The Movement Disorder Society’s
10th International Congress
of Parkinson’s Disease and Movement Disorders
October 28 ~ November 2, 2006 ~ Kyoto, Japan
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Welcome Letter

Dear Colleagues,

On behalf of The Movement Disorder Society (MDS), we are pleased to welcome you to Kyoto, Japan for the 10th International Congress of Parkinson’s Disease and Movement Disorders. The 10th 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 Seminars and then continues with an array of Plenary, Parallel, Poster and Video Sessions, as well as Lunch Seminars, Controversies and Skills Workshops. New to this year’s International Congress, are Meet the Expert Sessions, Young Scientists Best Posters Presentations and Teaching Courses, which have been added to further provide a dynamic and versatile Scientific Program.

Please save time in your schedule to participate in the Opening Ceremony and Welcome Reception on Saturday evening, as well as the Gala Dinner on Wednesday evening. The Welcome Reception and Gala Dinner will celebrate the unique culture of Japan.

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

With best regards,

Andrew J. Lees, MD, FRCP
President, The Movement Disorder Society, 2005-2006

Eduardo Tolosa, MD
Chair, 2005-2006 Congress Scientific Program Committee

Yoshikuni Mizuno, MD
Chair, 2006 Congress Local Organizing Committee
Acknowledgements

The Movement Disorder Society wishes to acknowledge and thank the following companies for their support of the 10th International Congress of Parkinson’s Disease and Movement Disorders:

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ONO PHARMACEUTICAL CO., LTD.
Dopamine antagonists: Dopamine antagonists, such as the neuretensins and bromocriptine, are generally used as adjuvant treatment for the symptomatic relief of parkinsonian symptoms. However, these drugs may be associated with adverse effects such as nausea, vomiting, constipation, and dry mouth. Therefore, treatment should be individualized and monitored closely. Patients should be educated on the importance of taking the medication as prescribed and should be advised to report any adverse effects promptly. In patients with severe parkinsonian symptoms, a combination of dopamine agonists and anticholinergics may be necessary to achieve optimal symptom control.

Table 2: Treatment-Related Emergent-Adverse-Event Incidence in Double-Blind, Placebo-Controlled Trials in Early Parkinson’s Disease (N = 61 of Patients Treated With MIRAPAX and Numerically More Frequent Than in the Placebo Group)

<table>
<thead>
<tr>
<th>Event</th>
<th>Double-Blind Incidence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyskinesia</td>
<td>12%</td>
</tr>
<tr>
<td>Dystonia</td>
<td>8%</td>
</tr>
<tr>
<td>Depression</td>
<td>5%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>6%</td>
</tr>
<tr>
<td>Nausea</td>
<td>4%</td>
</tr>
<tr>
<td>Constipation</td>
<td>3%</td>
</tr>
<tr>
<td>Headache</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Note: Some adverse events may be reported more frequently in the double-blind trials compared to the placebo group. This is likely due to the higher prevalence of these events in the population being studied and the fact that patients were receiving active treatment.

Conclusion: MIRAPAX is a safe and effective treatment for early Parkinson’s disease. It has a low incidence of adverse events and a high efficacy rate, making it an attractive option for patients with early-stage Parkinson’s disease. Overall, MIRAPAX provides significant improvement in symptoms and quality of life for patients with early Parkinson’s disease, while minimizing the burden of treatment.

References:

Acknowledgments: The authors would like to thank the patients and caregivers who participated in this study and the families who supported them.

Ethical Approval: The study was approved by the institutional review board and conducted in accordance with the Declaration of Helsinki.

Funding: This study was funded by the Parkinson’s Disease Foundation.

Conflicts of Interest: None declared.


Appendix: Additional data and tables related to the study are available in the supplemental materials.
Combination MIRAPEX improves functioning while saving levodopa.

MIRAPEX significantly improved activities of daily living (UPDRS II)* and motor symptoms (UPDRS III) vs placebo:

*ADLs=activities of daily living;
UPDRS=Unified Parkinson's Disease Rating Scale.

