The Movement Disorder Society’s
11th International Congress of Parkinson’s Disease and Movement Disorders

Istanbul, Turkey
June 3-7, 2007
Bringing together efficacy and simplicity in Parkinson's disease

AZILECT as initial monotherapy
- Improves PD symptoms and motor function¹
- Provides long-term benefits when initiated early²

AZILECT as first adjunct therapy
- Decreases daily ‘OFF’ time³,⁴
- Controls motor symptoms throughout the day – improves morning ‘OFF’ time⁵

AZILECT is simple to start and simple to use
- Once-daily, no titration dosing⁶
- Safe and well tolerated¹,⁵

EU abbreviated prescribing information. Name: AZILECT® 1mg (Active substance: Rasagiline mesylate) Indication: Treatment of idiopathic Parkinson's disease (PD) as monotherapy (without levodopa) or as adjunct therapy (with levodopa) in patients with end of dose fluctuations. Contraindications: Hypersensitivity to the active substance or to any of the excipients. Concomitant treatment with other monoamine oxidase inhibitors (MAOIs) or pethidine is contraindicated. At least 14 days should elapse between discontinuation of rasagiline and initiation of treatment with monoamine oxidase inhibitors or pethidine. Rasagiline is contraindicated in patients with severe hepatic insufficiency. Special warnings and precautions: The concomitant use of rasagiline and fluoxetine or fluvoxamine should be avoided. At least five weeks should elapse between discontinuation of fluoxetine and initiation of treatment with rasagiline. At least 14 days should elapse between discontinuation of rasagiline and initiation of treatment with fluoxetine or fluvoxamine. The concomitant use of rasagiline and dextromethorphan or sympathomimetics such as ephedrine or pseudoephedrine is not recommended. Caution should be used when initiating treatment with rasagiline in patients with mild hepatic insufficiency. Rasagiline use in patients with moderate hepatic impairment should be avoided. Interactions: In view of the MAO inhibitory activity of rasagiline, antidepressants should be administered with caution. Co-administration of rasagiline and ciprofloxacin (or other potent inhibitors of CYP1A2) should be administered with caution. Caution should be used when administering the combination to pregnant women. Caution should be exercised when administering the combination to breast-feeding mothers. Adverse reactions with at least 2% difference over placebo: Monotherapy: Headache, asthenia, dyspepsia, flu syndrome, depression, conjunctivitis, malaise, neck pain. Adjunctive therapy: dyskinesia, accidental injury (primarily falls), postural hypotension, weight loss, constipation, abdominal pain, vomiting. Posology: 1 mg once daily with or without levodopa. It can be taken with or without food. Overdose: Symptomatic treatment: Patients should be monitored and the appropriate symptomatic treatment and supportive therapy instituted. Absorption: Rasagiline is rapidly absorbed, reaching peak plasma concentration (Cmax) in approximately 0.5 hours. Elimination: Rasagiline undergoes almost complete biotransformation in the liver prior to excretion. It is eliminated primarily via urine and secondarily via feces. Less than 1% of rasagiline is excreted as unchanged product in urine. Administration: Oral as 1 mg tablets. European Marketing Authorisation Holder: Teva Pharma GmbH, Germany. Distributor: H. Lundbeck A/S, Denmark. Reference 1. Parkinson Study Group. A controlled trial of rasagiline in early Parkinson’s disease. Arch Neurol 2002; 59: 1987-1993. 2. Hoffer RA, Lew MF, Hurting H, Ondo WG, Wojciechowski J and the TEMPO Extension Study Group. Early treatment with rasagiline is more beneficial than delayed treatment start in the long-term management of Parkinson’s disease analysis of the TEMPO ITT cohort. Poster presented at 16th International Congress on Parkinson’s Disease and Related Disorders, June 5-9, 2005, Berlin, Germany. 3. Power W for PROSTED and LARCO investigators. Rasagiline provides significant benefits as adjunct therapy in patients with moderate Parkinson’s disease: subgroup analyses. Poster presented at the 10th Congress of the European Federation of Neurological Societies, September 2-5, 2006, Glasgow, UK. 4. Parkinson Study Group. A randomised, placebo-controlled trial of rasagiline in levodopa-treated patients with Parkinson disease and motor fluctuations. Arch Neurol 2005; 62: 241-248. 5. Rascol O, Brooks DJ, Melamed E et al for the LARCO study group. Rasagiline as an adjunct to levodopa in patients with Parkinson’s disease and motor fluctuations (LARCO study: a randomized, double-blind, parallel-group trial. Lancet 2005; 365: 947-954. 6. Stocchi F, Brooks DJ, Melamed E et al on behalf of the LARCO study group. Effect of rasagiline on severity of OFF in Parkinson’s disease. Eur J Neurol 2004; 11(Suppl 2):10.P2278. 7. Azilect® Summary of Product Characteristics.
Table of Contents

Welcome ........................................................................................................... 2
Acknowledgements .......................................................................................... 3
About MDS ....................................................................................................... 6
MDS Committees and Task Forces ................................................................. 10
International Congress Registration and Venue ............................................. 13
International Congress Information ............................................................... 14
  Evaluations .................................................................................................... 14
  Opening Ceremony and Welcome Reception .................................................. 15
  Press Room .................................................................................................... 15
  Poster Sessions and Speaker Ready Room Hours ........................................... 16
  Continuing Medical Education ...................................................................... 20
Program-at-a-Glance ...................................................................................... 21
Scientific Session Definitions .......................................................................... 23
Scientific Program Schedule ........................................................................... 24
Faculty .............................................................................................................. 36
Exhibitor Information ....................................................................................... 39
Exhibitor Directory ........................................................................................... 40
Exhibit Hall Floor Plan ...................................................................................... 45
Istanbul Convention and Exhibition Centre Floor Plans ................................. 46
Map of Istanbul ................................................................................................. 48
Junior Awards ................................................................................................... 50
Social Events ..................................................................................................... 50
Satellite Symposia ............................................................................................. 51
Oral Platform Presentations ............................................................................ 53
Poster Session 1 ............................................................................................... 57
Poster Session 2 ............................................................................................... 72
Poster Session 3 ............................................................................................... 88
Membership Information .................................................................................. 103

The Movement Disorder Society’s 11th International Congress of Parkinson’s Disease and Movement Disorders
June 3-7, 2007 • Istanbul, Turkey

555 East Wells Street, Suite 1100
Milwaukee, WI 53202  USA
Tel: +1 414-276-2145
Fax: +1 414-276-3349
Web site: www.movementdisorders.org
E-mail: congress@movementdisorders.org
Dear Colleagues,

On behalf of The Movement Disorder Society (MDS), we are pleased to welcome you to Istanbul, Turkey for the 11th International Congress of Parkinson’s Disease and Movement Disorders. The 11th International Congress has been designed to provide an innovative and comprehensive overview of the latest perspectives and research developments in the field of Movement Disorders.

We encourage you to take every opportunity to participate in the Scientific Program which has drawn world renowned speakers and foremost experts in their respective fields. In the next days, the latest research regarding Movement Disorders will be presented and discussed in an open format, offering unique educational opportunities for all delegates.

The International Congress convenes with a series of Opening Symposia and then continues with an array of Plenary, Parallel, Poster and Video Sessions, as well as Controversies, Skills Workshops and Meet the Expert sessions. New this year are How-To-Do-It sessions, which will bring a unique dynamic to the program.

Please save time in your schedule to participate in the Opening Ceremony and Welcome Reception on Sunday evening, as well as the Gala Event on Wednesday evening. These social events will celebrate the unique culture of Istanbul, and will incorporate some of the stunning views the city has to offer.

On behalf of The Movement Disorder Society, we would like to welcome you to Istanbul and thank you for your participation in this auspicious event.

With best regards,

Anthony E. Lang, MD, FRCPC
President, The Movement Disorder Society, 2007-2008

Eduardo Tolosa, MD
Chair, 2007 Congress Scientific Program Committee

Murat Emre, MD
Chair, 2007 Congress Local Organizing Committee
Acknowledgements

The International Congress Oversight Committee of the 11th International Congress of Parkinson’s Disease and Movement Disorders wishes to acknowledge and thank the following companies for their support:

Double Platinum Level

Boehringer Ingelheim

Platinum Level

GSK GlaxoSmithKline Novartis Orion Pharma

Gold Level

ALLERGAN® GE Healthcare Kyowa Medtronic

Merck Serono Schwarz Pharma Solvay Valeant

Silver Level

Lundbeck

Bronze Level

Merck & Co., Inc.
For the treatment of Parkinson’s disease

ACTIVA®
deep brain stimulation

Jerry W. and his wife, Gail.
Jerry received Activa Therapy after medication effectiveness started to wane.
After receiving Activa® Therapy for Parkinson’s disease, Jerry was glad that he decided to...

Do It Sooner℠

2 out of 3 patients with Activa Therapy wished they had received their Activa Therapy sooner¹

• Increases “on” time without dyskinesia from 27% to 74% of the waking day²

• American Academy of Neurology 2006 guidelines estimate that “Ten to 20% of people with Parkinson’s disease may be eligible for surgical treatments”³

For more information visit: www.doitsooner.com

The Movement Disorder Society (MDS) is an international, 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
- Blepharospasm
- Dysphonia
- Dystonic disorders
- Gait disorders
- Huntington's disease
- Myoclonus
- Parkinson's disease
- Restless legs syndrome
- Spasticity
- Tardive dyskinesia
- Tics and Tourette syndrome
- Tremor

The Movement Disorder Society (MDS) was founded in 1985 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. The organization merged in 1988 with the International Medical Society for Motor Disturbances.

**PURPOSE, MISSION AND GOALS**

**Purpose:**
The object and mission of the Society shall be to advance the neurological sciences pertaining to Movement Disorders; 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 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 congresses and symposia on Movement Disorders
• Collaborating with other international organizations and lay groups
• Publishing journals, videotapes 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

To formulate and promote public policy that will favorably affect the care of patients with Movement Disorders by:

• Working with regulatory agencies to assist them in the approval process of safe and effective therapeutic interventions
• Informing the public (media) and patient support groups of new research and therapeutic advances
• Playing a proactive role in the development of policies that affect support of research and patient care
• Developing standards of training in the specialty

MDS OFFICERS (2007-2008)

President
Anthony E. Lang, Canada

President-Elect
Philip D. Thompson, Australia

Secretary
Olivier Rascol, France

Secretary-Elect
Matthew B. Stern, USA

Treasurer
Yoshikuni Mizuno, Japan

Treasurer-Elect
Oscar S. Gershanik, Argentina

Past President
Andrew J. Lees, United Kingdom

MDS INTERNATIONAL EXECUTIVE COMMITTEE

Giovanni Abbruzzese, Italy
Alim L. Benabid, France
Shu-Leong Ho, China
Karl D. Kieburtz, USA
Irene Litvan, USA
Demetrios M. Maraganore, USA
Marcelo Merello, Argentina
John C. Rothwell, United Kingdom
Cristina Sampaio, Portugal
Claudia M. Trenkwalder, Germany

International Congress Oversight Committee

Chair: Werner Poewe, Austria
Murat Emre, Turkey
Anthony E. Lang, Canada
Andrew J. Lees, United Kingdom
Yoshikuni Mizuno, Japan
C. Warren Olanow, USA
Philip D. Thompson, Australia
About MDS

Congress Scientific Program Committee
Chair: Eduardo Tolosa, Spain
Co-Chair 2007: Murat Emre, Turkey
Alfredo Berardelli, Italy
Anders Björklund, Sweden
David John Burn, United Kingdom
Piu Chan, China
Cynthia L. Comella, USA
Günther Deuschl, Germany
Thomas Gasser, Germany
Oscar S. Gershanik, Argentina
Christopher G. Goetz, USA
John Hardy, USA
Joseph Jankovic, USA
Ryuji Kaji, Japan
Anthony E. Lang, Canada
Irene Litvan, USA
Andres Lozano, Canada
Werner Poewe, Austria
Serge Przedborski, USA
Bhim Singhal, India
Oksana Suchowersky, Canada

Congress Local Organizing Committee
Chair: Murat Emre, Turkey
Raif Çakmur, Turkey
Okan Dogu, Turkey
Bulent Elibol, Turkey
Hakan Gürvit, Turkey
Hasmet A. Hanagasi, Turkey
Jale Yazici, Turkey

Past Presidents
2005-2006 Andrew J. 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
The 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: congress@movementdisorders.org
Web site: www.movementdisorders.org
Proud to be a Gold Supporter

Allergan is proud to be a Gold Supporter of The Movement Disorder Society’s 11th International Congress of Parkinson’s Disease and Movement Disorders

ALLERGAN

NEUROSCIENCES

©2007 Allergan, Inc., Irvine, CA 92612 *marks owned by Allergan, Inc. APC005302007
MDS Committees and Task Forces

Archives
Chair: Andres M. Lozano
Bastiaan R. Bloem
David John Burn
Stanley Fahn
Christopher G. Goetz
Mark Hallett
Peter Jenner
Amos Korczyn
Michael Schulder
William Weiner

Awards
Chair: Stanley Fahn
Robert Burke
Nir Giladi
Ryuji Kaji
Federico Micheli
Niall Quinn
Anette Schrag
Matthew B. Stern
A. Jon Stoessl

Bylaws
Chair: David Riley
Charles Adler
Andrew Hughes
Petr Kanovsky
Janis Miyasaki
Olivier Rascol

Continuing Medical Education
Chair: Ronald Pfeiffer
Cynthia L. Comella
Philippe Damier
Irene Litvan
Janis Miyasaki
Michael Okun
David Riley
Robert Rodnitzky
Lisa Shulman
Andrew Siderowf
Michele Tagliati

Education
Chair: Cynthia L. Comella
Co-Chair: Daniel Tarsy
Joaquim Ferreira
Susan Fox
Donald Grosset
Andrew Hughes
Kelly Lyons
Marcelo Merello
Austen Peter Moore
Anette Schrag
Oksana Suchowersky
Louis Tan
Claudia M. Trenkwalder
Jens Volkmann

Financial Affairs
Chair: Yoshikuni Mizuno
Kailash Bhatta
Mohit Bhatt
Murat Emre
Oscar Gershank
Andrew J. Lees
J. Martin Rabey
Matthew B. Stern
A. Jon Stoessl

Industrial Relations
Chair: Kapil Sethi
Co-Chair: Murat Emre
Shengdi Chen
Nobutaka Hattori
Shu-Leong Ho
Michael Okun
C. Warren Olanow
William Ondo
Anthony Schapira
Mark Stacy
Matthew B. Stern
Fabrizio Stocchi

Liaison/Public Relations
Chair: Regina Katzenschlager
James Bower
Francisco Cardoso
Andrew Evans
Neziha Goudier-Khouja
Robert Hauser
Alexander Muenchau
Philippe Remy
Daniel Truong

Membership
Chair: Francisco Cardoso
K. Ray Chaudhuri
Shengdi Chen
Hubert Fernandez
Chafiq Hicham
Regina Katzenschlager
Chin Song Lu
Uday Muthane
Yoshikazu Ugawa

Publications Oversight
Chair: Andrew J. Lees
Roger Barker
Günther Deuschl
Thomas Gasser
Christopher G. Goetz
Regina Katzenschlager
Tomoyoshi Kondo
Anthony E. Lang
Irene Litvan
John C. Rothwell
Steven Schwid
Philip D. Thompson

Scientific Issues
Chair: Thomas Gasser
David John Burn
Vincenzo Bonifati
Günther Deuschl
Hubert Fernandez
David Eidelberg
Etienne Hirsch
Vladimir Kostic
Andres M. Lozano
Eng King Tan
Strategy and Planning
Chair: C. Warren Olanow
Anthony E. Lang
Andrew J. Lees
Philip D. Thompson

Web Site
Chair: Olivier Rascol
Co-Chair: Matthew Stern
Madhuri Behari
Francisco Cardoso
Günther Deuschl
Joaquim Ferreira
Thomas Gasser
Christopher G. Goetz
Joseph Jankovic
Andrew J. Lees
Irene Litvan
Kelly Lyons
Philip D. Thompson

Task Force on Neurosurgery
Chair: Andres M. Lozano
Keyoumars Ashkan
Alim L. Benabid
Robert Coffey
Michael Dogali
Kelly Foote
Robert Gross
Marwan I. Hariz
Zvi Israel
Joachim K. Krauss
Paul Larson
Efstathios Papavassiliou
Hiroki Toda
Ali T. Zirh

Task Force on PD Dementia
Co-Chair: Bruno Dubois
Co-Chair: Murat Emre
Dag Aarsland
G.A. Broe
Richard Brown
David John Burn
Jeffrey L. Cummings
Dennis Dickson
Charles Duyckaerts
Serge G. Gauthier
Christopher G. Goetz
Amos D. Korczyn
Andrew J. Lees
Richard Levy
Irene Litvan
Yoshikuni Mizuno
C. Warren Olanow
Werner Poewe
Niall P. Quinn
Cristina Sampaio
Eduardo Tolosa

Task Force on Rating Scales for PD
Steering Committee
Chair: Christopher G. Goetz
Werner Poewe
Olivier Rascol
Cristina Sampaio
Glenn Stebbins

UPDRS Revision Task Force
Chair: Christopher G. Goetz

UPDRS Part I
Chair: Werner Poewe
Bruno Dubois
Anette Schrag

UPDRS Part II
Chair: Matthew B. Stern
Anthony E. Lang
Peter Le Witt

UPDRS Part III
Chair: Stanley Fahn
Joseph Jankovic
C. Warren Olanow

UPDRS Part IV
Chair: Pablo Martinez-Martín
Andrew J. Lees
Olivier Rascol
Bob Van Hilten

Scale Development Standards
Chair: Glenn Stebbins
Robert Holloway
David Nyenhuis

Appendices
Chair: Cristina Sampaio
Richard Dodel
Jaime Kulisevsky

Statistical Testing
Chair: Barbara C. Tilley
Sue Leurgans
Jean Teresi

MDGs Committee and Task Force
Chairs and members will meet during the International Congress. A schedule of these meetings will be provided to the Committee and Task Force members. The Committee and Task Force schedule of meetings will also be displayed on signage in the Society’s Exhibit Booth, located on the first floor of the Istanbul Convention and Exhibition Centre.
AN UNRELENTING PURSUIT FOR THE ANSWER TO PARKINSON’S DISEASE

FOR NOW AND THE FUTURE.

Valeant is working every day to further advance the treatment of Parkinson’s disease.

VALEANT
www.valeant.com
International Congress Registration and Venue

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

Red = Delegate  
Yellow = Exhibitor  
Orange = Exhibitor Delegate  
Green = Guest  
Purple = Press  
Black = Staff

Dates
Sunday, June 3, 2007 through Thursday, June 7, 2007

Hotel Information
Hilton
Cumhuriyet Caddesi  
Harbiye-Istanbul 34367  
Turkey  
Tel: +90 212 315 6000  
Fax: +90 212 240 4165

Hyatt Regency
Taskisla Caddesi, Taksim  
Istanbul, 34437  
Turkey  
Tel: +90 212 368 1234  
Fax: +90 212 368 1000

Topkon Congress Services
Topkon is the 11th International Congress Housing Bureau. If you have any concerns regarding your hotel accommodations, please contact Topkon or visit their booth located on the main level of the Istanbul Convention and Exhibition Centre.

Topkon Congress Services
Headquarter Office  
Zühtü Pasa Mah. Rifat Bey Sokak No: 24  
PK. 34724 Kalamis-Kadıköy, Istanbul  
Turkey  
Tel: + 90 216 330 90 20  
Fax: + 90 216 330 90 05  
E-mail: congress@topkon.com  
Web Site: www.topkon.com

Language
The official language of the International Congress is English.

Registration Desk
Location: Main Entrance, First Floor, Istanbul Convention and Exhibition Centre

Name badges, session tickets, special event tickets and International Congress registration bag tickets can be collected at the International Congress Registration Desk located in the Main Entrance of the Istanbul Convention and Exhibition Centre.

Registration Desk Hours
Saturday, June 2 ..................... 4:00 p.m. to 8:00 p.m.  
Sunday, June 3 ..................... 7:00 a.m. to 8:30 p.m.  
Monday, June 4 ................... 7:00 a.m. to 9:00 p.m.  
Tuesday, June 5 .................. 7:00 a.m. to 7:00 p.m.  
Wednesday, June 6 ............. 7:00 a.m. to 7:30 p.m.  
Thursday, June 7 ............... 7:00 a.m. to 5:00 p.m.

Venue
Istanbul Convention and Exhibition Centre (ICEC)  
Istanbul Lutfi Kirdar Convention and Exhibition Centre  
Lutfi Kirdar Uluslararası Kongre ve Sergi Sarayı  
Harbiye 80230 Istanbul  
Turkey  
Tel: + 90 212 296 3055  
Fax: + 90 212 224 0878  
Abstract Volume
All abstracts accepted for poster presentation have been published in an abstract supplement to the MDS Journal, Movement Disorders. Each delegate should have received one copy with their registration materials. MDS members will receive an additional copy with an MDS Journal issue.

Abstracts-On-CD-ROM
All abstracts published in the supplement to the MDS Journal are available by Abstracts-On-CD-ROM sponsored by MDS and supported by an unrestricted educational grant from Medtronic. To obtain a copy, please visit the Medtronic Booth (#109) located in the Rumeli Building, upper floor.

Continuing Medical Education Objectives
As a result of participating in this activity, the attendee should be better able to:

• Describe the pathophysiology and neurobiology of Parkinson’s disease and other Movement Disorders;
• Discuss the diagnostic approaches and tools available for Parkinson’s disease and other Movement Disorders;
• Discuss the pharmacological and non-pharmacological treatment options available for Parkinson’s disease and other Movement Disorders.

Target Audience
The target audience of the 11th 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.

Faculty Financial Disclosure Information
It is the policy of The 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 onsite in Istanbul. Please see the program addendum in your International Congress registration bag for complete information regarding faculty disclosure of commercial relationships.

Faculty Disclosure of Unlabeled Product Use Discussion
Presentations which provide information in whole or in part related to non-approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigative nature of their proposed uses to the audience. Speakers who plan to discuss non-approved uses for commercial products and/or devices must advise the International Congress audience of their intent. Please see the program addendum in your International Congress registration bag for complete information regarding faculty disclosure of unlabeled product use discussion.

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

When completed, evaluations may be returned to your meeting room attendants, the evaluation drop boxes or to the MDS Registration Desk.

Internet Café
Location: Istanbul Convention and Exhibition Centre, Second Floor and Rumeli Building, First Level
Internet access is available to meeting attendees in two convenient locations, the ICEC and Rumeli Building.
Please limit your Internet use to 15 minutes to allow other attendees use of this service. This service is supported through an unrestricted educational grant from Lundbeck Turkey.
MDS Exhibit and Information Booth
Location: Main Lobby, First Floor, Istanbul Convention and Exhibition Centre

The Movement Disorder Society (MDS) is an International Society of healthcare professionals committed to research and patient care in the fields of Parkinson’s disease and other disorders of movement and motor control. Created not only to further the goals and objectives of MDS International, The Movement Disorder Society’s regional sections, the Asian and Oceanian Section and European Section, strive to increase the interest, education and participation of neurologists, Movement Disorder specialists, non-Movement Disorder specialists, trainees, allied health professionals and scientists in the Asian, Oceanian and European regions.

MDS supports and promotes a wide range of educational programming and other initiatives to advance scientific understanding and standards of care as they pertain to Movement Disorders. For this, MDS provides forums such as a high ranking journal, scientific symposia and International Congresses.

Attendees are invited to take advantage of MDS member benefits by applying to the Society. Learn more about MDS initiatives and speak with a representative at the MDS Exhibit and Information Booth located in the main lobby of the Istanbul Convention and Exhibition Centre during the following hours:

- Sunday, June 3: 12:00 p.m. to 7:00 p.m.
- Monday, June 4: 8:00 a.m. to 7:00 p.m.
- Tuesday, June 5: 8:00 a.m. to 7:00 p.m.
- Wednesday, June 6: 8:00 a.m. to 7:00 p.m.
- Thursday, June 7: 8:00 a.m. to 4:30 p.m.

No Cameras
Cameras are not permitted in any 11th International Congress educational sessions or in the poster areas.

Optional Tours Desk
Location: Main Lobby, First Floor, Istanbul Convention and Exhibition Centre

Tours have been arranged by Topkon Congress Services. Please visit the Tours Desk located near the Registration Area in the Main Lobby on the first floor of the Istanbul Convention and Exhibition Centre to check in for the tours. Additional tour tickets may be purchased at the desk, based on availability.

Press Room
Location: Office I, Istanbul Convention and Exhibition Centre

Members of the working media receive waived registration fees for the 11th International Congress. Journalists and writers should report to the Press Room with their credentials to register for the International Congress and wear their name badge for admittance into MDS sessions. The Press Room will be open during the following hours:

- Sunday, June 3: 8:00 a.m. to 5:00 p.m.
- Monday, June 4: 8:00 a.m. to 5:00 p.m.
- Tuesday, June 5: 8:00 a.m. to 5:00 p.m.
- Wednesday, June 6: 8:00 a.m. to 5:00 p.m.
- Thursday, June 7: 8:00 a.m. to 5:00 p.m.

Opening Ceremony and Welcome Reception
Location: Istanbul Convention and Exhibition Centre, First Floor and the Rumeli Gardens

The Opening Ceremony will take place on Sunday, June 3, at 7:30 p.m. The Welcome Reception will immediately follow the Opening Ceremony in the Rumeli Gardens. These events are open to all delegates and registered guests.
Scientific Sessions
The 2007 Scientific Program incorporates Opening Symposia, Plenary and Parallel Sessions, Skills Workshops, Video Sessions, How-To-Do-It Sessions, Meet the Expert Sessions, Poster Sessions, and Controversies and Skills Workshops.

Although the ever popular Opening Symposia and Plenary Sessions follow a style similar to the 2004 Rome and 2005 New Orleans International Congresses, meet the Expert Sessions, Parallel Sessions and Skills Workshops are designed to meet the need for smaller, more focused sessions. These sessions are offered to an audience size of 50-200 participants resulting in greater opportunities for audience participation.

Tickets are required for admission into all Parallel Sessions, Video and Meet the Expert Sessions, Skills Workshops and How-To-Do-It Sessions. There is no additional fee for tickets to these sessions. Please check the onsite Registration Desk for availability of these tickets.

Poster Sessions
Location: Rumeli Hall, Lower Level
Delegate feedback from past International Congresses has indicated great interest in Poster Sessions. Poster Sessions are featured each day based upon the following schedule:

Poster Session 1
Location: Rumeli Hall, Lower Level
Tuesday, June 5
Poster Viewing: 9:00 a.m. to 4:00 p.m.
Authors Present: 12:30 p.m. to 2:30 p.m.
Abstracts: 33-345, and poster 683

Poster Session 2
Location: Rumeli Hall, Lower Level
Wednesday, June 6
Poster Viewing: 9:00 a.m. to 4:00 p.m.
Authors Present: 12:30 p.m. to 2:30 p.m.
Abstracts: 346-662, and Poster 788

Poster Session 3
Location: Rumeli Hall, Lower Level
Thursday, June 7
Poster Viewing: 9:00 a.m. to 4:00 p.m.
Authors Present: 12:30 p.m. to 2:30 p.m.
Abstracts: 663-973

Speaker Ready Room
Location: Sultan II, Ground Floor, Istanbul Convention and Exhibition Centre
All speakers must check in at the Speaker Ready Room with presentation materials on the day prior to their scheduled presentation. Equipment is available to allow faculty to review their presentations. Audiovisual personnel will be available for assistance. The Speaker Ready Room hours are as follows:

Saturday, June 2 4:00 p.m. to 8:00 p.m.
Sunday, June 3 7:00 a.m. to 8:30 p.m.
Monday, June 4 7:00 a.m. to 9:00 p.m.
Tuesday, June 5 7:00 a.m. to 7:00 p.m.
Wednesday, June 6 7:00 a.m. to 7:00 p.m.
Thursday, June 7 7:00 a.m. to 4:30 p.m.
Staying in rhythm with life

Stay in rhythm with your patients’ needs

- MIRAPEX, as initial monotherapy, enables early PD patients to maintain their everyday activities.1
- MIRAPEX, in combination with levodopa, helps improve functioning in advanced PD.2
- MIRAPEX significantly reduces levodopa-resistant tremor.3
- MIRAPEX can help save levodopa for when it’s really needed.6

IMPORTANT INFORMATION ABOUT MIRAPEX:

- MIRAPEX is indicated for the treatment of the signs and symptoms of idiopathic Parkinson’s disease.
- Patients have reported falling asleep without perceived warning signs during activities of daily living, including operation of a motor vehicle, which sometimes resulted in accidents. Postural (orthostatic) hypotension may occur.
- The most commonly reported adverse events in early and late disease in clinical trials were dizziness, dyskinesia, extrapyramidal syndrome, hallucinations, headache, insomnia, somnolence, and nausea.


Please see accompanying Brief Summary of Prescribing Information, including new precaution.
Visit us at www.mirapex.com

Boehringer Ingelheim

Copyright © 2006, Boehringer Ingelheim Pharmaceuticals, Inc.
All rights reserved. (05/06) MP-11476808R

Pexola®
pramipexole

Mirapex®
pramipexole d’hydrochloride tablets
Managing movement and more
Minaprine® (pamiprazole dihydrochloride)  Brief Summary of Prescribing Information  0.15 mg, 0.25 mg, 0.5 mg, 1 mg, and 1.5 mg tablets

Parkinson's Disease: MRABEX tablets are indicated for the treatment of the signs and symptoms of parkinson's disease.

Restless Legs Syndrome: MRABEX tablets are indicated for the treatment of moderate-to-severe Restless Legs Syndrome.

CONTRAINDICATIONS: MRABEX tablets are contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients.

WARNINGS AND PRECAUTIONS During Activities of Daily Living

Patients treated with Minaprine® (pamiprazole dihydrochloride) have reported falling asleep while engaged in potentially hazardous activities such as operating motor vehicles and operating machinery. Although many of these patients reported somnolence while on MRABEX tablets, some patients reported that they had no previous history of such episodes. Patients should be advised before prescribing these tablets that drowsiness or sleepiness may occur while they are taking MRABEX tablets. Patients should be advised to avoid activities of daily living that require alertness until they are reasonably sure that they are not affected by sleepiness.

Significant drowsiness or episodes of falling asleep during activities that require active participation (for example, driving) should be reported to the physician. In such instances, the physician may decide to discontinue the MRABEX tablets. Patients should be advised to be alert for, and report, any subjective measure of drowsiness and should be instructed to avoid potential dangers associated with drowsiness. Patients should be informed that they may continue taking MRABEX tablets if they are reasonably sure that they are not affected by sleepiness.

Insomnia: In controlled trials, patients taking MRABEX tablets reported insomnia as a symptom more frequently than patients taking placebo. insomnia is a common complaint of patients with parkinson's disease. In the studies cited above, patients taking MRABEX tablets reported insomnia at a frequency of 1-4% with placebo at 0-1%. However, insomnia is one of the beneficial effects of MRABEX tablets, since drowsiness is associated with the drug's clinical effect on symptoms of parkinson's disease.

As with other tricyclic antidepressants, patients with drowsiness or insomnia should be advised to discontinue the MRABEX tablets. However, patients should be informed that they may continue taking MRABEX tablets if they are reasonably sure that they are not affected by drowsiness or insomnia. Patients should be advised to be alert for, and report, any subjective measure of drowsiness or insomnia and to avoid potential dangers associated with drowsiness or insomnia. Patients should be informed that they may continue taking MRABEX tablets if they are reasonably sure that they are not affected by drowsiness or insomnia.

Drug-Related Laboratory Test Interactions:

Patients taking MRABEX tablets should be advised to monitor their triglycerides, liver function tests, hematocrit, and complete blood counts. In a study of patients treated with MRABEX tablets, triglycerides increased from a baseline of 0.4% to a mean of 8.2% at the end of the study.

Liver Function Tests: The majority of patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Gastrointestinal Effects: The majority of patients taking MRABEX tablets had normal gastrointestinal function tests. However, in the controlled trials, gastrointestinal symptoms were reported in 4% of patients treated with MRABEX tablets. The majority of these gastrointestinal symptoms were minor and did not require discontinuation of the drug. Patients with gastrointestinal symptoms should be monitored for possible adverse effects, including gastrointestinal symptoms.

In controlled trials, patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Drug-Related Laboratory Test Interactions:

Patients taking MRABEX tablets should be advised to monitor their triglycerides, liver function tests, hematocrit, and complete blood counts. In a study of patients treated with MRABEX tablets, triglycerides increased from a baseline of 0.4% to a mean of 8.2% at the end of the study.

Liver Function Tests: The majority of patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Gastrointestinal Effects: The majority of patients taking MRABEX tablets had normal gastrointestinal function tests. However, in the controlled trials, gastrointestinal symptoms were reported in 4% of patients treated with MRABEX tablets. The majority of these gastrointestinal symptoms were minor and did not require discontinuation of the drug. Patients with gastrointestinal symptoms should be monitored for possible adverse effects, including gastrointestinal symptoms.

In controlled trials, patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Drug-Related Laboratory Test Interactions:

Patients taking MRABEX tablets should be advised to monitor their triglycerides, liver function tests, hematocrit, and complete blood counts. In a study of patients treated with MRABEX tablets, triglycerides increased from a baseline of 0.4% to a mean of 8.2% at the end of the study.

Liver Function Tests: The majority of patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Gastrointestinal Effects: The majority of patients taking MRABEX tablets had normal gastrointestinal function tests. However, in the controlled trials, gastrointestinal symptoms were reported in 4% of patients treated with MRABEX tablets. The majority of these gastrointestinal symptoms were minor and did not require discontinuation of the drug. Patients with gastrointestinal symptoms should be monitored for possible adverse effects, including gastrointestinal symptoms.

In controlled trials, patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Drug-Related Laboratory Test Interactions:

Patients taking MRABEX tablets should be advised to monitor their triglycerides, liver function tests, hematocrit, and complete blood counts. In a study of patients treated with MRABEX tablets, triglycerides increased from a baseline of 0.4% to a mean of 8.2% at the end of the study.

Liver Function Tests: The majority of patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Gastrointestinal Effects: The majority of patients taking MRABEX tablets had normal gastrointestinal function tests. However, in the controlled trials, gastrointestinal symptoms were reported in 4% of patients treated with MRABEX tablets. The majority of these gastrointestinal symptoms were minor and did not require discontinuation of the drug. Patients with gastrointestinal symptoms should be monitored for possible adverse effects, including gastrointestinal symptoms.

In controlled trials, patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Drug-Related Laboratory Test Interactions:

Patients taking MRABEX tablets should be advised to monitor their triglycerides, liver function tests, hematocrit, and complete blood counts. In a study of patients treated with MRABEX tablets, triglycerides increased from a baseline of 0.4% to a mean of 8.2% at the end of the study.

Liver Function Tests: The majority of patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.

Gastrointestinal Effects: The majority of patients taking MRABEX tablets had normal gastrointestinal function tests. However, in the controlled trials, gastrointestinal symptoms were reported in 4% of patients treated with MRABEX tablets. The majority of these gastrointestinal symptoms were minor and did not require discontinuation of the drug. Patients with gastrointestinal symptoms should be monitored for possible adverse effects, including gastrointestinal symptoms.

In controlled trials, patients taking MRABEX tablets had normal liver function tests. However, in the controlled trials, liver enzyme tests were abnormal in 4% of patients treated with MRABEX tablets. The majority of these abnormalities were minor and did not require discontinuation of the drug. In patients with liver disease, the use of MRABEX tablets should be considered to be appropriate. However, patients with liver disease should be closely monitored for possible adverse effects, including liver function test abnormalities.
nullifications (5% vs 3%), confusion (4% vs 3%), pyrexia (4% vs 1%), pneumonia (4% vs 2%), and pneumonia (2% vs 1%). Additional adverse events were observed during the study or during withdrawal; patients may include those in more than one category.

The incidence of adverse events was similar among patients treated with Mirapex ER compared to those treated with placebo. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.

