oligodendrocyte precursors in multiple system atrophy B. Ettle, V.E.L. May, S. Reiprich, W. Xiang, B. Winner, M. Wegner, E. Masliah, J. Winkler (Erlangen, Germany)
- Curation of complex molecular pathways of Parkinson's disease as a collaborative scientific community effort S. Gebel, M. Ostaszewski, P. Gawron, P.M.A. Antony, C. Trefois, K.A. Fujita, S.K. Mosch, R. Balling (Esch-sur-Alzette, Luxembourg)
- 51 Loss of PARK9 leads to defective autophagy with failure to upregulate Atg8/LC3 M.C. Kruer, M. Madeo, S. Padilla-Lopez, A. Yarrow, T.N. Jepperson (Sioux Falls, SD, United States)
- The distribution of 2-synuclein in the enteric nervous 85 system: An immunohistochemical study on colonic resections from 24 control and 4 Parkinson's disease patients
 - S.E. Shribman, A.J. Noyce, J.E. Martin, G. Giovannoni, C.H. Knowles (London, United Kingdom)
- នន K63-linked ubiquitination by Nedd4 facilitates endosomal sequestration of internalized alpha-synuclein N. Sugeno, T. Hasegawa, N. Tanaka, R. Oshima, M. Konno, E. Miura, A. Kikuchi, T. Baba, M. Fukuda, S. Geisler, M. Aoki, A. Takeda (Sendai, Japan)

GUIDED POSTER TOUR 10 -Dystonia

Location: Room A8 12:00 - 13:30

Wednesday, June 11, 2014

- 1326 Hanger reflex has potential to treat cervical dystonia - A multicenter clinical trial with portable device inducing the hanger reflex
 - T. Asahi, M. Sato, T. Nakamura, H. Kajimoto, G. Oyama, M. Fujii, A. Hayashi, T. Tiara, S. Kuroda (Toyama, Japan)
- Convergent validity of the revised motor and psychiatric TWSTRS modules of the comprehensive cervical dystonia rating scale (CCDRS)

C.L. Comella, J.S. Perlmutter, H.A. Jinnah, S. Factor, T.A. Waliczek, A.R. Rosen, W. Galpern, C.G. Goetz, L. Marsh, J. Jankovic, S.H. Fox, M. Zurowski, S.G. Reich, L. Severt, R.L. Barbano, C.H. Adler, R.L. Rodriguez, W. McDonald, G.T. Stebbins (Chicago, IL, United States)

- 1355 The clinical syndrome of paroxysmal exercise-induced dystonia: Diagnostic outcomes and an algorithm R. Erro, M. Stamelou, C. Ganos, A. Batla, K. Bhatia (London, United Kingdom)
- 1368 Cost analysis of rechargeable deep brain stimulator in surgery dystonia-dyskinesia syndrom (DDS) V. Gonzalez, L. Fluck, A. Topouchian, L. Cif, S. James, E. Sanrey, D. Capdevielle, A.L. Tichet, P. Coubes (Montpellier, France)
- Improvement of quality of life with duration of botulinum 1372 toxin long-term treatment in patients with cervical dystonia H. Hefter, D. Rosenthal, M. Moll (Duesseldorf, Germany)
- Safety and efficacy of stereotactic ventrooral-thalamotomy 1374 for musician's dystonia S. Horisawa, N. Takeda, T. Taira (Tokyo, Japan)
- An autopsy case of predominant generalized dystonia in a patient with cerebellar atrophy R. Miyamoto, T. Takeuchi, H. Sumikura, K. Fujita, H. Mure, R. Morigaki, S. Goto, S. Murayama, Y. Izumi, R. Kaji (Tokushima, Japan)
- Oscillatory head movements in cervical dystonia: Dystonic tremor, essential tremor, or both?
 - A.G. Shaikh, D.S. Zee, H.A. Jinnah (Atlanta, GA, United States)
- Epidemiology of laryngeal dystonia (LD) C.M. Tanner, K.B. Albers, S.M. Goldman, J. Klingman, R.Y. Lo, C. Marras, A.D. Leimpeter, R. Fross, K. Comyns, Z. Gu, R. Smit, A. de Kleijn, G. Bhudhikanok, N. Risch, L. Ozelius, S. Bressman, R. Saunders-Pullman, C.L. Comella, L.M. Nelson, C.L. Ludlow, S.K. Van Den Eeden (San Francisco, CA, United States)
- Acute and selective activation of excitatory neurons in the medial medulla in mice induces a phenotype that resembles cervical dystonia

V. VanderHorst, B. Ellison, A. Worley, T. Samardzic, C.B. Saper (Boston, MA, United States)

GUIDED POSTER TOUR 11 -

Parkinsonism (secondary and parkinsonism-plus)

Location: Room A9 12:00 - 13:30

Wednesday, June 11, 2014

- 265 Effects of coenzyme Q10 in PSP, a multicenter, randomized, placebo-controlled, double-blind study
 D. Apetauerova, D.G. Standaert, T. Yacoubian, R.W. Hamill, D. Simon, S. Scala (Burlington, MA, United States)
- The spectrum of movement disorders in chronic liver disease: A cross-sectional study
 M. Carecchio, T. Fleetwood, S. Fangazio, M. Pagliarulo, E. Soligo, R. Tari, C. Smirne, A. Stecco, A. Carriero, M. Pirisi, C. Comi, R. Cantello (Novara, Italy)
- 286 Minimal clinically important worsening on the progressive supranuclear palsy rating scale
 S.C. Hewer, S.A. Varley, A.L. Boxer, D.R. Williams, On Behalf of the AL-108-231 Investigators (Melbourne, Australia)
- 294 Movement disorders in West Nile virus disease S.S. Kapur, N. Chan, S. Kumar (Oak Lawn, IL, United States)
- 295 Pain in multiple system atrophy and progressive supranuclear palsy compared to Parkinson's disease
 L. Kass-Iliyya, C. Kobylecki, K.R. McDonald, A. Gerhard, M.A. Silverdale (Salford, United Kingdom)
- 302 Co-pathology and clinical correlation in progressive supranuclear palsy
 C. Kurz, G. Respondek, S. Roeber, E. Gelpí, A. King, C. Troakes, S. Al-Sarraj, J. van Swieten, H. Kretzschmar, T. Arzberger, G. Höglinger (München, Germany)
- 305 The temporal dynamics of resting state connectivity in Parkinson's disease
 S.-J. Lin, A. Liu, S.N. Tan, J.Z. Wang, S. Appel-Cresswell, M.J. McKeown (Vancouver, BC, Canada)
- 324 Clinical predictors of survival in patients with progressive supranuclear palsy
 G. Respondek, M. Stamelou, C. Kurz, L.W. Ferguson, A. Rajput, W.Z. Chiu, J.C. Van Swieten, C. Troakes, S. el Sarraj, E. Gelpi, C. Gaig, W.H. Oertel, S. Roeber, T. Arzberger, H. Kretzschmar, S. Wagenpfeil, G.U. Höglinger (Munich, Germany)
- Whispering disarthria A diagnostic hint for chronic manganese poisoning
 M.V. Selikhova, E. Tripolity, Y. Sanotsky, Y. Matvienko, H. Staneska,
 L. Fedorishin, I. Komnatska, A.J. Lees (London, United Kingdom)
- 341 Natural history of pathologically confirmed PSP and MSA cases followed at a tertiary center
 T. Xie, U.J. Kang, S.-H. Kuo, P. Greene, S. Fahn (Chicago, IL, United States)

GUIDED POSTER TOUR 12 – Surgical therapy: Parkinson's disease

Location: Room K21 12:00 – 13:30 Wednesday, June 11, 2014

WI, United States)

1177 Quantitative evaluation of the effects of bilateral subthalamic deep brain stimulation (DBS) on balance in Parkinson's disease (PD)
 R. Brant, N. Luna, C.O. Souza, C.P. Souza, D.C. Andrade, J.M. Greve,

R. Brant, N. Luna, C.O. Souza, C.P. Souza, D.C. Andrade, J.M. Greve, M.J. Teixeira, E.T. Fonoff, E.R. Barbosa (Belo Horizonte, Brazil)

- Effects of stimulation location on motor outcomes during current-controlled deep brain stimulation for Parkinson's disease
 C.R. Butson, W.J. Elias, W. Tse, L. Verhagen, G. Mandybur, S. Hung, B.H. Kopell, B.V. Gallo, J.E. Arle, K.D. Foote, M.S. Okun (Milwaukee,
- 1185 Correlation between pain, other non-motor symptoms, quality of life and motor improvement in patients with Parkinson's disease after deep brain stimulation
 R.G. Cury, M.G. Ghilardi, R. Galhardoni, C. Souza, F. Fonoff, M.A. Marcolin, M.L. Myczkowski, M.J. Teixeira, E.R. Barbosa, E.T. Fonoff, D. Ciampi de Andrade (São Paulo, Brazil)
- 1190 trkB signaling mediates neuroprotective and behavioral effects of long-term, high-frequency subthalamic nucleus deep brain stimulation
 D.L. Fischer, N.K. Polinski, C.J. Kemp, A. Cole-Strauss, J.W. Lipton, K. Steece-Collier, K.L. Paumier, T.J. Collier, C.E. Sortwell (Grand Rapids, MI, United States)
- 1197 Microelectrode-guided unilateral Forel H1campotomy for Parkinson's disease: Short-term results of nine patients F. Godinho, M.S. Rocha, O. Moraes, A. Cravo (Sao Paulo, Brazil)
- 1208 Longitudinal study of neural tissue implantation for treatment of Parkinson's disease: Effects on quality of life C. McRae, E. Fazio, J. Kuhne, H. Ellgring, D. Russell, K. Hultgren, P. Greene, S. Fahn (Denver, CO, United States)
- 1211 Effect of STN-DBS on impulse control disorder and other behavioral complications of Parkinson's disease: A 2-year longitudinal study
 F. Morgante, M. Barbuto, C. Sorbera, A. Epifanio, P. Girlanda, L. Morgante, L. Ricciardi (Messina, Italy)
- 1216 Neuropsychological and psychiatric outcome after bilateral deep brain stimulation of the globus pallidus and subthalamic nucleus for advanced Parkinson's disease: A randomized controlled trial

 V.J. Odekerken, J. Hoogland, G.J. Geurtsen, P. van den Munckhof, P.R. Schuurman, B.A. Schmand, R.M. de Bie (Amsterdam, Netherlands)
- 1226 Effect of deep brain stimulation on camptocormia in Parkinson's disease inversely correlates to disease duration W.J. Schulz-Schaeffer, N.G. Margraf, S. Munser, A. Wrede, G. Deuschl, C. Oehlwein (Goettingen, Germany)



GUIDED POSTER TOUR 13 – Sleep disorders and RLS

Location: Room A7
12:00 - 13:30

Thursday, June 12, 2014

786 Increased risk of impulse control symptoms in Parkinson's disease with REM sleep behavior disorder

M.L. Fantini, M. Laura, Z. Maurizio, S. Marianna, V. Tiphaine, P. Bruno, D. Berangere, D. Philippe, M. Ana-Raquel, U. Miguel, V. Nicolas, C. Alessandro, L. Leonardo, D. Franck (Clermont-Ferrand, France)

788 Validation of Berlin and STOP-BANG questionnaires for obstructive sleep apnea screening in Parkinson's disease natients

P. Gros, V.P. Mery, A.-L. Lafontaine, A.R. Robinson, A. Benedetti, J. Kimoff, M. Kaminska (Montreal, QC, Canada)

789 Obstructive sleep apnea is affected by levodopa evening dose in Parkinson's disease (PD)

P. Gros, V.P. Mery, A.-L. Lafontaine, A.R. Robinson, A. Benedetti, J. Kimoff, M. Kaminska (Montreal, QC, Canada)

796 Aquatic physical therapy for Parkinson's disease patients to improve quality of sleep

A.P.C. Loureiro, J. Burkot, J. Oliveira, J. Barbosa (Curitiba, Brazil)

800 Designing neuroprotection in prodromal PD; stratifying PD risk in REM sleep behavior disorder

R.B. Postuma, J.-F. Gagnon, J.Y. Montplaisir, Postum (Montreal, QC, Canada)

801 Electroencephalogram slowing as a potential marker for the development of a neurodegenerative disease in REM sleep behavior disorder

J. Rodrigues Brazète, J. Montplaisir, R.B. Postuma, D. Petit, J.-A. Bertrand, D. Génier Marchand, J.-F. Gagnon (Montreal, QC, Canada)

809 Characterization of sleep disturbances in a population-based cohort to investigate Parkinson's disease

S. Tunc, E.-J. Vollstedt, J. Graf, V. Tadic, E. Warrlich, A. Lorwin, J. Hampf, J. Hagenah, C. Klein, M. Kasten (Luebeck, Germany)

810 Light therapy improves excessive daytime sleepiness associated with Parkinson's disease

A. Videnovic, A. Marconi, T. Kuhta, S. Miskevics, P. Zee (Boston, MA, United States)

821 3 cases of lacunar infarction with restless legs syndrome as the main manifestation

H. Tuo, C. Xu, J. Che, M. Zhao, Y. Qiu, J. Li (Beijing, China)

GUIDED POSTER TOUR 14 – Parkinson's disease: Cognition

Location: Room A8
12:00 - 13:30

Thursday, June 12, 2014

915 Treatment of cognitive deficits in veterans with Parkinson's disease: A national database analysis

B.R. Barton, Z.L. Huo, S.L. Kletzel, K.T. Stroupe, C.G. Goetz, F.M. Weaver (Chicago, IL, United States)

916 Cognitive deficits in veterans with Parkinson's disease: A national database analysis

B.R. Barton, Z.L. Huo, S.L. Kletzel, K.T. Stroupe, C.G. Goetz, F.M. Weaver (Chicago, IL, United States)

948 Comparing cerebral perfusion in Alzheimer's disease and Parkinson's disease dementia – An ASL-MRI study

C.J. Le Heron, S.L. Wright, T.R. Melzer, D.J. Myall, M.R. MacAskill, L. Livingston, R.J. Keenan, R. Watts, J.C. Dalrymple-Alford, T.J. Anderson (Christchurch, New Zealand)