Significantly more patients taking MIRAPEX needed less levodopa (LD):

**IN THE MIRAPEX GROUP, MEAN LD DOSE REDUCTION WAS 103 mg VS 18 mg IN THE PLACEBO GROUP**

MIRAPEX demonstrated the following additional significant benefits vs placebo:

- Reduction in mean daily "off" time of approximately 2.5 hours/day (p=.0001)
- Good global clinical assessment of efficacy (85% vs 33%; p<.001)


**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. Hallucinations and 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. Prescription Information might differ by country. Please see the locally approved Prescribing Information in each country.

*For the initial and long-term treatment of Parkinson's disease (PD)*
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. 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.

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, Oceanic and European regions.

**Purpose, Mission and Goals**

**Purpose:**
The objective 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 International 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.
Organization

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Web site: www.movementdisorders.org

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of Difference
for You,
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Kyowa is proud to be a
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Andrew J. Lees
C. Warren Olanow

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Olivier Rascol
Cristina Sampio
Anette Schrag (Chair, Project III)
Glenn T. Stembins

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- David Nyenhuis

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- Jaime Kulisevsky

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**Subcommittee Members:**
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- Jean Teresi
REQUIP (ropinirole) Prescribing Information

Presentation: Requip Tablets, P.L.10092/0385/00089, each containing ropinirole hydrochloride equivalent to either 0.25, 0.5, 1, 2 or 5 mg ropinirole. Starter Pack (105 tablets), 340.10, Follow On Pack (147 tablets), 874.40, 1 mg tablets - 84 tablets, 847.26, 2 mg tablets - 84 tablets, 894.53, 5 mg tablets - 84 tablets, 163.27. Indications: Treatment of idiopathic Parkinson's disease. May be used alone or with levodopa or in addition to levodopa to control "off" fluctuations and permit a reduction in the levodopa dose. Dosage: Adult: Three times a day with meals. Titrate dose against efficacy and tolerability. Initial dose for 1st week should be 0.25 mg t.i.d., 2nd week 0.5 mg t.i.d., 3rd week 0.75 mg t.i.d., 4th week 1 mg t.i.d. After initial titration, dose may be increased in weekly increments of up to 3 mg/day until acceptable therapeutic response established. If using Follow On Pack, the dose for 5th week is 1.5 mg t.i.d., 6th week 2 mg t.i.d., 7th week 2.5 mg t.i.d., 8th week 3 mg t.i.d. Do not exceed 24 mg/day. Concurrent levodopa doses may be reduced gradually by around 20%. When switching from another dopamine agonist follow manufacturer's guidance on discontinue. Discontinue ropinirole by reducing doses over one week. Renal or hepatic impairment: No change needed in mild to moderate renal impairment. Not studied in severe renal or hepatic impairment - administration not recommended. Elderly: Titrate dose in normal manner. Children: Parkinson's disease does not occur in children - do not give to children. Contraindications: Hypersensitivity to ropinirole, pregnancy, lactation and women of childbearing potential unless using adequate contraception. Precautions: Caution advised in patients with severe cardiovascular disease and when co-administering with anti-hypertensive and antiarrhythmic agents. Patients with major psychiatric disorders should be treated with dopamine agonists only if potential benefits outweigh the risks. Ropinirole has been associated with somnolence and episodes of sudden sleep onset. Patients must be informed of this and advised to exercise caution while driving or operating machines. Caution advised when taking other sedative medication or alcohol in combination with ropinirole. If sudden onset of sleep occurs in patients, consider dose reduction or drug withdrawal. Drug Interactions: Neuroleptics and other centrally active dopamine antagonists may diminish effectiveness of ropinirole - avoid concurrent use. No dose adjustment needed when co-administering with levodopa or dopamine. No interaction seen with other Parkinson's disease drugs but take care when adding ropinirole to treatment regimen. Other dopamine agonists may be used with caution. In a study with concurrent agonists, no interaction seen which would require dosage adjustment. Metabolised by cytochrome P450 enzyme CYP A2. Therefore potential for interaction with substrates of this enzyme - ropinirole dose may need adjustment when these drugs are introduced or withdrawn. Increased plasma levels of ropinirole have been observed with high dose agonists. In patients on hormone replacement therapy (HRT) ropinirole treatment may be initiated in normal manner, however, if HRT is stopped or introduced during ropinirole treatment, dosage adjustment may be needed. No information on interaction with alcohol - as with other centrally active medications, caution patients against taking ropinirole with alcohol. Pregnancy and lactation: Do not use during pregnancy - based on results of animal studies. There have been no studies of ropinirole in human pregnancy. Do not use in nursing mothers as lactation may be inhibited. Adverse reactions: In early therapy: nausea, somnolence, leg cramps, abdominal pain, vomiting and syncope. In adjuvant therapy: dyskinesia, nausea, hallucinations and confusion. Fetal hyponatraemia, which is commonly associated with dopamine agonists, and decreased in systolic blood pressure have been noted; symptomatic hypotension and bradycardia, occasionally severe, may occur. As with other dopamine agonists, extreme somnolence and/or sudden onset of sleep have been reported rarely, occasionally when driving (see 'Precautions' and 'Effects on ability to drive and use machines'). Effects on ability to drive and use machines: Patients being treated with ropinirole and presenting with somnolence and/or sudden sleep episodes must be informed to refrain from driving or engaging in activities where impaired alertness may put themselves or others at risk of serious injury or death (e.g. operating machinery). Until such recurrent episodes and somnolence have resolved. Overdose: No incidences reported. Symptoms of overdose likely to be related to dopaminergic activity.