The adverse events reported in the clinical studies were generally mild in severity and were not considered related to the study medication. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.

The incidence of adverse events was similar among patients treated with Mirapex ER compared to those treated with placebo. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.

The incidence of adverse events was similar among patients treated with Mirapex ER compared to those treated with placebo. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.

The incidence of adverse events was similar among patients treated with Mirapex ER compared to those treated with placebo. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.

The incidence of adverse events was similar among patients treated with Mirapex ER compared to those treated with placebo. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.

The incidence of adverse events was similar among patients treated with Mirapex ER compared to those treated with placebo. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.

The incidence of adverse events was similar among patients treated with Mirapex ER compared to those treated with placebo. The most frequently reported adverse events were constipation (5% vs. 6%), cough (5% vs. 4%), and dizziness (5% vs. 4%). These events were generally mild to moderate in severity and were not considered related to the study medication. Approximately 12% of patients in the Mirapex ER group and 6% of patients in the placebo group discontinued treatment due to adverse events.
Learning Objectives
As a result of participating in this activity, the attendee should be better able to:

• Describe the pathophysiology and neurobiology of Parkinson’s disease and other Movement Disorders;
• Discuss the diagnostic approaches and tools available for Parkinson’s disease and other Movement Disorders;
• Discuss the pharmacological and non-pharmacological treatment options available for Parkinson’s disease and other Movement Disorders.

Availability of CME Credits
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of The Movement Disorder Society. The Movement Disorder Society is accredited by the ACCME to provide continuing medical education for physicians.

The Scientific Program of the 11th International Congress of Parkinson’s Disease and Movement Disorders has been reviewed and approved for Category 1 credit toward the American Medical Association (AMA) Physician’s Recognition Award. The Movement Disorder Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education to physicians.

The Movement Disorder Society designates this educational activity for a maximum of 37 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Requesting CME Credits/Certificates of Attendance
To receive a CME Certificate or Certificate of Attendance authenticating participation in this educational activity, International Congress participants must complete and submit an online CME Request Form following their participation in the International Congress. To do so, participants may visit the CME Kiosks near the Registration Area, available on Wednesday, June 6, and Thursday, June 7. Participants may also visit the Web site from their own computer by logging on to www.movementdisorders.org/congress/congress07/cme. CME Certificates and Certificates of Attendance can be printed directly from the Kiosks onsite or your personal computer, or e-mailed to yourself from the CME Kiosks.

Participants will need their MDS ID Number and password to claim credit. This information can be found on the bottom of your registration confirmation form (found in your registration packet). It will also be e-mailed to all International Congress participants upon the completion of the 11th International Congress.

Target Audience
The target audience of the 11th 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.
<table>
<thead>
<tr>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 AM</td>
<td>Committee Meetings</td>
<td>Committee Meetings</td>
<td>Committee Meetings</td>
<td>Committee Meetings</td>
<td>Committee Meetings</td>
</tr>
<tr>
<td>8:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 AM</td>
<td>Opening Symposia</td>
<td></td>
<td>Plenary Session 1</td>
<td>Plenary Session 2</td>
<td>Plenary Session 3</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>C. David Marsden Lecture</td>
<td>Junior Award Lectures</td>
<td>Stanley Fahn Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Opening Symposia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00 PM</td>
<td>Opening Ceremony</td>
<td>Welcome Reception</td>
<td>Gala Event 8:00 p.m. - midnight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Improved quality-of-life and advanced Parkinson’s Disease don’t normally belong in the same sentence.

Now they can.¹

**Scientific Session Definitions**

**Opening Symposia:** These sessions will provide the latest information regarding research and treatment options for Parkinson’s disease and other Movement Disorders. Planned by a subcommittee of the Congress Scientific Program Committee, these sessions are supported through educational grants from Industry Supporters and are didactic in presentation format with time allotted for discussion. Continuing Medical Education credits are offered for these sessions.

**Parallel Sessions:** These concurrent sessions are designed to provide an in-depth report of the latest research findings, state-of-the-art treatment options, as well as involve a discussion of future strategies. Sessions will have evidence-based components and incorporate the “hot” issues in Parkinson’s disease and other Movement Disorders.

**Plenary Sessions:** Designed to bring together a large audience by incorporating all International Congress attendees, these sessions will provide a broad overview of the latest clinical and basic science research findings and state-of-the-art information.

**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.

**Meet the Expert Sessions:** These interactive sessions provide attendees the opportunity to bring their case studies analysis and discussions in a smaller setting. These sessions are designed to cover treatment and management of Movement Disorders through the discussion of relevant real-life cases brought for peer review and recommendation. Attendees will be invited to share their cases at the session.

**Skills Workshops:** This clinic-based training session provides an educational illustration of treatment procedures through live demonstrations utilizing patients and proper equipment to further develop practitioners’ skills and knowledge within the field of treatment of Movement Disorders.

**Controversies:** This Plenary Session is designed to bring together a larger audience by incorporating all International Congress attendees. Content is prepared to stimulate interest and debate among a panel of pre-selected experts. Views from several angles will be addressed as discussion of pre-selected “hot” topics will be open for debate among the panelists.

**Highlights of Poster Sessions:** These sessions are designed to highlight the top-ranking abstracts of the International Congress. Session content will be divided into two categories for review of the abstracts: Clinical and Basic. The Chair of each category will select several interesting abstracts and obtain one or more summary slides of their abstracts for use in these sessions.

**How-To-Do-It Sessions:** These sessions are practical interactive sessions focusing on illustration and will incorporate what clinicians use, how to use it, and what they watch for.
Scientific Program Schedule for 2007 Istanbul Congress

Sunday, June 03, 2007

12:00 PM  Lunch will be provided
Location: Halic Foyer

1:00 PM to 3:00 PM
2010  Opening Symposium: Benefits and issues in the use of long lasting dopamine agonists
Location: Anadolu Auditorium
Chair: Howard Hurtig
Philadelphia, PA, USA
Chair: Werner Poewe
Innsbruck, Austria
1:00 PM  Long acting agonists - Is there an advantage?
Oscar S. Gershanik
Buenos Aires, Argentina
1:30 PM  Combination therapy - Is there a role?
Wolfgang H. Oertel
Marburg, Germany
2:00 PM  Update on cardiac valvulopathy with the use of dopamine agonists
Yoshikuni Mizuno
Tokyo, Japan
2:30 PM  Panel Discussion

3:00 PM to 4:00 PM
2011  Opening Symposium: Imaging the dopamine system
Supported by an educational grant from GE Healthcare
Location: Marmara Room
Chair: Andrew J. Lees
London, United Kingdom
3:00 PM  Imaging the dopamine system - Techniques and methods
Joel S. Perlmutter
St. Louis, MO, USA
3:30 PM  Imaging the dopamine system in the diagnosis of Parkinson’s disease
Kenneth Marek
New Haven, CT, USA

4:00 PM to 5:00 PM
2012  Opening Symposium: Issues in cognitive dysfunction in Parkinson’s disease
Supported by an educational grant from Merck Serono
Location: Marmara Room
Chair: Fabrizio Stocchi
Roma, Italy
4:00 PM  Cognitive dysfunction in Parkinson’s disease
David John Burn
Newcastle upon Tyne, United Kingdom
4:30 PM  Treatment of cognitive dysfunction and dementia in Parkinson’s disease
Murat Emre
Capa Istanbul, Turkey

5:00 PM to 7:00 PM
2013  Opening Symposium: Levodopa - Still the one
Supported by an educational grant from Novartis Pharma/Orion Pharma
Location: Anadolu Auditorium
Chair: Niall P. Quinn
London, United Kingdom
Chair: Philip D. Thompson
Adelaide, Australia
5:00 PM  History of levodopa
Andrew J. Lees
London, United Kingdom
5:30 PM  Levodopa - Advantages and disadvantages in the treatment of Parkinson’s disease
John G. Nutt
Portland, OR, USA
6:00 PM  Role of COMT inhibitors
Eduardo Tolosa
Barcelona, Spain
6:30 PM  New concepts in the use of levodopa
C. Warren Olanow
New York, NY, USA

7:30 PM to 10:00 PM
Opening Ceremony
Location: Anadolu Auditorium
Welcome Reception
Location: Rumeli Gardens
Monday, June 04, 2007

8:00 AM  Breakfast will be provided
Location: Halic Foyer

9:00 AM to 10:00 AM
3015  Opening Symposium: Transdermal therapy for Parkinson’s disease
Supported by an educational grant from Schwarz Pharma AG
Location: Marmara Room
Chair: Yoshikuni Mixuno
Tokyo, Japan
9:00 AM  Patch technology in the treatment of Parkinson’s disease
Peter LeWitt
Southfield, MI, USA
9:20 AM  Transdermal administration of dopaminergic agents
Werner Poewe
Innsbruck, Austria
9:40 AM  Panel Discussion

10:00 AM to 2:00 PM
3016  Opening Symposium: A decade of non-ergot dopamine agonists
Supported by an educational grant from Boehringer Ingelheim
Location: Anadolu Auditorium
Chair: C. Warren Olanow
New York, NY, USA
Chair: Matthew B. Stern
Philadelphia, PA, USA
10:00 AM  Dopamine systems - Anatomy
Yoland Smith
Atlanta, GA, USA
10:30 AM  Dopamine systems in Parkinson’s disease - What goes wrong?
Anthony A. Grace
Pittsburgh, PA, USA
11:00 AM  Why are the dopamine neurons vulnerable in Parkinson’s disease
Etienne C. Hirsch
Paris, France
11:30 AM  Dopamine agonists - Their development and history
Donald B. Calne
Vancouver, BC, Canada
12:00 PM  Lunch will be provided
Location: Halic Foyer

12:30 PM  Dopamine agonists and the treatment of Parkinson’s disease - Motor complications and neuroprotection
Anthony H.V. Schapira
London, United Kingdom
1:00 PM  Dopamine agonists and Restless Legs Syndrome
Claudia M. Trenkwalder
Kassel, Germany
1:30 PM  Dopamine agonists - Adverse effects, new considerations, sleep, impulsive disorders, edema, heart valve
Janis Miyasaka
Toronto, ON, Canada

2:00 PM to 3:00 PM
Supported by an educational grant from Allergan, Ltd.
Location: Marmara Room
Chair: Cynthia L. Comella
Chicago, IL, USA
2:00 PM  What factors influence outcome following botulinum toxin therapy?
Giovanni Abbruzzese
Genova, Italy
2:30 PM  Safety and efficacy studies with different botulinum toxin formulations
Daniel Tarsy
Boston, MA, USA
### Monday, June 04, 2007

#### 3:00 PM to 4:00 PM

**3018 Opening Symposium: Issues in the management of Parkinson’s disease**  
Supported by an educational grant from Teva Pharmaceutical Industries, Ltd. And H. Lundbeck A/S  

**Location:** Marmara Room  
**Chair:** Anthony E. Lang  
**Toronto, ON, Canada**

**3:00 PM** Attempts to obtain neuroprotection in Parkinson’s disease  
C. Warren Olanow  
**New York, NY, USA**

**3:20 PM** Issues to consider in the early management of Parkinson’s disease  
Olivier Rascol  
**Toulouse, France**

**3:40 PM** Issues to consider in the management of moderate to advanced Parkinson’s disease  
Matthew B. Stern  
**Philadelphia, PA, USA**

#### 4:00 PM to 6:00 PM

**3019 Opening Symposium: Long acting dopamine agonists**  
Supported by an educational grant from GlaxoSmithKline UK Limited  

**Location:** Anadolu Auditorium  
**Chair:** David J. Brooks  
**London, United Kingdom**  
**Chair:** Ray L. Watts  
**Birmingham, AL, USA**

**4:00 PM** Importance of compliance in the management of Parkinson’s disease  
Donald Grosset  
**Glasgow, United Kingdom**

**4:30 PM** Rationale and clinical results for a long acting dopaminergic therapy in Parkinson’s disease  
Ray L. Watts  
**Birmingham, AL, USA**

**5:00 PM** Long term results and future opportunities  
Robert Hauser  
**Tampa, FL, USA**

**5:30 PM** Panel Discussion

#### 7:00 PM to 8:00 PM

**3020 Opening Symposium: Manipulating the dopamine system**  
Supported by an educational grant from Valeant Pharmaceuticals  

**Location:** Anadolu Auditorium  
**Chair:** Eldad Melamed  
**Petah Tiqva, Israel**  
**Chair:** Ray L. Watts  
**Augusta, GA, USA**

**7:00 PM** MAO-B-zydis delivery of selegiline - Current status  
Kapil D. Sethi  
**Augusta, GA, USA**

**7:30 PM** COMT - Current status of tolcapone  
Wolfgang Oertel  
**Marburg, Germany**

#### 8:00 PM to 9:00 PM

**3021 Opening Symposium: Infusion therapies**  
Supported by an educational grant from Solvay Pharmaceuticals GmbH  

**Location:** Marmara Room  
**Chair:** Murat Emre  
**Capa Istanbul, Turkey**

**8:00 PM** CDS  
Fabrizio Stocchi  
**Roma, Italy**

**8:30 PM** Duodopa  
To be announced

#### 9:00 PM to 10:00 PM

**3022 Opening Symposium: Surgical therapy for Parkinson’s disease**  
Supported by an educational grant from Medtronic, Inc.  

**Location:** Anadolu Auditorium  
**Chair:** Alim L. Benabid  
**Grenoble, France**

**9:00 PM** Candidates for DBS - Indications and contraindications  
Paul Krack  
**Grenoble, France**

**9:30 PM** DBS for Parkinson’s disease - Long term motor and neurobehavioral outcomes  
Anthony E. Lang  
**Toronto, ON, Canada**

**6:00 PM to 7:00 PM Dinner will be provided**

**Location:** Halic Foyer
Tuesday, June 05, 2007

8:30 AM to 10:00 AM

4051 Plenary Session 1
Location: Anadolu Auditorium
Chair: Murat Emre
Capa Istanbul, Turkey
Chair: Anthony E. Lang
Toronto, Canada
8:30 AM Mechanisms of neurodegeneration in Parkinson's disease
Serge Przedborski
New York, NY, USA
9:00 AM Imaging of neurodegeneration in Parkinson's disease
David J. Brooks
London, United Kingdom

9:30 AM C. David Marsden Lecture: Evolution of MSA as an entity
Niall P. Quinn
London, United Kingdom

10:30 AM to 12:30 PM

4101 Parallel Session: Genetics of Parkinson's disease
Location: Topkapi A
Chair: Thomas Gasser
Tübingen, Germany
Co-Chair: Enza Maria Valente
Rome, Italy
10:30 AM The dominant
Vincenzo Bonifati
Rotterdam, Netherlands
11:00 AM The recessive
Matthew J. Farrer
Jacksonville, FL, USA
11:30 AM The complex
Thomas Gasser
Tübingen, Germany
12:00 PM Discussion

4103 Parallel Session: Parkinson's disease: Outcome measures and scales
Location: Mini-Auditorium
Chair: Pablo Martinez-Martín
Madrid, Spain
Co-Chair: Ergun Uc
Iowa City, IA, USA
10:30 AM Why should we switch from the old to the new UPDRS?
Pablo Martinez-Martín
Madrid, Spain
11:00 AM Which imaging markers predict the progression of Parkinson's disease?
Philippe Remy
Creteil Cedex, France
11:30 AM Non-motor scales of Parkinson's disease
K. Ray Chaudhuri
London, United Kingdom
12:00 PM Discussion

4104 Parallel Session: Movement Disorders surgery meets psychiatry
Location: Dolmabahce A
Chair: Andres Lozano
Toronto, ON, Canada
Co-Chair: Cenk Akbostanci
Ankara, Turkey
10:30 AM Cognitive and psychiatric aspects of Parkinson's disease surgery
Paul Krack
Grenoble, France
11:00 AM Surgery for Tourettes and OCD
Virlee Visser-Vandewalle
Maastricht, Netherlands
11:30 AM Other emerging indications
Thomas Schlaepfer
Baltimore, MD, USA
12:00 PM Discussion
Tuesday, June 05, 2007

4105 Parallel Session: What do the basal ganglia do?
Location: Halic Room
Chair: John C. Rothwell
London, United Kingdom
Co-Chair: Jose Martin Rabey
Zerifin, Israel
10:30 AM Motor functions
John C. Rothwell
London, United Kingdom
11:00 AM Cognitive functions
Peter L. Strick
Pittsburgh, PA, USA
11:30 AM Limbic functions
Jose Martin Rabey
Zerifin, Israel
12:00 PM Discussion

4106 Parallel Session: Facial Movement Disorders
Location: Dolmabahce B
Chair: Alfredo Berardelli
Roma, Italy
Co-Chair: Joseph Jankovic
Houston, TX, USA
10:30 AM Functional organization of facial movements
Robert Morecraft
Vermillion, SD, USA
11:00 AM Clinical aspects and pathophysiology of cranial dystonia
Alfredo Berardelli
Roma, Italy
11:30 AM Non-dystonic involuntary facial movements
Philip D. Thompson
Adelaide, Australia
12:00 PM Discussion

4107 Parallel Session: Paroxysmal Movement Disorders
Location: Dolmabahce C
Chair: Kailash Bhatia
London, United Kingdom
Co-Chair: Mitsutoshi Yamamoto
Takamatsu, Japan
10:30 AM Ion channel disorders as a model for paroxysmal or episodic neurologic phenomena
Dimitri M. Kullman
London, United Kingdom
11:00 AM The episodic ataxias
Kailash Bhatia
London, United Kingdom
11:30 AM The paroxysmal dyskinesias
Meltem Demirkiran
Adana, Turkey
12:00 PM Discussion

4108 Parallel Session: Current treatment of Parkinson’s disease: Motor symptoms – Teaching Course
Location: Marmara Room
Chair: Oksana Suchowersky
Calgary, AB, Canada
Co-Chair: Fabrizio Stocchi
Roma, Italy
10:30 AM When to start treatment?
Anthony H.V. Schapira
London, United Kingdom
11:00 AM Initial treatment in mild Parkinson’s disease
Oksana Suchowersky
Calgary, AB, Canada
11:30 AM Treatment of moderate to severe Parkinson’s disease
Fabrizio Stocchi
Roma, Italy
12:00 PM Discussion

4109 Parallel Session: Intersection of sleep and Movement Disorders: Evaluation and treatment - Teaching Course
Location: Topkapi B
Chair: Cynthia L. Comella
Chicago, IL, USA
Co-Chair: Alesandro Iranzo de Riquer
Barcelona, Spain
10:30 AM REM sleep behavior disorder
Carlos Schenck
Minneapolis, MN, USA
11:00 AM Restless Leg Syndrome/PLMS
Richard Allen
Baltimore, MD, USA
11:30 AM Disorders of sleep in Parkinson’s disease
Cynthia L. Comella
Chicago, IL, USA
12:00 PM Discussion
Tuesday, June 05, 2007

Poster Presentations
Admission to this session is by delegate name badge. No ticket is required for admission to Poster Presentations.

Poster Session 1
Location: Lower Level, Rumeli Hall
Poster Viewing: 9:00 AM - 4:00 PM
Authors Present 12:30 PM - 2:30 PM
Poster Numbers: 33-345 and 683

2:30 PM to 4:30 PM

4201 Skills Workshop: DBS - Basic programming challenges and target identification
Location: Mini-Auditorium
Satoshi Goto
Tokushima City, Japan
Jens Volkmann
Kiel, Germany
Jonathan O. Dostrovsky
Toronto, ON, Canada

4202 Skills Workshop: Botulinum toxin - Basic techniques and special applications
Location: Dolmabahce A
Raif Çakmur
Izmir, Turkey
Dirk W. Dressler
Rostock, Germany

4301 Video Session: Movement Disorders functional surgery - Unique complications and responses
Location: Dolmabahce B
Boulos-Paul W. Bejjani
Byblos, Lebanon
Patricia Limousin-Dowsey
London, United Kingdom

4302 Video Session: Uncommon hyperkinetic Movement Disorders
Location: Anadolu Auditorium
Kailash P. Bhatia
London, United Kingdom
Kapil D. Sethi
Augusta, GA, USA

4401 Meet the Expert Session: Management of Parkinson's disease: Case presentations
Location: Topkapi A
Eldad Melamed
Petah Tiqva, Israel
Eduardo Tolosa
Barcelona, Spain

4402 Meet the Expert Session: Focal dystonias
Location: Dolmabahce C
Alberto Albanese
Milano, Italy
Francisco Eduardo C. Cardoso
Belo Horizonte, Brazil

4601 Oral Platform Presentations 1
Location: Marmara Room
Chair: Daniel Tarsy
Boston, MA, USA
Chair: John Hardy
Bethesda, MD, USA

4602 Oral Platform Presentations 2
Location: Halic Room
Chair: Carlo Colosimo
Rome, Italy
Chair: Erik Ch. Wolters
Amsterdam, The Netherlands

4701 How-To-Do-It Session: How to examine Movement Disorder patients
Location: Topkapi B
Roger Barker
Cambridge, United Kingdom
Pierre Pollak
Grenoble, France

5:00 PM to 6:30 PM

4901 Highlights of Poster Sessions 1-Basic
Location: Anadolu Auditorium
Chair: Rosario Luquin
Pamplona, Spain
Chair: Eldad Melamed
Petah Tiqva, Israel

4902 Highlights of Poster Sessions 2-Clinical
Location: Marmara Room
Chair: Piu Chan
Beijing, China
Chair: David J. Brooks
London, United Kingdom
Wednesday, June 06, 2007

**8:30 AM to 10:00 AM**

**5051 Plenary Session: Treatment of Parkinson’s disease**

**Location:** Anadolu Auditorium

**Chair:** Joseph Jankovic
*Houston, TX, USA*

**Chair:** Eduardo Tolosa
*Barcelona, Spain*

**8:30 AM** Disease modification: Pipeline or pipe dream?

Olivier Rascol
*Toulouse, France*

**8:50 AM** What’s new in the treatment of Parkinson’s disease?

Anthony E. Lang
*Toronto, ON, Canada*

**9:10 AM** What’s next in the treatment of Parkinson’s disease?

Werner Poewe
*Innsbruck, Austria*

**9:30 AM** Junior Award Lectures

**Location:** Anadolu Auditorium, First Floor, Istanbul Convention and Exhibition Centre

**Chairs:** Joseph Jankovic
*Houston, TX, USA*

Eduardo Tolosa
*Barcelona, Spain*

**10:30 AM to 12:30 PM**

**5101 Parallel Session: Update on the molecular pathogenesis and protein interactions in Parkinson’s disease**

**Location:** Anadolu Auditorium

**Chair:** Valina Dawson
*Baltimore, MD, USA*

**Co-Chair:** Serge Przedborski
*New York, NY, USA*

**10:30 AM** Synuclein and protein aggregation

Leonidas Stefanis
*Papagou, Greece*

**11:00 AM** The bulky parkinsonian kinase LRRK2

Valina Dawson
*Baltimore, MD, USA*

**11:30 AM** PINK1, a mitochondrial kinase

Enza Maria Valente
*Rome, Italy*

**12:00 PM** Discussion

**5102 Parallel Session: Spasticity and spastic paraplegia**

**Location:** Dolmabahce A

**Chair:** Alexandra Durr
*Paris, France*

**Co-Chair:** Philip D. Thompson
*Adelaide, Australia*

**10:30 AM** Phenotypes and genotypes of Hereditary Spastic Paraplegia (HSP)

Alexandra Durr
*Paris, France*

**11:00 AM** The role of axonal transport in the pathogenesis of HSP

Rebeca Schüle
*Tübingen, Germany*

**11:30 AM** Update on the pathophysiology and management of spasticity

Reiner Benecke
*Rostock, Germany*

**12:00 PM** Discussion

**5103 Parallel Session: Lower body parkinsonism and gait disorders**

**Location:** Halic Room

**Chair:** Bastiaan R. Bloem
*Nijmegen, Netherlands*

**Co-Chair:** Nir Giladi
*Tel Aviv, Israel*

**10:30 AM** Motor and cognitive mechanisms of gait and its disorders

Bastiaan R. Bloem
*Nijmegen, Netherlands*

**11:00 AM** Vascular parkinsonism

Jan C.M. Zijlmans
*Breda, Netherlands*

**11:30 AM** Pathophysiology and treatment of Idopathic NPH

Richard Penn
*Chicago, IL, USA*

**12:00 PM** Discussion

**5104 Parallel Session: Not to be forgotten Movement Disorders**

**Location:** Dolmabahce B

**Chair:** Hiroshi Shibasaki
*Kyoto, Japan*

**Co-Chair:** Wolfgang Oertel
*Marburg, Germany*

**10:30 AM** Immunological Movement Disorders

Gavin Giovannoni
*London, United Kingdom*
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Chair</th>
<th>Co-Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 AM</td>
<td>Peripherally induced Movement Disorders</td>
<td>Dolmabahce C</td>
<td>Irene Litvan</td>
<td>Andrew Lees</td>
</tr>
<tr>
<td>11:30 AM</td>
<td>Myoclonus</td>
<td>Mini-Auditorium</td>
<td>Mark Hallett</td>
<td>Ryuji Kaji</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Stereotypies and catatonia</td>
<td>Topkapi B</td>
<td>Emilio Fernandez-Alvarez</td>
<td>Aikaterini Kompoliti</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>Parkinsonian emergencies</td>
<td>Dolmabahce C</td>
<td>Oscar S. Gershanik</td>
<td>Buenos Aires, Argentina</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Neuroleptic malignant syndrome</td>
<td>Dolmabahce C</td>
<td>Sadako Kuno</td>
<td>Tokyo, Japan</td>
</tr>
<tr>
<td>11:30 AM</td>
<td>Hyperkinetic emergencies</td>
<td>Dolmabahce C</td>
<td>François Tison</td>
<td>Pessac, France</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Discussion</td>
<td>Dolmabahce C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 AM</td>
<td>Cognitive impairment and dementia</td>
<td>Dolmabahce C</td>
<td>David John Burn</td>
<td>Newcastle Upon Tyne, United Kingdom</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Depression and other psychiatric manifestations</td>
<td>Dolmabahce C</td>
<td>Paolo Barone</td>
<td>Napoli, Italy</td>
</tr>
<tr>
<td>11:30 AM</td>
<td>Autonomic dysfunction</td>
<td>Dolmabahce C</td>
<td>Jacobus J. van Hilten</td>
<td>Leiden, Netherlands</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Discussion</td>
<td>Dolmabahce C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 AM</td>
<td>An approach to the child with Movement Disorders</td>
<td>Dolmabahce C</td>
<td>Padraic James Grattan-Smith</td>
<td>Sydney, Australia</td>
</tr>
<tr>
<td>11:00 AM</td>
<td>Cerebral palsy look-alike Movement Disorders</td>
<td>Dolmabahce C</td>
<td>Emilio Fernandez-Alvarez</td>
<td>Barcelona, Spain</td>
</tr>
<tr>
<td>11:30 AM</td>
<td>Tics and Tourette</td>
<td>Dolmabahce C</td>
<td>Aikaterini Kompoliti</td>
<td>Chicago, IL, USA</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Discussion</td>
<td>Dolmabahce C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wednesday, June 06, 2007

Poster Presentations
Admission to this session is by delegate name badge. No ticket is required for admission to Poster Presentations.

Poster Session 2
Location: Lower Level, Rumeli Hall
Poster Viewing: 9:00 AM - 4:00 PM
Authors Present 12:30 PM - 2:30 PM
Poster Numbers: 346-662 and 788

2:30 PM to 4:30 PM
5201 Skills Workshop: Parenteral administration of Parkinson’s disease medication
Location: Mini-Auditorium
Maria Jose Marti Domenec
Barcelona, Spain
Giovanni Fabbri
Rome, Italy

5202 Skills Workshop: Sleep studies in Movement Disorders
Location: Topkapi B
Birgit Högl
Innsbruck, Austria
Alex Iranzo Riquer
Barcelona, Spain

5301 Video Session: Unusual phenotypes of defined genetic diseases
Location: Halic
Emilio Fernandez-Alvarez
Barcelona, Spain
Marie-Jose Vidalilhet
Paris, France

5302 Video Session: Psychogenic Movement Disorders that look real and real Movement Disorders that look psychogenic
Location: Anadolu Auditorium
Anette Schrag
London, United Kingdom
John G.L. Morris
Sydney, Australia

5401 Meet the Expert Session: Iatrogenic Movement Disorders
Location: Dolmabahce B
Pierre J. Blanchet
Montreal, PQ, Canada
William J. Weiner
Baltimore, MD, USA

5402 Meet the Expert Session: Evaluation of eye movements
Location: Dolmabahce C
R. John Leigh
Cleveland, OH, USA
David Zee
Elliott City, MD, USA

5601 Oral Platform Presentations 1
Location: Marmara Room
Chair: Rivka Inzelberg
Kfar Saba, Israel
Chair: Vladimir Kostic
Belgrade, Serbia and Montenegro

5602 Oral Platform Presentations 2
Location: Dolmabahce A
Chair: Bluent Elibol
Ankara, Turkey
Chair: Heinz Reichmann
Dresden, Germany

5701 How-To-Do-It Session: How to examine mental function in patients with Movement Disorders
Location: Topkapi A
Dag Aarsland
Stavanger, Norway
Murat Emre
Capa Istanbul, Turkey

5:00 PM to 6:30 PM
5901 Highlights of Poster Sessions 1-Clinical
Location: Anadolu Auditorium
Chair: Okan Dogu
Mersin, Turkey
Chair: James Leverenz
Seattle, WA, USA

5902 Highlights of Poster Sessions 2-Clinical
Location: Marmara Room
Chair: Jamie Kulisevsky
Barcelona, Spain
Chair: Marcelo Merello
Buenos Aires, Argentina
Thursdays, June 07, 2007

8:30 AM to 10:00 AM
6051 Plenary Session 3
Location: Anadolu Auditorium
Chair: Günther Deuschl
Kiel, Germany
Chair: Yoshikuni Mizuno
Tokyo, Japan
8:30 AM Essential Tremor
Joseph Jankovic
Houston, TX, USA
9:00 AM Huntington’s disease
M. Flint Beal
New York, NY, USA
9:30 AM Stanley Fahn Lecture: DBS for Parkinson’s disease 30,000 patients later. What have we learned and what remains to be done?
Pierre Pollak
Grenoble, France

10:30 AM to 12:30 PM
6052 Plenary Session 4: Dystonia
Location: Anadolu Auditorium
Chair: Giovanni Abbruzzese
Genova, Italy
Chair: Andrew J. Lees
London, United Kingdom
10:30 AM Update on clinical features of sporadic and familial dystonia
Thomas T. Warner
London, United Kingdom
11:00 AM Update on the pathogenesis: Role of plasticity in the evolution and devolution of dystonia
Hartwig R. Siebner
Kiel, Germany
11:30 AM Update on the molecular genetics of familial dystonia
Laurie J. Ozelius
New York, NY, USA
12:00 PM Update on the management of dystonia: DBS, intrathecal baclofen, b-toxin, and medication
Ryuji Kaji
Tokushima City, Japan

Poster Presentations
Admission to this session is by delegate name badge. No ticket is required for admission to Poster Presentations.

Poster Session 3
Location: Lower Level, Rumeli Hall
Poster Viewing: 9:00 AM - 4:00 PM
Authors Present 12:30 PM - 2:30 PM
Poster Numbers: 663 - 973

2:30 PM to 4:30 PM
6501 Controversies
Location: Anadolu Auditorium
Chair: Amos D. Korczyn
Ramat-Aviv, Israel
Chair: Serge Przedborski
New York, NY, USA
Early surgery for Parkinson’s disease vs late?
2:30 PM Early
Andres M. Lozano
Toronto, ON, Canada
2:45 PM Late
Paul E. Greene
New York, NY, USA
Is there evidence for genetic/environmental interactions in Parkinson’s disease?
3:00 PM Yes
Caroline M. Tanner
Sunnyvale, CA, USA
3:15 PM No
John A. Hardy
Bethesda, MD, USA
Is Braak staging valid?
3:30 PM Yes
Howard Hurtig
Philadelphia, PA, USA
3:45 PM No
Wolfgang H. Oertel
Marburg, Germany
Does proteosome inhibition cause Parkinson’s disease?
4:00 PM Yes
C. Warren Olanow
New York, NY, USA
4:15 PM No
Jeffrey Kordower
Chicago, IL, USA
Novartis and Orion are proud to be *Platinum Supporters* of The *Movement Disorder Society’s* 11th International Congress of Parkinson’s Disease and Movement Disorders.

As supporters of research for an Optimized Levodopa Therapy, Novartis and Orion invite you to join us at *booth 103*.
And don’t miss the Opening Seminar, a comprehensive look at the past, present, and future of levodopa therapy:

**Levodopa—Still the One**

**Date:** Sunday, June 3, 2007  
**Time:** 5:00–7:00 PM

**Presentations**
- History of Levodopa  
- Levodopa—Advantages and Disadvantages in the Treatment of PD  
- Role of COMT Inhibitors  
- New Levodopas

This Opening Seminar is supported through an unrestricted education grant.
Faculty

Dag Aarsland
Stavanger, Norway
5701

Giovanni Abbruzzese
Genova, Italy
3017, 6052

Cenk Akbostanci
Istanbul, Turkey
4104

Alberto Albanese
Milano, Italy
4402

Richard P. Allen
Baltimore, MD, USA
4109

Roger Barker
Cambridge, United Kingdom
4701

Paolo Barone
Napoli, Italy
5108

M. Fint Beal
New York, NY, USA
6051

Boulos-Paul W. Bejjani
Byblos, Lebanon
4301

Alim L. Benabid
Grenoble, France
3022

Reiner Benecke
Rostock, Germany
5102

Alfredo Berardelli
Roma, Italy
4106

Kailash P. Bhatia
London, United Kingdom
4107, 4302

Pierre J. Blanchet
Montreal, PQ, Canada
5401

Bastiaan R. Bloem
Nijmegen, Netherlands
5103

Vincenzo Bonifati
Rotterdam, Netherlands
4101

David J. Brooks
London, United Kingdom
3019, 4051, 4902

David John Burn
Newcastle Upon Tyne, United Kingdom
2012, 5108

Rafail Çakmur
Izmir, Turkey
4202

Donald B. Calne
Vancouver, BC, Canada
3016

Francisco Eduardo C. Cardoso
Belo Horizonte, Brazil
4402

Piu Chan
Beijing, China
4902

K. Ray Chaudhuri
London, United Kingdom
4103

Carlo Colosimo
Rome, Italy
4602

Cynthia L. Comella
Chicago, IL, USA
3017, 4109

Valina Dawson
Baltimore, MD, USA
5101

Meltem Demirkiran
Adana, Turkey
4107

Günther Deuschl
Kiel, Germany
6051

Okan Dogu
Mersin, Turkey
5901

Jonathan O. Dostrovsky
Toronto, ON, Canada
4201

Dirk W. Dressler
Rostock, Germany
4202

Alexandra Durr
Paris, France
5102

Bulent Elibol
Ankara, Turkey
5602

Murat Emre
Capa Istanbul, Turkey
2012, 3021, 4051, 5701

Giovanni Fabbrini
Rome, Italy
5201

Matthew J. Farrer
Jacksonville, FL, USA
4101

Emilio Fernandez-Alvarez
Barcelona, Spain
5109, 5301

Thomas Gasser
Tübingen, Germany
4101

Oscar S. Gershman
Buenos Aires, Argentina
2010, 5107

Nir Giladi
Tel Aviv, Israel
5103

Gavin Giovannoni
London, United Kingdom
5104

Christopher G. Goetz
Chicago, IL, USA
4102

Satoshi Goto
Tokushima City, Japan
4201

Anthony A. Grace
Pittsburgh, PA, USA
3016

Pdraic James Grattan-Smith
Sydney, Australia
5109

Paul E. Greene
New York, NY, USA
6501

Donald G. Grosset
Glasgow, United Kingdom
3019

Mark Hallett
Bethesda, MD, USA
5106

Hasmet A. Hanagasi
Istanbul, Turkey
5108

John A. Hardy
Bethesda, MD, USA
4601, 6501

Etienne C. Hirsch
Paris, France
3016

Birgit Hogl
Innsbruck, Austria
5202

Howard Hurtig
Philadelphia, PA, USA
2010, 6501

Rivka Inzelberg
Kfar Saba, Israel
5601

Alex Iranzo De Riquer
Barcelona, Spain
4109, 5202

Joseph Jankovic
Houston, TX, USA
4106, 5051, 6051

Ryuji Kaji
Tokushima City, Japan
5106, 6052

Thomas Klockgether
Bonn, Germany
5106

Aikaterini Kompoliti
Chicago, IL, USA
5109

Amos D. Korczyn
Ramat-Aviv, Israel
6501

Vladimir Kostic
Belgrade, Serbia and Montenegro
5601

Paul Krack
Grenoble, France
3022, 4104

Jamie Kulisevsky
Barcelona, Spain
5902

Dimitri M. Kullman
London, United Kingdom
4107
The first and only transdermal patch for Parkinson’s disease

- Once-daily non-ergolinic dopamine agonist
- Steady-state plasma concentration profile over 24 hours
- 24 hour coverage for the signs and symptoms of all stages of Parkinson’s disease
- Well tolerated

Neupro
roligotine transdermal patch
The Parkinson's Patch

Please contact your local representative for the full prescribing information.