954 The cognitive correlates of gait in incident Parkinson's disease

S. Lord, B. Galna, K. Wesnes, D. Burn, G. Duncan, A. Yarnall, L. Rochester (Newcastle upon Tyne, United Kingdom)

960 Orthostatic hypotension in Lewy body disorders: Associations with cognition and arterial spin labeling (ASL) regional cerebral perfusion

M.A. Messner, A.D. Robertson, Z. Shirzadi, D.E. Crane, S.V. Kayla, G. Kleiner-Fisman, B.J. MacIntosh, M. Masellis (Toronto, ON, Canada)

967 Genetic, functional, clinical and neuropsychological confirmation of the different cognitive deficits in Parkinson's

C. Nombela, J.B. Rowe, S.L. Winder-Rhodes, A. Hampshire, A.M. Owen, D.P. Breen, G.W. Duncan, M. Firbank, A.A. Yarmall, T.K. Khoo, T.W. Robbins, P. Chinnery, J.T. O'Brien, D.J. Brooks, D.J. Burn, R.A. Barker (Cambridge, United Kingdom)

973 Plasma homocysteine and cognitive impairment in Parkinson's disease

J.F. Quinn, S. Jewell, C. Murchison, N. Carney, B. Lobb, S. O'Connor, K. Chung, C. Zabetian, J. Leverenz, T. Montine, B. Cholerton, K. Edwards, A. Peterson (Portland, OR, United States)

976 Parkinson's disease pathology and vascular pathology contribute to the development of Parkinson's disease

L.S. Rosenthal, J.C. Troncoso, O. Pletnikova, S.S. Bassett, G.M. Pontone, Z. Mari, T.M. Dawson (Lutherville, MD, United States)

986 Mild cognitive impairment in Parkinson's disease-crosssectional report at initial stage of the disease

E. Stefanova, I. Stankovic, T. Stojkovic, A. Tomic, V. Spica, G. Mandic Stojmenovic, N. Kresojevic, O. Stojiljkovic, M. Lukic Jecmenica, V. Kostic (Belgrdae, Serbia)

1004 Progression of mild cognitive impairment in early Parkinson's disease: The ICICLE-PD study

A.J. Yarnall, G.W. Duncan, T.K. Khoo, R.A. Lawson, T.W. Robbins, K. Wesnes, J.T. O'Brien, D.J. Brooks, R.A. Barker, D.J. Burn (Newcastle, United Kingdom)

GUIDED POSTER TOUR 15 -

Parkinson's disease: Phenomenology

Location: Room A9 **12:00 - 13:30**

Thursday, June 12, 2014

- Non-motor symptoms are associated with change in physical activity over 18 months in incident Parkinson's disease (PD)
 G. Barry, S. Lord, A. Godfrey, B. Galna, D. Burn, L. Rochester (Newcastle, United Kingdom)
- degeneration in LRRK2 mutation carriers
 S. Lavisse, F. Cormier, J.-C. Corvol, S. Lesage, S. Benaich, C. Thiriez,
 S. Lehericy, A. Brice, P. Remy (Fontenay-aux-Roses, France)

PET markers of dopaminergic cell dysfunction and

- 1046 The GOPARK study A 10 years population based cohort study of Parkinson's disease and Parkinsonism in an island-population with potential for upcoming epigenetic study S.E. Pålhagen (Stockholm, Sweden)
- 1050 Freezing of gait in Parkinson's disease: Prevalence, determinants and impact on quality of life
 S. Perez-Lloret, L. Negre-Pages, P. Damier, A. Delval, P. Derkinderen, A. Destée, W. Meissner, L. Schelosky, F. Tison, O. Rascol (Toulouse, France)
- 1054 Differential pattern of cerebellar atrophy in patients with tremor-predominant and bradikinesia-rigidity-predominat Parkinson's disease C.C. Piccinin, L.G. Piovesana, R.P. Guimaraes, M.C.A. Santos, P.C. Azavedo, L.S. Campos, B.M. Campos, E.R. Torres, M.C. Franca.

Azevedo, L.S. Campos, B.M. Campos, F.R. Torres, M.C. França-Jr, A.C. Amato-Filho, I. Lopes-Cendes, F. Cendes, A.C.F. D'Abreu (Campinas, Brazil)

- 1055 Mortality in Parkinson's disease: A 38 year follow-up study B. Pinter, A. Diem-Zangerl, G.K. Wenning, W. Poewe, K. Seppi (Innsbruck, Austria)
- 1058 Discerning effect of cognitive capacity on dual task in Parkinson's disease and healthy controls L. Rochester, S. Lord, B. Galna, D. Burn (Newcastle, United Kingdom)
- 1069 Different motor and executive profiles in patients with Parkinson's disease and apathy S. Varanese, B. Perfetti, P. Di Ruscio, R. Gilbert-Wolf, M. Brys, A. Thomas, M. Onofrj, A. Di Rocco (Chieti, Italy)
- 1071 Increased cancer risk in young LRRK2 mutation carriers compared to sporadic Parkinson's disease patients
 B.J. Warø, M. Karaliute, J.O. Aasly (Trondheim, Norway)

GUIDED POSTER TOUR 16 -

Tremor

Location: Room K21 12:00 - 13:30 Thursday, June 12, 2014

1127 The effect of bilateral thalamic deep brain stimulation on speech in patients with essential tremor - Predictors of severity of stimulation-induced deficits

J. Becker, M.T. Barbe, J. Pochmann, T.A. Dembek, J. Wirths, N. Allert, D. Mücke, I.G. Meister, V. Visser-Vandewalle, M. Grice, L. Timmermann (Cologne, Germany)

1130 Botulinum toxin treatment for different kind of drugresistant tremors

S. Contardi, F. Cavallieri, V. Fioravanti, L. Codeluppi, L. Reverberi, F. Valzania (Modena, Italy)

1136 Alcohol responsiveness of essential tremor assessed with an objective test

F. Hopfner, T. Erhart, K. Knudsen, S.A. Schneider, D. Lorenz, G. Deuschl, G. Kuhlenbäumer (Kiel, Germany)

- 1143 Analysis of heart rate variability and cortisol diurnal profiles in psychogenic movement disorder patients C.W. Maurer, K. LaFaver, R. Toledo, M. Hallett (Bethesda, MD, United States)
- 1144 In vivo evidence of cerebello-thalamo-cortical network dysfunction in essential tremor V. Nicoletti, P. Cecchi, D. Frosini, S. Fabbri, U. Bonuccelli, M. Cosottini, R. Ceravolo (Pisa, Italy)
- 1145 Incisionless thalamotomy for essential tremor by MR-guided focused ultrasound Randomized, sham-controlled trial W.G. Ondo, P. LeWitt, J.W. Elias (Houston, TX, United States)
- 1153 MRI guided focused ultrasound thalamotomy for essential tremor

I. Schlesinger, A. Eran, A. Sinai, I. Erikh, M. Nassar, D. Goldsher, M. Zaaroor (Haifa, Israel)

1154 Validation of "laboratory-supported" criteria for functional tremor

P. Schwingenschuh, T.A. Saifee, P. Katschnig-Winter, M. Koegl-Wallner, A. Macerollo, V. Culea, C. Ghadery, T. Pendl, S. Seiler, U. Werner, E. Hofer, N. Maurits, M.A. Tijssen, J.C. Rothwell, R. Schmidt, K.P. Bhatia, M.J. Edwards (Graz, Austria)

- 1158 Phenotypic classification of essential tremor
 C. Tranchant, M. Renaud, C. Marcel, G. Rudolf, J.-B. Chanson, M.
 Anheim (Strasbourg, France)
- 1162 Cooling of limbs: A cool therapy for treatment of essential tremor

A. Wagle Shukla, V. Vedam-Mai, D.E. Vaillancourt, M.S. Okun, L. Warren (Gainesville, FL, United States)



Basic Science

- 1 Effect of subthalamic nucleus stimulation on neural activity of pedunculopontine nucleus G. Acar, I. Sitti, Y. Temel, F. Acar (Denizli, Turkey)
- 2 Identification of the disease-associated prion protein degrading enzyme in vivo
 S. Akhter, M.M. Rahman, M.S. Islam, H.-J. Kim, S.-T. Hong (Jeonju, Korea)
- 3 Characterization of the epitope specificity of naturally occurring autoantibodies against α-synuclein, β-amyloid and prion protein
 A. Albus, J.-P. Bach, Y. Roettger, R. Dodel, M. Gold (Marburg, Germany)
- 4 Interplay of striatal projection neurons in the generation of dyskinesia in Parkinson's disease C. Alcacer, J. Jakobsson, M.A. Cenci (Lund, Sweden)
- 5 Age-related alterations in astroglial proteins in the substantia nigra pars compacta of Asian Indians P.A. Alladi, H.J. Jyothi, D.H.J. Vidyadhara, S.K. Parmar, A. Mahadevan, S.K. Shankar, T.R. Raju (Bangalore, India)
- Cognitive impairments in a mouse model of progressive midbrain dopaminergic neuron dysfunction
 A. Alvarsson, N. Schintu, T. Perlmann, P. Svenningsson (Stockholm, Sweden)
- 7 Altered oxidative stress levels in Indian Parkinson's disease patients with PARK2 mutations A. Anand, M. Vinish, S. Prabhakar (Chandigarh, India)
- 8 Analysis of mitochondrial membrane potential in idiopathic Parkinson's disease: A case-control study

P.M.A. Antony, O. Boyd, C. Trefois, M. Ostaszewski, A.S. Baumuratov, R. Balling, N.J. Diederich (Esch-Alzette, Luxembourg)

- 9 TIGAR inactivation rescues dopaminergic neurons in parkin deficiency
 O. Bandmann, M. Keatinge, L. Flinn, M. DaCosta (Sheffield, United Kingdom)
- Novel cell-culture models to study formation, modulation and toxicity of alpha-synuclein oligomers
 M. Bartels, P.-H. Kuhn, F. Schmidt, K. Bötzel, S. Lichtenthaler, A. Giese (München, Germany)
- 11 Behavioural and histological characterization of a MFB partial lesion in mice
 J. Boix, T. Padel, G. Paul (Lund, Sweden)
- 12 The decisive role of SIAH-1 in the determination of α-synuclein degradation pathway
 Z. Cai, J. Xu, Y. Liu, Y. Zhang, F. Wu (Lianyungang, China)

- Direct, non-viral neural reprogramming of patient specific fibroblast cell cultures Properties, possibilities and limitations
 P. Capetian, L. Azmitia, M. Pauly, B. Meier, M. Klett, M. Döbrössy, C. Klein (Lübeck, Germany)
- 14 Cardiac sympathetic innervation is impaired in MPTP-treated monkeys
 M.M. Carmona-Abellán, I. Marcilla, M.R. Luquin (Pamplona, Spain)
- 15 Inflammatory process in the olfactory bulb of patients with neurodegenerative disorders is not associated with the intensity of protein aggregates M.M. Carmona-Abellán, I. Carril-Mundiñano, I. Marcilla, M.T. Tuñón, M.R. Luquin (Pamplona, Spain)
- 16 Comparison of dopamine D1 receptor-mediated signalling in post mortem brain tissue from dyskinetic and non-dyskinetic Parkinson's disease patients
 P. Cheshire, K. Bertram, H. Ling, S.S. O'Sullivan, C. McLean, E. Storey, D.R. Williams (Melbourne, Australia)
- Enteric GFAP expression and phosphorylation in Parkinson's disease
 T. Clairembault, L. Leclair-Visonneau, E. Coron, M. Neunlist, P. Derkinderen (Nantes, France)
- 18 The deubiquitinase USP15 antagonizes parkinmediated mitochondrial ubiquitination and mitophagy
 T. Cornelissen, D. Haddad, C. Van Humbeeck, W. Mandemakers, B. Koentjoro, C.M. Sue, K. Gevaert, B. De Strooper, P. Verstreken, W. Vandenberghe (Leuven, Belgium)
- 19 Efficacy and safety of abobotulinumtoxinA in a rat digit abduction score assay
 S. Cornet, C. Périer, M. Auguet (Les Ulis, France)
- Modulation of tau exon 10 splicing by compounds identified in a virtual screen as 5'-splice site stem-loop binders
 P.J. Craig, M.J. Bodkin, M.W. Walter, M.L. Hutton, H.N. Nuthall (Windlesham, United Kingdom)
- 21 The role of alexithymia in the development of functional motor symptoms (conversion disorder)
 B. Demartini, P. Petrochilos, L. Ricciardi, G. Price,
 M.J. Edwards, E. Joyce (London, United Kingdom)
- 22 Multidisciplinary inpatient programme for functional neurological symptoms: A prospective study assessing efficacy and predictors of good outcome
 B. Demartini, P. Petrochilos, M.J. Edwards, E. Joyce (London, United Kingdom)
- Parkinson's UK Tissue Bank: A unique tissue resource for fostering Parkinson's disease research D.T. Dexter, D. Gveric, S. Gentleman, L. Middleton, F. Roncaroli, R. Pearce, R. Reynolds (London, United Kingdom)