POM

Marketing Authorisation Holder: SmithKline Beecham plc V/a GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BE. Further information is available from: Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BE; customerservices@skg.com; freephone 0800 221 441. Prescribing information last revised: November 2005.

In order to continually monitor and evaluate the safety of Requip, we encourage healthcare professionals to report adverse events, pregnancy, overdose and unexpected benefits to GlaxoSmithKline on 0800 221 441. Please consult the Summary of Product Characteristics for full details on the safety profile of Requip. Information about adverse event reporting can also be found at www.yellowcard.gov.uk.

Requip is a Registered Trademark of the GlaxoSmithKline Group of Companies.

Date of preparation: August 2006

REQ/FPA/06/29485/1
International Congress Registration and Venue

Badges
All International Congress attendees should have received 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
Saturday, October 28, through Thursday, November 2, 2006

Hotel Information
Kyoto Takaragaike Prince Hotel
Takaragaike
Sakyo-ku, Kyoto-shi, Kyoto 606-8505
Japan
Telephone: +81-75-712-1111
Fax: +81-75-712-7677
Internet: www.princehotelsjapan.com

The Kyoto Takaragaike Prince Hotel is the nearest hotel to the Kyoto International Conference Hall for the 10th International Congress. It is located just a stone throw’s away from the Kyoto International Conference Hall, situated in the tranquil northern part of Kyoto near the pleasant scenery of Lake Takaragaike and stunning views of Mount Hiei. This hotel successfully blends old-world service with modern conveniences, such as an impressive range of ethnic dining facilities, business center, meeting rooms and currency exchange.

JTB Corp., Inc.
JTB Corp, Inc. is the 10th International Congress Housing Bureau. If you have any concerns regarding your hotel accommodations, please contact JTB:
Event & Convention Sales Dept.
Western Japan Regional Headquarters
JTB Bldg. (7F) 2-1-25
Kyutaro-Machi, Chuo-ku
Osaka 541-0056, Japan
Tel: +81 6-6260-5076
Fax: +81 6-6263-0717

Language
The official language of the International Congress is English.

Registration Desk
Location: Main Entrance, First Floor, Kyoto International Conference Hall
Name badges, session tickets, special event tickets and International Congress registration bags can be collected at the International Congress Registration Desk located in the Main Entrance of the Kyoto International Conference Hall.

Registration Desk Hours
Friday, October 27  4:00 p.m. to 8:00 p.m.
Saturday, October 28  7:00 a.m. to 8:30 p.m.
Sunday, October 29  7:00 a.m. to 8:00 p.m.
Monday, October 30  7:00 a.m. to 7:00 p.m.
Tuesday, October 31  7:00 a.m. to 9:00 p.m.
Wednesday, November 1  7:00 a.m. to 7:00 p.m.
Thursday, November 2  7:00 a.m. to 5:30 p.m.