Neupro® roligotine. Prescribing Information. Presentation: Neupro® is a thin, matrix-type square transdermal patch. Neupro 2 mg/24 h transdermal patch: Releases 2 mg roligotine over 24 hours. 10 cm² patch contains 4.5 mg roligotine. Neupro 4 mg/24 h transdermal patch: Releases 4 mg roligotine over 24 hours. 20 cm² patch contains 9 mg roligotine. Neupro 6 mg/24 h transdermal patch: Releases 6 mg roligotine over 24 hours. 30 cm² patch contains 13.5 mg roligotine. Neupro 8 mg/24 h transdermal patch: Releases 8 mg roligotine over 24 hours. 40 cm² patch contains 18 mg roligotine. Indications: To treat the signs and symptoms of early-stage idiopathic Parkinson’s disease without concurrent levodopa therapy and for late-stage idiopathic Parkinson’s disease with concurrent levodopa therapy. Dosage: Neupro is applied to the skin once a day. The patch remains on the skin for 24 hours and will then be replaced by a new one at a different application site. Treatment is initiated with a single daily dose of 2 mg/24 h. Dose increase by 2 mg/24 h each week (e.g., 2 mg/24 h in Week 1, 4 mg/24 h in Week 2, 8 mg/24 h in Week 3 and 16 mg/24 h in Week 4), until an effective dose is reached. Normal dose is 8 mg/24 h for early-stage and 16 mg/24 h for late-stage Parkinson's disease. Contraindications: Hypersensitivity to roligotine or to any of the excipients. Neupro should be removed prior to Magnetic Resonance Imaging (MRI) or cardioversion to avoid burns. Warnings and precautions: Internal heat should not be applied to the patch. Dopaminergic agents are known to cause hypotension and, in case of generalized skin reaction associated with use of Neupro, discontinuation should be avoided. Adverse reactions: Rash, pruritus, bullous eruption, and photosensitivity reactions. Report any unusual skin reactions to the physician. When treating patients with severe hepatic impairment or in patients taking sedating medicines or other depressants in combination with roligotine, switching to another dopaminergic agent may be beneficial for these patients, who are insufficiently controlled by roligotine. Unacceptable effects: Nausea, vomiting, somnolence, dizziness, and application site reactions. Common side effects include: Oedema, hallucinations, gastrointestinal symptoms, dyspnoea, laryngitis, leucopenia, lymphopenia, neutropenia, stomatitis, myalgia, pyrexia, urticaria, headache, and dizziness. Rare: Arrhythmia, jaw pain, increased creatine kinase, increased alanine aminotransferase, increased aspartate aminotransferase. Other reported adverse effects include: Hypersensitivity reactions, visual disturbance, or photophobia may occur. Rarely, psychiatric disorders, increased libido or conversion may occur. Product Licence number: EUL/25/33/001-015. Product licence holder: SCHWARZ PHARMA UK Limited. Shannon Industrial Estate, Shannon, Co. Clare, Ireland. Date of preparation: January 2007. Date of literature preparation: January 2007. Neupro® is a registered trademark. Prescribers should consult the Summary of Product Characteristics for the full information on side-effects, warnings and precautions. Further information is available from SCHWARZ PHARMA AG, AlteNötels-Straße 19, Monheim, Germany. May not be approved in your country.

For more information visit www.neupro.com.

References:
Exhibitor Information

General Information and Exhibit Hours
Please allow adequate time in your daily schedule to visit the Exhibit Hall, located in the Rumeli Building, upper floor which is directly next to the Istanbul Convention and Exhibition Centre (ICEC). 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. Delegates may visit the Exhibit Hall during the following hours:

- Monday, June 4: 9:00 a.m. to 5:00 p.m.
- Tuesday, June 5: 9:00 a.m. to 5:00 p.m.
- Wednesday, June 6: 9:00 a.m. to 5:00 p.m.
- Thursday, June 7: 9:00 a.m. to 4:00 p.m.

Exhibitor Registration
Location: Rumeli Building foyer
Exhibitors must register at the Exhibitor Registration Desk located inside the entrance of the Rumeli Building during the following hours:

- Saturday, June 2: 4:00 p.m. to 8:00 p.m.
- Sunday, June 3: 9:00 a.m. to 8:30 p.m.
- Monday, June 4: 7:00 a.m. to 6:00 p.m.
- Tuesday, June 5: 7:00 a.m. to 6:00 p.m.
- Wednesday, June 6: 7:00 a.m. to 6:00 p.m.
- Thursday, June 7: 7:00 a.m. to 5:00 p.m.

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. Independent contractor personnel, hired by an exhibitor to install and dismantle their display, should register on-site for a temporary name badge valid for only installation and dismantlement hours.

Exhibitor Badge (Yellow): Allows admittance to the exhibit hall area only.
Exhibitor Delegate Badge (Orange): Allows the delegate to enter the Exhibit hall as an exhibitor and attend scientific sessions (requiring a ticket) and the Welcome Reception.

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.
Exhibitor Directory

Allergan, Ltd.
Marlow International, the Parkway
Marlow, Bucks
SL7 1YL
UK
Telephone: +44-1628-494-444
Fax: +44-1628-494-449
Web site: www.allergan.co.uk
Booth #: 110
With more than 55 years of experience providing high-quality, science-based products, Allergan, Inc., with UK offices in Marlow, Bucks and worldwide headquarters in Irvine, California, USA, discovers, develops and commercializes products in the ophthalmology, neurosciences, medical dermatology, medical aesthetics, obesity intervention and other specialty markets that deliver value to its customers, satisfy unmet medical needs, and improve patients’ lives.

Boehringer Ingelheim GmbH
Binger Str. 173
Ingelheim, Rheinland-Pfalz 55216
Germany
Telephone: +49-6132-77-0
Fax: +49-6132-72-0
Web site: www.boehringer-ingelheim.com
Booth #: 101
Pramipexole (known in Europe under the trade names Sifrol® and Mirapexin®, in the U.S.A. as Mirapex® and in Turkey as Pexola®) is a compound from Boehringer Ingelheim research first approved in 1997 for the treatment of the signs and symptoms of idiopathic Parkinson’s disease, as monotherapy or in combination with levodopa. Prami- pexole is approved throughout the European Union, in the U.S.A. and in several other countries for the symptomatic treatment of moderate to severe idiopathic Restless Legs Syndrome (RLS).

Britannia Pharmaceuticals Limited
41-51 Brighton Road
Redhill, Surrey RH1 6YS
United Kingdom
Telephone: +44-1737-773-741
Web site: www.britannia-pharm.co.uk
Booth #: 119
Britannia Pharmaceuticals Ltd. is a UK-based company which markets a range of Apo-go (apomorphine HCl) products for the treatment of disabling motor fluctuations in Parkinson’s disease patients which persist, despite individually titrated treatment with oral Parkinson’s disease medications.

GE Healthcare
Pollards Wood, Nightingales Lane
Chalfont St. Giles, Bucks HP8 4SP
United Kingdom
Telephone: +44 1494-54-4000
Fax: +44 1494-49-8234
Web site: www.gehealthcare.com
Booth #: 108
GE Healthcare is dedicated to helping you transform healthcare delivery by driving critical breakthroughs in biology and technology. Our expertise in medical imaging is enabling healthcare professionals around the world to discover new ways to predict, diagnose and treat disease earlier. While at MDS, please visit our stand to learn more about DaTSCAN.
GlaxoSmithKline plc
980 Great West Road
Brentford, Middlesex TW8 9GS
United Kingdom
Telephone: +44-20-8047-5000
Web site: www.gsk.com
Booth #: 102
GlaxoSmithKline (GSK) is a research-based pharmaceutical company with a mission to improve the quality of human life by enabling people to do more, feel better and live longer. GSK makes medicines, vaccines and consumer healthcare products. Its business accounts for 6.3% of the world’s pharmaceutical market. In 2006, GSK invested £3.5 billion and employed over 15,000 people in research and development with the aim of building the best product pipeline in the industry. GSK donates money, medicines, time and equipment to help improve health and education in under-served communities. GSK supports public health initiatives and local community projects around the world and donates medicines to support disaster relief efforts and impoverished communities.

Ipsen
42 rue du Docteur Blanche
Paris 75016
France
Telephone: +33-1-44-30-43-15
Fax: +33-1-44-30-42-00
Web site: www.ipsen.com
Booth #: 118
Ipsen is a European pharmaceutical group with over 20 products on the market and a total worldwide staff of nearly 4,000. The company’s development strategy is based on a combination of products in targeted therapeutic areas (oncology, endocrinology and neuromuscular disorders), which are growth drivers and primary care products which contribute significantly to its research financing. This strategy is also supported by an active policy of partnerships. The location of its four R&D centres (Paris, Boston, Barcelona, London) gives the Group a competitive edge in gaining access to leading university research teams and highly qualified personnel. In 2005, Research and Development expenditure reached €169.0 million, i.e. 20.9% of consolidated sales, which amounted to €807.1 million in the Group’s pro forma accounts set up according to the IFRS. Nearly 700 people in R&D are dedicated to the discovery and development of innovative drugs for patient care.

H. Lundbeck A/S
Ottiliavej 9,
Copenhagen – Valby DK-2500
Denmark
Telephone: +45-36-30-13-11
Fax: + 45-36-30-19-40
Web site: www.lundbeck.com
Booth #: 105
Azilect – a new treatment for Parkinson’s disease both as monotherapy in early disease and as adjunctive therapy in more advanced disease. Several large clinical trials demonstrated Azilect’s high efficacy, together with good safety profile and high tolerability including in elderly patients and convenient dosing – once daily, no titration.

Medtronic, Inc.
710 Medtronic Parkway NE
Minneapolis, MN 55432
USA
Telephone: +1 763-514-4000
Fax: +1 763-514-4879
Web site: www.medtronic.com
Booth #: 109
Medtronic is the global leader in medical technology – alleviating pain, restoring health and extending life for millions of people around the world. Activa® Deep Brain Stimulation Therapy, exhibited, has been used in more than 35,000 patients worldwide for the treatment of the three most common movement disorders: Parkinson’s disease, essential tremor and dystonia.

Merck Serono
9, Chemin des Mines
Geneva 1211
Switzerland
Telephone: +41-22-414-3600
Fax: + 41-22-414-3085
Web site: www.merckserono.net
Booth #: 112
Merck Serono, a division of Merck KGaA, Darmstadt, Germany, is a global business focusing on innovative prescription pharmaceuticals with headquarters in Geneva. The entity has leading brands serving patients in the areas of Oncology (Erbitux®), Neurology (Rebif®) and other therapeutic areas. Merck Serono’s research programs are focused on establishing new therapeutic agents in other areas, including Parkinson’s disease.
Merz Pharmaceuticals GMBH
Eckenheimer Landstrasse 100
Frankfurt 60318
Germany
Telephone: +49-69-1503-0
Fax: +49-69-1503-200
Web site: www.merz.de
Booth #: 116
Product Name: Xeomin
Active substance: Clostridium Botulinum neurotoxin Type A (150 KD), free of complexing proteins 100 LD50 units per vial

Noldus Information Technology b.v.
Nieuwe Kanaal 5
Wageningen 6709 PA
The Netherlands
Telephone: +31-317-473-300
Fax: +31-317-424496
Web site: www.noldus.com
Booth #: 121
Noldus Information Technology develops and supports professional software and instrumentation for behavioral research. Our product range includes several products especially developed for neuroscience research. Our latest product, CatWalk, is the ultimate system to dynamically measure footprints of rodents on basis of which locomotor deficits and pain syndromes can be assessed.

Novartis Pharma AG
Lichtstr. 35
Basel CH-4002
Switzerland
Telephone: + 41-61-324-1111
Fax: + 41-61-324-6652
Web site: www.novartis.com
Booth #: 103
Novartis AG is a world leader in pharmaceuticals and consumer health, headquartered in Basel, Switzerland. Novartis researches, develops, manufacturers and markets leading innovative prescription drugs used to treat a number of diseases and conditions and has been a leader in the Neuroscience area for more than 50 years.

Please feel invited to visit the combined exhibition of Novartis and Orion.

Orion Corporation Orion Pharma
Orionintie 1
Fl-02101 Espoo
Finland
Telephone: +358-10-4261
Fax: +358-10-426-3815
Web site: www.orion.fi/english
Booth #: 103
Orion Corporation (OMX Helsinki, ORNAV, ORNBV) is a European, R&D-based, business-driven pharmaceuticals and diagnostics company with special emphasis on developing innovative treatments and diagnostic tests for global markets.

Please feel invited to visit the combined exhibition of Novartis and Orion.

For further information please visit the companies’ Web sites.

Pfizer Inc
235 East 42nd Street
New York, NY 10017
USA
Telephone: +1 212-733-2323
Web site: www.pfizer.com
Booth #: 104
Cabaser is approved for the symptomatic treatment of Parkinson’s disease (PD).

Pfizer Inc, founded in 1849, is dedicated to better health and greater access to healthcare. Our purpose is helping people live longer, healthier, happier lives. Our route to that purpose is through discovering and developing breakthrough medicines; providing information on prevention, wellness, and treatment; consistent high-quality manufacturing of medicines, consumer products; and global leadership in corporate responsibility.
Schwarz Pharma AG
Alfred-Nobel-Strasse 10
Monheim 40789
Germany
Telephone: +49 2173-48-0
Fax: +49 2173-48-1608
Web site: www.schwarzpharma.com
Booth #: 106

SCHWARZ PHARMA AG (Monheim, Germany) is a publicly traded company, which develops and markets innovative drugs with the focus on Central Nervous System (CNS) as well as cardiovascular and gastro-intestinal diseases. These drugs are manufactured and marketed by SCHWARZ PHARMA affiliates in Europe, USA and Asia.

Solstice Neurosciences, Inc.
40 General Warren Blvd., Suite 160
Malvern, PA 19355
USA
Telephone: +1 267-620-8000
Fax: +1 267-620-8190
Web site: http://www.solsticeneuro.com/
Booth #: 117

Solstice Neurosciences, Inc. is a specialty biopharmaceutical company focused on the development, manufacturing, sales and marketing of specialty products. Solstice’s first product, Myobloc® (Botulinum Toxin Type B) Injectable Solution, represents the only Botulinum Toxin Type B currently available to physicians and patients worldwide.

Solvay Pharmaceuticals GmbH
Hans-Böckler-Allee 20
Hannover 30173
Germany
Telephone: +49 511-857-0
Fax: +49 511-857-2294
Web site: www.solvaypharmaceuticals.com
Booth #: 111

Solvay Pharmaceuticals is a global player in selected disease target areas. One of the strong focuses concentrates research and development efforts in Neurology, where doctors and patients may count with new and better therapies to choose from. Duodopa represents a new concept in the treatment of PD patients, assuring constant and stable plasma levodopa concentrations. Duodopa increases ON time, is suitable as monotherapy and improves quality of life.

Teva Pharmaceutical Industries Ltd.
P.O. Box 3190
Petah Tiqva 49131
Israel
Telephone: +972-3-926-7267
Fax: + 972-3-923-4050
Web site: www.tevapharm.com
Booth #: 105

Azilect – a new treatment for Parkinson’s disease both as monotherapy in early disease and as adjunctive therapy in more advanced disease. Several large clinical trials demonstrated Azilect’s high efficacy, together with good safety profile and high tolerability including in elderly patients and convenient dosing – once daily, no titration.

The Movement Disorder Society
International Secretariat
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823
USA
Telephone: +1 414-276-2145
Fax: +1 414-276-3349
www.movementdisorders.org
Booth: Located in the Istanbul Convention and Exhibition Centre (main building)

The Movement Disorder Society is an international, 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. Visit our exhibit booth to learn more about MDS and membership opportunities.

Valeant Pharmaceuticals International
One Enterprise
Aliso Viejo, CA 92656
USA
Telephone: +1 949-461-6000
Fax: +1 949-461-6609
Web site: www.valeant.com
Booth #: 107

Valeant Pharmaceuticals International (NYSE: VRX) is a global specialty pharmaceutical company that develops, manufactures and markets a broad range of pharmaceutical products primarily in the areas of neurology, infectious disease and dermatology. More information about Valeant can be found at www.valeant.com.
Vernalis Pharmaceuticals Inc.
1140 Headquarters Plaza
2nd Floor, West Tower
Morristown, NJ 07960
USA
Telephone: +1 973-867-5555
Fax: +1 973-867-5524
Web site: www.vernalis.com
Booth #: 120

Vernalis is a specialty bio-pharmaceutical company with two marketed products: Apokyn® (apomorphine hydrochloride injection) and Frova® (frovatriptan). The company has a broad development pipeline focused on neurology and central nervous system disorders.

Wiley-Blackwell
111 River Street
Hoboken, NJ 07030 USA
Telephone: +1 201-748-6000
Fax: +1 201-748-6088
Web site: www.wiley.com
Booth #: 122

Wiley-Blackwell is proud to publish Movement Disorders on behalf of The Movement Disorder Society. Wiley-Blackwell (formed in 2007) combines two of the most respected publishers in the world: Blackwell and John Wiley & Sons. Wiley-Blackwell’s portfolio now includes 1,250 scholarly journals, many society-owned, and numerous books with global appeal.
Exhibit Hall Floor Plan

11th International Congress of MDS
June 3-7, 2007
Istanbul, Turkey

Istanbul Convention & Exhibition Center (ICEC) Exhibition Hall Plan (Rumeli Building)
Istanbul Convention and Exhibition Centre Floor Plans
Istanbul Convention and Exhibition Centre Floor Plans

2nd Floor

3rd Floor
Map of Istanbul
Junior Awards

Two Junior Awards will be presented for outstanding abstracts of The Movement Disorder Society’s 11th International Congress of Parkinson’s Disease and Movement Disorders. One award will be presented for excellence in clinical research, and another for excellence in basic research. Eligible individuals for the Junior Awards must be forty (40) years of age or less, or within five years of completion of training and the first author on the abstract. The Movement Disorder Society’s Awards Committee selects the two award recipients from those who applied. Please refer to the flyer highlighting the 2007 Junior Awards recipients and their topics, in your registration bag.

Wednesday, June 6, 2007
9:30 a.m.-10:30 a.m.
4103 Junior Award Lectures
Location: Anadolu Auditorium, First Floor, Istanbul Convention and Exhibition Centre
Chairs: Joseph Jankovic
Houston, TX, USA
Eduardo Tolosa
Barcelona, Spain

Social Events

Sunday, June 3, 2007
Opening Ceremony and Welcome Reception
7:30 p.m. to 10:00 p.m.
Location: Istanbul Convention and Exhibition Centre and the Rumeli Gardens
All International Congress attendees are warmly invited to meet friends and colleagues during the traditional International Congress Opening Ceremony, which will feature a unique cultural dance show on Sunday evening, June 3, at the Istanbul Convention and Exhibition Centre. A Welcome Reception, accompanied by food, beverage and entertainment, in the Rumeli Gardens will directly follow the Opening Ceremony. Each paid registrant is able to bring one guest to the Welcome Reception only. Guest badges will be available in the registration packet onsite for those who requested one.

Wednesday, June 6, 2007
Gala Event
8:00 p.m. to midnight
Location: Ciragan Palace
All participants of the 11th International Congress are invited to attend the Gala Event at the spectacular Ciragan Palace located by the shores of the Bosphorus for an evening of cultural performances, entertainment and Turkish cuisine. Transportation will be departing from the Hilton, Hyatt, and Istanbul Convention and Exhibition Centre at 7:00 p.m. and suggested attire is smart casual. The cost for one Gala Event ticket is $100 USD. A ticket is required for entrance to the Gala Event and will be enclosed in delegates’ registration materials. If you have not already purchased a Gala Event ticket and would like to do so, please visit the Registration Desk to inquire about availability.
Satellite Symposia

Sunday, June 3, 2007
11:30 a.m.-1:00 p.m.
Restorative Neurology Facts or Fiction?
For further information please contact:
Ann Marie Janson Lang
Phone: +468 58583733
Fax: +468 7116659
am.janson-lang@mednut.ki.se
http://www.swemodis.se

Monday, June 4, 2007
2:30 p.m.-4:30 p.m.
Parkinson's disease Nurse Specialist-a British Perspective, Four Nations One Aim
For further information please contact:
Mrs. Linda Caie
Phone: + 01224 556854
Linda.caie@nhs.net
Restless legs syndrome and other movement disorders

1. Evidence for linkage of Restless legs syndrome to chromosome 9p: Are there two distinct loci?

2. RLS patients can also develop compulsions on dopaminergic agonists
   E. Pourcher, H. Cohen (Quebec, Quebec, Canada)

3. Transcranial sonography in Restless legs syndrome

4. Original clinical and biological findings in 3 new mutations of the senataxin gene
   M. Anheim, M.C. Fleury, J. Franques, J.-P. Delaunoy, M. Moreira, M. Koenig, C. Tranchant (Strasbourg, France)

5. Silver syndrome variant of hereditary spastic paraplegia: Identification of a novel locus

6. Spectrum of gait impairments in presymptomatic and symptomatic Huntington’s disease: Cross sectional data

7. Frequency of dementia in FMR1 premutation carriers

8. Intrafusal effects of botulinum toxin injection in patients with upper motor neuron syndrome
   C. Trompetto, G. Francavilla, C. Ogliastro, L. Avanzino, M. Bove, A. Berardelli, G. Abbruzzese (Genova, Italy)

Atypical parkinsonism and Dystonia

9. Effect of disease duration on the pattern of cerebral glucose metabolism in patients with multiple system atrophy
   J.H. Lee, C.H. Lyoo, S.H. Oh, M.S. Lee (Seoul, Republic of Korea)

10. Neuroprotection and Natural History in Parkinson Plus Syndromes (NNIPPS): Results of a randomized placebo-controlled trial of riluzole in PSP and MSA
    P.N. Leigh, A. Ludolph, Y. Agid, G. Bensimon, The NNIPPS Consortium (London, United Kingdom)

11. Degeneration of cardiac sympathetic nerve can occur in multiple system atrophy
    S. Orimo, T. Kanazawa, A. Nakamura, T. Uchihara, F. Mori, A. Kakita, K. Wakabayashi, H. Takahashi (Tokyo, Japan)

12. Correlates of side-to-side symmetry of motor manifestations in Parkinsonian disorders
    R.P. Munhoz, H.A. Teive, L.C. Werneck (Curitiba, PR, Brazil)

13. The dystonia-associated protein torsinA modulates synaptic vesicle recycling
    A. Granata, G. Schiavo, T.T. Warner (London, United Kingdom)

14. Pallidal deep brain stimulation improves quality of life in segmental and generalized dystonia: Results from a prospective, randomized sham-controlled trial

15. Clinical and electrophysiological phenotype of myoclonus dystonia due to epsilon sarcoglycan gene mutations
<table>
<thead>
<tr>
<th>Oral Platform Presentations 5601</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday, June 6, 2007 - 2:30 PM - 4:30 PM</strong></td>
</tr>
<tr>
<td><strong>Room:</strong> Marmara Room</td>
</tr>
<tr>
<td><strong>Chairs:</strong> Vladimir Kostic, Belgrade, Serbia/Montenegro, Rivka Inzelberg, Kfar Saba, Israel</td>
</tr>
</tbody>
</table>

**Parkinson’s disease**

| 19 | The 2 adrenergic antagonist fipamezole prolongs the anti-parkinsonian actions of L-DOPA in the MPTP-lesioned macaque | T.H. Johnston, J.-M. Savola, S.H. Fox, J.M. Brotchie (Toronto, Ontario, Canada) |
| 21 | Prospective comparison of weight gain and energy intake after subthalamic (STN), pallidal (GPI) and thalamic (VIM) deep brain stimulation (DBS) in Parkinson’s disease | S. Blanchard, G. Drillet, P. Sauleau, S. Drapier, A.-S. Gillioz, T. Rouaud, J. Peron, M. Verin (Rennes, France) |
| 23 | Neuropsychological and psychiatric sequelae of deep-brain stimulation for Parkinson’s disease – a randomized controlled multicenter study | C. Daniels, K. Witt, J. Reiff, P. Krack, M. Krause, K. Boetzler, A. Schnitzler, L. Wojtecki, R. Hilker, E. Kalbe, G.H. Schneider, A. Kupsch, G. Deuschl, for the German Parkinson Study Group, Neurostimulation Section (Kiel, Germany) |

---

<table>
<thead>
<tr>
<th>Oral Platform Presentations 5602</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday, June 6, 2007 - 2:30 PM - 4:30 PM</strong></td>
</tr>
<tr>
<td><strong>Room:</strong> Dolmabahce A</td>
</tr>
<tr>
<td><strong>Chairs:</strong> Bulent Elibol, Ankara, Turkey, Heinz Reichmann, Dresden, Germany</td>
</tr>
</tbody>
</table>

**Clinical Electrophysiology and Imaging**

| 25 | Probing a heterosynaptic manifestation of homeostatic plasticity in the intact human motor cortex | M. Poetter, S. Fischer, G. Deuschl, A. Quartarone, H. Siebner (Kiel, Germany) |
| 26 | Impaired temporal preparation in Parkinson’s disease: Slow brain potential and oscillatory manifestations | P. Praamstra, P. Pope (Birmingham, United Kingdom) |
| 28 | Change in water diffusion MRI following repetitive transcranial magnetic stimulation | M. Abe, T. Mima, N. Sawamoto, S. Urayama, T. Aso, H. Fukuyama (Koto, Japan) |
| 29 | White matter changes in the diagnosis of presymptomatic neurodegenerative diseases: The example of Huntington’s disease | S. Kloppel, B. Draganski, S.J. Tabrizi, R.S.J. Frackowiak (London, United Kingdom) |
32 Connections between premotor and motor cortex in healthy subjects and in patients with Parkinson's disease
A. Suppa, M. Bologna, C. Lorenzano, F. Gilio, M. Napoletani, A. Berardelli (Rome, Italy)

CME and Certificates of Attendance

To claim CME Credits or to receive a Certificate of Attendance for participation in this educational activity, International Congress participants must complete and submit an online CME Request Form following their participation in the International Congress. This can be done onsite at the CME Kiosk, or online from your own computer.

CME Kiosk Hours
7:00 AM – 7:00 PM Wednesday, June 6
7:00 AM – 6:00 PM Thursday, June 7
The CME Kiosk is located in the Main Lobby behind the registration area, near the stairs.

Online:
Visit www.movementdisorders.org/congress/congress07/cme and follow the on-screen instructions to claim your CME Credit or Certificate of Attendance. You can print the certificate directly from your computer or send it to your personal e-mail address.

CME/Certificate of Attendance Online Instructions:
You will need your MDS ID Number and password to claim credit. This information can be found on the bottom of your registration confirmation form (found in your registration packet). It will also be e-mailed to all International Congress participants upon the completion of the 11th International Congress.
Today, Pfizer is working toward solutions that mean a happier, healthier tomorrow for us all.

Pfizer is proud to support The Movements Disorder Society’s 11th International Congress of Parkinson’s Disease and Movement Disorders.
<table>
<thead>
<tr>
<th>Poster Session 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday, June 5, 2007 - 12:30 PM - 2:30 PM</strong></td>
</tr>
<tr>
<td><strong>Rumeli Hall, Lower Level</strong></td>
</tr>
<tr>
<td><strong>Poster Viewing 9:00 a.m. to 4 p.m.</strong></td>
</tr>
<tr>
<td><strong>Authors Present 12:30 p.m. to 2:30 p.m.</strong></td>
</tr>
<tr>
<td><strong>Poster numbers 33-345 and Poster 683</strong></td>
</tr>
</tbody>
</table>

### Ataxia

**Poster numbers 33-52**

<table>
<thead>
<tr>
<th><strong>Poster Number</strong></th>
<th><strong>Title</strong></th>
<th><strong>Authors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>High field proton MR spectroscopy of sporadic and hereditary spinocerebellar ataxias</td>
<td>G. Oz, I. Iltis, D. Hutter, C.M. Gomez (Minneapolis, Minnesota, USA)</td>
</tr>
<tr>
<td>34</td>
<td>Frequency of the MCP sign in FMR1 premutation carriers and FXTAS</td>
<td>M.A. Leehey, D. Rubinstein, A.G. Brega, D. Hall, F. Tassone, L. Zhang, R. Hagerman, P.J. Hagerman, J. Grigsby (Denver, Colorado, USA)</td>
</tr>
<tr>
<td>36</td>
<td>Gordon Holmes spinocerebellar ataxia with retinal dystrophy</td>
<td>S.-J. Kim, E.J. Chung, J.-H. Joo (Busan, Korea)</td>
</tr>
<tr>
<td>37</td>
<td>Ataxin-2 localizes at the Endoplasmic reticulum and co-sediments with polysomes</td>
<td>S. van de Roo, J. Nowock, R. Hilker, G. Auburger (Frankfurt/Main, Germany)</td>
</tr>
<tr>
<td>38</td>
<td>A phase III double-blind, randomised, placebo-controlled study of the efficacy, safety and tolerability of idebenone in the treatment of Friedreich’s ataxia patients</td>
<td>P. Giunti, J. Gray, N.W. Wood (London, United Kingdom)</td>
</tr>
<tr>
<td>39</td>
<td>The natural history of multiple system atrophy</td>
<td>K. Arai, Y. Yoshiyama, K. Ogawara, C. Ishikawa, K. Ito (Chiba, Japan)</td>
</tr>
<tr>
<td>40</td>
<td>Clinical relevance of “bulging eyes” for the differential diagnosis of spinocerebellar ataxias</td>
<td>H.A.G. Teive, R.P. Munhoz, S. Raskin, W.O. Arruda, L.C. Werneck (Curitiba, PR, Brazil)</td>
</tr>
<tr>
<td>41</td>
<td>Involuntary movements in ataxia-telangiectasia: Natural history and quantitative characteristics</td>
<td>A.G. Shaikh, D.S. Zee, A.E. Meyer, H.M. Lederman, T.O. Crawford (Baltimore, Maryland, USA)</td>
</tr>
<tr>
<td>42</td>
<td>Different metabolic pattern in SCA 1,2,3 and 6 in FDG-PET and correlation with clinical parameters</td>
<td>M. Minnerop, E. Rota Kops, H. Herzog, E. Brun, K.L. Leenders, T. Klockgether, U. Wüllner (Bonn, Germany)</td>
</tr>
<tr>
<td>43</td>
<td>SCA 12 – with the identification of novel intermediate allele</td>
<td>A.K. Srivastava, M. Mukerji, M.V. Padma, K. Prasad, M. Behari (New Delhi, India)</td>
</tr>
<tr>
<td>44</td>
<td>SCA 7 with late retinal degeneration from India</td>
<td>A.K. Srivastava, M. Mukerji, M.B. Singh, M. Tripathi, R. Bhatia, M.V. Padma, K. Prasad, M. Behari (New Delhi, India)</td>
</tr>
<tr>
<td>45</td>
<td>Cognitive dysfunctions in spinocerebellar ataxia type 1 and 2</td>
<td>E. Pastorello, S. Lombardi, F. Cappa, M. Clementi, P. Bisiacchi, D. Paganini, C.P. Trevisan (Padova, Italy)</td>
</tr>
<tr>
<td>46</td>
<td>Characteristics of cortical excitability revealed by transcranial magnetic stimulation in spinocerebellar ataxias type 1, type 2 and idiopathic sporadic cerebellar ataxia</td>
<td>S. Radovanovic, N. Dragasevic, J. Maric, M. Svetel, V.S. Kostic (Belgrade, Serbia)</td>
</tr>
<tr>
<td>47</td>
<td>Human recombinant erythropoietin increases frataxin in Friedreich ataxia</td>
<td>S. Boesch, B. Sturm, S. Hering, H. Goldenberg, B. Scheiber-Mojdehkar, W. Poewe (Innsbruck, Austria)</td>
</tr>
<tr>
<td>49</td>
<td>Potassium channel blocker 4-aminopyridine is effective in late onset episodic ataxia type 2 (EA2) – a video case report</td>
<td>M. Löhle, W. Schrempf, M. Wolz, H. Reichmann, A. Storch (Dresden, Saxony, Germany)</td>
</tr>
<tr>
<td>50</td>
<td>Correlation between clinical tests and accelerometry in the assessment of cerebellar tremor in multiple sclerosis</td>
<td>S. Seidel, D. Samal, J. Zezula, K. Vass, E. Auff (Vienna, Austria)</td>
</tr>
<tr>
<td>51</td>
<td>Spinoocerebellar ataxia type 7 in Venezuela</td>
<td>M. Gallardo, A. Soto, G. Orozco, M. Camacaro (Caracas, Miranda, Venezuela)</td>
</tr>
<tr>
<td>52</td>
<td>Usefulness of the scale for assessment and rating of ataxia (SARA)</td>
<td>I. Yabe, M. Matsushima, H. Soma, H. Sasaki (Sapporo, Japan)</td>
</tr>
</tbody>
</table>
53 Vacuous chewing movements are related to striosome-dominant activity in ventrolateral striatum
B. Bastan, G. Sahin, M. Hayran, E. Saka, B. Elibol (Lund, Sweden)

54 LRRK2 binds to membrane
T. Hatano, S.-I. Kubo, Y. Mizuno, N. Hattori (Bunkyo, Tokyo, Japan)

55 The GTPase and kinase activity of the LRRK2 protein are both required for inclusion formation and cell toxicity in cell culture models
D. Schweiger, M. van Doeselaar, B. Oostra, V. Bonifati (Rotterdam, Netherlands)

56 Potency of CNBTX-A substantially exceeds labeled units in standard potency test
T. Hunt, K. Clarke (Irvine, California, USA)

57 MPTP-lesioned mouse model of the beginning-of-dose inhibitory effect in Parkinson's disease
S.A. Gunzler, S. Shakil, N.E. Carlson, J.G. Nutt, C.K. Meshul (Portland, Oregon, USA)

58 PYM50028, a novel, orally active neurotrophic factor inducer, protects and reverses the neuronal damage induced by MPP+ in mesencephalic neuronal cultures and by MPTP in a mouse model of Parkinson's disease

59 Evaluation of gastrointestinal function in a mouse model of Parkinson's disease
G. Anderson, G. Taylor, D. Bernhard, M. Anitha, S. Srinivasan, J.G. Greene (Atlanta, Georgia, USA)

60 Stability of Xeomin®, a preparation of botulinum neurotoxin type A, free of complexing proteins
S. Grein, G.J. Mander, S. Grafe (Frankfurt, Germany)

61 Modulation of Akt signaling pathway by the interaction of DJ-1 with PTEN
C.Y. Kim, H. Kitaura, S.M.M. Iguchi-ArigaSanee, H. Ariga (Sapporo, Hokkaido, Japan)

62 Decreased expression of alpha-synuclein in Parkinson’s disease: Multiple-level evidence
S. Papapetropoulos, N. Adi, L. Shehadeh, J. Ffrench-Mullen, N. Bishopric, D.C. Mash (Miami, Florida, USA)