- 24 A genetically-induced model of Parkinson's disease in primates by over-expression of LRRK2-G2019S C. DiCaudo, I.C. Mundiñano, M. Collantes, I. Marcilla, E.J. Kremer, M.R. Luquin (Oranjestad, Aruba)
- 25 Cell-specific frataxin deficiency in peripheral sensory neurons in a Friedreich ataxia model based on human induced pluripotent stem cells A. Eigentler, S. Boesch, G. Dechant, R. Nat (Innsbruck, Austria)
- 26 Impaired maturation of oligodendrocyte precursors in multiple system atrophy
 B. Ettle, V.E.L. May, S. Reiprich, W. Xiang, B. Winner, M. Wegner, E. Masliah, J. Winkler (Erlangen, Germany)
- 27 Diagnostic value of minor salivary glands biopsy for the detection of Parkinson's disease T. Feng, Y.L. Gao (BeiJing, China)
- 28 Alpha-synuclein oligomers in human red blood cells: A potential biomarker for Parkinson's disease
 T. Feng, F.F. Li, P. Liu, Y.L. Gao, B. Chen, X. Li (Beijing, China)
- 29 D1 receptor-mediated activation of ERK1/2 in the dopamine-denervated striatum is critically modulated by metabotropic glutamate receptor type 5
 T. Fieblinger, S. Irene, A. Cristina, B. Zisis, M. Natalia, S. Sabina, E. David, C.M. Angela (Lund, Sweden)
- 30 Alteration in glutathione content and associated enzyme activities in the synaptic terminals but not in the non-synaptic mitochondria from the frontal cortex of Parkinson's disease brains
 H. Gangadharappa, A. Mahadevan, M.M. Srinivas Bharath, K.S. Shankar (Bangalore, India)
- 31 Curation of complex molecular pathways of Parkinson's disease as a collaborative scientific community effort
 S. Gebel, M. Ostaszewski, P. Gawron, P.M.A. Antony, C. Trefois, K.A. Fujita, S.K. Mosch, R. Balling (Esch-sur-Alzette, Luxembourg)
- 32 The role of the subthalamic nucleus on empathy to pain: A neurophysiological study
 F. Godinho, M.S. Rocha, O. Moraes, A. Cravo (Sao Paulo, Brazil)
- 33 Loss of respiratory chain complex I in substantia nigra neurons from Parkinson's disease patients coincides with reduced abundance of complex IV A. Grünewald, A.K. Reeve, N. Lax, P.D. Hepplewhite, C. Klein, D.M. Turnbull (Newcastle upon Tyne, United Kingdom)
- 34 Neuroprotective effects of rasagiline in a double lesion model of Parkinson's disease
 A.-C.E. Granholm, K. Cantwell, C. Umphlet, A. Ledreux, H.A. Boger (Charleston, SC, USA)

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- 348 Apomophine-induced behaviours in a genetic mouse model of alpha-synuclein overexpression F. Bez, N. Brehm, S. Gispert, G. Auburger, A.M. Cenci (Lund, Sweden)
- 349 Pharmacological investigation on the mechanisms mediating increases in regional cerebral blood flow in L-DOPA induced dyskinesia

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- 358 MRZ-9547 shows antiParkinsonian-like activity in animal models of Parkinson's disease W. Danysz, F. Mela, A. Dekundy (Frankfurt, Germany)
- 359 Neurorestorative effects of a selective sigma-1 receptor agonist in experimental parkinsonism V. Francardo, F. Bez, T. Wieloch, H. Nissbrandt, K. Ruscher, M.A. Cenci (Lund, Sweden)
- 360 A prospective study: Clinical significance of anticholinergic nasal sprays in patients with Parkinson's disease afflicted by rhinorrhea R. Gandhi, R. Dennys, K. Tarannum (Weston, FL, USA)
- 361 Impulse control disorder in patients with Parkinson's disease under dopamine agonist therapy: A multicenter study
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- 365 Serum urate level correlates with the severity of Parkinson's disease H. Iwaki, M. Kannou, T. Tsujii, N. Nishikawa, M. Nagai, M. Nomoto (Toon, Japan)
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- 367 Combined fenobam and amantadine treatment mediates robust anti-dyskinetic effects in the 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-treated primate model of Parkinson's disease
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- 372 Side effect profile of serotoninergic treatments for Parkinson's disease and L-DOPA-induced dyskinesia in hemi-Parkinsonian rats
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- 408 Gastrointestinal disturbance is common in the Asian Parkinson's disease population; does the Asian diet play a role?

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- 417 Impact of dysarthria and dysphagia on quality of life after voice therapy in Parkinson's disease G.L.A. Diaféria, C.C.R. Deliberato, M. Padovani, M.S. Behlau (Sao Paulo, Brazil)
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- 423 The profile of long-term Parkinson's disease survivors with 20 years disease duration and beyond A. Hassan, S.S. Wu, P. Schmidt, T. Simuni, N. Giladi, J.M. Miyasaki, B.R. Bloem, I.A. Malaty, M.S. Okun (Rochester, MN, USA)
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- 426 Exploring practices and perceptions toward exercise among PD patients in Jordan H. Khalil, M. Nazzal, N. Al-Sheyab (Irbid, Jordan)
- 427 Impact of health co-morbidities on quality of life (QoL) in Parkinson's disease patients (PD)
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- 428 Levdopa-carbidopa inetstinal gel infusion can imrpove the health-related quality of life N. Kovács, Z. Aschermann, P. Ács, E. Bosnyák, G. Deli, S. Komoly (Pécs, Hungary)
- 429 Case study on the before and after health system changes: Impact on care delivery and implications for the people affected by Parkinson's disease

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K.A. Kovacs Burns, P.M. Jensen (Edmonton, AB, Canada)

430 Severity of mild cognitive impairment in early Parkinson's disease contributes to poorer quality of life

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- Does quality of life vary between mild cognitive impairment subtypes in early Parkinson's disease?
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- 432 The role of non-motor symptoms, personality and catastrophizing in quality of life of PD patients S.F. Lerman, G. Bronner, Y. Orlev, O.S. Cohen, G. Yahalom, R. Inzelberg, S. Hassin-Baer (Tel Hashomer, Israel)
- 433 Community life with Parkinson's disease:

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- 434 Testosterone deficiency linked to impaired quality of life in Parkinson's disease
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- Gender differences in Parkinson's disease: A cross sectional analysis
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- 436 Categorisation of falls in an incident cohort of Parkinson's disease and effect of ambulatory activity on falls

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- 437 Prevalence of non-motor symptoms and quality of life in patients with Parkinson's disease T. Maeda, D. Takano, T. Yamazaki, Y. Satoh, K. Nagata (Akita, Japan)
- 438 A review of the end of life care for patients with Parkinson's disease / Parkinsonism and their families in Ireland B. Magennis, A. Cashell, T. Lynch (Dublin, Ireland)
- 439 Continuous monitoring of turning mobility in Parkinson's disease
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- 440 Group therapy to improve speech intelligibility and communication skills for people with PD:
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- 441 Caregiver burden in impulse control disorders in Parkinson's disease
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- 442 Preventable errors in hospitalized Parkinson's disease patients
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- 443 Cueing for drooling in Parkinson's using a novel digital device: Preliminary qualitative feedback from a subset of participants
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- 444 Information provision to patients on diagnosis of Parkinson's disease (PD) and patient experience B. Mohamed, D. Sunnucks, C. Thomas, E. Morgan, T. Williams (Cardiff, United Kingdom)
- 445 Choosing an advanced therapy for Parkinson's disease: Make it a shared decision
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- Comorbidities and causes of death in a cohort of 205 patients with Parkinsonism
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- Treatment preference of patients with Parkinson's disease
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- 451 Physical activity and Parkinson's disease: Are the benefits real?
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- 453 What are the supportive and palliative care needs of people with Parkinson's disease: Systematic review and synthesis of qualitative research? E. Richfield, K. Flemming, N. Badger, M. Johnson (Hull, United Kingdom)
- 454 Direct medical costs related to Parkinson's disease in Mexican population without social and health M. Rodríguez-Violante, J.P. Díaz, A. Cervantes-Arriaga, S. Velázquez-Osuna, H. Soto-Molina (Mexico City, Mexico)
- 455 EQ-5D-3L and EQ-VAS utility index in Mexican subjects with Parkinson's disease M. Rodríguez-Violante, J.P. Díaz, A. Cervantes-Arriaga, S. Velázquez-Osuna, H. Soto-Molina (Mexico City, Mexico)
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- 463 Off-park: Impact of wearing-off symptoms on quality of life; matched survey of both people with Parkinson's (PwP) and their care partners (CP) J. Stamford, H. Matthews (London, United Kingdom)
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- B. Stone, A. Di Rocco, A. Lemen, M. Sweeney, H. Calara (New York, NY, USA)
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- 469 A cost-effectiveness-analysis of apomorphine infusion in the treatment of advanced Parkinson's disease in the UK, Germany and Mexico E. Walter (Vienna, Austria)
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- 471 Hip fracture in Parkinson's disease: A population M. Wieler, A. Jones, D. Voaklander, W. Martin (Edmonton, AB, Canada)
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595 The role of unfolded protein response in Lewy body dementias

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597 Diffuse Lewy body disease and associated Balint's syndrome; a case series

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598 Extrapyramidal signs across variants of primary progressive aphasias

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599 Lewy body dementia: A three years clinical follow up study

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600 Cerebral microbleeds as an indicator of the severity of cognitive impairment in dementia with Lewy bodies

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603 Rate of cognitive decline and diagnostic stability in dementia with Lewy bodies

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604 Clinicopathological characteristics of pure type Lewy body disease with dementia (Parkinson's disease with dementia and dementia with Lewy bodies)

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- 608 Early onset of efficacy of safinamide on motor fluctuations in PD patients on L-dopa and other PD medications (SETTLE study)

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 - R. Anand, V. Lucini, E. Forrest, R. Giuliani, A. Suresh (St Moritz, Switzerland)
- 609 Incidence of impulse control behavior type adverse events with long-term rotigotine A post hoc analysis

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- 613 Effect on postural stability of REM sleep behavioral disorder in Parkinson's disease D. Aygun, E. Kocabiçak, M.K. Onar, M. Terzi (Samsun, Turkey)
- 614 Positron emission tomography and single photon emission computed tomography in early diagnosis of Parkinson's disease - in patients having only non motor signs

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- 660 Effect of strengthening exercise on tremor and manual dexterity in Parkinson's disease GR Jackson, C.D. Workman, F. Zaheer, M.S. Bryant (Houston, TX, USA)
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- 668 Accordion pill carbidopa/levodopa (AP-CD/LD) for treatment of advanced PD P.A. LeWitt, N. Giladi, T. Gurevich, H. Shabtai, R. Djaldetti, N. Roizen, S. Hassin-Baer, O. Cohen, G. Yahalom, I. Schlessinger, M. Nassar, R. Milo, M. Anca, P. Farkas, Y. Lamp, N. Navon, L. Flaishon (West Bloomfield, MI, USA)
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- 706 Effects of different aquatic exercises programs on mechanical characteristics of vastus lateralis in subjects diagnosed with stage 1 Parkinson's disease D. Rodríguez-Ruiz, A. Palomino, S. Gutierrez, D. García, D. Rodríguez-Matoso (Las Palmas de Gran Canaria, Spain)

- 707 Long-term safety from phase 3 trials of levodopacarbidopa intestinal gel in patients with advanced Parkinson's disease R.L. Rodriguez, N. Schmulewitz, C. Hall, S. Eaton, J. Dubow, J. Benesh (Gainesville, FL, USA)
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- 710 High prevalence of non-motor symptoms in Egyptian Parkinson's disease patients
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- 718 Combined rasagiline and antidepressant use in Parkinson's disease in the ADAGIO study: Effects on non-motor symptoms and tolerability

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- 720 Is static posturography suitable to evaluate Parkinson's disease patients balance?
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- 721 Clinical experience of levodopa-carbidopa intestinal gel treatment with or without adjunctive Parkinson's disease medications
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- 722 Rater training and data completeness in the study of ADS-5102 in levodopa-induced dyskinesia (EASED study)
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- 728 Motor function assessment in advanced Parkinson's disease (PD) patients after IPX066 and controlled-release carbidopa-levodopa (CR) using the Unified Parkinson's Disease Rating Scale

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- 729 The Parkinson's progression marker initiative
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- 736 Efficacy of transdermal nicotine, in advanced parkinson's disease. A controlled open-label study in 40 patients randomised in two parallel groups G. Villafane, C. Thiriez, P. Kerschen, E. Itti, G. Fénelon, P. Cesaro, P. Rémy, P. Maison, N. Nicopark Study Group (Créteil, France, Metropolitan)
- 737 Alpha synuclein deposition in colonic biopsy tissue fails to distinguish Parkinson's disease from healthy individuals

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- 738 The effect of focal mechanical vibrations with a wearable device (Equistasi) on rehabilitation of postural instability in Parkinson's disease D. Volpe, M.G. Giantin, A. Fasano, A. Scutari, M. Sambini (Venice, Italy)
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- 740 The combination therapy with immediate release and extended release dopamine agonists for off related symptoms in early morning and during a daytime in patients with Parkinson's disease T. Yamamoto, A. Miyake, T. Mitsufuji, T. Kimura, N. Tamura, N. Araki (Iruma-gun, Japan)
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T. Nakahara, Y. Saito, N. Hattori (Saitama, Japan)

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- 744 Vestibular rehabilitation in patients with Parkinson's disease
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- 745 URGE-PD: A multi-site, double-blind, randomized, placebo-controlled trial of solifenacin succinate (VESIcare®) for the treatment of overactive bladder in Parkinson's disease T.A. Zesiewicz, M. Evatt, I. Jahan, C. Vaughan, C. Singer, R. Ordorica, K.L. Sullivan, The PSG Non-Motor Working Group (Tampa, FL, USA)

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- 750 Direct electrophysiological registration of phonological and semantic perception in the human subthalamic nucleus
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- 753 Effect of CIQ, a positive allosteric modulator of NMDA receptors, on neurotransmission in the dopamine-depleted striatumm Z. Feng, X. Zhang, K. Chergui (Stockholm, Sweden)
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- 756 Sleep spindles alterations in Parkinson's disease may predict the development of dementia V. Latreille, J. Carrier, M. Lafortune, R.B. Postuma, J.-A. Bertrand, J.-F. Gagnon (Montréal, QC, Canada)
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- 760 Sensory attenuation in Parkinson's disease A. Macerollo, J.-C. Chen, P. Korlipara, J.M. Kilner, M.J. Edwards (London, United Kingdom)

761 Visual scanning area is narrowed in PD and enlarged in SCD

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762 Activity of the non-dominant motor area during movement planning: Deficits in Parkinson's disease

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- 764 Less suppression of mu and beta rhythms while action observation in Parkinson's disease
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- 766 Oscillatory local field potential (LFP) activity in the 8 - 30 Hz range correlates with motor symptoms in a large sample of patients with Parkinson's disease W.-J. Neumann, K. Degen, J. Huebl, C. Brücke, P. Brown, G.-H. Schneider, A.A. Kühn (Berlin, Germany)
- 767 Electrophysiological activity of the subthalamic nucleus in response to emotional prosody: An intracranial ERP study in Parkinson's disease J. Péron, C. Haegelen, P. Sauleau, L. Tamarit, V. Milesi, J.-F. Houvenaghel, T. Dondaine, M. Vérin, D. Grandjean (Geneva, Switzerland)
- 768 Effects of dophamine receptor agonists on brain bioelectric activity of patients with Parkinson's disease and dementia: 6 months interim report A.A. Pilipovich (Moscow, Russia)
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772 Activity parameters of subthalamic nucleus neurons selectively predict motor symptom severity in Parkinson's disease A. Sharott, A. Gulberti, S. Zittel, A. Tudor Jones, U. Fickel, A. Münchau, J.A. Köppen, C. Gerloff, M.