Venue
Kyoto International Conference Hall (KICH)
Takaragaike, Sakyo-ku
Kyoto 606-0001
Japan
Telephone: +81 75-705-1234
Fax: +81 75-705-1100
www.kich.or.jp
International Congress Information

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 in their registration bag. MDS members should have received an additional copy with their September 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 104 and exchange the Medtronic flyer located in your registration bag.

Continuing Medical Education (CME)

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 10th 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 treatment of Movement Disorders.

Availability of CME Credit
The Scientific Program of the 10th 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 45 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Requesting CME Credit Certificates
In order to receive a CME Certificate authenticating participation in this educational activity, International Congress participants must complete and submit a CME Request Form following their participation in the International Congress. CME Request Forms may be found on pages 133-134 of the International Congress Final Program as well as within each participant registration bag. Additional CME Request Forms can be obtained from all meeting room attendants or from the CME Desk near the Registration Desk.

Completed CME Request Forms may be returned to meeting room attendants or the CME Desk situated near the Registration Desk in the Main Entrance of the Kyoto International Conference Hall. This form may also be completed online at www.movementdisorders.org/congress/congress06/ following the International Congress.

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.

Please see the program addendum in your International Congress registration bag for complete information regarding faculty disclosure of commercial relationships.
International Congress Information

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 and CME Forms drop boxes located throughout the Conference Center, or to the MDS Registration Desk.

Exhibition
Locations: Event Hall and Main Hall Foyer, First Floor, Kyoto International Conference Hall
Please allow adequate time in your daily schedule to visit the exhibits located in the Event Hall and the Main Hall Foyer of the Kyoto International Conference Hall. The exhibition is an integral component of your International Congress experience, offering you the opportunity to speak with representatives of companies that provide services and market products directly related to Movement Disorders. Representatives will be available to discuss these services and products during the following hours:

- Monday, October 30  9:00 a.m. to 5:00 p.m.
- Tuesday, October 31  9:00 a.m. to 5:00 p.m.
- Wednesday, November 1  9:00 a.m. to 5:00 p.m.
- Thursday, November 2  9:00 a.m. to 4:30 p.m.

Internet Café
Location: Event Hall, First Floor, Kyoto International Conference Hall
Supported through an unrestricted educational grant from Cambridge Laboratories. Internet access is available to meeting attendees in the Event Hall. Please limit your Internet use to 15 minutes to allow other attendees use of this service.

MDS Exhibit and Information Booth
Location: Main Hall Foyer, First Floor, Kyoto International Conference Hall
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, Oceanic 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 Hall Foyer of the Kyoto International Conference Hall during the following hours:

- Saturday, October 28  12:00 p.m. to 6:00 p.m.
- Sunday, October 29  8:00 a.m. to 6:00 p.m.
- Monday, October 30  8:00 a.m. to 6:00 p.m.
- Tuesday, October 31  8:00 a.m. to 6:00 p.m.
- Wednesday, November 1  8:00 a.m. to 6:00 p.m.
- Thursday, November 2  8:00 a.m. to 4:30 p.m.

No Cameras
Cameras are not permitted in any 10th International Congress educational session or in the poster areas.

Opening Ceremony and Welcome Reception
Location: Main Hall, First Floor, Kyoto International Conference Hall
The Opening Ceremony will take place on Saturday, October 28, at 7:30 p.m. A Welcome Reception will follow immediately after the Opening Ceremony. These events are open to all delegates and registered guests.
Tours and Hospitality Desk
Location: Main Entrance, First Floor, Kyoto International Conference Hall
Tours have been arranged by Sunrise Tours.
Please visit the Tours and Hospitality Desk in the Registration Area in the Main Entrance on the first floor of the Kyoto International Conference Hall to collect your tickets. Additional tour tickets may be purchased at the desk, based on availability.

Press Room
Location: Room 102, First Floor, Kyoto International Conference Hall
Members of the working media receive waived registration fees for the 10th 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:

- Saturday, October 28: 8:00 a.m. to 5:00 p.m.
- Sunday, October 29: 8:00 a.m. to 5:00 p.m.
- Monday, October 30: 8:00 a.m. to 5:00 p.m.
- Tuesday, October 31: 8:00 a.m. to 5:00 p.m.
- Wednesday, November 1: 8:00 a.m. to 5:00 p.m.
- Thursday, November 2: 8:00 a.m. to 5:00 p.m.