63 Mutant forms of parkin cause protein aggregation, alterations of the ubiquitin-proteasome system and neuronal death in human neuroblastoma cells
E. Kyratzis, M. Pavlaki, D. Kontostavlaki, H.J. Rideout, L. Stefanis (Athens, Attiki, Greece)

64 Reflex control of jaw movement
K.S. Türker (Adelaide, SA, Australia)

65 No age-related loss or morphological changes in nigral neurons of substantia nigra pars compacta of normal Indian human brains: A stereological study
P.A. Alladi, A. Mahadevan, T.C. Yasha, T.R. Raju, S.K. Shankar, U. Muthane (Bangalore, Karnataka, India)

66 Expression of MT1 MT2 receptors in human postmortem amygdala and substantia nigra of Parkinson’s disease and controls subjects
N. Adi, L. Shehadeh, D.C. Mash, C. Singer, S. Papapetropoulos (Miami, Florida, USA)

67 Human uncoupling-protein-4 protects neuronal cell death from MPP+ induced toxicity by regulating mitochondrial membrane potential, reducing generating ROS and maintaining ATP levels
C.Y. Chu, W.L. Ho, H.H. Kwok, Y.J. Wang, D.B. Ramsden, S.L. Ho (Hong Kong, China)

68 Role of Neu4L sialidase and its substrate ganglioside GD3 in neuronal apoptosis induced by catechol metabolites
T. Hasegawa, N. Sugeno, A. Takeda, M. Matsuzaki-Kobayashi, A. Kikuchi, K. Furukawa, T. Miyagi, Y. Itayama (Sendai, Miyagi, Japan)

69 Vesicular dysfunction may trigger dopaminergic cell death
M. Kobayashi, T. Hasegawa, A. Takeda, N. Sugeno, Y. Itayama (Sendai, Miyagi, Japan)

70 Glucocerebrosidase mutations promote synuclein aggregation
O. Goker-Alpan, D. Urban, B.K. Stubblefield, M.R. Cookson, E. Sidransky (Bethesda, Maryland, USA)

71 Leucine-rich repeat kinase 2 binds to lipid rafts in synaptic terminals
S.-I. Kubo, T. Hatano, Y. Mizuno, N. Hattori (Bunkyo, Tokyo, Japan)

72 Pleiotrophin over-expression after intrastriatal and intranigral administration of a recombinant adenoviral vector containing human pleiotrophin cDNA

73 Selective suppression of REM sleep in MPTP non-human primates: A long term continuous electroencephalographic study by telemetry
V. Lambrecq, C. Forni, F. Tison, E. Balzamo, B. Bioulac, I. Ghorayeb (Bordeaux, France)
Neuronal a-synuclein overexpression affects lymphocytic gene networks in a transgenic mouse model of Parkinson's disease
B.A. Chase, G. Lu, K. Markopoulou (Omaha, Nebraska, USA)

Endogenous dopamine causes neurodegeneration in mice

Role of phosphorylation at serine 129 in cellular toxicity of a-synuclein
N. Sugeno, A. Takeda, T. Hasegawa, M. Kobayashi, A. Kikuchi, Y. Itoyama (Sendai-City, Miyagi, Japan)

Neuroprotective effect of human mesenchymal stem cell on dopaminergic neurons by anti-inflammatory action
P.H. Lee, Y.-J. Kim, H.-J. Park, S.W. Yong (Suwon, Gyeonggi, Republic of Korea)

Prolonged microglial activation in the substantia nigra of zitter rat

Ubiquitylation of synphilin-1A modulates its aggregation and neurotoxicity in Parkinson's disease
R. Szargel, A. Eyal, J. Haskin, E. Avraham, E. Liani, R. Rott, S. Engelender (Haifa, Israel)

Comparative analysis of progenitor cell populations in the adult midbrain of wild-type and Parkinsonian mice models
A. Hermann, C. Suess, F. Pan-Montojo Puga, M. Jungnitsch, S. Gehre, J. Schwarz, A. Storch (Dresden, Germany)

Apoptotic mechanisms in mutant LRRK2-mediated cell death
C. Vitale, C. Iaccarino, C. Crosio, G. Sanna, M.T. Carri, P. Barone (Naples, Italy)

The nociceptin/orphanin FQ receptor antagonist J-113397 enhances the effects of L-DOPA in the MPTP-lesioned non-human primate model of Parkinson's disease
N.P. Visanji, S.H. Fox, R.M.A. Debie, A.C. McCreary, J.M. Brotchie (Toronto, Ontario, Canada)

Botulinum toxin treatment in perioral dyskinesia
M.-W. Seo (Chonju, Jeonbuk, Korea)

Huntington's disease-like 2: The first case report in Latin America in a patient without African ethnic origin

Disordered post-movement excitation in surround muscles in paroxysmal kinesigenic dyskinesia

Hemichorea secondary to striatal hemorrhage in hyperglycemic hyperosmolar coma
S. Ozkan, G. Tekgol, S. Dagli, D. Ozbalabalik (Eskisehir, Turkey)

Levels of the light subunit of neurofilament triplet protein in cerebrospinal fluid in Huntington's disease
R. Constantinescu, M. Romer, L. Rosengren, D. Oakes, K. Kieburtz (Goteborg, Sweden)

Atypical onset movement disorders in Brazilian Huntington's disease patients
H.A.G. Teive, N. Becker, R.P. Munhoz, S. Raskin, L.C. Werneck (Curitiba, PR, Brazil)

Aripiprazole in Huntington's disease: A first case report
A. Ciammola, J. Sassone, F. Squitieri, B. Poletti, N. Mencacci, A. Ciammiello, V. Silani (Milano, Italy)

Chorea following acute sensory deprivation
D. França, A.V. Giannetti, F. Cardoso (Belo Horizonte, MG, Brazil)

Clinical findings in Titf-1 and SGCE-mutation carriers: Towards a clinical differentiation of benign hereditary chorea and myoclonus-dystonia
F. Asmus, A. Zimprich, M. Munz, T. Gasser, P.F. Chinnery (Tuebingen, Germany)

Chorea isolated on the both lower limbs associated with hyperglycemia

Late-onset Huntington's disease in our movement disorder unit
A. De la Cerda, E. Muñoz, E. Tolosa (Barcelona, Spain)

Bradykinesia in patients with history of sydenham's chorea
L.B. Barreto, F. Cardoso, D.P. Maia, A.L. Teixeira, Jr, R.G. Beato (Belo Horizonte, Minas Gerais, Brazil)
96 Chorea and compulsive behavior – an unusual presentation of myasthenia gravis
M. Niethammer, M. Daras, S. Frucht (New York, New York, USA)

97 A case of CHAP syndrome
M.-W. Seo, S.-Y. Jeong (Chunju, Jeonbuk, Korea)

98 Choreoathetosis precipitated by subclinical hypothyroidism in an Asian patient
W.S.S. Hameed, T.E. King (Singapore, Singapore)

99 Encephalitis with hyperkinesias
A.E. Collins, S. Honarmand, C.A. Glaser (New York, New York, USA)

100 Oxidative stress parameters in plasma of Huntington’s disease patients, asymptomatic Huntington’s disease gene carriers and healthy subjects: A cross-sectional study
N. Klepac, M. Relja (Zagreb, Croatia)

101 Early onset Huntington disease presenting with choreiform movements in the abdominal muscles
A.A. Ege, B. Koçer, S. Bilen, N.S. Oztekin, F. Ak (Ankara, Turkey)

102 Therapeutics for Huntington’s disease: A systematic review
T. Mestre, J. Ferreira, M. Coelho, M.M. Rosa, C. Sampaio (Lisbon, Portugal)

103 Serum brain-derived neurotrophic factor (BDNF) changes in Huntington’s disease subjects
J. Sassone, A. Ciammola, M. Cannella, B. Poletti, L. Frati, F. Squitieri, V. Silani (Cusano Milanino, Milano, Italy)

104 Sydenham’s chorea may be associated with sustained monocyte activation
K.C. Torres, W.O. Dutra, D.P. Maia, F. Cardoso, K.J. Gollob, A.L. Teixeira (Belo Horizonte, Brazil)

105 Chorea in adults after pulmonary thromboendarterectomy with deep hypothermia and circulatory arrest
R.M.A. De Bie, H.M.M. Smeding, M.A.J. Tijssen (Amsterdam, Netherlands)

106 Motor neuron disease and chorea
J. Klempir, O. Klempiroya, Z. Lebedova, J. Roth (Prague, Czech Republic)

107 Inefficient deep brain stimulation in a young patient suffering from choreoathetosis
K. Schumm, K. Kiening, M.C. Kraus, M. Krause, M. Kloss (Heidelberg, Germany)

Clinical Electrophysiology
Poster numbers 108-126

108 Peripheral neuropathy and plasma homocysteine level in Parkinson’s disease patients: A pilot study
M. Nevrly, H. Vranova, Z. Chovancova, I. Nestrasil, P. Otruba, J. Dufek, P. Kanovsky (Olomouc, Czech Republic)

109 Differential modulation of cranial and limb muscle function by levodopa in Parkinson’s disease
P.B. Tawadros, J.A. Byrne (Sydney, NSW, Australia)

110 Electrically and auditory evoked brain stem reflexes in cervical dystonia
M.E. Kiziltan, A. Gunduz, O. Uyanik, R. Sahin (Istanbul, Turkey)

111 Reflex inhibition of muscle cramp by electrical stimulation of muscle tendons
S.I. Khan, B.A. John (Sydney, NSW, Australia)

112 Hypereexcitable motor responses to flash stimulation in Parkinson’s disease: A TMS study
S. Tamburin, A. Fiaschi, P. Manganotti, F. Milanese, A. Pol, G. Zanette (Peschiera del Garda, VR, Italy)

113 Evidence of negative myoclonus in clozapine induced folding legs phenomena and drop attacks
D. Murgia, L. Fabiano, N.J. Toms, C. Cordivari (London, United Kingdom)

114 Executive functions processed in the frontal and lateral temporal cortices. An intracerebral event-related de/synchronization study with writing of single letters
M. Bockova, J. Chladek, P. Jurak, J. Halamek, I. Rektor (Brno, Czech Republic)

115 ParkinSense comparison to the unified Parkinson’s disease rating scale: Preliminary tremor and bradykinesia results
J. Giuffrida, L.C. Trout, L. Mather, B. Maddux, D. Riley (Cleveland, Ohio, USA)

116 Extracellular microrecordings during stereotactic neurosurgery for Parkinson’s disease: Spike descriptors in the human subthalamus and substantia nigra
S. Mrakic-Sposta, S. Marcgegia, F. Cogiamanian, M. Egidi, P. Rampini, M. Locatelli, G. Carraabba, M. Vergari, A. Priori (Milan, Italy)

117 Long-term effect of locally administered botulinum toxin a on neuromuscular transmission: Longitudinal single-fiber EMG study
S. Vohanka, B. Micankova, J. Bednarik (Brno, Czech Republic)
Delayed blink reflex in Lewy bodies dementia
L. Bonanni, F. Anzellotti, S. Varanese, A. Thomas, L. Manzoli, M. Onofrj (Pescara, Italy)

The role of ipsilateral motor cortex in complex finger movements: A rTMS study
L. Avanzino, A. Tacchino, C. Ogliastro, M. Bove, C. Trompetto, G. Abbruzzese (Genova, Italy)

Use of a geste antagoniste device in a case of cervical dystonia
N.J. Toms, C. Cordivari (London, United Kingdom)

Validation of spiral analysis for quantification of motor improvement in Parkinson’s patients after deep brain stimulation

Putative central effects of botulinum toxin, possibly mediated by changes in Renshaw cell activity, following intramuscular injection in humans
R. Mazzocchio, R. Spidalieri, F. Dominici, T. Popa, M. Hallett, A. Rossi (Siena, Italy)

The tonic stretch reflex studied in Parkinsonism over a wide range of stretch frequencies and contraction levels
V. Stanislaus, J.A. Burne (Sydney, NSW, Australia)

Abnormal excitability of inhibitory mechanisms at central nervous system level in idiopathic primary vaginismus and vulvar vestibulitis syndrome
E. Frasson, A. Graziotin, G. Didoné, E. Garbin, S. Vicentini, E. Dall’Ora, L. Bertolasi (Cittadella, Padua, Italy)

The syndrome of dystonia and cerebellar ataxia: Cortical excitability and pathophysiological implications

Voluntary and reflex blinking in Parkinson’s disease
R. Agostino, B. Gregori, L. Dinapoli, M. Bologna, D. Belvisi, G. Fabbrini, A. Berardelli (Roma, Italy)

Dystonia
Poster numbers 127-168

Blepharospasm associated with Sjogren’s syndrome
J.-S. Liu, M.-Y. Lan, C.-S. Su, S.-L. Lai, H.-S. Wu, Y.-Y. Chang (Kaohsiung, Taiwan)

Impaired disinhibition of the motor cortex during development of LTP-like plasticity in dystonia
S. Meunier, H. Russmann, M. Hallett (Paris, France)

Diffusion tensor imaging in patients with primary adult onset focal dystonias
G. Fabbrini, P. Totaro, V. Calistri, C. Colosimo, P. Pantano, A. Berardelli (Rome, Italy)

Clinical outcome predictors of pallidal stimulation in patients with primary dystonia

Muscle hypertrophy in cervical dystonia: A magnetic resonance imaging (MRI) based analysis
R. Cakmur, S. Men, E. Karakas, E. Yaka, F. Uzunel (Izmir, Turkey)

Exercise as an environmental trigger for focal dystonia
E.L. Peckham, P. Lin, E.A. Shamim, M. Hallett (Bethesda, Maryland, USA)

Is fluoxetine innocent as thought
S. Bilen, F. Ak (Ankara, Turkey)

Sensorimotor organisation of the hand area is differently modulated by proprioceptive training in musician’s dystonia and writer’s cramp

Efficiency of botulinum toxin in treatment of writer’s cramp: Long-term follow-up results
Z. Matur, H. Hanagasi, Y. Parman (Istanbul, Turkey)

Pediatric writer’s cramp in myoclonus-dystonia. Maternal imprinting hides positive family history
M.C.F. Gerrits, E.M.J. Foncke, J.H.T.M. Koelman, M.A.J. Tijssen (Amsterdam, Netherlands)

Long-term motor learning in focal hand dystonia (FHD)
E.A. Shamim, S.Y. Kang, M. Hallett (Bethesda, Maryland, USA)

A patient with Meige-like psychogenic Movement Disorder
S. Turan, D. Uluduz, S. Ozekmekci (Istanbul, Turkey)
139 Influence of coffee drinking and cigarette smoking on the risk of primary late-onset blepharospasm: Evidence from a multicentre case-control study
A. Berardelli, G. Abbruzzese, P. Girlanda, D. Martino, M. Tinazzi, G. Defazio (Rome, Italy)

140 Focal limb dystonia with ipsilateral cerebellar hemiatrophy
J.S. Baik, J.H. Park, J.Y. Kim, S.W. Han, J.H. Kim (Seoul, Korea)

141 Sepiapterin reductase deficiency masquerading as hypotonic cerebral palsy
G.M. Wali, B. Thony, N. Blau (Belgau, Karnataka State, India)

142 Associative plasticity in psychogenic dystonia
A. Quartarone, V. Rizzo, C. Terranova, S.A. Schneider, F. Morgante, P. Girlanda, K.P. Bhatia, J.C. Rothwell (Messina, Italy)

143 Autosomal dominant myoclonus dystonia: Unusual phenotype with prominent hypotonia/motor impersistence and positive celiac serology
V.S.C. Fung, N. Mahant, C.M. Sue, A. Grünwald, C. Klein (Sydney, NSW, Australia)

144 Brainstem reflexes in essential blepharospasm
G. Benbir, M.E. Kiziltan (Istanbul, Turkey)

145 A case of paroxysmal dyskinesia: Atypical or psychogenic?
J.S. Baik, J.H. Park, J.Y. Kim, S.W. Han, J.H. Kim (Seoul, Korea)

146 Long-term therapy of blepharospasm and facial hemispasm with botulinum toxin type A
H. Streitova, M. Bares, I. Rektor (Brno, Czech Republic)

147 Bilateral cortical grey matter changes support the sensory endophenotype hypothesis in familial adult onset primary torsion dystonia: A VBM study
R. Walsh, R. Wheelan, J.P. O’Dwyer, S. O’Riordan, S. Hutchinson, R. Reilly, R. O’Laioide, K. Malone, M. Hutchinson (Dublin, Ireland)

148 Tactile training with or without 1Hz rTMS to primary motor cortex: A case study in two patients with focal hand dystonia
A.J. Nelson, W. Chau, B. Ross, G. Carolyn, R. Chen (Toronto, Ontario, Canada)

149 Nuclear envelope phenotype in Dyt1 mutant mice
Y. Li, F. Yokoi, M. Dang (Birmingham, Alabama, USA)

150 Neuroanatomy of dystonia: A motor network concept
V.K. Neychev, E.J. Hess, V.I. Mitev, H.A. Jinnah (Baltimore, Maryland, USA)

151 New onset or worsening psychosis in patients with Wilson’s disease on treatment
A. Aggarwal, A. Nagral, M. Bhatt (Mumbai, Maharashtra, India)

152 Defective inhibition and functional connectivity in pianists with musician’s dystonia (MD): An EEG study
M. Herrojo Ruiz, P. Senghaas, M. Grossbach, H.-C. Jabusch, M. Bangert, F. Hummel, C. Gerloff, E. Altenmüller (Hanover, Germany)

153 Retrocollis: Classification, clinical phenotype, treatment outcomes and risk factors
S. Papapetropoulos, S. Baez, J. Zitser, C. Sengun, C. Singer (Miami, Florida, USA)

154 The thorburn posture: See it again for the second time
P.J. Sweeney (Cleveland, Ohio, USA)

155 Secondary nonkinesigenic paroxysmal dystonia after thalamic infarcts
L.C. Shih, M. Sobeih, D. Tarsy (Boston, Massachusetts, USA)

156 Treatment of post-traumatic segmental axial dystonia with zolpidem
M.-W. Seo, S.-Y. Jeong (Chunju, Jeonbuk, Korea)

157 Quantitative characteristics of limb tremor in cervical dystonia
A.G. Shaikh, H.A. Jinnah, R.M. Tripp, S. Ramat, D.S. Zee (Baltimore, Maryland, USA)

158 Disturbed topographic specific plasticity in cervical dystonia and blepharospasm
A. Schramm, D. Weise, M. Beck, K. Reiners, J. Classen (Wuerzburg, Germany)

159 Natural course of idiopathic torsion dystonia: Is focal dystonia actually focal?
M.V. Svetel, T. Pekemzovic, N. Ivanovic, J. Jovic, N. Dragasevic, V.S. Kostic (Belgrade, Serbia)

160 Transcranial magnetic stimulation in myoclonus-dystonia

161 A new locus for adult-onset Focal Idiopathic Torsion Dystonia
M.Y. Frederic, C.-M. Dhaenens, C. Davin, R. Mazzoleni, A. Kreisler, I. Vuillaume, M. Marinez, M. Claus tres, S. Tuffery-Giraud, G. Collod-Beroud (Montpellier, France)
162 Pallidal deep brain stimulation for primary segmental dystonia

163 Abstract withdrawn

164 A case of cerebello pontine angle tumor presenting as cervical dystonia
S. Chandran, Y.R. Godge, P.J. Oak, S.H. Ravat (Mumbai, Maharashtra, India)

165 Botulinum toxin for treatment of task-specific orofacial dystonia

166 Survey of families presenting with late-onset focal idiopathic torsion dystonia in France
M.Y. Frederic, C.-M. Dhaenens, B. Sablonniere, R. Mazzoleni, A. Kreisler, I. Vuillaume, M. Claustres, S. Tuffery-Giraud, G. Collod-Beroud, the INSERM National Dystonia Network and GIS Maladies Rares (Montpellier, France)

167 Spasmodic dysphonia and writer's cramp in the Korean patient with novel missense mutations in the PANK2 gene

168 Assessment of TOR1A mutation carriers identified through the network of TOR1A diagnostic laboratories in France

Surgical Therapy

Poster numbers 169-223

169 Apraxia of eyelid opening after subthalamic deep brain stimulation may be caused by reduction of levodopa
A. Umemura, T. Toyoda, M. Mizuguchi, F. Ishii, K. Yamada (Nagoya, Japan)

170 Determining factors for the reduction of dose of dopaminergic drugs after bilateral subthalamic nucleus stimulation

171 Cognitive and motor effects of globus pallidus externus stimulation in patients with Huntington’s disease
P. Krystkowiak, D. Devos, K. Dujardin, C. Delmaire, E. Bardinet, A. Delval, M. Dellaiau, O. Cottencin, Huntington French Speaking Group (Lille, France)

172 Social cognition and emotional recognition in early and late stages of Parkinson’s disease
J. Peron, I. Biseul, S. Fournier, S. Drapier, D. Drapier, V. Thomas-Ollivier, R. Cohen, M. Verin (Rennes, France)

173 Gait disturbances induced by stimulation of the subthalamic region in Parkinson’s patients
G. Tommasi, M. Lanotte, E. Fincati, M. Zibetti, G. Moretto, L. Lopiano (Verona, Italy)

174 Response of subthalamic nucleus neurons to vocalization
M.D. Richardson, S.G. Ojemann, O.S. Klepitskaya (Denver, Colorado, USA)

175 Complication avoidance with multitrack microelectrode recording in STN-DBS for Parkinson’s disease
H. Toda, H. Saiki, S. Matsumoto (Osaka, Japan)

176 Influence of subthalamic deep brain stimulation and levodopa on motor perseveration in Parkinson’s disease
J. Herzog, B. Möller, K. Witt, G. Deuschl, J. Volkmann (Kiel, Germany)

177 Experiences from microrecording during DBS neurosurgery of the basal ganglia
L.J. Bour, E.M.J. Foncke, M.-F. Contarino, H.D. Speelman, R. Schuurman (Amsterdam, Netherlands)

178 Where is the optimal target for STN-DBS? A retrospective analysis of our 56 cases
T. Agari, T. Matsui, S. Kuramoto, A. Kondou, I. Date (Okayama, Japan)

179 Deep brain stimulation of subthalamic nucleus for Parkinson’s disease: Anatomical localization of effective contacts
P.-P. Derost, M. Ulla, B. Stephanie, B. Debilly, L. Ouchchane, J.-J. Lemaire, F. Durif (Clermont-Ferrand, France, Metropolitan)

180 PET cerebral glucose metabolism in PD patients after STN-DBS

181 The atypical subthalamic nucleus
J. Herzog, M.O. Pinsker, F. Wodarg, A. Morsnowski, G. Deuschl, J. Volkmann (Kiel, Germany)
<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Authors</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>183</td>
<td>Weight gain after DBS STN in Parkinson's disease is related to electrode placement rather than to the stimulation</td>
<td>L. Novakova, R. Jech, J. Roth, D. Urgosik, F. Ruzicka, E. Ruzicka (Prague, Czech Republic)</td>
<td></td>
</tr>
<tr>
<td>185</td>
<td>Parkinson's disease in developing countries – transfer from exclusively conservative treatment to deep brain stimulation. Successes, difficulties, preliminary experience</td>
<td>M. Ivanov, C. Ivanov, L. Cucos (Iasi, Romania)</td>
<td></td>
</tr>
<tr>
<td>186</td>
<td>Long term superiority of bilateral STN stimulation over unilateral pallidotomy, four years follow-up of a RCT</td>
<td>R.A. Esselink, R.M. Bie, R.J. Haan, R.P. Schuurman, A.D. Bosch, J.D. Speelman (Nijmegen, Netherlands)</td>
<td></td>
</tr>
<tr>
<td>187</td>
<td>Objective monitoring of tremor and bradykinesia during deep brain stimulation of STN for Parkinson's disease: A pilot study</td>
<td>S. Papapetropoulos, J. Jagid, C. Sengun, C. Singer, B.V. Gallo (Miami, Florida, USA)</td>
<td></td>
</tr>
<tr>
<td>188</td>
<td>Correction of esthetic complications of facial nerve pathology with the use of Botulinum toxin Type A (DYSPORT)</td>
<td>O.R. Orlova, A.I. Nerobeev, S.V. Surovykh, M.O. Sokolova (Moscow, Russian Federation)</td>
<td></td>
</tr>
<tr>
<td>190</td>
<td>Bilateral benefit from unilateral deep brain stimulation of the subthalamic nucleus in PD at 1 year: A prospective analysis of 34 consecutive cases</td>
<td>H.C. Walker, S. Guthrie, D. Wang, B.L. Guthrie, R.L. Watts (Birmingham, Alabama, USA)</td>
<td></td>
</tr>
<tr>
<td>192</td>
<td>Bilateral pallidal chronic deep brain stimulation improves quality of life in segmental dystonia</td>
<td>H.-H. Capelle, C. Blahak, H. Baezner, K. Kekelia, R. Weigel, J.C. Woehrle, J.K. Krauss (Hannover, Germany)</td>
<td></td>
</tr>
<tr>
<td>193</td>
<td>GPI-DBS in Huntington's disease: Results on motor function and cognition in a 72-year-old case</td>
<td>A. Fasano, P. Mazzone, C. Piano, G. Loria, D. Quaranta, A.R. Bentivoglio (Rome, Italy)</td>
<td></td>
</tr>
<tr>
<td>194</td>
<td>Neuropsychiatric therapy in the follow-up of PD patients after STN-DBS</td>
<td>M. Zibetti, M. Pesare, A. Cinquepalmi, M. Rosso, L. Castelli, B. Bergamasco, M. Lanotte, L. Lopiano (Torino, Italy)</td>
<td></td>
</tr>
<tr>
<td>195</td>
<td>Single unit and local field potential recordings from human STN during reach-to-grasp movements</td>
<td>M. Poetter, F. Steigerwald, J. Herzog, R. Wenzelburger, M. Pinsker, G. Deuschl, J. Volkmann (Kiel, Germany)</td>
<td></td>
</tr>
<tr>
<td>196</td>
<td>Holmes' tremor caused by midbrain cavernomas</td>
<td>J. Zhong, S.-T. Li (Shanghai, China)</td>
<td></td>
</tr>
<tr>
<td>197</td>
<td>Bilateral STN DBS in PD patients with history of benign visual hallucinations</td>
<td>C.E. Martin, C. Chau, R. Alterman, M. Tagliati (New York, New York, USA)</td>
<td></td>
</tr>
<tr>
<td>198</td>
<td>Movement Disorder surgery: Experience of single surgeon</td>
<td>S. Peker, Y. Akgun, D. Kaya, U. Isik (Istanbul, Turkey)</td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>Predictors of neuropsychological and psychosocial outcome one year after STN DBS in Parkinson’s disease</td>
<td>H. Smeding, H.M. Huizenga, J.D. Speelman, P.R. Schuurman, B. Schmand (Amsterdam, Netherlands)</td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>Long-term lack of motor symptom progression in Parkinson’s disease patients with bilateral STN deep brain stimulation</td>
<td>C.E. Martin, R. Alterman, M. Tagliati (New York, New York, USA)</td>
<td></td>
</tr>
</tbody>
</table>
202 Role of subthalamic deep brain stimulation for levodopa-induced dyskinesia in Parkinson’s disease
A. Umemura, T. Toyoda, K. Yamamoto, M. Mizuguchi, F. Ishii, T. Yamanaka, K. Yamada (Nagoya, Japan)

203 Low rate of complications with unilateral STN-DBS in advanced Parkinson’s disease
S. Papapetropoulos, J. Jagid, N. Ahmad, J. Zitser, C. Sengun, C. Singer, B.V. Gallo (Miami, Florida, USA)

204 Recognition of negative emotions is impaired by subthalamic nucleus deep brain stimulation in Parkinson’s disease
J. Peron, I. Biseul, S. Fournier, S. Drapier, D. Drapier, P. Sauleau, C. Haegelen, M. Verin (Rennes, France)

205 Apathetic patients after deep brain stimulation of the subthalamic nucleus in Parkinson’s disease have an associated fear recognition impairment
D. Drapier, J. Peron, P. Sauleau, S. Drapier, D. Travers, A. Bourguignon, B. Millet, M. Verin (Rennes, France)

206 Quality of life and behavioral changes after STN DBS in Parkinson’s disease

207 Different cerebral cortical areas influence the effect of subthalamic nucleus stimulation on parkinsonian motor deficits and off gait freezing

208 Effect of subthalamic nucleus deep brain stimulation on emotional experience in Parkinson’s disease patients
S. Fournier, I. Biseul, J. Peron, P. Philippot, S. Drapier, D. Drapier, P. Sauleau, C. Haegelen, M. Verin (Rennes, France)

209 Thalamic deep brain stimulation in patients with tremor due to multiple sclerosis: A series of 11 patients
H.-H. Capelle, C. Schrader, R. Dengler, J.K. Krauss (Hannover, Germany)

210 Radiological and clinical predictive factors of long-term outcome of bilateral subthalamic stimulation in advanced Parkinson’s disease
T. Rouaud, S. Drapier, J. Peron, E. Leray, P. Sauleau, Y. Rolland, M. Verin (Rennes, France)

211 Prospective evaluation of deep brain stimulation in a series of 15 patients with segmental dystonia
J.K. Krauss, C. Blahak, H.-H. Capelle, K. Kekelia, H. Baezner, R. Weigel, J.C. Woehrle (Hannover, Germany)

212 Deep brain stimulation perioperative course in older (70 years) vs. younger Parkinson’s patients

213 Long-term follow-up of pallidal DBS for primary dystonia

214 Microlesion effects and tremor outcomes in ventrointermediate deep brain stimulation (VIM-DBS)
O. Sitburana, W.G. Ondo (Houston, Texas, USA)

215 Optimisation of the stimulation parameters in STN-DBS for Parkinson’s disease

216 Does subthalamic nucleus deep brain stimulation (STNDBS) influence personality in Parkinson’s disease?
A. Gronchi-Perrin, S. Aybek, A. Jaques, C. Pollo, P.R. Burkhard, F. Vingerhoets (Lausanne, Vaud, Switzerland)

217 PD patient’s can perform activities of their own choice after DBS in STN
A.L. Törmqvist, G. Ahlström, H. Widner, S. Rehncrona (Lund, Sweden)

218 Hemichorea/hemiballism after craniopharyngeoma resection: Treatment with bifocal brain stimulation
J.K. Krauss, T. Kinfe, H.-H. Capelle (Hannover, Germany)

219 Bilateral GPi stimulation with 4 leads in primary generalized dystonia
B. Biolsi, L. Cif, S. Gil Robles, X. Vasques, S. Gavarini, S. Plagnol, P. Coubes (Montpellier, France)

220 Effective treatment of myoclonus-dystonia syndrome (MDS) by bilateral internal pallidal stimulation
L. Cif, B. Biolsi, A. Saux, S. Gavarini, S. Gil Robles, X. Vasques, P. Coubes (Montpellier, France)
221 Bilateral subthalamic nucleus stimulation in advanced Parkinson’s disease: Five years follow-up
H. Gervais-Bernard, J. Xie-Brustolin, P. Mertens, G. Polo, H. Klinger, I. Benatru, E. Broussolle (Lyon, France)

222 Do neuropsychological changes after deep brain stimulation of the subthalamic nucleus relate to alterations of cerebral glucose metabolism in Parkinson patients?
M. Haarer, E. Kalbe, T. Weber, G.R. Fink, R. Hilker (Koln, Germany)

223 Psychosis induced by subthalamic nucleus stimulation in a patient with Parkinson’s disease
M. Pilleri, A. Caria, G. Nordera (Arcugnano, Vicenza, Italy)

224 Rotigotine transdermal patch for the treatment of early morning and night time motor symptoms in patients with idiopathic Parkinson’s disease
N. Giladi, B. Boroojerdi (Tel Aviv, Israel)

225 Improved motivation and initiative with levodopa, DDCI and entacapone compared with traditional levodopa and DDCI: Pooled analysis of UPDRS I in four Phase III double-blind studies in Parkinson’s disease patients with wearing-off
H. Nissinen, M. Kuoppamäki, M. Leinonen (Espoo, Finland)

226 Validation of PDQ-8 as an independent instrument in English and Chinese
P.N. Lau, N. Luo, W.L. Au, L.C.S. Tan (Singapore, Singapore)

227 Parkinson’s disease (PD) patients retain the capacity for postural recovery following imposed sensory incongruence
L.A. Brown, S.A. Cooper, J.B. Doan, C. Dickin, I.Q. Whishaw, O. Suchowersky (Lethbridge, Alberta, Canada)

228 Blinding strategies in a clinical trial involving cell transplantation – the STEPS trial
J.E. Jimenez, T. McClain, B. McMurray, M.-L. Musante, D. Turpin, L. Wilson, H. Steiner (Houston, Texas, USA)

229 Behind the masked face: Emotion self-perception and apathy in PD

230 Parkinson’s disease mimicking multiple system atrophy, with involvement of Onuf’s nucleus

231 Pulmonary dysfunction in fluctuating Parkinson’s disease
M. Peraino, A. Zarzana, L. Ferri, G. Marsili, P. Rigon, F. Stocchi (Roma, Italy)

232 Quantification of subtle movement changes in healthy subjects with increased echogenicity of the substantia nigra
W. Ilg, I. Liepelt, C. Urban, M.A. Giese, D. Berg (Tuebingen, Germany)

233 Triphlorolide protects against 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-induced neurotoxicity in C57BL/6 mice
S. Chen, Z. Hong (Shanghai, China)

234 Correlation of patient quality of life and a clinical rating scale in advanced Parkinson’s disease (PD) – results from the PD SURG trial
S. Mistry, C.E. Rick, N.J. Ives, A. Williams, C. Jenkinson, S. Gill, T. Varma, K. Wheatley (Birmingham, United Kingdom)

235 How to deal with controversies about iron concentration in parkinsonian and control SN
J. Galazka-Friedman, A. Friedman, K. Szlachta (Warsaw, Poland)

236 Electroconvulsive therapy for olfactory hallucination in a patient with Parkinson’s disease
E. Hoshiyama, T. Kadowaki, K. Suzuki, M. Tatsumoto, T. Miyamoto, K. Hirata (Mibu, Tochigi, Japan)

237 Intracellular presentation of LRRK2- examined by our anti-LRRK2-antibodies
K. Hasegawa, H. Ichinose, I. Toyoshima, S. Yaghisita (Sagamihara, Kanagawa, Japan)

238 Use of rehabilitation services in Parkinson’s disease (PD): A preliminary survey
V. Dahan, S. Chouinard, M. Panisset (Montreal, Quebec, Canada)

239 Knowledge and awareness of Parkinson’s disease: A comparison among various religions and ethnicities in the state of Florida
M.P. Silverstein, V. Gosein, C.E. Jacobson IV, M.S. Okun, R.L. Rodriguez, H.H. Fernandez (Gainesville, Florida, USA)

240 Swallowing efficiency in Parkinson’s disease
L. Leow, M.-L. Huckabee, T. Anderson (Christchurch, New Zealand)
241 Neural networks underlying pathological gambling in Parkinson’s disease measured by resting-state perfusion SPECT
R. Cilia, C. Siri, G. Marotta, D. De Gaspari, M. Canesi, I.U. Isaias, G. Pezzoli, A. Antonini (Milan, Italy)

242 What aspects of quality of life show the greatest improvement after DBS among Parkinson patients?

243 The role of telephone counseling in patients with Parkinson’s disease

244 Speech rate in Parkinson’s disease
S.K. Skodda, W. Visser, U. Schlegel (Bochum, Germany)

245 Restoration of gait for the Parkinson’s disease and vascular parkinsonism patients using the tempo-rhythmic correction method
D.V. Pokhabov, V.G. Abramov (Krasnoyarsk, Siberia, Russian Federation)

246 Hallucinations in Parkinson’s disease treated by subthalamic deep brain stimulation (STNDBS)
S. Aybek, A. Gronchi-Perrin, P. Burkhard, C. Pollo, F.J.G. Vingerhoets (Lausanne, Vaud, Switzerland)

247 Association of catechol – O-methyltransferase gene Val158Met polymorphism with Parkinson’s disease
A. Sazci, G. Akpinar, E. Ergul, H.A. Idrisoglu, I. Kara, K. Bayulkem (Kocaeli, Turkey)