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- 774 Pathological striatal activity in patients with advanced Parkinson's disease A. Singh, K. Mewes, M.R. DeLong, S.M. Papa (Atlanta, USA)
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- 779 A shift from prospective to reactive modulation of beta-band oscillations in Parkinson's disease E.S. te Woerd, R. Oostenveld, F.P. de Lange, P. Praamstra (Nijmegen, Netherlands)
- 780 Proof of principle for a novel method of detecting brain network patterns during action-observation R.R. Walsh, S. Rao, J.I. Skipper (Las Vegas, NV, USA)
- 781 Altered NMDA receptor functions and subunit composition in the dopamine-depleted striatum X. Zhang, Z. Feng, K. Chergui (Stockholm, Sweden)
- 782 Neuronal oscillatory activity in the subthalamic nucleus in Parkinsonian akinetic-rigid and mixed types
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783 Surface EMG activity during REM sleep in Parkinson's disease correlates with disease severity



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784 Parkinson's disease and sleep problems - A crosssectional study

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785 Sensitivity and specificity of the "REM sleep behavior disorder-single-question screen" (RBD-1Q) in Parkinson's disease M.L. Fantini, B. Pereira, M. Laura, D. Berangere, D.

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786 Increased risk of impulse control symptoms in Parkinson's disease with REM sleep behavior disorder

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787 Quantification of putaminal dopamine transporter in patients with REM sleep behavior disorder and Parkinson's disease

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- 788 Validation of Berlin and STOP-BANG questionnaires for obstructive sleep apnea screening in Parkinson's disease patients P. Gros, V.P. Mery, A.-L. Lafontaine, A.R. Robinson, A. Benedetti, J. Kimoff, M. Kaminska (Montreal, QC, Canada)
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- 793 Perverted head-shaking and positional downbeat nystagmus in essential tremor Y.E. Kim, B.S. Jeon (Sungnam, Korea)
- 794 Sleep disorders in Parkinson's disease without dementia: A comparative randomized controlled study of melatonin and clonazepam

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- 795 Symptomatic hallucinations and REM behaviour disorder in Parkinson's disease: Evidence linking hallucinations to Parkinson's parasomnia T.J. Lockington (Ipswich, United Kingdom)
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- 797 REM sleep behavior disorder in Parkinson's disease as a predictor of cognitive decline E. Lyashenko (Odintsovo, Russia)
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- Rasagiline improves sleep disorders in Parkinson's disease
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- 800 Designing neuroprotection in prodromal PD; stratifying PD risk in REM sleep behavior disorder R.B. Postuma, J.-F. Gagnon, J.Y. Montplaisir, Postum (Montreal, QC, Canada)
- 801 Electroencephalogram slowing as a potential marker for the development of a neurodegenerative disease in REM sleep behavior disorder

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- 802 Impact of post traumatic stress disorder (PTSD)
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- 804 Sleep quality, duration, insomnia symptoms, and prevalence of sleep disordered breathing in Parkinson's disease
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- 805 The evolution of REM sleep behaviour disorder in Parkinson's disease patients with parkin mutations: A report from the DeNoPa cohort F. Sixel-Döring, K. Lohmann, C. Klein, B. Mollenhauer, C. Trenkwalder (Kassel, Germany)

806 Influence of rapid eye movement sleep behavior disorder on the cognitive performance in Parkinson's disease

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- 807 Evaluation of cut-off scores for the Japanese version of Parkinson's disease sleep scale-2
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- 808 Sleep apnea as the most prominent symptom in a young patient with Parkinson's disease responsive to dopaminergic therapy
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- 809 Characterization of sleep disturbances in a population-based cohort to investigate Parkinson's disease
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810 Light therapy improves excessive daytime sleepiness associated with Parkinson's disease A. Videnovic, A. Marconi, T. Kuhta, S. Miskevics, P. Zee (Boston, MA, USA)

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- 813 Effectiveness and safety of FDA- and EMAapproved doses of rotigotine in restless legs syndrome: Results from a German observational study C.G. Bachmann, R. Berkels, F. Grieger, K. Stiasny-Kolster (Gottingen, Germany)
- 814 Changes in motor axons excitability in restless legs patients
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- 815 The prevalence of restless legs syndrome in parents of children with attention deficit hyperactivity disorders
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- 816 Prevalence and impact of restless legs syndrome in Egyptian medical students

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- 817 Depression, anxiety and somatic symptoms affect quality of life in drug-naïve idiopathic restless legs syndrome patients
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- 818 No difference in serum ferritin levels between Parkinson's disease patients with and without restless legs syndrome
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- 819 Prevalence of restless legs syndrome among tertiary hospital workers in South-South Nigeria Y.O. Obiabo (Oghara, Nigeria)
- 820 Does idiopathic restless legs syndrome delay onset and reduce severity of Parkinson's disease W. Ondo, Z. Chen, E. Dragan (Houston, TX, USA)
- 821 3 cases of lacunar infarction with restless legs syndrome as the main manifestation H. Tuo, C. Xu, J. Che, M. Zhao, Y. Qiu, J. Li (Beijing, China)

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822 Drug induced Parkinsonism: Can transcranial ultrasound predict response to withdrawal of the offending drug?

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A.J. Jones, L. Livingston, R.G. Kuijer, M.R. Macaskill, T.J. Anderson, J.C. Dalrymple-Alford (Christchurch, New Zealand)

939 Functional near infra-red spectroscopy imaging of prefrontal cortex in Parkinson's disease during performance of cognitive task while seated and standing

G.K. Kerr, M. Muthalib, R. Pegoraro, L. Roeder, T. Piatkowski, I. Stewart, S. Smith (Brisbane, Queensland, Australia)

940 The neuropsychological profiles and its correlation to motor symptoms in newly diagnosed Parkinson's disease patients with mild cognitive impairment

S.J. Kim, E.J. Chung (Busan, Korea)

941 Long-term cognitive outcome of bilateral subthalamic deep brain stimulation in Parkinson's disease

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- 942 Cognitive impairment in Parkinson's disease:
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- 944 Cognitive function of Parkinson's disease Changes in the secondary scales score of WAIS-III
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- 945 Cognition and brain imaging in patients with multiple system atrophy and Parkinson's disease C. Kobylecki, K.R. McDonald, J.C. Thompson, R. Hinz, A. Gerhard (Salford, United Kingdom)
- 946 Visuospatial impairment in Parkinson' disease: The role of laterality and disease-duration N. Kovács, T. Lucza, Z. Aschermann, S. Komoly, G. Deli, E. Bosnyák, P. Ács, J. Janszky, R. Horváth, K. Karádi (Pécs, Hungary)
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- 949 Clinical characteristics of de novoParkinson's disease based on nonmotor symptoms

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- 965 Mild impairment in Parkinson's disease: Motor and cognitive characteristics, risk factors K. Nie, Y. Zhang, L. Wang (Guangzhou, China)
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- 982 Evaluation of motor and cognitive performance in Parkinson's disease patient with high and low educational status



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985 More rotigotine in Parkinson's disease for afternoon wearing-off: A motor and cognitive evaluation in advanced PD patients

A. Stefani, M. Stampanoni, M. Pierantozzi (Rome

A. Stefani, M. Stampanoni, M. Pierantozzi (Rome, Italy)

- 986 Mild cognitive impairment in Parkinson's diseasecross-sectional report at initial stage of the disease E. Stefanova, I. Stankovic, T. Stojkovic, A. Tomic, V. Spica, G. Mandic Stojmenovic, N. Kresojevic, O. Stojiljkovic, M. Lukic Jecmenica, V. Kostic (Belgrade, Serbia)
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- 993 Mild cognitive impairment (MCI): A comparison of frequencies before and after subthalamic deep brain stimulation and impact on short-term cognitive outcome

 A.I. Tröster (Phoenix, AZ, USA)
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995 Non motor symptoms in a cohort of young, early onset Parkinson's disease patients: 2 year follow up

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998 Neuropsychological correlates of Pisa syndrome in Parkinson's disease

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- 999 Changes in cognitive function after one year in an elderly population-based cohort to study non-motor-symptoms of Parkinson's disease
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S.S. Wang, M. San Luciano, L.R. Alameddine, N.B. Galifianakis, M. Katz, K.A. Mills, L.C. Markun, R. Taylor, N. Ziman, P.A. Starr, P.S. Larson, J.L. Ostrem, C.A. Racine (San Francisco, CA, USA)

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Y. Watanabe, K. Suzuki, A. Numao, H. Sakuta, H. Fujita, M. Miyamoto, T. Miyamoto, Y. Watanabe, K. Hashimoto, K. Hirata (Mibu, Japan)

1002 Alternative criteria for mild cognitive impairment in Parkinson's disease: Relevance to dementia onset

K.L. Wood, L. Livingston, D.J. Myall, T.R. Melzer, T.L. Pitcher, M.R. MacAskill, T.J. Anderson, J.C. Dalrymple-Alford (Christchurch, New Zealand)

1003 Neuropeptides and body mass in early Parkinson's disease: Adding weight to a possible cognitive biomarker?

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A.J. Yarnall, M. Siervo, G.W. Duncan, T.K. Khoo, D.J. Brooks, R.A. Barker, D.J. Burn (Newcastle upon Tyne, United Kingdom)

1004 Progression of mild cognitive impairment in early Parkinson's disease: The ICICLE-PD study A.J. Yarnall, G.W. Duncan, T.K. Khoo, R.A. Lawson, T.W. Robbins, K. Wesnes, J.T. O'Brien, D.J. Brooks, R.A. Barker, D.J. Burn (Newcastle, United Kingdom)

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- Low clinical diagnostic accuracy of early Parkinson's disease: A clinicopathologic study C.H. Adler, T.G. Beach, J.G. Hentz, H.A. Shill, J.N. Caviness, E. Driver-Dunckley, M.N. Sabbagh, L.I. Sue, S.A. Jacobson, C. Belden, B.N. Dugger, C.H. Adler (Scottsdale, AZ, USA)
- 1006 A comparison of clinical tests of fine and gross motor function in patients with pyramidal and extrapyramidal disease Z.F. Aldaajani, F.C.F. Chang, S.D. Kim, S. Kemp, V.S.C. Fung (Westmead, NSW, Australia)
- 1007 Study of masticatory function in patients with Parkinson's disease with and without levodopa therapy S. Angrisano, M. Zibetti, A. Bernardini, F. Talpone, T. Vallelonga, C. Debernardi, L. Lopiano, M.G. Piancino (Torino, Italy)
- 1008 Chronological clinical assessment for a case of PARK9 K. Arai, M. Koide, S. Isose, K. Itoh, Y. Yoshiyama, S. Kuwabara, K. Kanai, H. Tomiyama, N. Hattori (Chiba, Japan)
- 1009 Non-motor symptoms are associated with change in physical activity over 18 months in incident Parkinson's disease (PD) G. Barry, S. Lord, A. Godfrey, B. Galna, D. Burn, L. Rochester (Newcastle, United Kingdom)
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- Disturbances of the subjective visual vertical are associated with trunk lateroflexion in Parkinson's disease - A neuroimaging approach F. Brugger, J. Walch, E. Abela, S. Hägele-Link, B. Tettenborn, G. Kägi (St. Gallen, Switzerland)
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- 1014 Change in the dyskinesia pattern in patients treated with jejunal levodopa infusion M.-J. Catalan, P. Montero, F. Alonso-Frech, R. Garcia-Ramos, E. Lopez-Valdes (Madrid, Spain)
- 1015 Twenty four hour continuous levodopa-carbidopa intestinal gel (LCIG) reduces freezing of gait F.C. Chang, N. Wolfe, D. Tsui, J.M. Griffith, N. Mahant, V.S. Fung (Westmead, Australia)
- 1016 Why do patients with Parkinson's disease fall? M. Choudhury, D. Gallagher, D. Kaski, A. Schrag (London, United Kingdom)
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- 1020 Trajectories of polyneuropathy-related vitamins in an incident Parkinson's disease cohort: 5-year prospective population-based longitudinal study K. de Klerk, K.F. Pedersen, O.-B. Tysnes, J.P. Larsen, G. Alves (Stavanger, Norway)
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- 1290 A case clinic of fragile X-associated tremor ataxia syndrome (FXTAS) in Western Mexico
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- 1291 Paraneoplastic cerebellar degeneration due to the Hodgkin lymphoma
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- 1292 Variation in the promoter of the autophagic beclin-1 gene and changes in its expression levels in Machado-Joseph disease (MJD/SCA3) patients N. Kazachkova, M. Raposo, R. Montiel, M. Lima (Ponta Delgada, Portugal)
- 1293 Vascular burden and clinical progression in spinocerebellar ataxias

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1294 De novo mutations in ataxin-2 gene, ALS risk and meta-analysis

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1295 Phenotype and genotype comparative study of typical, late onset and very late onset Friedreich ataxia

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1296 Electrocneurographic alterations of trigeminal and facial nerves: Relation with facial morphology on SCA2

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1297 The most common spinocerebellar ataxia in Brazil A. Moro, M. Moscovich, F. Tensini, E. Ruschel, W. Arruda, S. Raskin, H. Teive (Curitiba, Brazil)

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1299 Friedreich's ataxia: 150 years

M. Moscovich, W.O. Arruda, S.V. Karuta, A. Moro, H.G. Teive (curitiba, Brazil)

1300 e-Score: Electronic based clinical rating in Friedreich ataxia

W. Nachbauer, A. Eigentler, A. Payne, C. Achmüller, C. Grosan, R. Schneider, M. Delazer, W. Poewe, S. Boesch (Innsbruck, Austria)

1301 Mutation in the gene coding for the inward rectifying potassium channel Kir4.1 (KCNJ10) causes spinocerebellar ataxia with myokymia and/or seizures in Jack Russell terriers

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1302 Gait and mobility deficits in FXTAS using the instrumented timed up and go test

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1303 SCA17: Should the pathological expansion criteria be reconsidered?

I. Parees, A. Macerollo, M. Sweeney, S.E. Pemble, M.J. Edwards (London, United Kingdom)

1304 Case report: Two siblings with cerebrotendinous xanthomatosis

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1305 When should we test patients with familial ataxias for SCA31?

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1306 Machado-Joseph disease (Spinocerebellar ataxia type 3) and parasomnias: Correlation through polysomnography

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1307 Excessive fragmentary myoclonus in Machado-Joseph disease

J.L. Pedroso, D.F. Santos, L.B.F. Prado, L.B. Carvalho, G. Silva, G.F. Prado, O. Barsottini (Sao Paulo, Brazil)

1308 Neurophysiological studies and non-motor symptoms prior to ataxia in Machado-Joseph disease: Assessing the natural history of brain degeneration

J.L. Pedroso, E. Bor-Seng-Shu, G.F. Prado, I.R. Batista, R.S. Ribeiro, O. Barsottini (Sao Paulo, Brazil)

1309 Autosomal dominant spinocerebellar ataxias (SCAs) resembling hereditary spastic paraplegia: Also consider SCA1

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1310 Is tremor in SCA12 dystonic?

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1311 Gene analysis of sporadic cerebellar ataxia R. Sakakibara, F. Tateno, M. Kishi, Y. Tsuyusaki, F.

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1312 Case report: Sporadic progressive ataxia with oculopalatal myoclonus

H.Y. Shaath, S. Fahn (New York, NY, USA)

1313 Contribution of SCA 17 in Korean patients with Parkinsonism

J.H. Shin, J.B. Seok, W.W. Lee, G.H. Ehm (Seoul, Korea)

1314 Optical coherence tomographic evaluation of trinucleotide repeat expansion associated spinocerbellar ataxias

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- 1319 The importance of vestibular evaluation in recessive spinocerebellar ataxia: A pilot study B.S. Zeigelboim, R.S. Santos, J.H. Faryniuk, J.M. Marques, E.M. Abdulmasshi, H.G. Teive (Curitiba, Brazil)

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- 1320 Trends and pattern of dystonia in Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria between 1984-2004 and 2010-2013 O.I. Agunbiade, M.A. Komolafe, O.A. Ogundele (Ile-Ife, Nigeria)
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- 1322 Investigation of the effect of deep brain stimulation surgery on mobility, emotional status and quality of life in patient with dystonia: Case report F. Altug, A. Ünal, M. Pekesen, E. Kavlak, U. Cavlak, F. Acar (Denizli, Turkey)
- 1323 Botulinum toxin A use for dystonia in patients with progressive supranuclear palsy
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- 1325 Increased risk-taking in DYT1 dystonia suggests a link between striatal LTP/LTD and decision making in humans
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- 1327 Motor adaptation in cervical dystonia. A kinematic study

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- 1328 Temporal expectation in patients with cervical dystonia
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- 1329 Dystonia: Is gait bradykinetic after GPI-DBS? K. Bötzel, F. Euler, O. Pelykh, J. Ilmberger (München, Germany)
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- 1331 A rare progressive neurodegenerative syndrome in a patient with X-linked agammaglobulinemia on chronic IV immunoglobulin therapy

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- 1334 Correlations among cervical dystonia severity, pain, disability, depression, anxiety and effects of SSRI or benzodiazepine therapy P.M. Brown, D.D. Duane (Scottsdale, AZ, USA)
- 1335 A kinematic analysis of gait in lower extremity dystonia: A single subject study design J. Callahan, J. Kneiss, H. Kirwan, C.L. Hancock, D.M. Scarborough, N. Sharma (Boston, MA, USA)
- 1336 Non-surgical and non-pharmacological interventions for cervical dystonia: A systematic review
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- 1338 Genetic evaluation for DYT1 (TOR1-A) in Brazilian patients with dystonia C.H.F. Camargo, S.T. Camargos, S. Raskin, F.E. Cardoso, H.A. Teive (Ponta Grossa, Brazil)
- 1339 Cervical dystonia: About familial and sporadic cases in 88 patients
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1340 Functional brain changes in a case study with cervical dystonia treated with botulinum toxin and motor re-learning techniques (MRT)

A. Castagna, F. Baglio, M. Ramella, L. Griffanti, A.

A. Castagna, F. Baglio, M. Ramella, L. Griffanti, A. Marzegan, A. Crippa, G. Giacobbi, J. Johnsdottir, A. Montesano (Milano, Italy)

- 1341 Use of incobotulinumtoxinA (Xeomin) in patients with a recurrent diplopia after onabotulinumtoxinA (DYSPORT) injections G. Castelnovo, M. De Verdal, D. Renard (Nimes, France)
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- 1343 Evaluation of pain relief in the cervical dystonia patient registry for observation of onabotulinumtoxinA efficacy (CD PROBE)
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- 1344 INTEREST IN CD2 Baseline interim analysis of the most frequently injected muscles and techniques for cervical dystonia D. Charles, C. Colosimo, V.P. Misra, P. Maisonobe, S. Om (Nashville, TN, USA)
- 1345 Dystonia 6 associated THAP1 mutations affect genes in vesicular transport and exocytosis in neuronal cells
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- 1346 Convergent validity of the revised motor and psychiatric TWSTRS modules of the comprehensive cervical dystonia rating scale (CCDRS)

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- 1347 Cognitive and psychiatric phenotype in a family with autosomal dominant dopa-responsive dystonia secondary to GTP cyclohydrolase deficiency
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- 1348 Movement disorders in patients with autoimmune encephalitis: Experience of a tertiary care hospital in North India
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 1349 Clinical characteristics in patients with cervical
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- 1350 AbobotulinumtoxinA in the management of cervical dystonia (CD) in the United Kingdom (UK): A budget impact analysis (BIA)
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- 1352 Resting-state network analysis in embouchure dystonia
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- 1354 Rest and other tremors in adult-onset primary dystonia
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- The clinical syndrome of paroxysmal exercise-induced dystonia: Diagnostic outcomes and an algorithm
 R. Erro, M. Stamelou, C. Ganos, A. Batla, K. Bhatia (London, United Kingdom)
- 1356 Baseline and cycle one efficacy data from ANCHOR-CD: A multicenter, observational study of abobotulinumtoxinA in cervical dystonia
 A.J. Espay, C.L. Comella, D.D. Truong, P.A. LeWitt, J.J. Chen, D. Marchese, C. Abbott, W. Cetnarowski, R.M. Trosch (Cincinnati, OH, USA)
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- 1358 Effect of TorsinA on neurite outgrowth B. Fabry, L. Lotzer, T. Ott, K. Grundmann, O. Rieß (Tübingen, Germany)
- 1359 Blepharospasm patient survey: A structured interview evaluating botulinum toxin treatments J. Fezza, J. Burns, J. Woodward, D. Truong, T. Hedges, A. Verma (Sarasota, FL, USA)
- 1360 Cerebellar connectivity in cervical dystonia during a motor timing task: An fMRI study P. Filip, M. Barton, R. Marecek, M. Bares (Brno, Czech Republic)
- 1361 Mutations in PRRT2 result in childhood-onset paroxymal kinesigenic dyskinesia in patient with family history of migraine - Case report U. Fiszer, E. Naganska, M. Jurek, D. Hoffman-Zacharska (Warsaw, Poland)



1362 Myoclonus-dytonia syndrome with mutation in the SGCE gene in Japan

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1363 Torsional anatomy of the neck musculature: A reference for dystonia injection

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1364 BDNF Val66Met polymorphism in primary adultonset dystonia: A case-control study and metaanalysis

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- 1365 The clinical syndrome of dystonia with aphonia C. Ganos, L. Taiwo, M. Stamelou, A. Batla, R. Erro, K.P. Bhatia (London, United Kingdom)
- 1366 Clinical characteristics of psychogenic blepharospasm

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- 1367 Faciobrachiodystonic seizures presenting with blepharospasm and laryngospasm E.B. George, S. Khalid (Detroit, MI, USA)
- 1368 Cost analysis of rechargeable deep brain stimulator in surgery dystonia-dyskinesia syndrom (DDS)

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1369 The impact of radiologic lesions in the outcome of globus pallidus internus deep brain stimulation in neonatal hypoxic encephalopathy
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- 1370 Prolonged control of hemifacial spasm following conversion to incobotulinumtoxinA
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- 1371 Diagnosing dystonia using a next-generationsequencing gene panel K. Grundmann, A. Söhn, M. Sturm, O. Riess, P. Bauer (Tübingen, Germany)
- 1372 Improvement of quality of life with duration of botulinum toxin long-term treatment in patients with cervical dystonia

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1373 Physiotherapeutic treatment via voice over internet protocol to augment botulinum toxin (BTX) treatment in a patient with focal dystonia – First experiences

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- 1374 Safety and efficacy of stereotactic ventrooralthalamotomy for musician's dystonia S. Horisawa, N. Takeda, T. Taira (Tokyo, Japan)
- 1375 Analysis of CIZ1 and GNAL genes mutation in Taiwanese patients with primary torsion dystonia C.-L. Huang, S.-C. Lai, H.-C. Chang, T.-H. Yeh, C.-S. Lu (Taoyuan, Taiwan)
- 1376 Neuropathologic and stereological assessment of dopaminergic and non-dopaminergic neurons in the brains of dystonia patients: Focus on substantia nigra D. Iacono, M. Geraci-Erck, L. Eckman, C. Eckman, A. Herdt, M. Rubin, R. Kurlan (Cedal Knolls, NJ, USA)
- 1377 Effectiveness and safety in the cervical dystonia patient registry for observation of onabotulinumtoxinA efficacy (CD PROBE)
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- 1378 Children with dystonia do not manifest normal developmental decreases in resting muscle activity patterns
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- 1379 Clinical profile of 125 patients with writer's cramp from India
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- 1380 Secondary treatment failure in a patient with cervical dystonia after repetitive treatment with incobotulinumtoxinA and abobotulinumtoxinA A. Jochim, F. Castrop, B. Jochim, B. Haslinger (München, Germany)
- Novel GNAL mutation in a patient with segmental dystonia and excellent response to deep brain stimulation
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- 1382 Treatment of camptocormia by the continuous subcutaneous infusions of apomorphine P. Kanovsky, K. Mensikova, M. Kaiserova, M. Vastik (Olomouc, Czech Republic)
- Botulinum toxin after deep brain stimulation in generalized dystonia
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1384 Structural MRI of the cervical spine in patients with cervical dystonia

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1385 Pseudohemidystonia associated with anti-GAD antibodies

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1386 Evaluation of the use of a dystonia non motor symptom questionnaire for craniocervical dystonia in the outpatient clinic

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1387 Clinical characteristics of speech and deglutition disorders in oro-mandibular dystonia

A. Kreisler, O. Ployart, A.-C. Verpraet, S. Veit, A. Destée (Lille, France)

1388 Activation likelihood estimation meta-analyses of abnormal neural activation in dystonia

A. Løkkegaard, D.M. Herz, B.N. Haagensen, A.K. Lorentzen, S.B. Eickhoff, H.R. Siebner (Copenhagen NV, Denmark)

1389 Pathogenic variants in *TUBB4A* are not found in primary dystonia

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1390 Dystonia gravidarum as the presenting clinical syndrome in a patient with the 8344A>G mitochondrial DNA MERRF mutation

J. Leegwater-Kim, P. Muscat (Burlington, MA, USA)

1391 Inter-injection interval for various indications for botulinum toxin – A retrospective study

C. Linder, C. Weber, G. Kranz, E. Auff, T. Sycha (Vienna, Austria)

1392 Huntington's disease-Westphal variant. First case report in El Salvador

R. Lopez-Castellanos, R. Lopez-Contreras, D. Lozano-Vizcarra (San Salvador, El Salvador)

1393 Effect of onabotulinumtoxinA (botulinum toxin/A) in migraine and trigeminal neuralgia, when is injected with a scheme of chemodenervation for

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1394 Suppression of inappropriate response tendencies during sensorimotor mapping in focal task specific

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1395 The novel negative allosteric modulator (NAM) of metabotropic glutamate (mGlu5) receptor,

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1397 Cerebellar symptoms and olfactory dysfunction in cervical dystonia

M. Marek, S. Burk, T. Klockgether, S. Paus (Bonn, Germany)

1398 Improvement in quality of life after onabotulinumtoxinA treatment in the cervical dystonia patient registry for observation of onabotulinumtoxinA efficacy (CD PROBE) Z. Mari, A. Manack, M. Schwartz, M.F. Brin, C. Comella (Baltimore, MD, USA)

1399 Functional connectivity between cortical speech network and primary motor cortex is abnormal in spasmodic dysphonia

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1400 A pain in the neck

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1403 An autopsy case of predominant generalized dystonia in a patient with cerebellar atrophy R. Miyamoto, T. Takeuchi, H. Sumikura, K. Fujita, H.

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1406 Acoustic and kinematic quantification of focal embouchure dystonia in brass musicians A.E. Morris, J.W. Mink (Rochester, NY, USA)



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1434 Ultrasound guided botulinum toxin injection in cervical dystonia

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1438 Does history of antecedent trauma in cervical dystonia influence responsiveness to botulinum toxin therapy or rate of spontaneous remission? A.M. Stadel, J.A. Killion, D.D. Duane (Scottsdale, AZ, USA)

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1444 Destination of wild and mutant torsinA

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1445 The abobotulinumtoxinA economic evaluation program (DEEP): A cost analysis of cervical dystonia (CD) treatment switch from onabotulinumtoxinA (Botulinum toxin A [ONA]) to abobotulinumtoxinA ([ABO]) R.M. Trosch, M.L. English, A.C. Shillington, D.