248 Perception of Parkinson’s disease: How do various religions and ethnicities compare?
M.P. Silverstein, V. Gosein, C.E. Jacobson IV, M.S. Okun, R.L. Rodriguez, H.H. Fernandez (Gainesville, Florida, USA)

249 Weight loss in Parkinson’s disease (PD)
E.L. Wooff, B. Wood (Wigan, Lancashire, United Kingdom)

250 Sensorimotor integration is abnormal in asymptomatic parkin mutation carriers — a TMS study
T. Bäumer, P.P. Pramstaller, S. Schippling, H.R. Siebner, C. Gerloff, C. Klein, A. Münchau (Hamburg, Germany)

251 Sharing medical communication with Parkinson’s disease patients
S. O’Hanlon, L. Robinson, B. Wood, A. Hand, R. Walker (North Shields, United Kingdom)

252 Reward processing associated with novelty seeking in Parkinson’s disease
J. Koerts, M. Keitz, M. Van Beilen, K.L. Leenders (Groningen, Netherlands)

253 Fundamental frequency variation in parkinsonian speech
W. Visser, U. Schlegel, S.K. Skodda (Bochum, Germany)

254 A new measure for quantifying the bilateral coordination of human gait: Effects of aging and Parkinson’s disease
M. Plotnik, N. Giladi, J.M. Hausdorff (Tel Aviv, Israel)

255 Ambulatory monitoring of freezing of gait in Parkinson’s disease
S.T. Moore, H.G. MacDougall, W.G. Ondo (New York, New York, USA)

256 Cerebrospinal phosphotau levels in Parkinson’s disease with and without dementia
Y. Compta, M.J. Marti, M. Ezquerra, E. Tolosa (Barcelona, Catalonia, Spain)

257 Pure Parkinsonian tremor: Clinical follow up study of 23 cases
A. Leventoglu, A.I. Baysal (Ankara, Turkey)

258 The CISI-PD: Data from a multi-centre study

259 Effects of B-vitamins on plasma homocysteine concentrations in L-dopa treated Parkinson’s disease patients
S. Zoccolella, R. Mastronardi, G. Iliceto, C. dell’ Aquila, A. Fraddosio, P. Livrea, P. Lamberti (Bari, Italy)

260 The effects of Tai Chi training on general wellbeing and motor performance in patients with Parkinson’s disease (PD): A pilot study
M.A. Purchas, D.G. MacMahon (Truro, Cornwall, United Kingdom)

261 Features on development of dopamine dysregulation syndrome in patients with Parkinson’s disease
G. Kenangil, M. Sohtaoglu, S. Ozekmekci, E. Erginoz (Istanbul, Turkey)

262 Behavior and hippocampal pathology in parkin null mice over-expressing human mutated tau
J.A. Rodriguez-Navarro, R.M. Solano, M.J. Casarejos, I. Rodal, A. Gomez, J. García de Yebenes, M.A. Mena (Madrid, Spain)

263 Hipersialorrhea: “Treatment with botulinum toxin”
264 Dopaminergic cells do not show particular susceptibility to proteasomal inhibition
H.-Y. Zhou, Y.-Y. Tan, Z.-Q. Wang, G. Wang, G.-Q. Lu, S.-D. Chen (Shanghai, China)

265 Patient quality of life impacts on carer quality of life in advanced Parkinson’s disease – results from the PD SURG trial
C.E. Rick, S. Mistry, N.J. Ives, A. Williams, C. Jenkinson, S. Gill, T. Varma, K. Wheatley (Birmingham, United Kingdom)

266 Detecting fluctuations in Parkinson’s disease with the Wearing Off Questionnaire (WOFF)
M. Panisset, H. Turcotte, S. Chouinard (Montreal, Quebec, Canada)

267 Cardiac failure secondary to rasagiline treatment in two patients with Parkinson’s disease
M. Blazquez-Estrada (Oviedo, Asturias, Spain)

268 Infections, chronic diseases and trauma as risk factors for Parkinson’s disease: A case-control study
J.M. Maksimovic, H.D. Vlajinac, S.B. Sipetic, J.M. Marinkovic, E.D. Dzoljic, V.S. Kostic (Belgrade, Serbia)

269 Angiotensin I-converting enzyme gene I/D polymorphism and Parkinson’s disease
G. Akpinar, E. Ergul, A. Sazci, I. Kara, H.A. Idrisoglu, K. Bayulkem (Kocaeli, Turkey)

270 Prevalence of LRRK2 mutations in Australians with Parkinson’s disease

271 The treatment of sialorrhea with botulinum toxin (BTXA) in Parkinson’s disease
M. Panisset, L. Spevack, M. Wiseman (Montreal, Quebec, Canada)

272 Apathy is severe in right-side dominant Parkinson’s disease patients
K. Kannari, A. Arai, M. Tomiyama, M. Baba, M. Shoji (Fujisaki-machi, Japan)

273 Emotional experience in early and late stages of Parkinson’s disease
S. Fournier, J. Peron, I. Biseul, P. Philippot, S. Drapier, D. Drapier, M. Verin (Rennes, France)

274 Clinical experience with continuous levodopa infusion therapy in Parkinson’s disease

275 Hypersexuality in Parkinson’s disease
D.A. Gallagher, S.S. O’ Sullivan, A. Schrag, A.J. Lees (London, United Kingdom)

276 Effect of UCH-L1 protein on the dopaminergic neurotoxicity of accumulated -synuclein in vivo
T. Yasuda, K. Wada, H. Mochizuki, Y. Mizuno (Tokyo, Japan)

277 Interleukin-10 gene transfection of C17.2 cells improves behavior in rat model of Parkinson’s disease through inhibition of microglia activation
X.-J. Wang, W.-G. Liu, Y.-H. Zhang, G.-Q. Lu, S.-D. Chen (Shanghai, China)

278 Assessment of different “Best Medical Treatment” strategies as potential alternatives to early surgical intervention in Parkinson’s disease
E. Pourcher (Quebec, Quebec, Canada)

279 Health-related quality of life in Parkinson’s disease patients undergoing deep brain stimulation
C. Kenney, A. Diamond, A. Davidson, L. Shinawi, J. Jankovic (Houston, Texas, USA)

280 Fluctuations in Parkinson’s disease despite deep brain stimulation: Resurrection of the beast
M.H. Strothjohann, N. Kuehnl, G.A. Fuchs, D. Dschunja (Wolfach, Germany)

281 Presenting symptoms in patients with Parkinson’s disease: A prospective, cross-sectional, observational study
P. Stathis, V. Tsagaraki, The Early Symptoms Study Group (Athens, Greece)

282 Abnormalities of tau processing in aged parkin null mice
J.A. Rodriguez-Navarro, M.J. Casarejos, R.M. Solano, A. Gomez, I. Rodal, J. García de Yébenes, M.A. Mena (Madrid, Spain)

283 Frequent doses of levodopa/carbidopa/entacapone (Stalevo®) are associated with an improved levodopa plasma profile compared with traditional levodopa/carbidopa in healthy volunteers
J. Hänninen, K. Korpela, M. Kailajärvi, P. Ruokoniemi, M. Kuoppamäki, J. Ellmén (Turku, Finland)
284 Restoration of normal motor control in Parkinson's disease during REM sleep

285 Qualitative changes in ultrasonic vocalization in rats after unilateral dopamine depletion or haloperidol
M.R. Ciucci, T.-S. Ma, C.M. Fox, J.R. Kane, L.O. Ramig, T. Schallert (Austin, Texas, USA)

286 Early impairment of verbal learning and recall memory in Parkinson's disease with dorsolateral prefrontal and mesio-frontal dysfunction
S. Bohlhalter, D. Weniger, B. Weder (Tschugg, Switzerland)

287 PARK2 screening reveals high frequency of unique hotspots and non smokers among Indian PD population significantly altering the parkin expression in blood
S. Prabhakar, M. Bhatia, M. Khullar, A. Anand (Chandigarh, Utah, India)

288 Patient factors associated with caregiver strain in Parkinson's disease
H. Munger-Clary, D. Breslow, L. Vainio, T. Simuni (Chicago, Illinois, USA)

289 Olfactory dysfunction and environmental exposure in Parkinson's disease patients
M. Canesi, I.U. Isaias, G. Pezzoli (Milano, Italy)

290 Food vs levodopa: What worsens hypotension in Parkinson's disease?
M. Ragothaman, N. Sarangmath, S. Koshy, C.J. Mathias, U. Muthane (Bangalore, India)

291 Do Israeli patients with Parkinson's disease who carry the LRRK2 G2019S mutation have different professional preferences and occupational background than non-carrier?
C. Shifrin, A. Orr-Urteger, I. Alroy, A. Hillel, N. Giladi (Tel Aviv, Israel)

292 The Mini Mental Parkinson brief cognitive test: Comparison with the Mattis dementia rating scale in 289 patients with Parkinson's disease
G. Di Virgilio, A. Leroy, P. Cunin, F. Mahieux, A.-C. Bachoud-Levi, G. Fénelon (Creteil, France)

293 Does learning curve of subthalamic nucleus deep brain stimulation for advanced Parkinson's disease exist in a developing center? 5 years experience
S.-T. Tsai, S.-H. Lin, S.-Z. Lin, S.-Y. Chen (Hualien, Taiwan)

294 Regulation of alpha-synuclein phosphorylation in mammalian cells
D.W. Miller, N.R. Patel, J. Clarimon, M. van der Brug, M.R. Cookson (Bethesda, Maryland, USA)

295 Ropinirole 24-hour prolonged release as adjunct to L-dopa in patients with advanced Parkinson's disease – efficacy according to baseline depression score
F. Stocchi, N.P. Stover, L. Giorgi (Roma, Italy)

296 A case report of a deliberate overdose of ropinirole
I. Ahmed (London, United Kingdom)

297 Ability to arise from the floor in persons with Parkinson's disease
J.A. Kraakevik, R.G. Blehm, S. O'Connor, C. Tepper, J.G. Nutt (Portland, Oregon, USA)

298 The primary olfactory cortex in Parkinson's disease (PD) and incidental Lewy body disease (ILBD)

299 Cortical atrophy patterns in PSP and MSA patients detected via 3D cortical morphometry on MRI
D. Tosun, S. Duchesne, A.W. Toga, C. Barillot, Y. Rolland, M. Vérin (Los Angeles, California, USA)

300 Effect of adjunct rasagiline on dopaminergic and non-dopaminergic motor features of Parkinson's disease
J.M. Rabey, C.J. Fitz-Attas (Zerifin, Israel)

301 Ropinirole 24-hour prolonged release in advanced Parkinson's disease: Relationship between treatment response and disease severity
K.D. Sethi, F. Stocchi, L. Giorgi (Augusta, Georgia, USA)

302 Does pregnancy affect the progression of Parkinson's disease?
B. Robottom, J. Mullins, L.M. Shulman (Baltimore, Maryland, USA)

303 Mild cognitive impairment in Parkinson's disease
E. Stefanova, M. Petrovic, M. Svete, N. Dragasevic, V. Kostic (Belgrade, Serbia)

304 Tolcapone as an alternative to entacapone for adjunctive therapy in Parkinson's disease: An evidence-based efficacy comparison
A.J. Lees, H. Achenbach (London, United Kingdom)

305 Health-related quality of life in Parkinson's disease: Development and predictors during long-term disease progression
306 Neurocircuits associated with tremor and dyskinesia: Insights from an fMRI case study
S. Sen, M. Lewis, X. Huang (Chapel Hill, North Carolina, USA)

307 Ropinirole 24-hour prolonged release delays the onset of dyskinesia compared with carbidopa/levodopa in patients with Parkinson’s disease treated with levodopa
R.L. Watts, K.D. Sethi, R. Pahwa, B.E. Adams, N.L. Earl (Birmingham, Alabama, USA)

308 Growth hormone stimulation test (CGHST) detects autonomic failure earlier than clinical autonomic testing in Parkinson’s disease
M. Ragothaman, S. Koshy, D.K. Subbakrishna, C.J. Mathias, U. Muthane (Bangalore, India)

309 Pathological hypersexuality in Parkinson’s disease: A clinician-rated survey and a working definition

310 FP0011 extends the duration of the anti-parkinsonian actions of L-DOPA and reduces L-DOPA-induced dyskinesia in the MPTP-lesioned macaque model of Parkinson’s disease
J.M. Brotchie, T.H. Johnston, S.H. Fox, P. Zerr, F. Tiberghien, L. Bossi (Toronto, Ontario, Canada)

311 Reflexive eye and arm movement in Parkinson’s disease and the gap effect
Y. Shirakura, M.M. MacAskill, D. Myall, T.J. Anderson (Christchurch, New Zealand)

312 Non-motor symptoms in patients with incident and untreated Parkinson’s disease – the Norwegian ParkWest study

313 A pilot data and analysis validity study on a NPF center of excellence database

314 Can we modify the factors influencing selection of drug therapy in Parkinson’s disease (PD)?

315 Parkinson’s disease and apomorphine – an Indian experience
N. Surya (Mumbai, Maharashtra, India)

316 Postural impairment in Parkinson’s disease: Diagnostic utility of the “first trial effect”
J.E. Visser, L. Janssen, C.M. Bastiaans, G.F. Borm, J.E.J. Duyens, B.R. Bloem (Nijmegen, Netherlands)

317 Evaluation of cognitive impairment in Parkinson’s disease by computerized neuropsychological tests
H. Shabtay, A.D. Korczyn (Tel Aviv, Israel)

318 Weight gain post deep brain stimulation of the subthalamic nucleus in Parkinson’s disease: Exploring possible causes
H.U. Jorgensen, L. Simonsen, L.M. Werdelin, S. Rusborg, A. Lokkegaard (Copenhagen, Denmark)

319 Clinical findings with Austrian LRRK2 mutation-subtype PD patient
G. Daniel, T. Brucke, Z. Alexander (Vienna, Austria)

320 An integrated speech and physical therapy approach for Parkinson’s disease: Training big and loud

321 Clinical factors associated with freezing of gait in Parkinson’s disease: A multidisciplinary approach
A.A. Zylstra, A.F. Griffith, M.L. Glisky (Kirkland, Washington, USA)

322 Toll-free helpline reveals diverse needs of Parkinson’s disease community
R.A. Elliott, J. Rosner, L. Pituch, P. Wiener, C.M. Evers (New York, New York, USA)

323 Overlap of cognitive deficits in Parkinson’s (PD) and Alzheimer’s (AD) diseases: Potential use of safinamide
T. Sharma, R. Anand, R. Hartman, S. Rossetti (Newark, Delaware, USA)

324 Rasagiline is effective in treating patients with early Parkinson’s disease, regardless of disease duration at treatment initiation (<1 year; 1 year)
J.M. Bertoni, R. Pahwa (Omaha, Nebraska, USA)

325 Evaluation of c-Abl tyrosine kinase mediated regulation of parkin as therapeutic target for Parkinson’s disease

326 Correlation between UPDRS-III scores and [11C]di hydroxetetabenazine (DTBZ) PET measures in early Parkinson’s disease
M. Wieler, J. Stoessl, W. Martin (Edmonton, Alberta, Canada)
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>327</td>
<td>The pharmacokinetic profile of levodopa administered with and without tolcapone in patients with advanced PD</td>
<td>D. De Lucrezia, F. Guadagni, N. Santucci, L. Vacca, F. Stocchi (Rome, Italy)</td>
</tr>
<tr>
<td>328</td>
<td>Development and evaluation of a community-based exercise programme for people with Parkinson’s disease</td>
<td>K.J.E. Reinikka, A. MacLeod, M. Johnson, M. Bedard, M. Jog (Thunder Bay, Ontario, Canada)</td>
</tr>
<tr>
<td>331</td>
<td>Improved compliance with levodopa/carbidopa/entacapone (L/C/E; Stalevo®) vs levodopa/carbidopa and entacapone (L/C + E) as separate tablets in Parkinson’s disease (PD)</td>
<td>T.E. Delea, S.K. Thomas, M. Hagiwara, L. Mancione, M. Stacy (Brookline, Massachusetts, USA)</td>
</tr>
<tr>
<td>333</td>
<td>Screening for LRRK2 mutations in UK familial Parkinson’s disease patients</td>
<td>A.J. Lewthwaite, T.D. Lambert, N.W. Wood, D.J. Nicholl, K.E. Morrison (Birmingham, West Midlands, United Kingdom)</td>
</tr>
<tr>
<td>334</td>
<td>Patient report of initial symptom in Parkinson’s disease, ataxia, and essential tremor</td>
<td>D.A. Hall, M.A. Leehey, K. Howard, P. Hagerman, G. Zerbe, T. Byers (Denver, Colorado, USA)</td>
</tr>
<tr>
<td>335</td>
<td>Neurophysiological correlates of Parkinsonian dyskinesias in subthalamic oscillatory activity</td>
<td>S. Marceglia, A. Leone, G. Foffani, F. Cogiamanian, S. Mrakic-Spota, F. Tamma, E. Caputo, S. Barbieri, A. Priori (Milan, Italy)</td>
</tr>
<tr>
<td>337</td>
<td>Safety of Zydis selegiline orally disintegrating tablet (ODT) with concomitant antidepressant therapy in Parkinson’s disease (PD)</td>
<td>M.F. Lew, K.D. Sethi, G. Kricorian (Augusta, Georgia, USA)</td>
</tr>
<tr>
<td>338</td>
<td>Switch from an oral dopamine agonist to rotigotine transdermal patch in Parkinson’s disease</td>
<td>P.A. LeWitt, J.M. Patton, D.G. MacMahon, J. Jankovic (Southfield, Michigan, USA)</td>
</tr>
<tr>
<td>339</td>
<td>Vascular events in Parkinson’s disease with hyperhomocysteinemia</td>
<td>R. Ribacoba, M. Menendez, J.R. Virgili, G. Jimenez, C. Huerta, V. De la Vega (Mieres, Asturias, Spain)</td>
</tr>
<tr>
<td>340</td>
<td>Safety of concomitant therapy with rasagiline and antidepressants in Parkinson’s disease</td>
<td>M. Panisset, S. Schiw, W. Ondo, C. Fitzet-Attas, J.J. Chen (Montreal, Quebec, Canada)</td>
</tr>
<tr>
<td>341</td>
<td>Defining features of subsyndromal depression in Parkinson’s disease</td>
<td>D.A. Nation, H.L. Katzen, R.A. Rodriguez, J.A. Ledon, A. Capano, S. Papapetropoulos, B.V. Gallo, J.R. Jagid, B.E. Levin (Miami, Florida, USA)</td>
</tr>
<tr>
<td>342</td>
<td>Quality of life influenced by presence of patients’ with Parkinson’s disease relatives</td>
<td>S.M. Nica, I.E.-V. Davidescu, G. Mihailesc (Bucharest, Romania)</td>
</tr>
<tr>
<td>343</td>
<td>The effects of loudness and noise on speech intelligibility in Parkinson’s disease</td>
<td>A. Halpern, J. Spielman, L. Ramig, J. Cable, I. Panzer, A. Sharpney (Denver, Colorado, USA)</td>
</tr>
<tr>
<td>344</td>
<td>What looks like a duck and sounds like a duck, may not really be a duck: Acute hemiparesis 3 weeks after DBS</td>
<td>Q.A. Shamim-Uzzaman, E.A. Shamim, C.G. Kalhorn, A.S. Mandir, F.L. Pagan (Washington, District of Columbia, USA)</td>
</tr>
<tr>
<td>345</td>
<td>Complications of spinal surgery in Parkinson’s disease: Case reports of 3 patients</td>
<td>E. Wolf, K. Mair, A. Muigg, K. Twedr, W. Poewe (Innsbruck, Tirol, Austria)</td>
</tr>
</tbody>
</table>
Poster Session 2
Wednesday, June 6, 2007 - 12:30 PM - 2:30 PM
Rumeli Hall, Lower Level
Poster Viewing 9:00 a.m. to 4:00 p.m.
Authors Present 12:30 p.m. to 2:30 p.m.
Poster numbers 346-662, and Poster 788

Drug-induced Movement Disorders
Poster numbers 346-361

346 Veralipride: A case report of irreversible dystonia
M.T. Rivas, J. Pascual, A. Sesar (Santiago de Compostela, Spain)

347 Evidence that lithium protects against tardive
dyskinesia: The Curacao Extrapyramidal
Syndromes Study VI
P.N. van Harten, H.W. Hoek, G.E. Matroos, J. van Os
(Amersfoort, Netherlands)

348 Ephedrine-induced Parkinsonism: Clinico-
neuroimaging study
Y. Sanotsky, M. Selikhova, L. Fedoryshyn, Y.
Matvienko, I. Komnatska, M. Kryrchuk, A.
Friedman, L. Krolicki, A.J. Lees (Moscow, Russian
Federation)

349 Reversible parkinsonism induced by short-term
treatment with valproate in Alexander’s disease
G. Sechi, K.S. Paulus, G.A. Cocco, G.M. Pes, G. Sau,
V. Agnetti (Sassari, Italy)

350 Parkinsonism induced by mefloquine
M.G. Senol, M. Saracoglu (Istanbul, Turkey)

351 Tardive eating dystonia: A case report
Y. Kutukcu, S. Bek, F. Ozgen, Z. Odabasi (Ankara,
Turkey)

352 Oromandibular dyskinesia and dystonia with khat
chewers
L. Harms, F. Sporkert, H. Alwarth, F. Pragst, L.
Dögnitz (Berlin, Germany)

353 The course of tardive dystonia: A population based
study – the Curacao Extrapyramidal Study VIII
P.N. van Harten, G.E. Matroos, J. van Os (Amersfoort,
Netherlands)

354 Clinical features of motor disturbances at toxic
eencephalopathy provoked by using of substitute
psychoactive substances
N.V. Fedorova, N. Amosova, T. Ismailova (Moscow,
Russian Federation)

355 Tardive antidepressant drug-induced dyskinesia:
Report on 5 cases and search for MRI predictors
P.J. Blanchet, N. Ouatik, Y. Kuznetsov, A. Khiat, Y.
Boulanger (Montreal, Quebec, Canada)

356 Effects of repetitive transcranial magnetic
stimulation on levodopa induced dyskinesias and
motor performance in Parkinson’s disease
S. Sayin, R. Cakmur, E. Yaka, G. Yener, F. Uzunel
(Izmir, Turkey)

357 Sleep and periodic leg movements in
schizophrenic patients with neuroleptic-induced
parkinsonism
T.C. Wetter, S. Fulda (Munich, Germany)

358 Movement disorder caused by injections of
manganese containing compounds
I. Khatiashvili, K. Akhvlediani, M. Megrelishvili, M.
Janelidze, N. Lobjanidze (Tbilisi, Georgia)

359 Deep brain stimulation for tardive dyskinesia and
akathisia
C. Kenney, R.L. Barbano, J.K. Sheffield, J. Jankovic
(Houston, Texas, USA)

360 Acute dystonia induced by adding midodrine to
Perphenazine
A. Castrioto, L. Pierguedi, N. Tambasco, A. Rossi, P.
Calabresi (Perugia, Italy)

361 Capecitabine-induced oromandibular dystonia
P.K. Manharlal, C.S. Pin, L.Y. Long, T.Y. Albert, S.S. Ju,
P. Ratnagopal (Singapore, Singapore)

Dystonia
Poster numbers 362-403

362 Extreme task specificity in writer’s cramps
E.A. Shamim, J.M. Savitt, H.A. Jinnah, M. Hallett
(Bethesda, Maryland, USA)

363 Chronic low back pain related to idiopathic
extensor truncal dystonia
G. Sau, V. Agnetti, E. Coco, B. Nieddu, I. Magnano, I.
Aiello (Sassari, SS, Italy)

364 Mental rotation of body parts in DYT1 carriers
M. Fiorio, M. Gambarin, C. Stanzani, E.M. Valente, G.
Defazio, G. Moretto, M. Loi, P. Soliveri, N. Nardocci, A.
Albanese, A. Fiaschi, M. Tinazzi (Verona, Italy)

365 A slow flow arterio-venous malformation as
a cause of a neuro-psychiatric syndrome
comprising hemi-dystonia and behavioral changes
M.A. Sierra-Beltrán, U. Rodríguez-Ortiz, M.S.
Rodriguez (Mexico City, DF, Mexico)

366 Improvement of treatment effect with a higher
dilution of botulinum toxin type A: Results of a
controlled blepharospasm study
S. Grafe, G. Comes, P. Roggenkaemper (Frankfurt,
Germany)
367 Tonic versus phasic cervical dystonia: Persistence and influence of botulinum toxin treatment on dystonic type
D.D. Duane, K.B. Zebatto, J.M. Johnson, R.L. Owen, J.H. Flutie, K.A. Shunk (Scottsdale, Arizona, USA)

368 Changes of perfusion pattern using ECD-SPECT in patients with primary focal or generalized dystonia
N. Kawashima, E. Horiuchi, K. Hasegawa, Y. Ujihara, Y. Hasegawa (Fujisawa, Japan)

369 Neuropathology in idiopathic cervical dystonia
M.C. Zerrate, C.A. Pardo, H.A. Jinnah (Baltimore, Maryland, USA)

370 Neuropathology of primary dystonia unrelated to DYT1 mutations

371 Repetitive TMS of the somatosensory cortex improves writer's cramp
R. Jech, P. Havrankova, N.D. Walker, J. Vymazal, E. Ruzicka (Prague, Czech Republic)

372 Longitudinal effects of pallidal stimulation on motor cortex function in dystonia

373 Clinical characteristics of dystonia in a Movement Disorder Centre in Venezuela
M. Gallardo, A. Soto, G. Orozco, M. Camacaro, G. Ramirez, R. Weiser, L. Vink (Caracas, Miranda, Venezuela)

374 Homocystinuria and dystonia – case presentation

375 A novel mutation (64-65DelGGinsAACCG21fsX 66)) in the GTP cyclohydrolase 1 gene causing Segawa's disease (DYT5 dystonia)
M. von Mering, H. Gabriel, G.F. Hoffmann, A. Storch (Dresden, Germany)

376 Quality of life in patients with different types of focal dystonias in Serbia

377 Clinical genetics of musician's dystonia

378 Low-frequency rTMS of the premotor cortex in pantothenate kinase-associated neurodegenerative disease
V. Mylius, A. Gerstner, A. Leonhardt, D. Hellwig, F. Rosenow, W.H. Oertel (Marburg, Germany)

379 Autosomal dominant myoclonus-dystonia and Tourette syndrome in a family without linkage to the SGCE gene
M. Orth, A. Djarmati, T. Bäumer, S. Winkler, A. Grünewald, K. Lohmann-Hedrich, K. Kabakci, J. Hagenah, C. Klein, A. Münchau (Hamburg, Germany)

380 Deep brain stimulation of the globus pallidus internus (Gpi-DBS) in a patient with generalized dystonia due to tyrosine hydroxylase deficiency
A. Kaelin-Lang, J. Abu-Isa, M. Schuepbach, A. Stibal (Bern, Switzerland)

381 The entity of jaw tremor and dystonia
S.A. Schneider, K.P. Bhatia (London, United Kingdom)

382 Early dystonia in probable Creutzfeldt-Jakob disease with diffusion weighted MR images

383 Long-term treatment of cervical dystonia with botulinum toxin A – retrospective assessment of the clinical and quality of life impact in patients treated for 10 years
M. Bares, I. Rektorova, M. Balaz, H. Streitova, E. Minks, P. Kanovsky, I. Rektor (Brno, Czech Republic)

384 Can blepharospasm herald multiple sclerosis?
G. Loria, F. Soleti, S. Servidei, A. Evoli, A.P. Batocchi, A.R. Bentivoglio (Rome, Italy)

385 Deep brain stimulation in dystono-dyskinetic syndromes secondary to mitochondrial diseases: Predictive value of 18F-FDG PET
L. Cif, F. Comte, B. Biolsi, H. Effertit, S. Gavarini, A. Saux, X. Vasques, P. Coubes (Montpellier, France)

386 Case reports: Blepharospasm in Hashimoto disease

387 The characteristics of adult onset Segawa disease
M. Segawa, Y. Nomura, K. Kimura, R. Hanajima (Tokyo, Japan)

388 No difference in efficacy between Xeomin® and Botox® in the treatment of cervical dystonia – a detailed subgroup analysis
H. Hefter, R. Benecke, G. Comes, S. Grafe (Duesseldorf, Germany)
389 A retrospective study of Botox versus Dysport in patients with movement disorders

390 Post-traumatic adult-onset focal dystonia: A retrospective study of six consecutive cases
R. Riemer, Y.-L. Zheng, H. Luo, C. Lindsey, V. Wheelock, L. Zhang (Sacramento, California, USA)

391 Secondary dystonia related to celiac disease
A.L. Diamond, P. Agarwal, V. Segro (Englewood, Colorado, USA)

392 Behavioural abnormalities in DRD

393 Atypical phenotype in DYT1 dystonia with paroxysmal dystonia
B. Biolsi, L. Cif, S. Gil Robles, S. Gavarini, X. Vasques, S. Plagnol, P. Coubes (Montpellier, France)

394 Immobilization followed by motor training is an effective therapeutical approach in patients with writer’s cramp
K.E. Zeuner, M. Peller, A. Knutzen, I. Holler, M. Hallett, G. Deuschl, H.R. Siebner (Kiel, Germany)

395 Abnormal low frequency drive in Myoclonus-Dystonia patients correlates with presence of dystonia
E.M.J. Foncke, L.J. Bour, J. van der Meer, J.H.T.M. Koelman, M.A.J. Tijssen (Amsterdam, Netherlands)

396 Clinical and poly-electromyographic diagnostics of facial movement disorders and their treatment with botulinum toxin
G. Reichel, A. Stenner, W. Hermann (Zwickau, Germany)

397 Knowledge and perception of dystonia: A comparison among various religions and ethnicities in the state of Florida
V. Gosein, M.P. Silverstein, C.E. Jacobson IV, M.S. Okun, R.L. Rodriguez, H.H. Fernandez (Gainesville, Florida, USA)

398 Sensorimotor cortex hypoactivation during writing in writer’s cramp: An event-related fMRI study
P. Havrankova, R. Jech, N.D. Walker, J. Vymazal, E. Ruzicka (Prague, Czech Republic)

399 Is it always necessary to apply botulinum toxin into the lower facial muscles in hemifacial spasm? A randomized, single-blinded, crossover trial
B. Donmez Colakoglu, R. Cakmur, F. Uzunel (Izmir, Turkey)

400 Short intracortical inhibition (SICI) during different phases of movement in patients with focal hand dystonia
S. Beck, S. Pirio Richardson, M. Hallett (Bethesda, Maryland, USA)

401 A Multi-centre, open-label, multiple-dose, dose-escalation, safety and tolerability study of Botulinum Toxin Type B in patients with cervical dystonia
E.J. Pappert (San Antonio, Texas, USA)

402 Experience of treatment focal dystonic hyperkinesis with botulinic toxin in center neurology and neurorehabilitation FSE “Siberian Regional Medical Center”
D.V. Pokhabov, V.G. Abramov (Krasnoyarsk, Siberia, Russian Federation)

403 Wilson’s disease facies – a distinctive clinical sign
A. Aggarwal, A. Nagral, M. Bhatt (Mumbai, Maharashtra, India)

Gene and Cell-Based Therapies
Poster numbers 404-407

404 Normalization of 6-hydroxydopamine-induced rotational behavior by transplantation of dermal fibroblasts
J.P.M. Finberg, Y. Feld, Z. Gluzman, S. Marom, O. Mohsen, M. Reshef (Haifa, Israel)

405 Preliminary results of an open-label, dose-escalation, safety study of AADC gene transfer therapy for Parkinson’s disease
M.J. Aminoff, C.W. Christine, K. Bankiewicz, P.A. Starr, P. Larson, R. Mah, J.L. Eberling, W.J. Jagust (San Francisco, California, USA)

406 Suicide-gene mediated ablation of Oct4 expressing cells for ES-cell based cell replacement therapy in Parkinson’s disease
J. Schindehuette, P.C. Baier, T. Kuhlmann, C. Trenkwalder, W. Paulus, A. Mansouri (Goettingen, Lower Saxony, Germany)

407 Transplantation of bone marrow stromal cells containing the neurturin gene in rat model of Parkinson’s disease
M. Ye, X.J. Wang, Y.H. Zhang, S.D. Chen (Nanjing, China)
408 Low prevalence of PANK2 mutations in Brazilian cases of neurodegeneration with brain iron accumulation
S. Camargos, F. Cardoso, J.G. Giannetti, A.L. Teixeira, Jr, D.P. Maia, M. Cunninham, A.J. Lees, J. Hardy, A. Singleton (Belo Horizonte, Minas Gerais, Brazil)

409 New insights into SNCA duplication in a French Parkinson's disease pedigree. Relevance for genetic and phenotypic evaluations

410 Glucocerebrosidase mutations in a patients with sporadic Parkinson's disease from Taiwan
S.G. Ziegler, U. Gotti, M.J. Eblan, K. Hruska, O. Goker-Alpan, E. Sidransky (Bethesda, Maryland, USA)

411 High prevalence of LRRK2 mutations in familial and sporadic Parkinson's disease in Portugal

412 Spastic paraplegia 5: Locus refinement, candidate gene analysis and clinical description

413 Case-control analysis of glucocerebrosidase gene mutations in Parkinson's disease and dementia with Lewy bodies

414 LRRK2 mutations in patients with Parkinson's disease in southern Spain

415 DJ-1 protects against dopamine toxicity by increasing its vesicular sequestration: Implications for Parkinson's disease

416 Association of MAPT haplotype-tagging SNPs with Parkinson's disease

417 Screening for POLG1 mutations in a Southern Italian ataxia population
C. Criscuolo, P. Mancini, S. Ammendola, D. Cicale, G. De Michele, A. Filla (Naples, Italy)

418 Clinical and molecular analysis of carriers of GAG deletion in DYT1 gene among Polish patients with primary dystonia
K. Szczaluba, J. Bal, B. Kadzielka, A. Szolina, A. Friedman, T. Kmiec, T. Mazurczak (Warsaw, Poland)

419 Clinical features of movement disorders in hemochromatosis
D.A. Hall, S. Ringel, K. Howard, J. Jankovic (Denver, Colorado, USA)

420 Parkinsonian spectrum associated with glucocerebrosidase mutations
O. Goker-Alpan, G. Lopez, M. Hallett, E. Sidransky (Bethesda, Maryland, USA)

421 Familial Parkinsonism with double mutations of Parkin and PINK1

422 Do Ashkenazi Jew patients with Parkinson's disease want to be acquainted about their G2019S mutation status in the LRRK2 gene?
O. Moore, C. Shifrin, S. Levin, J. Knaani, N. Giladi (Tel Aviv, Israel)

423 LRRK2 Gly2385Arg in Parkinson’s disease patients of non-Chinese Asian ethnicity
E.K. Tan, Y. Zhao, L. Tan (Singapore, Singapore)

424 APOe alleles in Parkinson’s disease: Relation to cognitive decline and hallucinations. A longitudinal study
M.W. Kurz, G. Dekomien, J.P. Larsen, D. Aarsland (Stavanger, Norway)

425 Are parkin mutation carriers better candidates for deep brain stimulation?

426 Narrowing down a dystonia gene in a family with translocation t(7;18): New locus or independent dystonia occurrence?
K. Szczaluba, J. Pietrzak, J. Noskowska, A. Friedman, E. Bocian (Warsaw, Poland)
427 A detailed clinical study of early-onset Parkinson patients
E. Lohmann, S. Thobois, S. Laine, S. Tezenas, E. Broussolle, P. Pollak, L. Mallet, B. Dubois, Y. Agid, A. Brice (Paris, France)

428 Investigation of the molecular aetiology of South African patients diagnosed with Parkinson’s disease
J.A. Carr, S. Bardien (Tygerberg, South Africa)

429 Is the G2019S LRRK2 mutation common in all southern European populations?
S. Papapetropoulos, N. Adi, L. Shehadeh, N. Bishopric, C. Singer, A.A. Argyriou, E. Chroni (Miami, Florida, USA)