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1446 TRUDOSE pilot study: An evaluation of the dose of incobotulinumtoxinA and onabotulinumtoxinA for the clinical management of cervical dystonia and blepharospasm

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1447 Deep brain stimulation of globus pallidus internus modulates the depotentiation of motor cortical circuits in patients with cervical dystonia K. Udupa, C. Gunraj, T. Hoque, M. Hodaie, A. Lozano, R. Chen (Toronto, ON, Canada)

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1450 Safety and efficacy of deep brain stimulation in the management of primary and secondary dystonia: A 27-year literature review

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- 1519 Cortical myclonus: A case series I. Parees, A. Sadnicka, L. Wijesekera, M.J. Edwards, K.P. Bhatia, C. Cordivari (London, United Kingdom)
- 1520 Acquired cerebellar syndrome A.B. Tokcaer, A.A. Gurses (Ankara, Turkey)
- 1521 Does orthostatic myoclonus originate in the cerebral cortex?

 J.A. van Gerpen (Jacksonville, FL, USA)
- 1522 Myoclonus-dystonia. First report in Mexico



S. Velazquez-Osuna, D. Davila-de Montellano, M. Rodriguez-Violante, N. Monroy-Jaramillo, A. Cervantes-Arriaga (Mexico City, Mexico)

Parkinson's disease: Dysautonomia

1523 Nocturnal polyuria in patients with Parkinson's disease reporting nocturia

A. Batla, M. Smith, J. Seth, J. Hofereiter, K.P. Bhatia, J.N. Panicker (London, United Kingdom)

1524 Rasagiline effect on bladder disturbances in early mild Parkinson's disease patients

L. Brusa, S. Musco, A. Stefani, P. Stanzione, E. Finazzi Agro' (Rome, Italy)

1525 Physiological and functional changes in the colon of MPTP-treated common marmosets

E. Coletto, I. Tough, M. Iravani, A. Hikima, M. Jackson, K.R. Chaudhuri, P. Jenner, H. Cox, S. Rose (London, United Kingdom)

- 1526 Quantitative analysis of catecholaminergic neurons in the submucosal plexus in Parkinson's disease A.-G. Corbillé, T. Lebouvier, E. Coron, S.B. Des Varannes, M. Neunlist, P. Derkinderen (Nantes, France)
- 1527 Diagnostic utility of unilateral cold stress test with hand thermography in Parkinson's disease
 F. Escamilla-Sevilla, I. Antonio-Rubio, C.J. Madrid-Navarro, E. Salazar-López, M.J. Pérez-Navarro, C. Sáez-Zea, E. Gómez-Milán, A. Mínguez-Castellanos (Granada, Spain)
- 1528 Tilt-table testing predicts pathological nocturnal blood pressure profiles in Parkinson's disease and multiple system atrophy

A. Fanciulli, S. Strano, J.P. Ndayisaba, G. Goebel, L. Gioffrè, M. Rizzo, C. Colosimo, C. Caltagirone, W. Poewe, G.K. Wenning, F.E. Pontieri (Innsbruck, Austria)

1529 Immunohistochemical study of the most distal axons of the cardiac sympathetic nerve in Parkinson's disease

Y. Fumimura, T. Ichikawa, S. Toru, T. Kobayashi, K. Hirokawa, S. Orimo, H. Mizusawa, T. Uchihara (Tokyo, Japan)

1530 A case of non motor symptoms in Parkinson's disease

K. Harutyunyan, I. Gabrielyan, H. Amirjanyan, G. Avagyan, S. Khachaturyan, A. Voskanyan, A. Sahakyan, A. Avetisyan, H. Manvelyan (Yerevan, Armenia)

1531 Integrated efficacy of droxidopa for neurogenic orthostatic hypotension

R.A. Hauser, S. Isaacson, H. Kaufmann, L.A. Hewitt (Tampa, FL, USA)

1532 In MPTP-treated common marmosets spontaneous and neurogenic contractions of the isolated detrusor strips of MPTP treated common

marmoset are markedly enhanced compared to untreated animals

M.M. Iravani, S. Pritchard, A. Hikima, M.J. Jackson, S. Rose, K.R. Chaudhuri, P. Jenner (Hatfield, United Kingdom)

1533 Association of vitamin D and cardiac autonomic neuropathy in Parkinson's disease

W. Jang, J. Park, H.-T. Kim (Gangneung, Korea)

1534 Severity of orthostatic hypotension in Parkinson's disease: No correlation with the duration of the disease

W.H. Jost, S. Augustis (Wolfach, Germany)

- Decreased levels of CSF chromogranin A may indicate severity of vascular sympathetic dysregulation in early stage PD
 M. Kaiserova, H. Prikrylova Vranova, D. Stejskal, K. Mensikova, P. Kanovsky (Olomouc, Czech Republic)
- 1536 Integrated safety of droxidopa for neurogenic orthostatic hypotension
 H. Kaufmann, R.A. Hauser, J.P. Lisk, C.B.N. Szakacs (New York, NY, USA)
- Is psychological stress induced-salivary alphaamylase secretion as a biomarker for Parkinson's disease?
 K. Kawabe, M. Yanagihashi, Y. Ishikawa, T. Takazawa, O. Kano, K. Ikeda, Y. Iwasaki (Tokyo, Japan)
- 1538 Study of the frequency of some clinical symptoms as possible precursors of Parkinson's disease L.A. Khublarova, O.A. Balunov (Saint-Petersburg, Russia)
- 1539 24hr ambulatory blood pressure monitoring in SWEDDs with Parkinson's disease H.-T. Kim, S.-J. Kang, M.H. Kim, J.Y. Ahn (Seoul, Korea)
- The spectrum of autonomic dysfunction in Parkinson's disease
 I. Liepelt-Scarfone, A. Pilotti, S. Graeber, J. Streffer, D. Berg (Tuebingen, Germany)
- 1541 Gastroparesis symptoms in early Parkinson's disease: Part of a wider spectrum of autonomic and non-motor dysfunction
 S.L. Marrinan, N. Malek, N.P. Bajaj, R.A. Barker, Y. Ben-Shlomo, T. Foltynie, H.R. Morris, N. Williams, N.W. Wood, D.G. Grosset, A.V. Emmanuel, D.J. Burn (Newcastle upon Tyne, United Kingdom)
- 1542 Heart rate variability by passive leg raising test in patients with Parkinson's disease and multiple system atrophy in early stages
 V.A. Martínez Villota, J.D. Triana, W. Fernández Escobar (Pasto, Colombia)
- 1543 Leptin and ghrelin concentrations associated with cardiovascular dysautonomia in Parkinson's disease

T. Nakamura, A. Okada, Y. Mizutani, J. Suzuki, Y. Okada, M. Hirayama, G. Sobue (Nagoya City, Japan)



1544 Cortical atrophy in patients with Parkinson's disease and orthostatic hypotension M. Pilleri, L. Weis, V. Marcon, R. Biundo, S.

M. Pilleri, L. Weis, V. Marcon, R. Biundo, S Facchini, A. Antonini (Venice-Lido, Italy)

1545 Nizatidine ameliorates gastroparesis in Parkinson's disease

R. Sakakibara, H. Doi, F. Tateno, M. Kishi, Y. Tsuyusaki (Sakura, Japan)

1546 MIBG scintigraphy in pre-motor Parkinson's disease: Cases of constipation and cases of memory disorder

R. Sakakibara, F. Tateno, M. Kishi, Y. Tsuyusaki (Sakura, Japan)

1547 In vivo gastric detection of α -synuclein inclusions in Parkinson's disease

A. Sanchez-Ferro, A. Rabano, M.J. Catalan, F. Canga Rodriguez-Valcarcel, S. Fernandez Diez, J. Herreros-Rodriguez, E. Garcia-Cobos, M. Mata Alvarez-Santullano, L. Lopez-Manzanares, A.J. Mosqueira, L. Vela Desojo, J.J. Lopez-Lozano, E. Lopez-Valdes, J.A. Molina-Arjona (Cambridge, MA, USA)

1548 Gut microbiota are associated with Parkinson's disease and clinical phenotype – A case-control study

F. Scheperjans, V. Aho, P.A.B. Pereira, K. Koskinen, L. Paulin, E. Pekkonen, E. Haapaniemi, S. Kaakkola, J. Eerola-Rautio, M. Pohja, E. Kinnunen, K. Murros, P. Auvinen (Helsinki, Finland)

1549 Detection of covert autonomic dysfunction in Parkinson's disease using continuous non-invasive blood pressure monitoring

S. Shah, A. Hellman, S. Pawlowski, J.E. Duda, J.F. Morley (Philadelphia, PA, USA)

Autonomic imbalance in Parkinson's disease patients with or without LRRK2 gene mutations
 P. Solla, C. Cadeddu, A. Cannas, N. Mura, R. Farris,
 M. Deidda, P.P. Bassareo, G. Mercuro, F. Marrosu (Monserrato, Italy)

1551 Anti-parkinsonian medication may aggravate constipation in patients with newly diagnosed idiopathic Parkinson's disease
T.O. Son, J. Youn, J.W. Cho (Seoul, Korea)

1552 Distorted circulatory response to static handgrip and post-exercise ischemia in Parkinson's patients A. Strasz, A. Gasiorowska, A. Karbowniczek, W. Niewiadomski, E. Palasz, M. Zylinski, M. Skupinska, G. Cybulski (Warsaw, Poland)

1553 Constipation is reduced in Parkinson's disease patients treated with beta-blockers: A case report and retrospective analysis of 300 patients
M. Tagliati, A. Bautista, G. Pagano (Los Angeles, CA, USA)

1554 Urinary dysfunction during voiding phase is correlated with not age but motor severity in patients with Parkinson's disease
T. Uchiyama, Z. Liu, T. Yamamoto, C. Shibata-Yamaguchi, Y. Watanabe, K. Hashimoto, H. Tateno,

Y. Higuchi, T. Shingo, M. Yanagisawa, M. Fuse, T. Yamanishi, R. Sakakibara, S. Kuwabara, K. Hirata (Tochigi, Japan)

1555 α-Synuclein pathology accumulates in spinal visceral afferent pathways in Parkinson's disease V. VanderHorst, T. Samardzic, C.B. Saper, J.A. Schneider, D.A. Bennett, A.S. Buchman (Boston, MA, USA)

1556 24 hour ambulatory blood pressure monitoring in Parkinson's disease and multiple system atrophy E. Vichayanrat, D.A. Low, E. Stuebner, V. Iodice, C.J. Mathias (London, United Kingdom)

Non-motor symptoms in patients with Parkinson's disease, essential tremor and both diseases
 I. Wurster, A. Abaza, N. Runge, M. Rüdiger-Albers, I. Liepelt-Scarfone, D. Berg (Tuebingen, Germany)

Exercise stress testing results during the premotor phase of Parkinson's disease
G. Yahalom, E. Maor, S. Hassin-Baer, S. Segev, Y. Sidi, S. Kivity (Ramat-Gan, Israel)

STOCKHOLM SWEGEN JUNE 8-12, 2014

LATE-BREAKING ABSTRACTS

- LBA 1 A randomized trial of creatine monohydrate to impede Parkinson disease (PD) progression
- LBA 2 Progressive nigrostriatal neurodegeneration associated with α -synuclein spreading and pathology induced by AAV-mediated overexpression of mutant synuclein in mice, rats and marmosets
- LBA 3 Targeting of the red nucleus for cerebellar tremor $\,$
- LBA 4 The Effects of Tyrosine on Orthostatic Hypotension and Autonomic Responses in Parkinson Disease: Randomized, Double-blind, Placebo-Controlled Trial
- LBA 5 Levodopa restores the deficient motor cortex plasticity in aging
- LBA 6 Cerebrospinal fluid neurofilament light chain discriminates multiple system atrophy from Parkinson's disease
- LBA 7 Low Muscle Strength in Late Adolescence is Associated with an Increased Risk of Parkinson's Disease Later in Life: A Nationwide Cohort Study
- LBA 8 Autologous Mesenchymal Stem Cells in patients with Progressive Supranuclear Palsy: results from an open phase first-in-man approach
- LBA 9 Severe and reversible Presynaptic Ligand SPECT captation reduction in Akinetic Crisis of Parkinsonism and neuroleptic malignant syndrome
- LBA 10 The adenosine ${\rm A_{2A}}$ receptor antagonist, istradefylline enhances anti-parkinsonian effects of dopamine agonists in MPTP-treated common marmosets
- LBA 11 Effectiveness and safety of acupuncture and bee venom acupuncture in idiopathic Parkinson's disease
- LBA 12 Comparative analysis of human iPS cell-derived dopaminergic neurons from monozygotic twins discordant for Parkinson's disease
- LBA 13 Cognitive and cortical thinning patterns of subjective cognitive decline in patients with and without Parkinson's disease
- LBA 14 Dose Escalation of Oral Octanoic Acid for Treatment of Essential Tremor - A Safety Study
- LBA 15 Deep Brain Stimulation at short pulse width results in superior therapeutic windows for treatment of Parkinson's Disease: a randomized, controlled, double-blind neurostimulation trial (CUSTOM-DBS)
- LBA 16 A Chinese Familial Cortical Myoclonic Tremor with Epilepsy Pedigree Localized on Chromosome 8q22.3-q24.13
- LBA 17 First 1-year real-life study to assess management of augmentation of restless legs syndrome by switching to rotigotine patch

- LBA 18 DPI-289, a novel bi-functional delta agonist / mu antagonist (DAMA) therapy for Parkinson's disease
- LBA 19 AbobotulinumtoxinA (Dysport®), improves disease-specific quality of life in patients with cervical dystonia, as measured by Patient-Reported Outcomes, in a Phase III, randomized, double-blind, placebo-controlled study
- LBA 20 Targeting muscarinic receptor subtypes as a therapeutic approach in dystonia
- LBA 21 Ultra-micronized Palmitoylethanolamide ultramicronized in Parkinson's disease
- LBA 22 Withdrawn
- LBA 23 The caudal Zona incerta does not prove suitable as a target for deep brain stimulation in Parkinson's disease
- LBA 24 Neurologist Care Prevents of 4,500 Deaths Annually in Patients with Parkinson's Disease in the US: A Meta-Analysis
- LBA 25 Spastic movement disorder treated by AbobotulinumtoxinA (Dysport®) in the hemiparetic upper limb: a randomized, double-blind, placebo-controlled, Phase III study
- LBA 26 Introduction of a new treatment concept levodopa/carbidopa microtablets
- LBA 27 White matter involvement may explain phenotypic pleiotropy amongst genes involved in episodic movement disorders
- LBA 28 Targeting impulsivity in Parkinson's disease using atomoxetine
- LBA 29 A Panel of 9 Cerebrospinal Fluid Biomarkers May Aid in the Differential Diagnosis of Parkinsonian Disorders: A Prospective Cohort Study
- LBA 30 Getting 'personal' with rasagiline therapy in early Parkinson's disease: A retrospective pharmacogenetic study of the ADAGIO trial
- LBA 31 Development of L-745,870, a selective D4 receptor antagonist, for the treatment of L-DOPA-induced dyskinesia
- LBA 32 Gait disorders and freezing in patients with ephedrone parkinsonism
- LBA 33 VANTAGE trial: Twelve month (12 mo.) follow up of a prospective, multi-center trial evaluating Deep Brain Stimulation with a new multiple-source, constant-current rechargeable system (Vercise $^{\text{TM}}$) in Parkinson's disease
- LBA 34 Evolution of sleep disturbances in early Parkinson's disease: a longitudinal study

Late-Breaking Abstracts



MDS STUDY GROUP ABSTRACTS

- SG 1 MDS study group validation of MDS criteria for mild cognitive impairment in Parkinson's disease
- SG 2 MRI plani- and volumetry in the diagnosis of progressive supranuclear palsy
- SG 3 Co-pathology and clinical correlation in progressive supranuclear palsy
- SG 4 Clinical predictors of survival in patients with progressive supranuclear palsy
- SG 5 Non-motor dominant profiles in Parkinson's disease: First analysis from an international naturalistic study
- SG 6 Non-motor symptoms in drug naïve versus longterm Parkinson's disease patients: Results from an UK multicenter study
- SG 7 A novel Parkinson's disease pain questionnaire (King's PD pain quest): The patient's perspective
- SG 8 Validation of a novel Parkinson's disease pain scale (King's PD pain scale): A multicentre pilot study
- SG 9 Non motor symptoms profile in black and south Asian minority ethnic subjects compared to white Caucasians with Parkinson's disease: A prospective multicentre comparative study between London South and India

- SG 10 Bilateral subthalamic stimulation improves aspects of non-motor symptoms in Parkinson's disease
- SG 11 Profile of non-motor symptoms in patients with Parkinson's disease of 20 years duration: Data from an international collaboration
- SG 12 Prevalence, severity and correlates of impulse control disorders in Parkinson's disease patients with dementia
- SG 13 Neuropsychiatric symptoms in Parkinson's disease (PD): An epidemiological study based on the scale for evaluation of neuropsychiatric disorders in PD
- SG 14 Global MSA Registry (GLOMSAR): Objectives and Methodology
- SG 15 Clinical characteristics of long-term survivors in multiple system atrophy: An analysis of the EMSA-SG registry
- SG 16 Cognitive impairment in multiple system atrophy.
 A position statement by the neuropsychology task force of the MDS multiple system atrophy (MODIMSA) study group
- SG 17 The Movement Disorder Society-Endorsed PSP Study Group













CORPORATE THERAPEUTIC SYMPOSIA

These company-based information sessions will provide attendees with non-CME educational opportunities to learn the latest in therapeutics.

Monday, June 9, 2014

Britannia Pharmaceuticals Ltd.

14:00 – 15:00 Location: Victoria Hall

20 years of apomorphine therapy: How does it compare to levodopa?

Chair: Andrew Lees

London, United Kingdom

Continuous infusion-based drug delivery strategies:

What is new in comparative data?

K. Ray Chaudhuri London, United Kingdom

Delayed time-to-ON morning akinesia, or dose failure –

oral levodopa response and GI dysfunction

Stuart Isaacson Boca Raton, FL, USA

Teva Pharmaceutical Industries/Lundbeck A/S

14:00 - 15:00 Location: Room A1

The spectrum of Parkinson's disease treatment

Chair: Olivier Rascol Toulouse, France

ADAGIO follow-up study: The natural history of

Parkinson's disease C. Warren Olanow New York, NY, USA

Adjunct rasagiline to treat Parkinson's disease patients with motor fluctuations: A randomized double-blind

study in China Zhen-Xin Zhang *Beijing, China*

Impact of pharmacological interventions on quality of life

in Parkinson's disease patients

Heinz Reichmann *Dresden, Germany* Panel discussion

Tuesday, June 10, 2014

UCB Pharma S.A.

14:00 – 15:00 Location: Victoria Hall

Treatment strategy to improve Parkinson's disease patients' well-being throughout their journey

Chair: Per Odin

Lund, Sweden and Bremerhaven, Germany

Holistic treatment strategy to improve the lives of Parkinson's patients beyond motor symptoms

Javier Pagonabarraga *Barcelona, Spain*

Treatment of early Parkinson's disease now to impact

outcome in years to come Lars Timmermann Cologne, Germany

Long-term benefits of rotigotine transdermal patch in the

treatment of Parkinson patients' journey

Angelo Antonini Venice, Italy

AbbVie

14:00 - 15:00 Location: Room A1

Key components of successful strategies to manage patients with advanced Parkinson's disease

Chair: Werner Poewe Innsbruck, Austria

Chair's welcome and introduction: Optimizing management of patients with APD: Challenges and

opportunities Werner Poewe *Innsbruck, Austria*

Panel Discussion: Patient-centric approach to APD management: Perspectives from the multidisciplinary

team

Bastiaan Bloem Nijmegen, Netherlands Stephen Pedersen Copenhagen, Denmark

Dag Nyholm Uppsala, Sweden Dirk Domagk Muenster, Germany

Continuous dopaminergic stimulation to improve patient outcomes

The latest data: Efficacy and safety of duodopa

K. Ray Chaudhuri London, United Kingdom

Building on clinical trial experience: Duodopa case

presentation

Regina Katzenschlager Vienna, Austria

CORPORATE THERAPEUTIC SYMPOSIA

Wednesday, June 11, 2014

Ipsen

13:30 – 14:30 Location: Victoria Hall

Opening new horizons for patients with movement disorders

Chair: Werner Poewe

Innsbruck, Austria

Patient perspectives on their disease management

Mike Barnes

Newcastle upon Tyne, United Kingdom

Results of a phase III study in cervical dystonia with

abobotulinumtoxinA liquid formulation

Werner Poewe Innsbruck, Austria

New toxins to address patient's needs

Keith Foster

Abingdon, United Kingdom

Thursday, June 12, 2014

Zambon SpA

13:30 – 14:30 Location: Victoria Hall

Old myths and new facts in PD: The future role of dual dopaminergic/glutamatergic modulation in mid- to late-stage disease

Chair: Susan Fox

Toronto, ON, Canada Chair Introduction Susan Fox

Toronto, ON, Canada

The dopaminergic/glutamatergic imbalance in PD models: Implications for treatment and disease

progression Michele Morari *Ferrara, Italy*

Unmet needs in mid- to late-stage PD: From pathophysiology to current treatments

Paolo Barone *Napoli, Italy*

Rational treatment approaches in PD: Aligning mechanisms of action with mechanisms of disease and

progression Heinz Reichmann *Dresden, Germany*

Scientific and Technology Pavilion

Medtronic, Inc.

Tuesday, June 10 10:00-17:00 Location: Room K11 Through the Science and Technology Pavilion, MDS' industry partners provide delegates the opportunity to learn about the latest science in an interactive session.

The Medtronic Innovation Center takes delegates on a journey from a garage in Minneapolis, MN, USA, in 1949 to a company today with technologies that improve a life every 3 seconds in tireless pursuit of Medtronic's enduring Mission: alleviate pain, restore health and extend life.

CME credit is not given for any activities in the Science and Technology Pavilion. All Congress participants are encouraged to visit the Pavilion.



International Parkinson and Movement Disorder Society

EXHIBITOR INFORMATION

Exhibit Hall

Location: Exhibition Hall B

Please allow adequate time in your daily schedule to visit the Exhibit Hall. The exhibition is an integral component of your International Congress experience, offering you the opportunity to speak with representatives of companies providing services or marketing products directly related to Movement Disorders.

Exhibit Hall hours are as follows:

Monday, June 9	9:00 - 18:00
Tuesday, June 10	9:00 - 18:00
Wednesday, June 11	9:00 - 18:00
Thursday, June 12	9:00 - 16:00

Exhibitor Registration

Location: Entrance Hall, Ground Level

Exhibitors must register and pick up their badge at the Exhibitor Registration Desk.

Exhibitor Registration Desk hours are as follows:

Saturday, June 7:	16:00 – 20:00
Sunday, June 8:	7:00 – 20:00
Monday, June 9:	7:00 - 18:00
Tuesday, June 10:	7:00 - 18:00
Wednesday, June 11:	7:00 - 18:00
Thursday, June 12:	7:00 - 16:00

Exhibitor Badge Policy

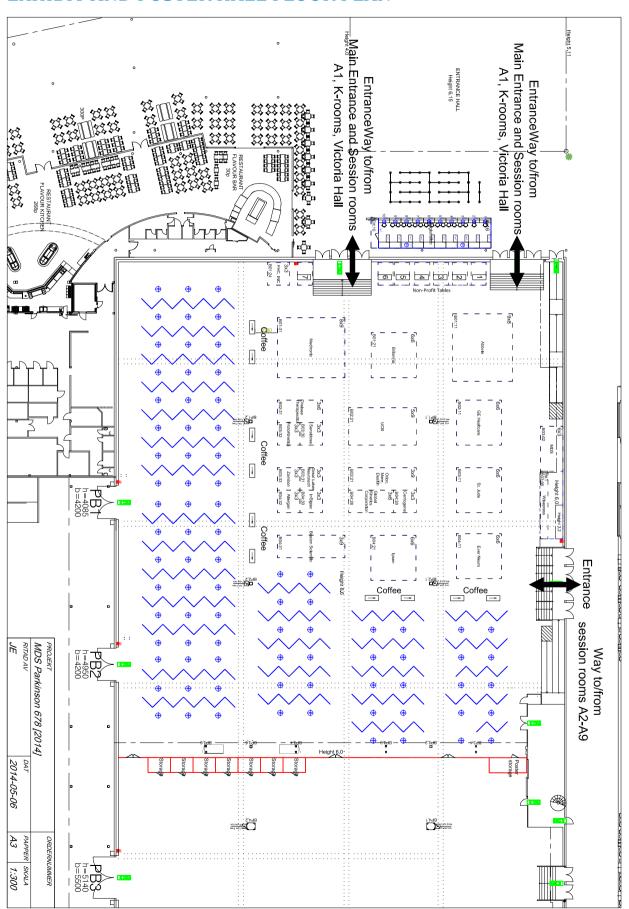
Admission to the Exhibit Hall will be by name badge only. Security guards will monitor Exhibit Hall entrances for proper identification. Exhibit stand personnel must show an official MDS exhibitor name badge in order to gain access to the Exhibit Hall during installation, show, or dismantlement hours.

Exhibitor Personnel Badge (Yellow): Allows admittance to the Exhibit Hall only.

Endorsement Disclaimer

Products and services displayed in the Exhibit Hall or advertised in the program occur by contractual business arrangements between MDS and participating companies and organizations. These arrangements do not constitute nor imply an endorsement by MDS of these products and services.

EXHIBIT AND POSTER HALL FLOOR PLAN





ABBVIE INC.

1 North Waukegan Road North Chicago, IL 60064

United States

Telephone: +1 800-255-5162 Website: <u>www.abbvie.com</u>

Booth #: B01:11

AbbVie is a global, research-based biopharmaceutical company formed in 2013 following separation from Abbott. The company's mission is to use its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world's most complex and serious diseases. In 2013, AbbVie employs approximately 21,000 people worldwide and markets medicines in more than 170 countries. For further information on the company and its people, portfolio and commitments, please visit www.abbvie.com. Follow @abbvie on Twitter.

ALLERGAN INC.

2525 Dupont Dr. Irvine, CA 92612

USA

Telephone: +1714-246-4500 Website: <u>www.allergan.com</u>

Booth #: B04:32

Allergan is a multi-specialty health care company established more than 60 years ago with a commitment to uncovering the best of science and helping people reach their life's potential. With approximately 11,400 employees worldwide, we are committed to discovering new therapies to treat unmet medical needs in eye care, neurosciences, medical aesthetics, medical dermatology, breast aesthetics and urology.

BOSTON SCIENTIFIC

25155 Rye Canyon Loop Valencia, CA 91355

USA

Telephone: +1 661-949-4220 Website: <u>www.vercise.com</u>

Booth #: B04:31

Boston Scientific is a worldwide developer, manufacturer and marketer of medical devices whose products are used in a broad range of interventional medical specialties. As an innovation leader in Neuromodulation and implantable Deep Brain Stimulation Technology, Boston Scientific is committed to transforming lives through innovative medical solutions that improve the health of patients.

BRITANNIA PHARMACEUTICALS LTD.

100 Berkshire Place Wharfedale Roade

Winnersh, Berkshire RG41 5RD

United Kingdom

Telephone: +44 11 892 15900 Website: www.britannia-pharm.co.uk

Booth #: B01:21

Britannia Pharmaceuticals Limited is a UK based pharmaceutical company specializing in niche innovative products for chronic and serious medical conditions, and in particular, the treatment of patients with Parkinson's disease.

The need for apomorphine as a treatment option for Parkinson's disease has led to the development of APO-go and other associated brands around the globe, which are available in many countries through our Distribution or Licensing Partners. For more information please visit www.apo-go.com.

CENTOGENE AG

Schillingallee 68 Rostock 18057 Germany

Website: www.centogene.com

Booth #: B04:20

CENTOGENE is a leading laboratory in genetic testing for rare hereditary disorders. We support medical professionals with advanced genetic testing services, providing high quality reports to make the right decisions for your patients. CENTOGENE is active in diagnosing rare genetic diseases worldwide. This gives us a clear understanding of the importance of ethnicity-specific results, further improving the benefit for your patients. CENTOGENE has implemented a prestigious international quality control scheme at its laboratory, holding multiple accreditations including ISO, CAP and CLIA.

CHELSEA THERAPEUTICS

3530 Toringdon Way, Suite 200

Charlotte, NC 28277

USA

Telephone: +1 704-341-1516 Fax: +1 704-752-1479

Website: www.chelseatherapeutics.com

Booth #: BO2:31

Chelsea Therapeutics is a biopharmaceutical company that acquires and develops innovative products for the treatment of a variety of human diseases, including central nervous system disorders.