430 Analysis of glucocerebrosidase mutations in Parkinson’s disease
G.R. Clark, P.F. Chinnery, D.J. Burn, C.M. Morris (Newcastle upon Tyne, Tyne Wear, United Kingdom)

431 Obstructive sleep apnea and searching for a genetic cause – looking for influences by polymorphisms of endothelin receptor subtype-a
D. Buck, K. Diefenbach, I. Fietze, T. Penzel, U. Malzahn, I. Roots (Berlin, Germany)

432 Analysis of SCA2 and SCA3 in Parkinson’s plus syndromes
P. Ratnagopal, Z. Yi, E.K. Tan (Singapore, Singapore)

433 Worldwide prevalence of Leucine-Rich Repeat Kinase 2 gene mutations in Parkinson’s disease: A systematic review

434 ATP13A2 missense mutations in juvenile parkinsonism and young onset Parkinson’s disease

435 Fibroblast growth factor 20 gene and Parkinson’s disease in the Japanese population
T. Toda, W. Satake, I. Mizuta, M. Watanabe, A. Takeda, K. Hasegawa, M. Yamamoto, N. Hattori, M. Murata (Saita, Osaka, Japan)

436 Parkinson’s disease in Turkish patients: Molecular analyses of parkin and LRRK2 genes in familial and isolated cases
C.S. Pirkevi, S. Lesage, A. Brice, A.N. Basak (Istanbul, Turkey)

437 Sporadic and familial Parkinson’s disease in Uruguay
V.E. Raggio, E.M. Dieguez, R. Aljanati, O. de Medina, A. Scaramelli, R. Ventura, R. Buzo (Montevideo, Uruguay)

438 The frequency of the LRRK2 G2019S mutation in Ashkenazi and non-Ashkenazi Jews with Parkinson’s disease in Israel

439 Mutation spectrum and clinical features of SPG4 HSP
C. Depienne, E. Fedirko, B. Bricka, E. Denis, S. Forlani, A. Durr, A. Brice (Paris, France)

440 Multiregional high-throughput gene expression profiling of Braak regions in Parkinson’s disease
S. Papapetropoulos, D.M. Maraganore, N. Adi, J. Ffrench-Mullen, D. McCorquodale, D.C. Mash (Miami, Florida, USA)

441 Familial Parkinsonism and early onset Parkinson’s disease: Phenotypic and genotypic characterization in a Brazilian Movement Disorders clinic
S.T. Camargos, F. Cardoso, L.O. Dornas, P. Momeni, A.L. Teixeira, Jr, D.P. Maia, M. Cunningham, A.J. Lees, J. Hardy, A. Singleton (Belo Horizonte, Minas Gerais, Brazil)

442 Phenotypes and genotypes in myoclonus-dystonia: Significance of deletions of the entire SGCE gene
A. Grunewald, A. Djarmati, K. Lohmann-Hedrich, K. Farrell, C. Klein (Lubeck, Germany)

443 Caffeine intake and CYP1A2 variability in Parkinson’s disease
E.K. Tan, E. Chua, L. Tan, Y. Zhao (Singapore, Singapore)

444 Focal dystonia as an important feature of X-linked mental retardation caused by ARX gene duplication
Myoclonus
Poster numbers 445-449

445 Gabapentine induced myoclonus: Case report
F. Ege, Y. Kocak, A.P. Titiz, S. Ozturk, S. Ozbakir
(Ankara, Turkey)

446 Two cases of segmental myoclonus: Primary spino
dural myoclonus and radicular myoclonus
induced by cervical physiotherapy stretching
J. Vaamonde, G. Martin-Palomeque, J.M. Flores, R. Ibanez
(Ciudad Real, Spain)

447 Propriospinal myoclonus: Report of seven new
cases and literature review
P. Bounolleau, E. Apartis, D. Ducruex, Y. Beaugendre,
M.-C. Lavallard-rousseau, F. Bourdain, P. Dupont,
L. Carluer, L. Verdeure, M. Vidailhet, E. Roze
(Paris, France)

448 Steroid responsive propriospinal myoclonus
associated with antithyroid antibodies
E. Roze, E. Apartis, M. Vidailhet, V. Cochen, Y.
Beaugendre, J.-M. Trocello, P. Lasjaunias, D.
Ducruex (Paris, France)

449 Psychogenic propriospinal myoclonus
M. Cowey, K. Tuck, B. Day, D. Williams (Melbourne,
VIC, Australia)

Neuroimaging
Poster numbers 450-489

450 Diffusion tensor imaging finding in a Chinese
family with aceruloplasminemia
Q. Chen, X.-P. Chen, Q.-Y. Gong, J.-M. Burgunder, D.
Zhou, H.-F. Shang (Chengdu, China)

451 Diffusion tensor imaging of two unrelated Chinese
men with hereditary spastic paraplegia associated
with thin corpus callosum
Zhou, J.-M. Burgunder (Chengdu, China)

452 fMRI correlates of foot movement relative to gait
dysfunction in PD
P. Schwingenschuh, P. Katschnig, S. Ropele, F.
Gorani, F. Ebner, E. Ott, F. Fazekas, C. Enzinger
(Graz, Austria)

453 fMRI in gene-positive myoclonus-dystonia
R.J. Beukers, E.M. Foncke, J.N. van der Meer, A.J.
Nederveen, M.B. de Ruiter, L.J. Bour, D.J. Veltman,
M.A. Tijssen (Amsterdam, Netherlands)

454 Major depression and brain perfusion images in
Parkinson's disease
I.U. Isaias, G. Marotta, D. De Gaspari, C. Siri, R. Berti,
R. Cilia, M. Canesi, G. Pezzoli, A. Antonini (Monza,
Italy)

455 Flair sequences in Wilson's disease MRI. A case
report
V. Sánchez, C. Coca, M. Fernández, J. Chacón, L.
Redondo (Seville, Spain)

456 Altered brain response in PD patients with
hallucinations during a face perception task. An
fMRI study
B. Ramirez-Ruiz, C. Junque, C. Falcon, N. Bargallo,
M.-J. Marti, F. Valdeolmillos, T. Eduard (Barcelona,
Spain)

457 Amyloid deposition and glucose metabolism in
and [18 F]FDG PET study
I. Ahmed, P. Edison, N.P. Quinn, Z. Walker, D.J.
Brooks (London, United Kingdom)

458 In vivo qualitative and semi-quantitative analysis
in basal ganglia disorders: A [(123)I]-FP-CIT
(ioflupane) study
L. Pierguidi, N. Tambasco, F. Fabiani, C. Menichetti,
M. Sebastianelli, P. Calabresi, A. Rossi (Perugia, Italy)

459 Substantia nigra evaluation in atypical
parkinsonian syndromes and Parkinson's disease
P. Bartova, D. Skoloudik, T. Fadrna, P. Resnner, P.
Kanovsky, R. Herzig (Ostrava, Czech Republic)

460 White matter damage is more severe in PSP than
MSA or PD, a diffusion tensor MRI study
C.R.V. Blain, G.J. Barker, X.A. Chitnis, R.G. Brown,
J.M. Jarosz, D.K. Jones, S.R. Williams, N. Leigh
(London, United Kingdom)

461 Functional 3 Tesla MRI for target identification
before deep brain stimulation (DBS)
T.M.-L. Loennfors-Weitzel, C. Kiefer, C. Ozdoba,
A. Kaelin-Lang, A. Stibal (Bern, Kanton Bern,
Switzerland)

462 Diffusion tensor MR imaging for evaluation of
fronto-subcortical neural pathway changes in
Parkinson's disease with dementia
M.Y. Park, H.U. Kang, G.Y. Jung (Daegu, Kyungbuk,
Korea)

463 Unexpected MRI changes in younger carriers of
premutation in the FMR1 gene
L.D. Litewka, D.Z. Loesch, M. Cook, E. Storey, F.
Tassone (Fitzroy, VIC, Australia)

464 Gray matter abnormalities in dementia with
Lewy bodies (DLB) and Parkinson's disease with
dementia (PDD)
C. Sanchez-Castaneda, B. Ramirez-Ruiz, R. Rene, J.
Gascon, M. Calopa, J. Campdelacreu, M. Juncadella,
C. Junque (Barcelona, Spain)
465 InSPECT: Investigating the effect of short-term treatment with pramipexole or levodopa on [123I]-CIT and SPECT imaging
D.L. Jennings, R. Tabamo, J.P. Seibyl, K. Marek (New Haven, Connecticut, USA)

466 Cerebral activation patterns in psychogenic paralysis
M. Van Beilen, B.M. de Jong, E.W. Gieteling, K.L. Leenders (Groningen, Netherlands)

467 Camptocormia in Parkinson’s disease: Magnetic resonance image and near-infrared spectroscopy (NIRS) study of paraspinal muscles
K.-Y. Murata, K. Hama, T. Kihira, H. Miwa, T. Kondo (Wakayama, Japan)

468 Phenotype and genotype driven changes of basal ganglia structure in primary dystonia
B. Draganski, S.A. Schneider, K. Stefan, K.P. Bhatia, R.S.J. Frackowiak (London, United Kingdom)

469 Magnetic resonance imaging in Wilson’s disease
M. Behari, J. Garg, G. Shukla, S. Singh, V. Goyal (New Delhi, India)

470 Myocardial 123I-MIBG scintigraphy is a sensitive tool with which to differentiate Lewy body disorders from the other neurodegenerative disorders
K. Kashiwara, M. Nakashima, M. Ohno, S. Kawada, T. Imamura (Okayama, Japan)

471 Brain perfusion SPECT analysis using NEUROSTAT in multiple system atrophy — a comparison between MSA-C and MSA-P
Y. Osaki, Y. Morita, N. Akagi, M. Fukumoto, T. Kuwahara, C. Mori, Y. Doi (Nankoku, Kochi, Japan)

472 Test re-test reliability of ALTROPANE® SPECT in Parkinson’s disease patients

473 Midbrain transcranial sonography in Korean patients with Parkinson’s disease

474 Dopa responsive sub-acute parkinsonism with pallidal T1 hyperintensity on MRI of brain
M. Molaie, N. Molaie (San Pedro, California, USA)

475 Assessment of the feasibility of midbrain sonography in a population-based study
H. Stockner, K. Seppi, S. Kiechl, C. Schmidauer, J. Schwaiger, M. Sawires, J. Willeit, W. Poewe (Innsbruck, Austria)

476 Substantia nigra T2 measurements in PD patients and healthy controls

477 The occurrence of “typical” MRI findings in progressive supranuclear palsy and multiple system atrophy: A retrospective study
Z. Chovancova, P. Hlustik, P. Kanovsky (Olomouc, Czech Republic)

478 Modulation of cerebral functional interactions by cortical dopamine in health and Parkinson’s disease
G. Garraux, L. Talagala, R. Carson, M. Hallett (Liege, Belgium)

479 Involuntary psychogenic movement increases limbic activity and decreases voluntary movement-related activity in an fMRI study of psychogenic movement disorder
V. Yoon, N. Hattori, C. Gallea, M. Bruno, M. Hallett (Bethesda, Maryland, USA)

480 Unexpected extra-striatal 123 I-FP-CIT uptake in a case of Parkinsonism

481 Susceptibility-weighted imaging of the substantia nigra in patients with Parkinson’s disease
T. Maeda, H. Toyoshima, K. Nagata (Akita, Japan)

482 Cerebral and cerebellar activation during postural and kinetic self-paced task in essential tremor: A f-MRI study
C. Menichetti, O. Presciutti, L. Pierguidi, W. Di Iorio, V. Rossi, A. Rossi, P. Calabresi, N. Tambasco (Perugia, Italy)

483 Diagnostic usefulness of 3T magnetic resonance imaging in multiple system atrophy

484 Demonstration of the neuroanatomy of the midbrain using high field MRI

485 Patterns of cerebral blood flow reduction in patients with vascular parkinsonism: Perfusion MRI study
S.H. Kim, S.H. Lee (Chuncheon, Kangwon-do, Republic of Korea)
[123]-FP-CIT SPECT imaging of dopamine transporters in patients with recurrent sudden falls
R. Djaldetti, M. Lorberboym, S. Yust-Katz, I. Ziv, E. Melamed (Petah Tiqva, Israel)

A comparison of white matter changes in patients with Parkinson's disease and Alzheimer's disease relative to cognitively-healthy elderly controls using diffusion tensor imaging
M.A. Trivedi, C.M. Murphy, J.M. Pagonabarrago, J.G. Goldman, L. DeToledo-Morrell, G.T. Stebbins (Chicago, Illinois, USA)

Cardiac sympathetic denervation in Parkinson's disease is correlated with age at onset and severity of specific motor symptoms
J.-S. Kim, K.-S. Lee, I.-U. Song, H.-T. Kim (Seoul, Korea)

Nociceptive brain activation in painful patients with Parkinson's disease
C. Brefel-Courbon, P. Payoux, F. Ory, C. Thalamas, O.O. Rascol (Toulouse, France)

Levodopa as a first-line treatment for the neuroleptic malignant syndrome
G. Mihailescu, C. Mihailescu, S. Nica (Bucharest, Romania)

Analgesic effect of botulinum toxin type A in experimental models of pain
C. Favre, M. Auguet, P.-E. Chabrier (Les Ulis, France)

Effect of some naturally occurring antioxidants (vitamins) in the treatment of chronic lead intoxication–interaction Parkinson's disease in rats
N. Djebli (Mostaganem, Algeria)

Topiramate as a monotherapy in essential tremor. Comparison of a new drug to prior golden standard medication

Effects of pramipexole on the motor response to levodopa infusion in Parkinson's disease: A double-blind, placebo controlled crossover study
M.A. Brodsky, M.C. Barnard, B.S. Park, J.G. Nutt (Portland, Oregon, USA)

Effect of early use of amantadine on the development of motor fluctuations and dyskinesias during levodopa treatment in Parkinson's disease
A. Kishore, S. Gopinathan (Trivandrum, Kerala, India)

Does an infusion of apomorphine at low concentrations inhibit motor function in Parkinson's disease?
S.A. Gunzler, M. Pavel, C. Koudelka, N.E. Carlson, S. Crocko, P. Kirchhoff, J.G. Nutt (Portland, Oregon, USA)

Reversible posterior leukoencephalopathy syndrome in a patient with multiple system atrophy: A possible association with oral midodrine treatment
J.-S. Kim, K.-S. Lee, I.-U. Song, H.-T. Kim (Seoul, Korea)

Naturalistic long term follow-up of psychotic Parkinson's disease patients treated with either clozapine or quetiapine
C. Klein, T. Prokhorov, E. Dobronovsky, A. Minio, J.M. Rabey (Zerifin, Israel)

Pramipexole treatment reverses motor deficits with low risk of dyskinesia in MPTP-treated common marmosets
P. Jenner, M.J. Jackson, K. Tayarani-Binazir, S. Rose, C.W. Olanow (London, United Kingdom)

Quality of post-marketing drug surveillance – EMEA regulatory restraints and reality of drug safety monitoring exemplified with tolcapone prescription in Parkinson's disease in Germany
M.M. Unger, W.H. Oertel, K.M. Eggert (Marburg, Germany)

The new neuroprotective agent; BN83026 reduces L-DOPA-induced dyskinesia in hemiparkinsonian rats
B. Spinnewyn, C. Charnet, S. Cornet, M. Auguet, P.-E. Chabrier (Les Ulis, France)

In vitro pharmacological profile of the A2A receptor antagonist istradefylline on adenosine receptors
M. Saki, K. Sasaki, M. Ichimura, T. Kanda (Shizuoka, Japan)

Rest-activity rhythm and sleep-wake cycle are altered in PD patients with hallucinations
D.L. Whitehead, A.D.M. Davies, J.R. Playfer, C.J. Turnbull (London, United Kingdom)

Anxiety in Parkinson's disease relates to limbic and brainstem alpha-synuclein pathology
M.E. Kalaitzakis, R.K.B. Pearce, M.B. Graeber, S.M. Gentleman (London, United Kingdom)
505 Neuropsychological early detection and the characteristics of Parkinson's disease associated with mild dementia
K.-S. Lee, I.-U. Song, J.-S. Kim, J.-Y. An (Seoul, Republic of Korea)

506 Reduced nocturnal heart rate variability in Parkinson's disease: A polysomnographic case-control study
M. Vaillant, N.J. Diederich, J. Tiete, J.P. Lobreau (Luxembourg-City, Luxembourg)

507 Striatal amyloid plaques relate to dementia in Parkinson's disease

508 Depressive disorders in early-onset Parkinson's disease
A. Kummer, S.T. Camargos, M.C. Cunningham, D.P. Maia, F. Cardoso, A.L. Teixeira (Belo Horizonte, Brazil)

509 Effects of motor and cognitive tasks on hemodynamic parameters in orthostatic hypotension
B. Shihman, L. Grundlinger, J.M. Hausdorff, N. Giladi, T. Gurevich (Tel Aviv, Israel)

510 The predictors of fatigue in Parkinson's disease: Results from a UK-German study of 135 cases

511 Prevalence of behavioural symptoms in PSP and MSA: Evidence from NNIPPS (Neuroprotection and Natural History in Parkinson’s Plus Syndromes)

512 Correlation of psychomotor dysfunction in patients with Parkinson's disease, multisystem atrophy and progressive supranuclear palsy
N. Amosova, O.S. Levin (Moscow, Russian Federation)

513 A prospective study of mood in Parkinson’s disease: The PROMS-PD study

514 The effect of nighttime levodopa and entacapone on subjective and objective sleep measures in Parkinson’s disease
I. Itin, C.L. Comella, J.A. Jaglin, M. Park, L. Benson, W. Fan, S. Lergans (Cleveland, Ohio, USA)

515 A guided interview to assess behavior in Parkinson’s disease

516 Features of gastric motility at rest in Parkinson’s disease
G. Albani, N. El Assawy, S. Cattaldo, A. Mauro (Piancavallo, Verbania, Italy)

517 Neuroanatomical loci of subjective panic-like phenomena in OCD DBS subjects

518 Sleep and circadian changes in early stage Huntington's disease
A.O.G. Goodman, J. Morton, M. King, J. Shneerson, R.A. Barker (Cambridge, United Kingdom)

519 Trajectory control and motor learning in presymptomatic Huntington's disease (pHD)
F. Ghilardi, A. Feigin, C. Moisello, F. Battaglia, A. Di Rocco, D. Eidelberg (New York, New York, USA)

520 Disturbance of automatic auditory change detection in dementia associated with Parkinson’s disease: A mismatch negativity study
K. Bronnick, H. Nordby, J.P. Larsen, D. Aarsland (Stavanger, Norway)

521 Major depression and cognitive dysfunctions in non demented parkinsonian patients
S. Gabriella, C. Vitale, M.E. De Martino, T. Luigi, G. Dario, P. Barone (Neaples, Italy)

522 Diagnosis of dementia in Parkinson's disease with FDG PET

523 Assessment of odor identification and discrimination in Dutch Parkinson’s disease patients
S. Boesveldt, D. Verbaan, D.L. Knol, J.J. van Hilten, H.W. Berendse (Amsterdam, Netherlands)
Towards a better understanding of the relationship between the Mariana dementia and the Parkinsonism/dementia complex of Guam (Lyticebodig): Evidence from a longitudinal study
T.H. Bak, J.R. Hodges, J.C. Steele (Edinburgh, Scotland, United Kingdom)

An acceleration of rhythmic finger tapping in patients with Parkinson’s disease
I.S. Smolenteva, L.A. Batukueva, O.S. Levin (Moscow, Russian Federation)

Knowledge of disease among patients with hemifacial spasm
W.S. Shahul Hameed, T.E. King (Singapore, Singapore)

Symptomatic REM sleep behavior disorder in patients with Parkinson’s disease over eight years
M.D. Gjerstad, B.B. Boeve, T. Wentzel-Larsen, D. Aarsland, J.P. Larsen (Stavanger, Norway)

Psychiatric comorbidities in a Brazilian sample of early-onset Parkinson’s disease
A. Kummer, S.T. Camargos, M.C. Cunningham, D.P. Maia, F. Cardoso, A.L. Teixeira (Belo Horizonte, Brazil)

Cognitive and motor mediators of the changes in gait stability during dual tasking in healthy older adults
J.M. Hausdorff, T. Herman, N. Inbar-Borovsky, M. Brozgol, G. Yoge, N. Giladi (Tel-Aviv, Israel)

Constipation in Parkinson’s disease: A literature review
K.M. Mahawish (Prescot, Merseyside, United Kingdom)

Safe and efficacious treatment of sialorrhea related to Parkinson’s disease, parkinsonism and other neurological diseases with blind single transdermal botulinum toxin injections into the parotid glands: Clinical experience with 58 patients
O. De Fabregues, G. Ribera, D. Coll, J. Martinez, D. Canovas, M. Viguera, M. Marco, F. Miquel, J. Gamez (Sabadell, Barcelona, Spain)

Intimate partner abuse in movement disorders and the role of health care professionals
J. Posen, N. Giladi (Tel Aviv, Israel)

Dopamine dysregulation syndrome, impulse control disorders and subthalamic nucleus deep brain stimulation: A case series and literature review
S.S. O’Sullivan, D.A. Gallagher, A.H. Evans, S. Tisch, P. Limouzin, A.D. Lawrence, A. Schrag, A.J. Lees (London, United Kingdom)

The behavioural changes in progressive supranuclear palsy (PSP) are not just a mild form of frontotemporal dementia (FTD)
T.H. Bak, J.R. Hodges (Edinburgh, Scotland, United Kingdom)

Pain in Parkinson’s disease – pharmacoepidemiological research into the consumption of analgesic drugs

Searching for subtle sleep abnormalities by polysomnography in early Parkinson’s disease: A prospective case-control study
N.J. Diederich, M. Vaillant, O. Rufra, S. Blyth, V. Pieri (Luxembourg-City, Luxembourg)

Neuropsychological predictors of hallucinations in Parkinson’s disease: Cognitive and perceptual biases

Prevalence of non-motor symptoms in idiopathic Parkinson’s disease. The PRIAMO study
C. Colosimo, PRIAMO Study Group, Italy (Rome, Italy)

Improvement of hyperdopaminergic behaviors by subthalamic nucleus (STN) stimulation
E. Lhomme, C. Arduin, K. Klinger, J. Xie, A. Kistner, S. Thobois, P. Pollak, P. Krack (Grenoble, France)

Validation of the CAMCOG neuropsychological assessment in Parkinson’s disease
P.J. Hobson, J.R. Meara (Rhyl, Denbighshire, United Kingdom)

Altered pain and pain tolerance thresholds in Parkinson’s disease – a result of multifocal degeneration?
D. Samal, D. Haubenberger, T. Sycha, E. Auff (Vienna, Austria)

Executive functioning in early-onset Parkinson’s disease
A. Kummer, S.T. Camargos, M.C. Cunningham, D.P. Maia, F. Cardoso, A.L. Teixeira (Belo Horizonte, Brazil)

Continuous levodopa duodenal infusion in advanced Parkinson’s disease: Long-term follow-up
545 Correlations of initial 'mentation' rating in UPDRS and progression of motor and cognitive functions in Parkinson's disease
J.-G.G. Hou, E.C. Lai (Houston, Texas, USA)

546 Risk factors of falls related to balance and gait disorders in Parkinson's disease – prospective study
M. Rudzinska, J. Stozek, W. Chwala, S. Bukowczan, K. Banaszkiewicz, A. Szczudlik (Krakow, Poland)

547 Elevated prevalence of malignant melanoma in Israeli patients with Parkinson's disease

548 The effect of mechanical vibration in Parkinson’s disease (PD): A randomized blind controlled trial
A.R. Bayes, M.V. Cosculluela (Barcelona, Catalunya, Spain)

549 The neuropathological substrate of the dementia of Parkinson's disease
T. Voss, M.S. Forman, J. Duda, H. Hurtig (Philadelphia, Pennsylvania, USA)

550 Outcome of acute ischemic stroke in hospitalized Parkinson's disease patients
M. Niethammer, H.C. Schumacher, B.T. Bateman, C. Henchcliffe (New York, New York, USA)

551 Side and symptom of disease onset is related to lifespan in Parkinson's disease

552 Weight loss and disease progression in Parkinson's disease
Y. Tsuboi, Y. Baba, H. Inoue, T. Kobayashi, T. Yamada (Fukuoka, Japan)

553 Sleep disturbances in Parkinson’s disease patients
D. Dobi, M. Kapiszi, B. Kokona, J. Krupa (Tirana, Albania)

554 Training and placebo effects outweigh effects of single session conventional rTMS and theta burst stimulation in PD patients
H. Rothkegel, M. Sommer, T. Ramsay, C. Trenkwald, W. Paulus (Goettingen, Germany)

555 Diversity in Parkinson’s disease prevalence among elder South Carolinians
K.J. Bergmann, J.K. Rodgers, V.L. Salak, V.K. Hinson (Charleston, South Carolina, USA)

556 Parkinson's disease: Atypical improve of gait disturbances. Case report
E.M. Dieguez, R.M. Buzo, A. Scaramelli, R. Aljanati, O. de Medina, R. Ventura, V. Raggio, M. Pabet (Montevideo, Uruguay)

557 Statin use and the risk of Parkinson's disease
A.D. Wahrer, J.M. Bronstein, Y.M. Bordelon, B. Ritz (Los Angeles, California, USA)

558 Biceps brachii myoelectric manifestations in medicated Parkinson's disease patients

559 Clinical evaluation of asymptomatic G2019S LRRK2 mutation carriers and assessment of factors influencing LRRK2 related Parkinson’s disease expression (the ASAP LRRK2 study)
C. Gaig, E. Tolosa, M. Ezquerra, A. Rojo, M. Aguilar, J. Hernandez, F. Miquel, M. Calopa, P. Pastor (Barcelona, Spain)

560 Parkinson’s disease in boxers: A link or a myth?
P. Lolekha, K. Phantomchinda, R. Bhidayasiri (Bangkok, Thailand)

561 The mutant C-allele of the variant MTHFR c.1298A>C (E429A) is associated with later age of onset in Parkinson’s disease and multiple system atrophy and provides resistance against oxidative stress in vitro
M. Linnebank, U. Wüllner (Bonn, Germany)

562 Is there a correlation between clinical presentation and body mass index in Parkinson’s disease?
R.P. Munhoz, H.A. Teive, C.B. Ribas (Curitiba, PR, Brazil)

563 Enhanced lymphocyte apoptosis in treated and untreated Parkinson patients
J. Bas, M. Calopa, M. Mestre (Barcelona, Spain)

564 Diagnostic accuracy of SPECT in parkinsonian syndromes: A meta-analysis

565 Treadmill training improves functional ability and cardiopulmonary capacity in stable Parkinson’s disease
E. Pelosin, E. Faelli, F. LoFrano, L. Marinelli, M. Bove, P. Ruggeri, G. Abbruzzese (Genova, Italy)
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
<th>Location/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>567</td>
<td>Is there a morphological substrate of parkinsonian rest tremor a voxel-based morphometry study</td>
<td>D. Benninger, S. Thees, C.L. Bassetti, S.S. Kollias, D. Waldvogel (Zurich, Switzerland)</td>
<td></td>
</tr>
<tr>
<td>568</td>
<td>Non motor symptoms in untreated patients with Parkinson's disease in Tanzania</td>
<td>C.L. Dotchin, R.W. Walker (North Shields, Tyne and Wear, United Kingdom)</td>
<td></td>
</tr>
<tr>
<td>570</td>
<td>Therapeutic effect of neuropeptide PACAP27 on MPTP-induced parkinsonism in mice</td>
<td>G. Wang, Y.-Y. Tan, X.-K. Sun, R.-J. Ren, H.-Y. Zhou, S.-D. Chen (Shanghai, China)</td>
<td></td>
</tr>
<tr>
<td>571</td>
<td>Sleep disturbances in patients with Parkinson's disease</td>
<td>T. Smiljkovic, S. Kostic, V. Dedic, J. Potic, V. Nikolic (Belgrade, Serbia)</td>
<td></td>
</tr>
<tr>
<td>572</td>
<td>Rotigotine transdermal patch as adjunct to levodopa in the treatment of advanced-stage Parkinson's patients</td>
<td>P.A. LeWitt, K.E. Lyons, R. Pahwa (Southfield, Michigan, USA)</td>
<td></td>
</tr>
<tr>
<td>574</td>
<td>Detection of increased echogenicity in the substantia nigra in a large family with homo- and heterozygous PINK1 mutations</td>
<td>J.M. Hagenah, G. Seidel, N. Brüggemann, A. Djarmati, K. Lohmann, A. Sprenger, C. Klein (Luebeck, Germany)</td>
<td></td>
</tr>
<tr>
<td>576</td>
<td>The evaluation of tau-protein in the CSF in patients suffering from Parkinson's disease</td>
<td>H. Vranova, P. Kanovsky, M. Nevrly, J. Mares, P. Hlustik (Olomouc, Czech Republic)</td>
<td></td>
</tr>
<tr>
<td>577</td>
<td>Levodopa therapy is associated with reduced body weight in advanced Parkinson's disease patients</td>
<td>C.G. Bachmann, A. Zapf, E. Brunner, C. Trenkwalder (Goettingen, Germany)</td>
<td></td>
</tr>
<tr>
<td>578</td>
<td>The relationship between antiparkinsonian therapy and sleep disturbances in patients with moderate stage of Parkinson's disease</td>
<td>M. Boczarska-Jedynak, B. Jasinska-Myga, G.A. Klodowska-Duda, M. Arkuszewski, G. Opala (Katowice, Poland)</td>
<td></td>
</tr>
<tr>
<td>579</td>
<td>The pesticide of rotenone selectively enhances voltage-gated potassium channels and endogenous PACAP mRNA expression in neuronal differentiated PC12 cells</td>
<td>G. Wang, H.-Y. Zhou, S.-D. Chen (Shanghai, China)</td>
<td></td>
</tr>
<tr>
<td>580</td>
<td>Genetic polymorphism of thymidylate synthase enhancer region (TSER) in patients with idiopathic Parkinson's disease</td>
<td>W.-C. Kim, K.-K. Kim, H.-S. Kim, Y.-H. Koo, O.-J. Kim, M.-S. Lee (Seong-Nam City, Gyeong-Gi Do, Korea)</td>
<td></td>
</tr>
<tr>
<td>581</td>
<td>The PARS study: Reaching for pre-motor Parkinson's disease</td>
<td>D.L. Jennings, A. Siderowf, M.B. Stern, K. Marek (New Haven, Connecticut, USA)</td>
<td></td>
</tr>
<tr>
<td>582</td>
<td>Early-onset Parkinson's disease and depression</td>
<td>D.C. Bertucci Filho, H.A.G. Teive, R.P. Munhoz, N. Becker, L.C. Werneck (Curitiba, PR, Brazil)</td>
<td></td>
</tr>
<tr>
<td>583</td>
<td>Is there an increased risk of young onset Parkinson's disease in patients with a history of poliomyelitis?</td>
<td>P. Agarwal, A.L. Diamond, V.R. Segro (Englewood, Colorado, USA)</td>
<td></td>
</tr>
<tr>
<td>585</td>
<td>Worsening of motor symptoms and gynecomasia during spironolactone treatment in a patient with Parkinson's disease and congestive heart failure</td>
<td>H.A. Teive, R.P. Munhoz (Curitiba, Brazil)</td>
<td></td>
</tr>
<tr>
<td>586</td>
<td>Studying emergence of behavioral changes during one month of intensive voice treatment (LSVT) in a person with Parkinson's disease</td>
<td>J. Spielman, A. Halpern, L. Ramig, C. Fox (Denver, Colorado, USA)</td>
<td></td>
</tr>
<tr>
<td>587</td>
<td>Dopamine dysregulation syndrome: Impact of subthalamic chronic stimulation</td>
<td>T. Witjas, J. Régis, M. Delphini, J.C. Pérugut, J.P. Azulay (Marseille, France)</td>
<td></td>
</tr>
</tbody>
</table>
588 Does somatization have a role in the manifestation of the non-motor symptoms of Parkinson's disease?
H. Murck, M. Stacy, K. Kroenke (Hanover, New Jersey, USA)

589 Parkinson's disease; relationship between neuroinflammation and cognition
A. Bora Tokcaer (Ankara, Turkey)

590 Diplopia in Parkinson's disease: A clinical and optometric study
L. Bye, K. Ray Chaudhuri (London, United Kingdom)

591 End-of-dose blepharospasm and its relationship to the dose of levodopa: Observation in a patient with Parkinson's disease
P.Kr. Pal, A. De Souza, P.S. Bindu (Bangalore, Karnataka, India)

592 Factors that impact quality of life in patients with Parkinson's disease
T. Simuni, D. Breslow, L. Vainio, S. Miskevics, C. Zadikoff, F. Weaver (Chicago, Illinois, USA)

593 PRODEST study: Depressive symptoms in Parkinson's disease

594 Cognitive function assessment in idiopathic Parkinson's disease patients. Control study with normal subjects
M.R. Piovezan, H.A.G. Teive, E.J. Piovesan, M.J. Maeder, L.C. Werneck (Curitiba, PR, Brazil)

595 Hypersexuality in Parkinson's disease: Differences in associated factors may lead to the expression of different impulse control behaviors
V. Voon, T. Thompson, J.M. Miyasaki, M. de Souza, M. Zurovski (Bethesda, Maryland, USA)

596 Decreased plasma alpha synculein levels in patients with Parkinson's disease
A. Neumayer, R. Reindl, K. Seppi, E. Wolf, S. Boesch, H. Stockner, M. Kogler, A. Zangerl, K. Mair, G.K. Wenning, M. Stampfer-Kountchew, W. Poewe (Innsbruck, Tyrol, Austria)

597 Evaluation of a multidisciplinary daycare unit for patients with Parkinson's disease (PD)
M.A. van der Marck, B.R. Bloem, M.L. van Nimwegen, M.A.M. Schmidt, M. Munneke (Nijmegen, Netherlands)

598 Adult human stem cells differentiated into astrocytes: Therapeutic potential for Parkinson's disease
M.B. Stroomza, Y. Barhom, Y. Levy, O. Karpov, S. Bulvik, E. Melamed, D. Offen (Petah-Tikva, Israel)

599 The influence of walking speed on lower extremity JOINT TORQUE asymmetry in persons with early Parkinson's disease
J. Song, G.M. Petzinger, B. Fisher, J. Gordon, G.J. Salem (Los Angeles, California, USA)

600 Molecular mechanism of levo-dopa induced dyskinesia in Parkinson's disease
F.U.H. Subhani (Quetta, Balochistan, Pakistan)

601 Clinical impact of fatigue in Parkinson's disease

602 Types of driving errors committed by patients with Parkinson's disease

603 Metabolomic analysis in LRRK2 Parkinson's disease
K.K. Johansen, W. Matson, F. Beal, J.O. Aasly, M. Bogdanov (Trondheim, Norway)

604 Effect of L-type Ca2+ channel antagonist, Isradipine, in the abnormal involuntary movement rat model of dyskinesia
S. Schuster, A. Berthet, E. Doudnikoff, C. Ittrich, B. Bloch, B. Hengerer, E. Bezard (Biberach, Germany)

605 Chocolate consumption is increased in Parkinson's disease
M. Wolz, A. Kaminski, L. Matthias, S. Alexander, H. Reichmann (Dresden, Germany)

606 Nonmotor symptoms of Parkinson's disease: Prevalence and awareness of patients and families
S.-M. Cheon, H.M. Jeong, S.M. Jun, J.W. Kim (Busan, Republic of Korea)

607 Impact of young onset parkinson’s disease on employment
C.L. Wielinski, C. Erickson-Davis, S.A. Parashos (Golden Valley, Minnesota, USA)

608 Striatal dopamine transporter function and apathy in Parkinson’s disease
Z. Katsarou, S. Bostantjopoulou, G. Gerasimou, G. Kourtseti, V. Tsipropoulou, A. Kafantari, E. Peitsidou (Thessaloniki, Greece)
Dementia and hyperhomocysteinemia in Parkinson’s disease
M. Menendez, R. Ribacoba, G. Jimenez, J.R. Virgili, C. Huerta, V. De la Vega (Mieres, Asturias, Spain)