DESTIN ARZNEIMITTEL GMBH

Weg beim Jaeger 214 Hamburg D-22335

Germany

Telephone: + 49 40 591010 Fax: + 49 40 59101366

Website: www.desitinpharma.com

Booth #: B03:21

Desitin is a successful pharmaceutical company, founded 1919 in Germany, independent, family owned, fully integrated with own production and affiliates around Europe. Today Desitin is well established as a specialist in the field of CNS, primarily Epilepsy and Parkinson's disease and also blepharospasm/ dystonia/spasticity; recently entered Dermatology in Scandinavia.

DYSTONIA EUROPE

37 Square de Meeus, 4th floor Brussels 1000 Belgium

Telephone: +46 739 984961 Website: <u>www.dystonia-europe.org</u>

Table #: 7

Dystonia Europe is the platform at the European level for all dystonia stakeholders in Europe. We work in partnership with patient advocacy groups, clinicians, researchers, healthcare professionals, and the pharmaceutical and medical device industry.

By connecting people across Europe we aim to raise awareness, spread information and promote research within the field of dystonia.

EUROPEAN PARKINSON'S DISEASE ASSOCIATION (EPDA)

1 Northumberland Street Trafalgar Square London WC2N 5BW United Kingdom Telephone: +44 207 8725510

Fax: +44 207 8725611 Website: <u>www.epda.eu.com</u>

Table #: 1

EPDA is the only European umbrella organization for Parkinson's disease, representing 45 member organizations and advocates for the rights and needs of over 1.2 million people. Its vision is to enable a full life whilst supporting the search for a cure; aiming to raise the profile of Parkinson's, enabling people to be treated effectively and equally throughout Europe.

EVER NEURO PHARMA GMBH

Oberburgau 3 Unterach 4866

Austria

Telephone: +43 7665 20 555 530 Fax: +43 7665 20 555 910

Booth #: B04:11

EVER Neuro Pharma is an Austrian pharmaceutical company focused on the field of neuroscience. Based on our experience and proprietary R&D technology platform we develop innovative therapies for neurological disorders.

At the core of our technologically mature and safe products is Cerebrolysin®, a neurotrophic peptide compound which mimics the actions of endogenous neurotrophic factors. Among other agents our product portfolio is strengthened with Dacepton® (apomorphine hydrochloride) for the treatment of disabling motor symptoms of Parkinson's disease and Tachyben® (urapidil hydrochloride) for patients with hypertensive emergencies.

The future development of therapies for neurological diseases will increasingly rely on the pleiotropic, multifunctional approach. Recognizing this trend we keep to our endeavor for further refinement of the neurotrophic therapies, and for constant improvement of our patient oriented services.

FHC, INC.

1201 Main Street Bowdoin, ME 04287

USA

Telephone: +1 207-666-8190 Fax: +1 207-666-8292 Website: <u>www.fh-co.com</u>

Booth #: B01:24

For over 40 years FHC has served the neuroscience community with a commitment to innovate through collaboration. Come see the new software for our Guideline 4000 LP+™ Recording/ Stimulating System, learn about our Neurocase surgical support options and our improved STarFix Platform for patient-specific stereotaxy. Demo our WayPoint™ Navigator Planning System and STar™ Microdrive Systems, all backed with 24x7 technical support.



GE HEALTHCARE

Pollards Wood, Nightingales Ln, Chalfont, St. Giles Buckinghamshire, HP8 4SP

United Kingdom

Telephone: +44 1494 544000 Website: www.gehealthcare.com

Booth #: B02:11

GE Healthcare delivers a broad portfolio of diagnostic solutions for neurological conditions and takes comprehensive approach to understanding Alzheimer's and dementia through its on-going research to uncover the causes, risks and effects of these diseases enabling early access to accurate diagnosis. GE Healthcare offers a broad portfolio of imaging resources including the manufacture of SPECT and PET imaging agents, platforms to scan patients and is developing image analysis software to support physicians in the interpretation of the results. GE Healthcare seeks to transform the diagnosis of dementia to enable improved patient treatment and management.

GLOBAL KINETICS CORPORATION PTY LTD.

530 Collins Street, Level 6 Melbourne, VIC 3000

Australia

Telephone: +61 3 9605 0034

Website: www.globalkineticscorporation.com

Booth #: B04:28

GKC has developed the Parkinson's KinetiGraph (PKG) for objective, ambulatory assessment of people with Parkinson's (PWP). The PKG records movement continuously for up to 10 days in a PWP's home environment (using a simple wrist worn device) and reports their clinical state including scaled measures of bradykinesia and dyskinesia relative to controls, fluctuation severity in respect of the timing of medication, a record of self-reported compliance and daytime immobility (which is representative of sleep).

GREAT LAKES NEUROTECH

10055 Sweet Valley Drive Valley View, OH 44125

USA

Telephone: +1 855-456-3876 Fax: +1 216-361-5420

Website: www.GLNeuroTech.com

Booth #: B03:31

Kinesia technology is integrated in clinical trials around the globe for Parkinson's disease and movement disorders. Intelligent remote sensing technology increases sensitivity and reliability of outcome measures, improves efficiency with web applications and expands accessibility by remote monitoring and telemedicine.

INSIGHTEC

5 Nachum Heth St. Tirat Carmel 39012

Israel

Telephone: +972 4 8131313 Website: <u>www.insightec.com</u>

Booth #: B04:30

InSightec is the world leader in MR-guided Focused Ultrasound (MRgFUS) therapy. Its latest product, ExAblate Neuro, is the first system capable of performing a highly accurate thalamotomy with no incision and no radiation while also allowing real-time anatomic and physiologic feedback during surgery.

IPSEN

65 Quai Georges Gorse Boulogne Billancourt Haut-de-Seine 92100

rance

Telephone: +33 1 58 33 6058 Website: <u>www.ipsen.com</u>

Booth #: B04:21

Ipsen is a global specialty-driven pharmaceutical company with total sales exceeding €1.2 billion in 2012. Ipsen's ambition is to become a leader in specialty healthcare solutions for targeted debilitating diseases. Its development strategy is supported by three franchises: urology-oncology, endocrinology and neurology. Moreover, the Group has an active policy of partnerships. Ipsen's R&D is focused on its innovative and differentiated technological platforms, peptides and toxins. In 2012, R&D expenditure totaled close to €250 million, representing more than 20% of Group sales.



KINETICS FOUNDATION

280 Second Street, Suite 220 Los Altos, CA 94022

USA

Telephone: +1 503-720-1668

Website: www.kineticsfoundation.org

Table #: 6

The Kinetics Foundation is a private bioengineering philanthropy in Silicon Valley. Our Objective Parkinson's Disease Measurement (OPDM) System is a platform for functional biomarkers of PD. Our latest system OPDM 2.0 works on web and smartphone platforms. We also inform surgical trials on direct drug delivery techniques to the brain.

MEDTRONIC INTERNAIONAL TRADING SÁRL

Route du Molliau 31 Tolochenaz CH – 1131

Switzerland

Telephone: +41 21 802 7000 Website: www.medtronic.com

Booth #: B01:31

At Medtronic, we're committed to innovating for life by pushing the boundaries of medical technology and changing the way the world treats chronic disease. To do that, we're thinking beyond products and beyond the status quo - to continually find more ways to help people live better, longer.

MERZ GMBH & CO. KGAA

Eckenheimer Landstrase 100 Frankfurt am Main D-60318

Germany

Telephone: +49 69 15030 Fax: +49 69 1503200 Website: <u>www.merz.com</u>

Booth #: B03:21

 $\label{eq:merz} \mbox{Merz is a privately held pharmaceuticals company based in}$

Frankfurt, Germany.

We are active in research, development and distribution of innovative aesthetic medicine and dermatology as well as in the fields of movement disorders, Alzheimer's disease, hepatic encephalopathy and Parkinson's disease.

NATIONAL SPASMODIC TORTICOLLIS ASSOCIATION

9920 Talbert Avenue Fountain Valley, CA 92708

United States

Telephone: +1 800-487-8385 Website: <u>www.torticollis.org</u>

Table #: 5

The mission of the National Spasmodic Torticollis Association is to support the needs and wellbeing of affected individuals and families; to promote awareness and education; to advance research for more treatments and ultimately a cure. Over the years, NSTA has helped thousands of people in their search for relief from the pain and disability caused by ST.

ORION CORPORATION ORION PHARMA

Orionintie 1 Espoo FI-20101

Finland

Telephone: +358 10 426 4441 Website: <u>www.orion.fi/en</u>

Booth #: B03:21

Orion Pharma is a Finnish listed company dedicated to treating and preventing disease by discovery, and developing innovative human and veterinary medicinal treatments for global markets. Our core therapy areas are CNS, critical care and asthma therapy. Find out more at www.orion.fi/en.

PARKINSON'S MOVEMENT

C/o The Cure Parkinson's Trust, St. Botolph's Church London EC3N 1AB

England

Telephone: +44 207 929 7656

Website: www.parkinsonsmovement.com

Table #: 4

Parkinson's Movement (PM) was established by The Cure Parkinson's Trust to ensure the patient voice is heard, and has influence on, all areas of practice in relation to Parkinson's Disease. A patient-driven community group, PM produces an informative Webinar series, a quarterly newsletter and conducts regular surveys and polls among patient groups. PM has a strong presence at major PD conferences and also organizes its own research events. PM is proactive across social media sites as well as its own website. It has strong links with PD organizations around the world and provides regular commentary and opinion on research news, conferences and PD-related events as well as publishing articles.



PROTOKINETICS GAIT ANALYSIS WALKWAYS

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USA

Telephone: +1 610-449-4879 Fax: +1 610-853-2925

Website: www.protokinetics.com

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SENSIDOSE AB

Virdings Allé 32B Uppsala 75450 Sweden

Telephone: +46 18 7011 804 Website: <u>www.sensidose.se</u>

Booth #: B03:30

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ST. JUDE MEDICAL

Av Da Vinci Iaan 11 – Box F1 Zaventem B-1935

Belgium

Telephone: +32 2 774 6844 Website: www.sjm.com

Booth #: B03:11

St. Jude Medical develops medical technology designed to put more control into the hands of those who treat cardiac, neurological and chronic pain patients worldwide. The company is dedicated to advancing the practice of medicine by reducing risk wherever possible and contributing to successful patient outcomes. Learn more at simprofessional.com.

SWEDISH PARKINSON'S DISEASE ASSOCIATION

Skeppargatan 52 Stockholm 114 58

Sweden

Telephone: +46 866 62070

Website: www.parkinsonforbundet.se

Table #: 2

The Swedish Parkinson's Disease Association is a non-profit, democratic organization that is politically, religiously and commercially independent. The purpose of the Association is to work for people with Parkinson's and their families. The Association also runs a Foundation to support Swedish Clinical Parkinson's Research.

UCB PHARMA SA

Allée de la Recherche 60 Brussels 1070

Belgium

Telephone: +32 2 559 9427 Website: www.ucb.com

Booth #: B02:21

UCB, Brussels, Belgium is a global biopharmaceutical company focused on the discovery and development of innovative medicines and solutions to transform the lives of people living with severe diseases of the immune system or of the central nervous system. With about 9000 people in approximately 40 countries, the company generated revenue of EUR 3.4 billion in 2012. UCB is listed on Euronext Brussels (symbol: UCB).

WISEPRESS MEDICAL BOOKSHOP

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United Kingdom

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EXHIBITOR DIRECTORY

WORLD PARKINSON COALITION

1359 Broadway, Suite 1509 New York, NY 10018 United States

Telephone: +1 212-923-4700 Fax: +1 212-923-4778

Website: www.worldpdcongress.org

Table #: 3

The 4th World Parkinson Congress, will take place from September 20 – 23, 2016 in Portland, OR, USA. By bringing some of the world's most respected movement disorder specialists, neuroscientists, nurses, rehab specialists together with people with Parkinson's and care partners, WPC 2016 will provide a vibrant international forum to learn about the latest scientific discoveries, medical practices, and care initiatives for PD. Visit www.worldpdcongress.org for more information.

ZAMBON SPA

Via Lillo del Duca 10 Bresso 20091

Italy

Telephone: +39 02 66524265 Website: <u>www.zambongroup.com</u>

Booth #: B03:33

Zambon is a leading Italian family company that has operated for 108 years in the chemical and pharmaceutical industries. The company is well-established in 3 therapeutic areas: respiratory, pain and woman care. Zambon is also focusing on strengthening the respiratory area with the treatment of severe diseases such as chronic obstructive pulmonary disease (COPD) and cystic fibrosis (CF), with the acquisition of Pharma Profile from Philips. Zambon is carrying on the 132 million Euro investments plan for the years 2013 – 2017 in supporting research and development.

The Group entered into a new important therapeutic area, the Central Nervous System (CNS), with the molecule Safinamide for the treatment of Parkinson's disease. The Respiratory Business and CNS are the two main drivers of the development strategy of the company. Zambon, headquartered in Milan, is present in 73 countries with more than 2,600 employees and 21 operating subsidiaries.

SUPPORTER ACKNOWLEDGEMENT

MDS acknowledges the following supporters of these 2014 International Congress activities through unrestricted educational grants:

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Therapeutic Plenary Session 1103: *Treatment of non-motor Parkinson's disease*, supported by ACADIA Pharmaceuticals

Parallel Session 2203:

Dyskinesias associated with old and new therapies in Parkinson's disease, supported by Adamas Pharmaceuticals

Parallel Session 4203: *New Developments in Deep Brain Stimulation,* supported by Medtronic, Inc.

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Guided Poster Tour 13: *Sleep Disorders and RLS*, supported by UCB Pharma S.A.

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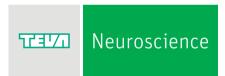


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IMPORTANT DATES

OCTOBER 1, 2014
Abstract Submission Opens

DECEMBER 3, 2014 Registration Opens

JANUARY 5, 2015
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MAY 15, 2015 Final Pre-Registration Deadline

JUNE 14-18, 2015
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FOR MORE INFORMATION, PLEASE CONTACT:

Mr. Anthony Giovinazzo, President & CEO, Cynapsus Therapeutics ajg@cynapsus.ca (416) 703-2449 x225 www.cynapsus.ca

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