Does gait analysis quantify the efficacy of PPN-DBS in Parkinson’s disease patients?
A. Peppe, A. Stefani, P. Mazzzone, A. Gasbarra, M. Pierantozzi, D. Crovato, C. Caltagirone, P. Stanzione (Rome, Italy)

The effectiveness of cabergoline vs levodopa in early Parkinson’s disease: Results of a three year follow up
N.S. Oztekin, M.F. Oztekin (Ankara, Turkey)

Neuropsychological assessment of mild to moderate stage Parkinson’s disease without dementia: Comparison with mild stage of Alzheimer’s disease (AD) – a preliminary study
Y.D. Kim, J.E. Kim, J.H. Kim (Daejeon, Republic of Korea)

Evolution of patients with Parkinson’s disease chronically treated with continuous subcutaneous apomorphine infusion. A multicenter study

Anti-apoptotic mechanisms by D2/D3 receptor agonist ropinirole against rotenone-induced cell death in dopaminergic cell line
S. Chen, X.-J. Zhang, W. Le (Shanghai, China)

Influence of red and green laser lights on freezing of gait (FOG) in persons with Parkinson’s disease (PD)

Vascular parkinsonism: A case of lacunar infarction localized to mesencephalic substantia nigra
A. Akyol, U.O. Akyildiz (Aydın, Turkey)

The contribution of Jules Froment to the study of parkinsonian rigidity
E. Broussole, P. Krack, S. Thobois, J. Xie-Brustolin, P. Pollak, C.G. Goetz (Lyon, France)

Steady state administration of istradefylline does not affect the pharmacokinetics of levodopa/carbidopa
N. Rao, K. Allenby, T. Uchimura, A. Mori, P. Chaikin (Princeton, New Jersey, USA)

Accuracy of patient versus spousal reports of disability in Parkinson’s disease
H. Tanji, A.L. Gruber-Baldini, K.E. Anderson, S.G. Reich, P.S. Fishman, W.J. Weiner, L.M. Shulman (Baltimore, Maryland, USA)

A comparison of MMSE to MoCA in identifying cognitive deficits in Parkinson’s disease

No sleep-dependent consolidation of an implicit learning task in patients with Parkinson’s disease
S. Wailke, M. Fehlau, G. Deuschl, J. Volkmann (Kiel, Germany)

The short- and long-term effects of a single dose of apomorphine on micturition function in conscious and free moving rats

Weight change in Parkinson’s and Alzheimer’s disease patients taking atypical antipsychotic drugs
O. Sitburana, S. Rountree, K. Dat Vuong, W.G. Ondo (Houston, Texas, USA)

Molecular screening of the LRRK2 and parkin genes in a large cohort of Russian patients with Parkinson’s disease

The SCOPA motor scale in Latin-America: Metric properties

Medication review in patients on anti-parkinson medication in the community

Transcranial sonography (TCS) of the substantia nigra (SN) – biological and clinical significance in patients with Parkinsonian syndromes (PS)
D. Weise, R. Lorenz, M. Schliesser, K. Reiners, J. Classen (Wuerzburg, Germany)

Impaired information processing as a key determinant of akinesia in Parkinson’s disease
B. Christe, C.-A. Hauert, A.J. Pegna, P.R. Burkhard (Geneva, Switzerland)
629 Efficiency of physiotherapy in Parkinson’s disease: The ParkNet trial

630 Frequency and phenomenology of motor and non-motor features of wearing-off phenomenon in Brazilian Parkinson’s disease patients
F. Cardoso, B.P. Cesar, A.L. Teixeira, J.R. Camargos, D.P. Maia, M.C. Cunningham (Belo Horizonte, MG, Brazil)

631 Postural instability in persons with Parkinson’s disease: Comparison among disability scales of the Hoehn and Yahr
M. Suteerawattananon, S. Kamolsawat, V. Hiengkaew, C. Akamanon, N. Poungvarin (Houston, Texas, USA)

632 Biopsychosocial needs of people living with PD and their caregivers
S. Giles, L. Johnston, C. Marras (Toronto, Ontario, Canada)

633 Socio-demographic characteristics of the caregivers of patients with Parkinson’s disease
P. Martinez-Martín, S. Arroyo, B. Frades, J. de Pedro, The ELEP Group (Madrid, Spain)

634 Handwriting in Parkinson’s disease: The effects of disease severity and acute levodopa dosing
M. Contin, P. Martinelli, R. Shrairman, C. Scaglione, A. Landau, F. Albani, R. Riva, A. Baruzzi (Bologna, Italy)

635 Continuous and low-dose infusion of erythropoietin into the brain shows neuroprotective effect and induces neurogenesis without hematogenesis in the parkinsonian rat model
A. Kondo, T. Shingo, T. Kadota, T. Yasuhara, Y. Miyoshi, T. Matsu, I. Date (Okayama, Japan)

636 Correlation between depressive symptoms and nocturnal disturbances in Japanese patients with Parkinson’s disease

637 A simple model of dopamine-related neurotoxicity — Parkinson’s?

638 Abstract Withdrawn

639 Rotigotine transdermal patch as a treatment of nocturnal symptoms in patients with idiopathic Parkinson’s disease
K.R. Chaudhuri, J. Jankovic, C. Trenkwalder, B. Boroojerdi (London, United Kingdom)

640 Plasma ceruloplasmin ferroxidase activity correlates with substantia nigra sonographic area in Parkinson’s disease patients
R. Martinez-Hernandez, S. Montes, J. Higuera-Calleja, C. Rios (Mexico City, DF, Mexico)

641 Effects of subthalamic nucleus stimulation and levodopa on freezing of gait in Parkinson’s disease
M. Ferraye, B. Debu, V. Fraix, J. Xie-Brustolin, S. Chabardes, A.-L. Benabid, P. Pollak (Grenoble, France)

642 Tremor related neuronal activity correlated with segregated somatotopy in the human subthalamic nucleus
P. Zhuang, M. Hallett, J. Li, Y. Zhang, Y. Li (Beijing, China)

643 Taste threshold is abnormal in Parkinson’s disease and suggests cortical spread

644 Levodopa, DDCI and entacapone has minor long-term effects on dyskinesia while significantly decreasing OFF-time in Parkinson’s disease (PD) patients with wearing off
M. Kuoppamäki, M. Vahteristo, H. Nissinen, J. Ellmen (Turku, Finland)

645 Patient-reported autonomic symptoms in Parkinson’s disease
D. Verbaan, J. Marinus, M. Visser, S.M. van Rooden, A.M. Stiggelbout, J.J. van Hilten (Leiden, Netherlands)

646 SOS Parkinson: An emergency call service report on five years of experience
A.L. Zecchinelli, A. Antonini, M. Barichella, A. Marczewska, G. Pezzoli (Milano, Italy)

647 Glucose-6-Phosphate dehydrogenase in the peripheral blood of patients with Parkinson’s disease
648 Establishing a model of “Standards of Care” for patients with Parkinson’s disease using a comprehensive database — Interdisciplinary Florida Registry and Movement Disorders Database (INFORM)


649 Inter-individual variations of plasma concentrations of amantadine hydrochloride in patients with Parkinson’s disease

M. Nagai, M. Kubo, N. Nishikawa, H. Yabe, M. Nomoto (Toon, Ehime, Japan)

650 Environmental and genetic factors in Parkinson’s disease. The FRAGAMPP case-control study


651 Investigation on the prevalence of dyskinesia following the switch from continuous rotigotine to L-DOPA treatment and vice versa

K. Stockwell, D.K.A. Scheller, S. Rose, M. Jackson, P. Jenner (Monheim, Germany)

652 Proteome analysis of human substantia nigra in Parkinson’s disease

C.J. Werner, R. Heyny-von Haussen, G. Mall, S. Wolf (Aachen, NRW, Germany)

653 Elevated C-reactive protein in Parkinson’s disease: Are they associated with neuropsychiatric complications?


654 Brain permeable iron chelators M-30 and AK-28 rescue degenerated nigral dopamine neurons in animal model of PD

W. Zhu, T. Pan, W. Xie, J. Jankovic, H. Zheng, M. Youdim, W. Le (Houston, Texas, USA)

655 Dynamic foot pressure measurement in Parkinson’s disease with foot scan system

C.-N. Lee, D.-H. Lee, K.-W. Park, B.-J. Kim, K.-M. Oh (Seoul, Korea)

656 Risk factors for heavy burden among family caregivers of Parkinson’s disease patient

O. Benavides, P. Chana, D. Alburquerque, T. Parrao, C. Juri, C. Kunstmann (Santiago, Chile)

657 What is dorso-lateral in the STN? An anatomical consideration on the ambiguous nomenclature of today’s principle target for DBS surgery

V.A. Coenen, A. Prescher, T. Schmidt, F.I.H. Gielen (Aachen, Germany)

658 Discharge properties of human subthalamic nucleus neurons in the parkinsonian and non-parkinsonian state

F. Steigerwald, P. Stangenberg, M. Pötter, J. Herzog, M. Pinsker, H.M. Mehdorn, G. Deuschl, J. Volkmann (Kiel, Germany)

659 Rotigotine transdermal patch in early stage Parkinson’s disease: Results of a placebo- and ropinirole-controlled trial

N. Giladi, A. Korczyn, B. Boroojerdi (Monheim, Germany)

660 Two novel missense mutations were found in a Parkin2 gene and may be related to the development of the early onset parkinsonism

M. Kasap, G. Akipinar, E. Ergul, H.A. Idrisoglu, A. Sazci (Kocaeli, Turkey)

661 Impaired attention: A risk factor for falls in Parkinson’s disease?

L.M. Allcock, E.N. Rowan, K. Wesnes, R.A. Kenny, D.J. Burn (Newcastle upon Tyne, Tyne and Wear, United Kingdom)

662 Age-dependent changes in glial cells from parkin null mice

R.M. Solano, M.J. Casarejos, J. Menéndez-Cuervo, J.A. Rodríguez-Navarro, J. García de Yébenes, M.A. Mena (Madrid, Spain)
Poster Session 3
Thursday, June 7, 2007 - 12:30 PM - 2:30 PM
Rumeli Hall, Lower Level
Poster Viewing 9:00 a.m. to 4:00 p.m.
Authors Present 12:30 p.m. to 2:30 p.m.
Poster numbers 663-973

Other Clinical
Poster numbers 663-708

663 High-level gait disturbance is a manifestation of the pyramidal, cortico-pontine and thalamic-demyelination in elderly people. MRI pilot study
Y. Balash, M. Kafri, E. Sasson, O. Eizenstein, Y. Assaf, J.M. Hausdorff, N. Giladi (Tel Aviv, Israel)

664 Substantia nigra and olfactory function in idiopathic REM sleep behaviour disorder: A pilot study
V. Gschliesser, H. Stockner, B. Hogl, B. Frauscher, C. Schmidauer, W. Poewe (Innsbruck, Austria)

665 Ipsilateral upper limb asterixis and contralateral parkinsonism related to putaminal hemorrhage
M.J. Kim, J.K. Kim, B.G. Yoo, K.S. Kim (Busan, Korea)

666 Botulinum toxin treatment is effective for epilepsy partialis continua
J.-S. Kang, K. Krakow, H. Steinmetz, R. Hilker (Frankfurt/Main, Germany)

667 Appearance of Kleine-Levin Syndrome (KLS) after acute infection
K. Dimitrios, K. Konstantinos, B. Aggeliki (Athens, Greece)

668 A system for synchronized recording and automatic processing of video- and biodata files in movement disorder evaluation
E. Nordh, M. Larsson, M. Johansson (Umea, Sweden)

669 High Prevalence of tremor, parkinsonism and neuropsychological impairment induced by mercury in handmade miners. Andacollo, IV region, Chile
F. Pancetti, G. Lam, P. Lillo, D. Saez, D. Moraga, S. Corral (Coquimbo, Chile)

670 An acquired neuromyotonia case non-associated to thymoma with significant clinical improvement after thymectomy
M.A. Sierra-Beltrán, U. Rodríguez-Ortiz, J.A. Nader-Kawachi, M.S. Rodríguez (Mexico City, DF, Mexico)

671 Movement Disorders at university hospital emergency room; an analysis of clinical pattern and etiology
P.H. Lee, J.H. Yoon, H.Y. Park, T.S. Lim, J.Y. Choi (Suwon, Gyeonggi, Republic of Korea)

672 Mirror movements in different neurological diseases
S. Sahin, S. Ayalp, S. Karsidag (Istanbul, Turkey)

673 3 cases of bilateral striatopallidodental calcinosis
E. Lobsien, A. Bick-Sander, S. Eibach, K.-T. Hoffmann, T. Trottenberg, A. Kupsch (Berlin, Germany)

674 Posterior alien limb phenomenon as presenting symptom of bacterial endocarditis
A. Glik, R. Inzelberg (Kfar Saba, Israel)

675 Methylphenidate improves cognition and reduces fall risk in older adults with cognitive decline: Single dose, placebo controlled, double-blind study
R. Ben-Itzhak, J.M. Hausdorff, E.S. Simon, N. Giladi (Tel-Aviv, Israel)

676 Two cases of primary progressive freezing gait with different chronologic progression and different imaging
M. Kim, E. Son, S. Choi, K. Lee, S. Lee, M. Park, K. Cho (Gwangju, Korea)

677 The Dynamic Gait Index provides insight into stair climbing and fear of falling in healthy elderly men and women
T. Herman, M. Brozgol, N. Ibar-Borovsky, N. Giladi, G. Yoge, L. Grundlinger, J.M. Hausdorff (Tel-Aviv, Israel)

678 Associated conditions and clinical significance of awake bruxism

679 Nordic walking improves mobility in Parkinson’s disease
F. Vereijkeren, R. Reijmers, A. Minten, J.P. ter Bruggen (‘sHertogenbosch, NB, Netherlands)

680 A progressive, fatal dystonia-parkinsonism syndrome in a patient with primary immunodeficiency receiving chronic IVIG therapy
S. Papapetropoulos, J. Friedman, C. Blackstone, G.I. Kleiner, C. Sengun, C. Singer (Miami, Florida, USA)

681 New assessment concerning movement signs/symptoms in atypical movements diseases consulted in units-setting. Treatment rationalizing S.G. Echebarria (Spain)

682 EEG comparison in early AD, LBD, PDD patients with a 2-year follow-up
L. Bonanni, A. Thomas, L. Manzoli, M. Onofri (Pescara, Italy)
683 Atypical PKAN, a broadening clinical spectrum: Case report and video
N. Lubarr, S. Frucht, S.K. Westaway, A. Gregory, S.J. Hayflick (New York, New York, USA)

684 Normal interhemispheric inhibition in persistent developmental stuttering
M. Sommer, K. Knappmeyer, E.J. Hunter, A. Wolff von Gudenberg, W. Paulus (Goettingen, Germany)

685 Patients with hyperhidrosis treated with botulinum toxin have changed grip force, coefficient of friction and safety margin
T. Zackrisson, B. Eriksson, N. Hosseini, B. Johnels, A.L. Krogstad (Gothenburg, Sweden)

686 Long-term follow-up of deep brain stimulation: Timing of generator replacement
M. Takanashi (Sapporo, Hokkaido, Japan)

687 The other Babinski sign in hemifacial spasm
W.P. Stamey, J. Jankovic (Houston, Texas, USA)

688 Electroconvulsive therapy for depression in a patient with right-sided VIM DBS
V.C. Chang, D. Hardesty, B. Ford, P. Greene (New York, New York, USA)

689 Clinical and electrophysiological features of 12 patients with painful legs and moving toes

690 A study on the effects of botulinum toxin A, Botox® and Dysport®, in patients with hemifacial spasm
N. Wan Yahya, N. Mohamad Ibrahim, R. Sahathevan, H. Basri, R. Azman Ali (Kuala Lumpur, Malaysia)

691 New and associated motor signs in movement disorders units case sampling
S.G. Echebarria (Spain)

692 Prevalence of movement disorders in Orhangazi district of Bursa, Turkey (a population-based door to door study) (Bursa, Turkey)
M. Zarioglu, S. Erer, N. Karli, A. Ozcakir, A. Semra, N. Caliskan, D. Aslan (Bursa, Turkey)

693 Miraxion treatment for Huntington’s disease – a 2 year follow-up
A. Clarke, B.R. Leavitt, M. Manku, A. Rosenblatt (Oxford, Oxfordshire, United Kingdom)

694 A new test to measure upper limb apraxia (TULIAS): A reliability study
B. Van Hemelrijk, T. Vanbellingen, A. Van de Winckel, W. De Weerdt, S. Bohlhalter (Tschugg, Switzerland)

695 Clinical trial participation in Movement Disorders: Why do patients accept or reject?
M.P. Silverstein, C.E. Jacobson IV, M.S. Okun, R.L. Rodriguez, H.H. Fernandez (Gainesville, Florida, USA)

696 Analysis of survival in patients with Huntington’s disease in Serbia
I.N. Petrovic, M. Svetel, T. Pekmezovic, N. Dragasevic, V.S. Kostic (Belgrade, Serbia)

697 Motor neuron disease associated with copper deficiency in a case of Wilson’s disease
A. Foubert, A. Kasadi, M. Rouanet, A. Lagueny, F. Tison (Pessac, France)

698 Beneficial effect of Piracetam on obstructive sleep apnea syndrome in patients with multiple system atrophy
Y. Nakamura, I. Yamada, H. Sakamoto (Sakai, Osaka, Japan)

699 Electroconvulsive therapy for a patient with lethal catatonia-neuroleptic malignant syndrome
V.C. Chang, D. Hardesty, M. Pietro (New York, New York, USA)

700 A rare combination of Klippel-Feil syndrome and pheochromocytoma: Case report
S. Telarovic, T. Bajica, S. Juren, M. Relja (Zagreb, Croatia)

701 Safety and efficacy of Hengli® and Dysport® for primary hemifacial spasm: A randomized controlled trial
Y.W. Wu, L.L. Zeng, S.D. Chen (Shanghai, China)

702 Paroxysmal kinesogenic dyskinesia following ischemic insult
S.R. Daniels, K. Nakamura, G.A. Kang (San Francisco, California, USA)

703 Frontotemporal dementia due to VCP mutations: Clinical and functional neuroimaging findings
D. Haubenberger, G. Pusswald, M. Hoffmann, A. Zimprich, E. Auff (Vienna, Austria)

704 Wilson’s disease: A study of 21 cases from Indian subcontinent
B. Sharma, R.K. Sureka, A. Panagariya, N. Agarwal, V. Agarwal, A. Dev (Jaipur, Rajasthan, India)

705 L-Dopa responsive movement disorder in a young patient with mixed connective tissue disease (sharp syndrome)
S. Haegel-Link, A. Burrow, T. Hundisberger, B. Tettenborn (St. Gallen, Switzerland)

706 Handtapping as a clinical marker for evaluating disease progression in Huntington’s disease
S.L. Mason, A.O.G. Goodman, A. Michell, R.A. Barker (Cambridge, Cambridgeshire, United Kingdom)
707 The role of proportion of cerebrospinal fluid total tau-protein levels to phosphorylated tau-protein levels in differential diagnosis of Creutzfeldt-Jacob disease
M. Valis, J. Hort, R. Talab (Hradec Kralove, Czech Republic)

708 Alien hand syndrome and dystonia in a pediatric patient
T. Soman, T. Steeves, A.E. Lang (Toronto, Ontario, Canada)

709 Effects of subthalamic stimulation on brain electrical activity during a motor task in Parkinson's disease

710 Salsolinol decreases expression of the antral but not duodenal and colonic interstitial cells of Cajal
T.A. Banach, A.T. Krygowska-Wajs, K.M. Gil, D. Zurewski, P.J. Thor (Cracow, Poland)

711 The differential diagnoses of Parkinsonism in outpatient clinics of PD Northumbria
E. Stone, R. Walker, B. Wood (North Shields, United Kingdom)

712 Continuous duodenal levodopa infusion (DUODOPA) in advanced Parkinson's disease: First French experience
M. Hery, F. Laliement, P. Sauleau, S. Drapier, I. Rivier, M. Verin (Rennes, France)

713 Good treatment compliance in patients with Parkinson's disease on ropinirole: The Ropi-Park study
F. Valdeoriola, S. Cobaleda, Ropipark Study Research Group (Barcelona, Spain)

714 Valvular heart disease in Parkinson's disease patients treated with bromocriptine

715 The diagnostic value of transcranial duplex scanning and SPECT imaging versus clinical diagnosis (clinical prospective study)

716 Roles of DJ-1, a causative gene product for familial Parkinson's disease, in dopamine biosynthesis
S. Ishikawa, T. Taira, H. Maita, C. Maita, H. Ariga, S.M.M. Iguchi-Ariga (Sapporo, Japan)

717 Level of movement, cognitive and emotional disturbances and their correlation in patients with Parkinson's disease
D.R. Hristova, I.S. Grozdev (Plovdiv, Bulgaria)

718 The QUICK questionnaire identifies wearing-off in Parkinson's disease patients
P. Martinez-Martin, E. Tolosa, B. Hernandez, X. Badia (Madrid, Spain)

719 Dopamine dysregulation syndrome in Parkinson's disease patients: Preliminary results of a clinical study
A. Gunduz, F. Beskardes, S. Ertan, S. Ozekmekci, G. Kiziltan (Istanbul, Turkey)

720 Pathological gambling in Parkinson's disease: An analysis of published case series
D.A. Gallagher, S.S. O'Sullivan, A.H. Evans, A.J. Lees, A. Schrag (London, United Kingdom)

721 Driver safety errors in Parkinson's disease
E.Y. Uc, M. Rizzo, J. Sparks, S.W. Anderson, R.L. Rodnitzky, J.D. Dawson (Iowa City, Iowa, USA)

722 Mitochondrial DNA polymorphisms and the risk of Parkinson's disease in Taiwan
C.-M. Chen, C.-C. Kuan, G.-J. Lee-Chen, Y.-R. Wu (Taipei, Taiwan)

723 Social impact on Parkinson's disease caregivers and the impact of disease duration
J. Loekk (Stockholm, Sweden)

724 Antibiotics and Parkinson's disease: Overview on literature and case reports
K.S. Paulus, V. Agnetti, P. Galistu, G.A. Cocco, G. Sechi (Sassari, Sardegna, Italy)

725 Reversible Retrocollis in a case of Parkinson's disease with hyponatremia induced malignant syndrome
S. Chandran (Trivandrum, Kerala, India)

726 Comparison of pharmacokinetics and pharmacodynamics of combined immediate- and extended-release (IR+ER)/carbidopa/levodopa formulations (VADOVA IR+ER) with IR carbidopa/levodopa and controlled-release (CR) carbidopa/levodopa in Parkinson's disease (PD)
727 Rapid efficacy of a noradrenergic reuptake inhibitor in depression in advanced Parkinson's disease: A double-blind, randomized, placebo-controlled study

728 Botulinum toxin treatment for anterocollis in Parkinson’s disease
H. Ito, Y. Takanashi (Akishima, Tokyo, Japan)

729 Novel LRRK2 mutation in the Roc domain in an Western Australian family with autosomal dominant late-onset Parkinson's disease (LOPD)
F.L. Mastaglia, Y. Huang, G.M. Halliday, D.B. Rowe, C.M. Sue (Nedlands, WA, Australia)

730 Psychiatric features of caregivers of Parkinson’s disease patients with dopamine dysregulation syndrome: Preliminary results of a clinical study
F. Beskardes, A. Gunduz, G. Kiziltan, S. Ertan, S. Ozekmekci (Istanbul, Turkey)

731 Can dual-forceplate posturography support the diagnosis Parkinson’s disease?
A.C. Geurts, N. Voermans, M.G. Diender, V. Weerdesteyn, B.R. Bloem (Nijmegen, Netherlands)

732 Quality of life improvement in Parkinson’s patients after DBS: Identifying the super-responders

733 Increased Synphilin-1 expression in elderly and parkinsonian brains
A.T. Krygowska-Wajs, T. Lenda, K.I. Ossowska, D. Adamek, E.A. Gryz-Kurek, J. Kunz (Cracow, Poland)

734 Exercise-induced alterations in striatal glutamate in an animal model of Parkinson’s disease
C.K. Meshul, J.K. Wiedemann, C. Moore, R.J. Koch, R.H. Walker (Bronx, New York, USA)

735 A computerized survey of pain in Parkinson’s disease patients: A pilot feasibility study
D.B. Page, F. Weaver, D.J. Wilkie, T. Simuni (Chicago, Illinois, USA)

736 Clinical correlates of camptocormia in Parkinson’s disease
D. Ottaviani, D. Tiple, C. Colosimo, G. Fabbri, G. Defazio, A. Berardelli (Rome, Italy)

737 Reaching out to first degree relatives
J. Posen, Z. Heiblum, N. Giladi (Tel Aviv, Israel)

738 Prevalence of dyskinesia switching from pulsatile to continuous rotigotine administration in MPTP-treated marmosets
K. Stockwell, D.K.A. Scheller, S. Rose, M. Jackson, P. Jenner (Monheim, Germany)

739 The effectiveness of pramipexole, cabergoline and pergolide in early and advanced Parkinson’s disease and comparision of the results with each other
O. Yilmaz, B. Yucel-Altan, S. Oruc, S. Gok, N.S. Oztekin (Afyonkarahisar, Turkey)

740 Striatal dopamine transporter imaging correlates with depressive symptoms and Tower of London task performance in Parkinson’s disease
I. Rektorova, H. Srovnalova, R. Kubikova, J. Prasek (Brno, Czech Republic)

741 Nociceptin/orphanin FQ receptor antagonists reverse parkinsonism in MPTP-treated mice and non-human primates
M. Morari, R. Viano, M. Marti, R. Sanchez-Pernaute, O. Isacson (Ferrara, Italy)

742 Clinical characteristics of Parkinson’s disease among Jewish ethnic groups in Israel

743 Falls in Parkinson’s disease: Analysis of the DoPaMiP study, a cross-sectional survey in South-West of France
O.O. Rascol, L.L. Negre-Pages, DoPaMiP D. Study Group (Toulouse, France)

744 L-Dopa induced dyskinesia in Parkinson’s disease: Analysis of the DoPaMiP study, a cross-sectional survey in South-West of France
L.L. Negre-Pages, O.O. Rascol, DOPAMiP D. Study Group (Toulouse, France)

745 The natural history of treated Parkinson’s disease
J.J. Duarte, L.M. Garcia Olmos, L.E. Claveria (Segovia, Spain)

746 Full-length expression of Park2 gene in human leukocytes
M. Kasap, G. Akpınar, E. Ergul, H.A. Idrisoglu, A. Sazci (Kocaeli, Turkey)

747 Results of the PRAMI study: Description of the therapeutic management of patients with idiopathic Parkinson’s disease (PD)
M. Dujardin, P.L. Lleu (Paris, France, Metropolitan)
Chronic Captopril treatment accelerates injury in an early stage rat model of Parkinson's disease
E. Thornton, R. Vink (Adelaide, SA, Australia)

Prevalence of non-motor symptoms in Parkinson's disease patients
L. Vela, K.F. Lyons, J.A. Pareja, J.L. Dobato, F.J. Barriga, C. Sanchez, M. Baron, A.P. Polo, L. Borrega
(Alcorcon, Madrid, Spain)

Identifying predictors of somnolence and edema in patients with early Parkinson's disease treated with pramipexole: A secondary analysis of the CALM-PD study
K.M. Biglan, A. Brocht, M.P. McDermott, K. Kieburtz, Parkinson Study Group CALM-PD Investigators
(Rochester, New York, USA)

Non-motor dysfunction contributes to swallowing dysfunction in PD and could be a target for future therapy
(Gainesville, Florida, USA)

The impact of the use of Access Therapy Controller on the postoperative outcome
N. Kovacs, I. Balas, L. Kellenyi, E. Pal, F. Nagy (Pecs, Hungary)

Identifying predictors of response to pramipexole treatment in early Parkinson's disease: A secondary analysis of the CALM-PD study
K.M. Biglan, A. Brocht, M.P. McDermott, K. Kieburtz, Parkinson Study Group CALM-PD Investigators
(Rochester, New York, USA)

Prevalence and characteristics of punding among Parkinson patients in North-Central Florida
F.N. Nguyen, Y.-L. Chang, M.A. Shapiro, C.E. Jacobson, C.L. Swartz, M.S. Okun, H.H. Fernandez
(Gainesville, Florida, USA)

The scores of UPDRS correlate with objectively measured motor performance characteristics in Parkinson's disease
K. Noorvee, D. Uueni, M. Paasuke, P. Tabas (Tartu, Estonia)

Task-specific limb dystonia with slow onset: Initial symptom of Parkinson's disease or association of two diseases?
I. Nestrasil, P. Kanovsky (Olomouc, Czech Republic)

Retention rate and tolerability of rotigotine transdermal skin patch for a “real life” population of Parkinson's disease patients in the UK
P. Reddy, S. Muzerengi, A. Forbes, R. Weeks, K. Ray Chaudhuri (London, United Kingdom)

Comparison of proton-MR-spectroscopy of the substantia nigra in patients with Parkinson's disease, relatives and controls

Additional value of SPECT imaging in comparison with clinical diagnosis in 248 patients with parkinsonism

Anti-psychotic treatment discontinuation and drug-induced psychosis in Parkinson's disease
F. Morgante, A. Epifanio, M. Zappa, R. Marconi, G. Paolo, A. Quartarone, A. Quattrone, L. Morgante
(Messina, Italy)

PD patients with STN-DNS gain weight in relation to motor improvement: A prospective study
(Pessac, France)

Towards adaptive deep brain stimulation: Recording local field potentials during stimulation
L. Rossi, G. Foffani, S. Marceglia, A. Priory (Milan, Italy)

A comparison of cerebral glucose metabolism in Parkinson's disease, Parkinson's disease dementia, and dementia with Lewy bodies
S.W. Yong, P.H. Lee, Y.J. Kim (Suwon, Kyunggi-do, Korea)

Extraction of typical features from surface EMG signals in Parkinson's disease

Low dose methylphenidate improves freezing in advanced Parkinson's disease during off-state
L. Pollak, E. Dobronevsky, T. Prokhorov, S. Bahunker, J.M. Rabey (Zerifin, Israel)

Cerebrovascular risk factors and procedural learning in idiopathic Parkinson's disease
E. Pourcher, H. Cohen (Quebec, Quebec, Canada)

Starting therapy in Parkinson's disease with L-dopa or agonists and the occurrence of late L-dopa motor problems in daily practice
M.W.I.M. Horstink, C.A. Haaxma, G.F. Borm, B.R. Bloem (Nijmegen, Netherlands)
Correlation between postural changes and cognitive impairment in Parkinson's disease
G. Marco, P. Lucia, P. Susy, F. Sandro, S. Maura (Ancona, Italy)

Parkinson's disease, malignant melanoma and body mass index
E.C. Lai, S. Moore (Houston, Texas, USA)

Cognitive effects of safinamide in early Parkinson's disease (PD) patients
T. Sharma, R. Anand, F. Stocchi, R. Borgohain, S. Rossetti, O15 Study Group (Newark, Delaware, USA)

The effectiveness of pramipexole and levodopa as an initial treatment for Parkinson's disease
N.S. Öztekin, M.F. Öztekin, R.S. Polat, B. Renkliyildiz (Ankara, Turkey)

The data base of “Quality Development in Neurology and Psychiatry (QUANUP)”-group – results of the Parkinson's disease pilot project
M. Muengersdorf, P. Scherer, A. Simonow, P. Reuther, R. Ehret (Berlin, Germany)

Levetiracetam administration for the management of levodopa-induced dyskinesias in Parkinson's disease: An ongoing, multicenter, double-blind, placebo-controlled, parallel, crossover trial (the VALID-PD study) study design and baseline patient characteristics
P. Stathis, S. Konitsiotis, G. Tagaris, V. Kyriakakis, G. Hadjigeorgiou, The VALID-PD Study Group (Athens, Greece)

Factors that influenced in quality of life in parkinsonian patient according SF-36 (short form – 36)
A. Machin, M. Hamdan, Y. Saelan (Surabaya, East Java, Indonesia)

Freezing of gait severity and executive dysfunction in patients with Parkinson's disease
M. Amboni, A. Cozzolino, K. Longo, M. Picillo, P. Barone (Naples, Italy)

Comparative scintigraphic analysis of the parotid glands in healthy volunteers and in patients with sialorrhea and Parkinson's disease (PD)

Dementia and depression in Parkinson's disease

Clinical characteristics and prevalence of Parkinson's disease in orhangazi district of Bursa, Turkey (a population-based door to door study)
M. Zarifoglu, S. Erer, N. Karli, M. Boz, A. Bican (Bursa, Turkey)

Midbrain iron measured with MRI in early Parkinson's disease
W. Martin, M. Wieler, M. Gee (Edmonton, Alberta, Canada)

COMT val158met genotype influences attentional control in Parkinson's disease
C.H. Williams-Gray, A. Hampshire, A.M. Owen, R.A. Barker (Cambridge, United Kingdom)

Long-term efficacy and safety of zonisamide in advanced Parkinson's disease
M. Murata, K. Hasegawa, I. Kanazawa (Tokyo, Japan)

An overview of specialist multidisciplinary services for Parkinson's disease patients at Llandough Day Hospital
M.M. Oliver, P.C. Sewter, E. Morgan, J. Pinkerton, B. Clarke (Penarth, Vale of Glamorgan, United Kingdom)

Neuropsychological effects of bilateral STN DBS in advanced Parkinson's disease

Postural verticality problems in parkinson patients

Pathological gambling in Parkinson's disease
M. Yamamoto, Y. Kageyama (Takamatsu, Japan)

Dopamine dysregulation syndrome is similarly common among Parkinson's disease patients treated with rotigotine transdermal patch as with ropinirole
N. Giladi, H. Shabtai, A. Levi, T. Gurevich, Y. Balash, I. Girshovich, C. Peretz (Tel Aviv, Israel)

Myocardial [(123)I] metaiodobenzylguanidine is preserved uptake in hereditary Parkinson's disease with LRRK2 I2020T mutation (HPD Sagamihara family)
Y. Ogino, M. Ogino, S. Ujiie, F. Sakai (Sagamihara, Kanagawa, Japan)

Nighttime sleep problems and daytime sleepiness in Parkinson's disease
D. Verbaan, S.M. van Rooden, M. Visser, J. Marinus, J.J. van Hilten (Leiden, Netherlands)
789 Comparison of sympathetic skin response and urodynamic study in Parkinson's disease
M. Tavsan, O. Mertoglu, U. Sener, Y. Zorlu, F. Zorlu (Izmir, Turkey)

790 Influence of intestinal levodopa on non-motor symptoms of Parkinson's disease – a case report
M. Koegl-Wallner, R. Saurugg, P. Schwingenschuh, P. Katschnig, K. Wenzel, M. Maric, T. Hinterleitner, E. Ott (Graz, Styria, Austria)

791 Use of Parkinson's disease sleep scale (PDSS) and polysomnography in “sleepy” Parkinson's disease (PD) patients
S. Muzerengi, A. Williams, V. Dhawan, D. Whitehead, P. Martinez-Martín, K. Ray Chaudhuri (London, United Kingdom)

792 Results of the PRAMI study: Prevalence of neuropsychiatric symptoms in patients with idiopathic Parkinson's disease (PD)
M. Dujardin, P.L. Lieu (Paris, France)

793 Community based prevalence study of Parkinson's disease describing age at onset distribution in Cardiff, UK
M.M. Wickremaratchi, E. Morgan, C. O’Loghlen, D. Sastry, N.P. Robertson, Y. Ben-Shlomo, H.R. Morris (Cardiff, United Kingdom)

794 Placebo influences on dyskinesia in Parkinson's disease

795 New formulation of carbidopa/levodopa (IPX054 (VADOVA IR+ER) vs. standard carbidopa/levodopa in stable PD patients

796 Tolcapone (TASMAR®) in the treatment of advanced Parkinson's disease: Results of a postmarketing surveillance study
G. Ebersbach (Paracelsusring, Germany)

797 Safinamide potentiates the effects of DA-agonists in early stage Parkinson's disease (PD) patients
R. Anand, M. Onofrj, A.H. Schapira, S.M. Rossetti (Pescara, Italy)

798 Automated gait detection algorithm from three dimensional acceleration signals of ankles in patients with Parkinson's disease

Dementia in Parkinson's disease (PD): A 20-year prospective Sydney Multicentre study
W.G.J. Reid, M.M.A. Hely, J.G.J.L. Morris, C.T. Loy, G.M. Halliday (Sydney, NSW, Australia)

799 Treatment of levodopa induced dyskinesias with Levetiracetam
D. Richardson, M. Eisa, A. Toenjes, R. Bajwa, D. Miller, B. Jabbari (New Haven, Connecticut, USA)

800 Anxiety, depression and swallowing disorders in patients with Parkinson's disease
Y. Manor, B. Meirav, N. Giladi, R. Mootanah, J.T. Cohen (Tel-Aviv, Israel)

801 Healthcare educational needs and experiences of people living with Parkinson's disease (PD): An exploratory study
S. Giles, J.M. Miyasak (Toronto, Ontario, Canada)

802 Unilateral haemorrhage in Gpe (globus pallidum externum) improving the Parkinsonian and psychotic symptomatology. A case report
M. Baláž, I. Rektorová, I. Rektor (Brno, Czech Republic)

803 Increased periodontal disease and tooth loss in Parkinson's disease
A. Hanaoka, K. Kashihara (Okayama, Japan)

804 Increased resting-state functional connectivity in de novo, untreated Parkinson's disease

805 Punding in Parkinson's disease
A. Bora Tokcaer, O. Kapucu, N. Erdogmus Ince, U.O. Akdemir (Ankara, Turkey)

806 Long-term pre-administration of dopamine agonists alters L-dopa induced circling behavior in the 6-OHDA lesioned rat
E.L. Lane, S.B. Dunnett (Cardiff, Wales, United Kingdom)

807 Increased resting-state functional connectivity in de novo, untreated Parkinson's disease

808 Interleukin-10 gene transfection of C17.2 cells improves behavior in rat model of Parkinson's disease through inhibition of microglia activation

809 Shoulder pain in Parkinson’s disease
W.P. Stamey, J. Jankovic (Houston, Texas, USA)

810 Apolipoprotein E polymorphism and Parkinson's disease
G. Akpinar, E. Ergul, I. Kara, H.A. Idrisoglu, K. Bayulkem, A. Sazci (Kocaeli, Turkey)
811 Prevalence of sporadic Parkinson's disease in Arabic villages in Israel: A door-to-door study
R. Inzelberg, M. Masarwa, R. Strugatsky, C. Baldwin, L. Farrer, R. Friedland (Kfar Saba, Israel)

812 Parkinson's disease: A dual hit hypothesis
C.H. Hawkes, K. Del Tredici, H. Braak (Romford, Essex, United Kingdom)

813 Increase in vitamins A, C and E in Parkinson's disease following pramipexole treatment
Y. Iwasaki, K. Kim, S.Y. Kang, Y.H. Sohn (Seoul, Korea)

814 Speech dysfunction in drug-naive patients with early Parkinson's disease and its response to dopaminergic therapy
H.-W. Shin, H. Kim, S.Y. Kang, Y.H. Sohn (Seoul, Korea)

815 Hyponatremia and rhabdomyolysis induced by pramipexole during the treatment of Parkinson's disease
M.F. Oztekin, N.S. Oztekin, B. Acar, S. Gencer (Ankara, Turkey)

816 Pathological gambling secondary to dopaminergic therapy in Parkinson's disease
P. Katschnig, P. Schwingenschuh, R. Saurugg, K. Wenzel, K. Petrovic, E. Ott (Graz, Austria)

817 Experiences using Japanese translation of wearing-off questionnaire (19 symptoms)
Y. Kajimoto, I. Nakanishi, T. Kondo (Wakayama City, Japan)

818 N-acetyltransferase 2 polymorphism and risk factors in early onset Parkinson's disease

819 Better sexual function in women with Parkinson's disease: A case control study
C. Akbostanci, B.S. Arica, N. Eryigit, Z. Ayturk (Ankara, Turkey)

820 The neuronal activity of putamen in patients with Parkinson's disease before treatment
K. Isonishi, F. Moriwaka, S. Kaneko, T. Kashiwaba (Sapporo, Japan)

821 Pain patients in Parkinson's disease
S.O. Machnev, O.S. Levin (Moscow, Russian Federation)

822 Smell identification in Parkinson and Alzheimer patients: Are Tabert et al's* odours appropriate for PD?
H. Thagesen, L. Korbo, M. Baunsgaard, P. Moeller (Roskilde, Denmark)

823 Dietary factors in Korean patients with Parkinson's disease

824 Alpha-synuclein-overexpressing neurosphere as an in vitro model of alpha-synucleinopathies
M. Fukuda-Tani, T. Yasuda, H. Mochizuki, Y. Mizuno (Tokyo, Japan)

825 Direct and indirect costs in Parkinson's disease: A patient survey

826 The familial Parkinsonism gene LRRK2 regulates neurite process morphology
D. MacLeod, K. Inoue, A. Abeliovich (New York, New York, USA)

827 Urinary dysfunction in Parkinson's disease
H. Blackett, R. Walker, B. Wood (Ashington, Northumberland, United Kingdom)

828 Results of rotigotine transdermal patch in advanced Parkinson's patients with motor fluctuations and in combination with levodopa: Results of the CLEOPATRA-PD trial
W. Poewe, W.H. Oertel, E. Martignoni, E. Tolosa, N.P. Quinn, B. borojerdi, M. Rupp (Innsbruck, Austria)

829 Screening for Parkinson's disease in underserved communities in Alachua County, Florida

Parkinsonism-Other
Poster numbers 830-877

830 In vivo magnetic resonance imaging, sensorimotor behavioral and pathological phenotyping of aged PLP-SYN transgenis mouse model of multiple system atrophy

831 The “risus sardonicus”*: A warning sign of multiple system atrophy
Y. Pamblanco-Bataller, E. Lopez-Valdes, S. Fanjul, C. Cemillan, J. Domingo (Leganes, Madrid, Spain)

832 Intracranial dural arteriovenous fistula presenting with Parkinsonism
833 “Applause Sign” secondary to infiltrative cerebral lymphoma
D.A. Gallagher, J.M. Schott, A. Childerhouse, T. Wilhelm, A. Gale, A. Schrag (London, United Kingdom)

834 The specificity and sensitivity of “applause sign” in differentiating PSP and other parkinsonian syndromes
J. Wu, O. Sitburana, J. Jankovic (Houston, Texas, USA)

835 A new American kindred with hereditary diffuse leukoencephalopathy with spheroids (HDLS)

836 Epidemiological data of nervous diseases in Ukraine
Y.V. Lekomtseva (Kharkiv, Ukraine)

837 Atypical PSP: A radiological diagnosis
V.K. Gontu, D.P. Auer, N.B. Bajaj (Derby, United Kingdom)

838 A combined case of tauopathy and Alpha-synucleinopathy

839 Normal pressure hydrocephalus and vascular parkinsonism: Discrete or overlapping clinical entities?

840 Manganese encephalopathy due to methcathinone abuse
O.S. Levin, N.A. Amosova, N.V. Fedorova (Moscow, Russian Federation)

841 A focus on head drop and camptocormia
N. Yardimci (Ankara, Turkey)

842 Acquired hepatocerebral degeneration and dopamine transporter imaging using [123I]-FP-CIT SPECT
J.-M. Kim, Y.K. Kim, S.E. Kim, B.S. Jeon (Seongnam-si, Korea)

843 Possibility of development of forms of pathological dependence on levodopa preparations and its prevention
I.V. Bogdanova (Kharkiv, Ukraine)

844 Possibility of development of secondary Parkinsonism caused by parasitary diseases
I.V. Bogdanova (Kharkiv, Ukraine)

845 Olfaction in dardarin/LRRK2 associated Parkinsonism

846 Annonacin, a natural mitochondrial complex I inhibitor, causes tau pathology in cultured neurons

847 Unusual presentation of progressive supranuclear palsy with palatal and diaphragmal myoclonus: A case report
N.M. Browner, S. Fahn (New York, New York, USA)

848 Treatment of camptocormia by ultrasound-guided deep ventral injection of botulinum toxin to the iliopsoas muscle
R. von Coelln, A. Raible, F. Asmus (Tuebingen, Germany)

849 Anti-beta2-glycoprotein I antibody and vascular Parkinsonian
Y.-Y. Chang, M.-Y. Lan, Y.-L. Tseng, C.-S. Su, Y.-F. Kao, H.-S. Wu, J.-S. Liu (Kaohsiung, Taiwan)

850 Comparison of brain MRI and 18F-FDG PET in the differential diagnosis of multiple system atrophy from Parkinson’s disease

851 The cognitive profile versus motor severity and clinical course of patients with Parkinsonism associated to vascular disease (vascular Parkinsonism) and Parkinson’s disease
C.Panea, H. Nicolae, I. Codita, G. Vulpe (Bucharest, Romania)

852 Severity of tau deposition in progressive supranuclear palsy is associated with clinical phenotype
D.R. Williams, J.L. Holton, A.J. Lees, T. Revesz (Melbourne, VIC, Australia)

853 A patient with Gaucher’s disease successfully treated with pallidotomy, a 3-year follow up
M.R. Sobstyl, M. Zabek, H.M. Koziara, Z.K. Wszolek, J.E. Young (Warsaw, Poland)

854 CBD – correlation of FDG PET, MRI and cognitive features
R. Borghain, S. Suryaprabha, R.M. Kandadai, M.K. Panigrahi, S. Shanmukhi, S.A. Jabeen (Hyderabad, Andhra Pradesh, India)
855 Parkinson plus syndromes in a primary peripheral neurological center
F.R. Rodolico (Giarre, Sicily - CT, Italy)

856 High dose levodopa therapy is not toxic in multiple system atrophy: Experimental evidence
N. Stefanova, M. Kollensperger, M. Hainzer, A. Cenci, W. Poeke, G.K. Wenning (Innsbruck, Austria)

857 PSP/CBD overlap – a case series
S. Singhal, V.K. Gontu, D.P. Auer, N.B. Bajaj (Nottingham, United Kingdom)

858 Anal sphincter EMG in the diagnosis of atypical Parkinsonian syndromes
K. Winge, P. Jennum, A. Lokkegaard, L. Werdelin (Copenhagen, Denmark)

859 Sleep disorders in Parkinson’s disease: A correlation with clinical characteristics

860 Parkinsonism as late-onset side effect of cerebral radiotherapy. A case report
F. Zanini, M. Untereiner, W. Pilloy, M. Kruger, N.J. Diederich (Luxembourg, Luxembourg)

861 Acute akinetic mutism due to subdural tension pneumocephalus
G. Luetjens, H.-H. Capelle, J.K. Krauss (Hannover, Germany)

862 Red flags for multiple system atrophy

863 Creutzfeldt-Jacob disease mimicking progressive supranuclear palsy

864 Neurological features of Wilson’s disease precipitated by liver transplantation
K.E. Kotschet, A.J. Hughes (Fitzroy, VIC, Australia)

865 Pattern of cerebrospinal fluid tau forms is altered in progressive supranuclear palsy
A. Padovani, B. Borroni, F. Gardoni, L. Parnetti, L. Magno, M. Malinverno, E. Saggese, P. Calabresi, M.G. Spillantini, M. Di Luca (Brescia, Italy)

866 Clinical characterization of a Chilean family with Kufor Rakeb disease and mutations in ATP13A2, a liososomal ATPase
M.I. Behrens, P. Chana, T. Parrao, P. Venegas, M. Miranda, C.V. Rojas, A. Ramirez (Santiago, Chile)

867 Atypical PSP: A representative case series
V.K. Gontu, D.P. Auer, N.B. Bajaj (Derby, United Kingdom)

868 Isolated gait ignition failure: Abnormalities in pre- and post-synaptic dopamine receptor imaging
M.C. Kraus, U. Haberkorn, H.-M. Meinck (Heidelberg, Germany)

869 Clinical phenotypes of Parkinson’s disease: How does psychopathology cluster with motor symptoms?
A.F.G. Leentjens, J. Reijnders, U. Ehrt, R. Lousberg, D. Aarsland (Maastricht, Netherlands)

870 Clinical and imaging characteristics of a dominant kindred with benign Parkinsonism and dopa-responsive dystonia
A.J. Lewthwaite, T.D. Lambert, D.J. Nicholl, V. Bonifati, K.E. Morrison (Birmingham, West Midlands, United Kingdom)

871 Reversible parkinsonism in a patient with Whipple’s disease
E. Gasparoli, P. Zamboni, M. Siviero, R. Manara, R. Marcolongo, N. Bonetto, C. Briani (Padova, Italy)

872 Progressive multifocal leucoencephalopathy (PML) presenting as Parkinsonism in an HIV positive man
K.L. Poston, D.L. Raszi (New York, New York, USA)

873 Freezing of gait in older adults with high level gait disorders: Association with impaired executive function
N. Giladi, V. Huber-Mahlin, T. Herman, J.M. Hausdorff (Tel Aviv, Israel)

874 Parkinsonism in antiphospholipid syndrome – a case report and literature review
Y.-R. Wu, Y.-C. Huang, R.-K. Lyu (Taipei, Taiwan)

875 CSF hypocretin-1 levels are normal in multiple system atrophy
W.F. Abdo, B.R. Bloem, B. Kremer, G.-J. Lammers, M.M. Verbeek, S. Overeem (Nijmegen, Netherlands)

876 Brain energy metabolism and effects of coenzyme Q10 (CoQ10) in progressive supranuclear palsy (PSP)
M. Stamello, U. Pilatus, K.M. Eggert, W.H. Oertel, G.U. Hoeglinger (Marburg, Germany)
877 Levodopa response in parkinsonism with multiple mitochondrial DNA deletions
R.A. Wilcox, A. Churchyard, H. Dahl, W. Hutchinson, D. Kirby, D. Thyagarajan (Brisbane, QLD, Australia)

878 A patient survey assessing symptomology and treatment trends of Restless legs syndrome in the UK
S. Tluk, A. Bharkhada, E. Gill, K. Ray Chaudhuri (London, England, United Kingdom)

879 Lack of drug drug interactions between transdermal rotigotine and oral contraceptives
M. Braun, J.-P. Elshoff, J.-O. Andreas, B. Strauss, R. Horstmann (Monheim am Rhein, Germany)

880 Clinical characteristics and prevalence of Restless legs syndrome in orhangazi district of Bursa, Turkey (a population-based door to door study)
S. Erer, M. Zarifoglu, N. Karli, S. Akgoz, C. Cavdar (Bursa, Turkey)

881 Restless legs syndrome in Parkinson’s disease – own experience
A. Budzianowska, M. Golab-Janowska, K. Honczarenko (Szczecin, Poland)

882 Restless legs syndrome (RLS): A community-based study from Argentina
G. Persi, A. Ayarza, J.L. Etcheverry, V. Parisi, G. Pariso, E.M. Gatto (Buenos Aires, Argentina)

883 Botulinum toxin a treatment can improve symptoms of Restless legs syndrome
D. Richardson, R. Bajwa, M. Eisa, D. Miller, V. Mohsenin, B. Jabbari (New Haven, Connecticut, USA)

884 Restless legs syndrome and chiari type 1 malformation
Y. Kaplan (Tokat, Turkey)

885 Disruption of working life among persons with moderate to severe Restless legs syndrome
E. Lainey, S. Albrecht, J. Koester (Ridgefield, Connecticut, USA)

886 Clinical characterization of familial and sporadic Restless legs syndrome
L.A. Brown, S.-C. Lin, J.E. Young, R.J. Uitti, Z.K. Wszelek (Jacksonville, Florida, USA)

887 Pregabalin in Restless legs syndrome with and without neuropathic pain
M. Sommer, C.G. Bachmann, K.M. Liebetanz, J. Schindelhütte, T. Tings, W. Paulus (Goettingen, Germany)

888 Pramipexole is effective treatment for RLS patients suffering from afternoon or early evening RLS symptoms
A.S. Walters, E. Lainey, J. Koester (Edison, New Jersey, USA)

889 Burden of illness associated with Restless legs syndrome: Findings from patients visiting primary care settings in the US
R.P. Allen, W.J. Kwong, M.O. Calloway, L. Palmer (Baltimore, Maryland, USA)

890 Restless legs syndrome and menopause
Y. Kaplan, H. Aytan, F. Demirturk, A.C. Caliskan (Tokat, Turkey)

891 Pramipexole for Restless legs syndrome (RLS) in patients with comorbid cardiovascular (CV) disease
J.W. Winkelman, E. Lainey, J. Koester (Brighton, Massachusetts, USA)

892 Restless arms syndrome heralding MGUS-related anti-MAG polynuropathy
J. Horvath, T. Landis, P.R. Burkhard (Geneva, Switzerland)

893 MRI determined brain iron deficiency in Restless legs syndrome (RLS)

894 Prevalence of Restless legs syndrome in a primary-care population
R.P. Allen, M.O. Calloway, W.J. Kwong, L. Palmer (Baltimore, Maryland, USA)

895 Cognitive functions in patients with Restless legs syndrome
S. Fulda, J. Winkelmann, T.C. Wetter (Munich, Germany)

896 Pramipexole improves daytime symptoms among patients with Restless legs syndrome (RLS) with impaired daytime function
C.A. Kushida, S. Albrecht, J. Koester (Stanford, California, USA)

897 Pain in the Restless legs syndrome is more common in patients with frequent RLS
W.A. Hening, R.P. Allen, C.J. Earley, C. Allen, C. Hening (New York, New York, USA)

898 Circadian time course of laser evoked potentials (LEP) and laser induced pain thresholds in patients with idiopathic RLS
C.G. Bachmann, C. Harder, T. Tings, C. Baier, W. Paulus, S. Happe (Goettingen, Germany)
999 Where dopamine meets opioids: A meta-analysis of the placebo effect in RLS treatment studies
S. Fulda, T.C. Wetter (Munich, Germany)

900 Dose-response relationships for pramipexole in Restless legs syndrome
K.D. Sethi, E. Lainey, J. Koester (Augusta, Georgia, USA)

901 Rotigotine transdermal patch provides high responder rates in patients with Restless legs syndrome – 24 month results from a multinational, multi-centre, open-label, follow-up trial
C. Trenkwalder, K. Stiasny-Kolster, D. Garcia-Borreguero, B. Hoegl, J. Keffel, E. Schollmayer, W.H. Oertel (Kassel, Germany)

902 The prevalence of Restless legs syndrome and its association with peripheral neuropathy in dialysis patients
A. Bogucki, A. Pozdzik-Koseda, J. Wyroslak (Zgierz, Poland)

903 Restless legs syndrome – a clinical, etiological and electrophysiological study
S. Vanchilingam, M. Umaiorubahan (Chennai, Tamilnadu, India)

904 Sleep problems in patients with RLS have a negative impact on quality of life and increase the RLS health burden
R.P. Allen, P. Stillman, A.J. Myers (Baltimore, Maryland, USA)

Spasticity
Poster numbers 905-917

905 Autosomal dominant spastic paraplegia (SPG36) with sensory deficits and muscle wasting maps to chromosome 12q23-24
K. Karle, M. Bonin, A. Durr, S. Forlani, J. Kassubeck, S. Klimpe, A. Seibel, B.P.C. van de Warrenburg, P. Bauer, L. Schols (Tubingen, Germany)

906 SPG10 is responsible for about 3% of autosomal dominant spastic paraplegia in Germany
K. Karle, R. Schule, J. Kassubeck, S. Klimpe, T. Klopfstock, S. Otto, L. Schols (Tubingen, Germany)

907 Retrospective cross-over evaluation of two botulinum toxin type A preparations (Botox® and Dysport®) in the treatment of upper limb spasticity
Y. Parmar, H. Hanagasi, B. Topcular (Istanbul, Turkey)

908 Botulinum toxin to treat spasticity secondary to ipsilateral cerebellopontine oligodendroglioma
A.M.L. Quek, R.C.S. Seet, E.C.H. Lim (Singapore)

909 Quality of life following botulinum toxin (Dysport) in upper limb spasticity following stroke
A. Hughes, I. Baguley, L. Davies, S. de Graaff, P. Katrak, P. McCrory, J. Sandanam (Melbourne, VIC, Australia)

910 Clinical and electrophysiological evaluation of post stroke spasticity – an attempt to correlate
R.R. Garlapati, M. Umaiorubahan (Chennai, Tamilnadu, India)

911 Spasticity treatment with BTX-A improves the functional hand development in patients with cervical spinal cord injury
E. Gasparoli, F. Piccione, A. Merico, M. Cavinato (Venezia Lido, VE, Italy)

912 A “N=1” randomized placebo-controlled multiple cross-over pilot study of FP0011, a novel antiglutamate agent, in advanced PD
O.O. Rascol, L. Lacomblez, J. Ferreira, L. Negre-Pages, J.-C. Lemarie, L. Bossi (Toulouse, France)

913 Comprehensive spasticity treatment for institutionalized adults with mental retardation

914 Analysis of surgical intrathecal [i.t.] baclofen [ITB] implant results emphasizing revision surgery in a mixed pediatric/adult population
Y.M. Awaad, N. Roosen, K. McIntosh, M. Waines (Bloomfield Hills, Michigan, USA)

915 Functional assessment following intrathecal baclofen therapy in children with spastic cerebral palsy
Y.M. Awaad (Bloomfield Hills, Michigan, USA)

916 Retrospective cross-over evaluation of two botulinum toxin type A preparations (Botox® and Dysport®) in the treatment of lower limb spasticity
Y. Parmar, H. Hanagasi, B. Topcular (Istanbul, Turkey)

917 Botulinum toxin treatment for hip flexor spasticity in older children and adults – a report on 22 patients
A. Stenner, G. Reichel, W. Hermann (Zwickau, Germany)

Tics
Poster numbers 918-933

918 Different perception of tourette syndrome among patients, relatives and physicians
E. Cubo, J. Rivera, J. Almazan (Burgos, Spain)
919 Adult onset simple phonic tic after caudate stroke
G. Meritxell, P.-S. Claude, P. Victor, V. Rosa, O. Carlos, R. Jaume (Barcelona, Spain)

920 Deep brain stimulation for Tourette syndrome: “Hope or hype?” Personal remarks
D. Servello, M. Sassi, S. Defendi, A. Brambilla, M. Porta (Milan, Italy)

921 Fragile X syndrome associated with tic disorders
S.A. Schneider, M.M. Robertson, R. Turk, K.P. Bhata, M. Orth (London, United Kingdom)

922 Determinants of quality of life in Gilles de la Tourette syndrome
S.S. Al Faqih (Ramadi, Iraq)

923 Motor tics in a patient with Joubert syndrome
A.A. Contreras, J.J. Guzman de Villoria, A.A. Traba, F.F. Grandas (Madrid, Spain)

924 Quality of life of patients with Gilles de la Tourette’s syndrome: Results of the pilot study

925 Ziprasidone in treatment of tics in Tourette syndrome
M. Blazquez-Estrada, M.T. Calatayud-Noguera, B. Blazquez-Menes (Oviedo, Asturias, Spain)

926 A case of a patient with coexistent Tourette syndrome and benign hyperbilirubinemia
S.G. Khachatryan, Z.D. Tavadyan, G.R. Melikyan (Yerevan, Armenia)

927 Two cases of coexistent Tourette syndrome and temporal lobe epilepsy
Z.D. Tavadyan, S.G. Khachatryan, G.R. Melikyan (Yerevan, Armenia)

928 Biofeedback assisted relaxation training for children and adolescents with tics and associated disorders
S. Natriashvili, U. Haller, S. Ohmann, C. Popow (Vienna, Austria)

929 Excitability of cortico-spinal system at rest is associated with tic severity in Gilles de la Tourette syndrome
M. Orth, A. Münchau, J.C. Rothwell (London, United Kingdom)

930 Behavioral deficits in rats selectively bred for deficient prepulse inhibition of the startle response
K. Schwabe, M. Dieckmann, J.K. Krauss, M. Koch (Hannover, Germany)

931 Motor and behavioral outcomes after bilateral GPi deep brain stimulation for severe Tourette syndrome
J. Shahed, J. Pyosky, C. Kenney, R. Simpson, J. Jankovic (Houston, Texas, USA)

932 Tic disorders associated to epilepsy: 2 cases
H. Alonso-Navarro, T. Adeva-Bartolomé, F.J. Jiménez-Jiménez (Salamanca, Spain)

933 Early-onset Tourette syndrome
F. Richer, P. Lesperance, S. Chouinard, G. Rouleau (Montreal, Quebec, Canada)

Tremor
Poster numbers 934-973

934 A new familial disorder: Saccadic oscillations of the eyes
A.G. Shaikh, K. Miura, L.M. Optican, S. Ramat, R.J. Leigh, D.S. Zee (Baltimore, Maryland, USA)

935 Novel molecular mechanism of essential tremor – a computational approach
A.G. Shaikh, S. Ramat, L.M. Optican, K. Miura, D.S. Zee (Baltimore, Maryland, USA)

936 Connexin gap junctions – neurophysiological correlate and therapeutic target for oculopalatal tremor
A.G. Shaikh, S. Hong, D. Solomon, K. Liao, L.M. Optican, R.J. Leigh, D.S. Zee (Baltimore, Maryland, USA)

937 The effect of muscle loading on tremor dynamical characteristics in the essential tremor patients
S. Blesic, J. Maric, N. Dragasevic, S. Milanovic, V.S. Kostic, M.R. Ljubisavljevic (Al Ain, United Arab Emirates)

938 Effectiveness of piracetam in action tremor/myoclonus of patients with Parkinson’s disease
R. Neshige (Kurume City, Fukuoka, Japan)

939 An open label study of pramipexole for the treatment of essential tremor
L. Lay-Son, D. Saez, O. Trujillo (Santiago, Chile)

940 Disappearance of essential tremor after capsular infarction
N.S. Oztekin, M.F. Oztekin (Ankara, Turkey)

941 Impaired motor speech and balance control in essential tremor
M. Kronenburger, P. Buderaeth, B. Frank, C. Fromm, V.A. Coenen, V.M. Tronnier, K.L. Kiening, W. Ziegler, D. Timmann (Aachen, Germany)

942 Essential tremor – easy to see, difficult to describe and control
N. Yardimci, S. Benli (Ankara, Turkey)
943 Health-related quality of life in essential tremor patients undergoing deep brain stimulation
C. Kenney, A. Diamond, A. Davidson, L. Shinawi, J. Jankovic (Houston, Texas, USA)

944 The spectrum of orolingual tremor – a proposed classification system
M. A. Silverdale, S. A. Schneider, K. P. Bhatia, A. E. Lang (Manchester, United Kingdom)

945 Evaluation of postoperative outcome on tremor due to posterior fossa tumors
T. M. Kinfe, H.-H. Capelle, J. K. Krauss (Hannover, Germany)

946 Unilateral tremor associated with autosomal dominant essential tremor
P. Hedera, F. Phibbs, J. Y. Fang, P. D. Charles, M. K. Cooper, T. L. Davis (Nashville, Tennessee, USA)

947 Internal Family Systems psychotherapy successfully applied in two cases of psychogenic tremor
F. P. Le Doze, L. Carluer, G. L. Defer, R. C. Schwartz (Caen Cedex, France)

948 Dopa-responsive pseudo-orthostatic tremor in parkinsonism
A. Thomas, L. Bonanni, S. Varanese, F. Anzellotti, K. Armellino, A. D’Andrea, G. D. Monaco, M. Onofrj (Pescara, Italy)

949 Lack of association between catecholamine-O-methyl transferase Val158Met polymorphism and essential tremor
E. Ergul, A. Sazci, K. Bayulkem (Kocaeli, Turkey)

950 Adult-onset Alexander disease with palatal tremor and intraventricular tumor
Y. Okuma, T. Hirayama, J. Fukae, K. Noda, K. Fujishima, N. Hattori (Izunokuni, Shizuoka Prefecture, Japan)

951 Confirmation that dystonic tremor with features of parkinsonism is a cause of scans without evidence of dopaminergic deficit (SWEDDs)
D. J. Hensman, J. W. Frank, P. G. Bain (London, United Kingdom)

952 Quantitative tremor analysis in 300 consecutive tremor patients

953 The effect of oxcarbazepine on essential tremor
N. Yardimci, S. Benli (Ankara, Turkey)

954 Bilateral effects of unilateral deep brain stimulation
N. Kovacs, I. Balas, L. Kellenyi, E. Pal, F. Nagy (Pecs, Hungary)

955 The differences of characteristics in physiologic tremor between dominant and non-dominant hand in normal population
I.-U. Song, J.-S. Kim, D.-S. Jeong, K.-S. Lee (Seoul, Republic of Korea)

956 Blood harmame concentration is correlated with cerebellar metabolism in essential tremor
E. D. Louis, W. Zheng, X. Mao, D. C. Shungu (New York, New York, USA)

957 Does Parkinsonian tremor influence patients’ quality of life (QOL)?
T. Kondo, Y. Kajimoto, I. Nakanishi (Wakayama, Japan)

958 Validity of family history in essential tremor
P. K. Manharlal, S. Fook-Choon, Y. Yuen, T. E. King (Singapore, Singapore)

959 Clinical characteristics and prevalence of essential tremor in orhangazi district of Bursa, Turkey (a population-based door to door study) (Bursa, Turkey)
S. Eren, M. Zarifoglu, N. Karli, A. Semra, Y. Demet (Bursa, Turkey)

960 Harmonic frequencies in tremor
P. H. Kraus, A. Hoffmann, G. Elrichmann (Bochum, Germany)

961 Essential tremor characteristics during different arm posture positions and mechanical load
N. Dragasevic, S. Radovanovic, J. Maric, A. Tomic, N. Kresojevic, I. Petrovic, M. Svetel, V. S. Kostic (Belgrade, Serbia)

962 Unique software algorithms for tremor analysis – comparing the novel approach and standard techniques
A. G. Shaikh, T. O. Crawford, R. M. Tripp, D. S. Zee (Baltimore, Maryland, USA)

963 Holmes tremor due to midbrain hematoma
F. M. Oztekin, N. S. Oztekin (Ankara, Turkey)

964 Reduced purkinje cell number in essential tremor: A postmortem study
965  Tremor associated to chronic inflammatory demyelinating peripheral neuropathy (CIDP): Treatment with Pregabalin

966  Isolated tongue tremor after removal of cerebellar pilocytic astrocytoma: Functional analysis with Subtracted ictal SPECT coregistered to MRI study
S.J. Kim, W.Y. Lee, J.Y. Kim, B.J. Kim, D.W. Seo (Seoul, Republic of Korea)

967  Provoking Parkinsonian tremor
J. Raethjen, K. Austermann, F. Papengut, G. Deuschl (Kiel, Germany)

968  Clinical features of Parkinsonian tremor
F. Papengut, J. Raethjen, G. Deuschl (Kiel, Germany)

969  Thalamic stimulation induced gustatory dysfunction in a patient with essential tremor
J. Roggendorf, J. Vent, M. Maarouf, C. Haense, A. Thiel, G.R. Fink, R. Hilkert (Koeln, Germany)

970  Reconstruction of the petrosal bone for treatment of kinetic tremor due to cerebellar herniation and torsion of cerebellar outflow pathways
T. Kinfe, O. Sedlaczek, W. Bergler, C. Blahak, M. Hennerici, J.K. Krauss (Hannover, Germany)

971  Long duration accelometery to assess efficacy of oral 1-octanol in patients with essential tremor
F.B. Nahab, S. Baines, D. Ippolito, M. Hallett (Bethesda, Maryland, USA)

972  Palatal tremor and ataxia associated with sporadic adult-onset Alexander’s disease
N. Jodoin, C. Vandendries, D. Grabli, G. Bruneteau, D. Rodriguez (Paris, France)

973  Experience in therapy of essential tremor (ET) combined with arterial hypertension (AH) by prolonged beta-adrenoblockators (Dilatrend, Carvedilol): The pilot study
D.V. Pokhabov, V.G. Abramov (Krasnoyarsk, Russian Federation)
Membership Information

Full Membership Benefits

- A subscription to the print, DVD, and online journal, *Movement Disorders*, including supplemental publications, such as “Management of Parkinson’s Disease: An Evidence-Based Review and Pediatric Movement Disorders” CD-ROM.

- A unique selection of educational opportunities, including live and online CME/CPD activities and reference material on topics in Movement Disorders such as The *Movement Disorder Society’s Guide to Botulinum Toxin Injections* CD-ROM.

- 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, as well as regional programs, courses and workshops held each year.

- A print directory listing mailing addresses, telephone and fax numbers, and e-mail addresses for all members.

- A Members Only Section of the MDS Web site at www.movementdisorders.org, including a searchable Membership Directory.

- A quarterly newsletter entitled *Moving Along*, highlighting current news and views in the field of Movement Disorders.

- Participation in the election of International and Regional Section Leadership Representatives.

Non-Members Applying for MDS Membership

Non-Members may apply for MDS membership as part of their International Congress registration. The registration fee includes MDS membership at a reduced rate ($50 savings) with limited benefits through 2007, and full membership status, including the print journal, in 2008. New MDS member applicants will be contacted by the MDS International Secretariat to provide additional information.

2007-2008 will be another exciting year for MDS and we look forward to bringing you news of these and other new initiatives through the *Movement Disorders* journal, the *Moving Along* newsletter and the MDS Web site.

Visit us on the Web at www.movementdisorders.org

For further information, please contact:

The *Movement Disorder Society*
International Secretariat
555 East Wells Street, Suite 1100
Milwaukee, WI 53202 USA
Tel: + 1 414-276-2145
Fax: + 1 414-276-3349
E-mail: info@movementdisorders.org
Web site: www.movementdisorders.org
REQUIP® (ropinirole) Prescribing Information

REQUIP® (ropinirole) is a dopamine agonist used to treat Parkinson’s disease (PD) and restless legs syndrome (RLS). It is available in various strengths and forms, including tablets and capsules. This information is applicable to the dose and use as specified in the prescribing information.

**Indications**
- Parkinson’s disease
- Restless legs syndrome

**Dosage**
- The initial dose is usually 1 mg at bedtime, increased gradually by small increments as needed and tolerated. The starting dose is often 1 mg/night, with increases of up to 1 mg/night until response is achieved.
- For Parkinson’s disease, the usual dose is 1-2 mg per day in divided doses, with a maximum of 4 mg/day.
- For RLS, the usual dose is 1-2 mg per night.

**Contraindications**
- Hypersensitivity to ropinirole
- Parkinson’s disease with dementia
- Lactic acidosis

**Precautions**
- Use with caution in patients with cardiovascular disease or who are taking certain medications that may interact with ropinirole.
- Monitor blood pressure and pulse regularly.
- Avoid high doses in patients with liver disease.

**Adverse Reactions**
- Common: Dizziness, drowsiness, dyskinesia, nausea, somnolence, syncope, asthenia, and nightmares.
- Rare: Vision disturbances, hallucinations, nightmares, and other psychiatric symptoms.

**Overdosage**
- Symptoms: Overdose may cause drowsiness, dizziness, sedation, and other central nervous system effects.
- Treatment: Symptomatic and supportive care is recommended.

**Pharmacology**
- Ropinirole is a dopamine agonist that acts on D2, D3, and D4 dopamine receptors in the brain.
- It is metabolized by cytochrome P450 enzymes, and its elimination half-life is approximately 4-5 hours.

**POM**
- Prescribers should consider the potential for abuse and dependency and ensure appropriate patient selection and monitoring.

**Manufacturer**
- GlaxoSmithKline

**Additional Information**
- For the latest information, consult the prescribing information or contact the manufacturer directly.

**References**
- Product information is based on the manufacturer’s prescribing information and may be subject to change.

**Note:** The information provided is for educational purposes only and should not be used to make decisions about medical treatment or diagnosis without consulting a healthcare professional.
SAVE the DATE

The Movement Disorder Society’s

12th International Congress of Parkinson’s Disease and Movement Disorders

CHICAGO

Chicago, IL USA | June 22-26, 2008