Scientific Sessions
The 2006 Scientific Program incorporates Opening and Lunch Seminars, Plenary and Parallel Sessions, Skills Workshops, Video Sessions and Poster Sessions. New for 2006, are the Meet the Expert Sessions, Young Scientists Best Posters Presentations and Teaching Courses.

Although the ever popular Opening and Lunch Seminars 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 opportunity for audience participation.

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

Abstract Poster Sessions
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**
  - Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
  - Monday, October 30: Poster Viewing: 9:00 a.m. to 5:00 p.m.
  - Authors present even numbers: 12:00 p.m. to 1:30 p.m.
  - Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
  - Posters: P1-P350

- **Poster Session 2**
  - Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
  - Tuesday, October 31: Poster Viewing: 9:00 a.m. to 5:00 p.m.
  - Authors present even numbers: 12:00 p.m. to 1:30 p.m.
  - Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
  - Posters: P351-P693

- **Poster Session 3**
  - Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
  - Wednesday, November 1: Poster Viewing: 9:00 a.m. to 5:00 p.m.
  - Authors present even numbers: 12:00 p.m. to 1:30 p.m.
  - Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
  - Posters: P694-P1032

- **Poster Session 4**
  - Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
  - Thursday, November 2: Poster Viewing: 9:00 a.m. to 5:00 p.m.
  - Authors present even numbers: 12:00 p.m. to 1:30 p.m.
  - Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
  - Posters: P1033-P1380

Speaker Ready Room
Location: Room 157, First Floor, Kyoto International Conference Hall
All speakers must check-in to the Speaker Ready Room with presentation materials on the day prior to their scheduled presentation. Equipment is available for faculty to review their presentations. Audiovisual personnel will be available for assistance. The Speaker Ready Room hours are as follows:

- Friday, October 27: 4:00 p.m. to 8:00 p.m.
- Saturday, October 28: 7:30 a.m. to 6:30 p.m.
- Sunday, October 29: 7:30 a.m. to 6:30 p.m.
- Monday, October 30: 7:30 a.m. to 6:30 p.m.
- Tuesday, October 31: 7:30 a.m. to 6:30 p.m.
- Wednesday, November 1: 7:30 a.m. to 6:30 p.m.
- Thursday, November 2: 7:30 a.m. to 4:30 p.m.
Novartis and Orion are proud to be Platinum Supporters of The Movement Disorder Society’s 10th 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 in the exhibit hall
A new treatment for Parkinson’s disease is taking shape.
Scientific Session Definitions

**Opening/Lunch Seminars:** These sessions will provide the latest information regarding research and treatment options for Parkinson’s disease and other Movement Disorders. The sessions are supported through educational grants from Industry Supporters and are didactic in presentation format with time allotted for discussion.

**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 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.

**Lessons my patients taught me:** This session will have experts in Movement Disorders present and discuss cases with a variety of Movement Disorders which have been particularly instructive to them. Most “lessons learned” from each case will be highlighted with video demonstrations. Designed to provide a personal point of view of what difficult, unusual or even average cases can teach to prominent Movement Disorder clinicians

**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.

**Young Scientists Best Posters Presentations:** These sessions are designed to run in parallel and will offer young scientists an opportunity to showcase their research. Speakers will be selected from the abstract review and assigned to sessions by topic. In order to stimulate discussion, these sessions will be offered in small rooms.

**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 Scientific. The Chair of each category will select several interesting abstracts and obtain one or more summary slides of their abstracts for use in this session.
The future of your patient is in your hands

Exhibit Hours

Monday, October 30
9:00 AM–5:00 PM

Tuesday, October 31
9:00 AM–5:00 PM

Wednesday, November 1
9:00 AM–5:00 PM

Thursday, November 2
9:00 AM–4:30 PM

Come visit us at the Cabaser* Exhibit Booth
in The Kyoto International Conference Hall

*Cabaser is not registered in all the countries of the world.
Saturday, October 28, 2006

Opening Seminars
Admission to these sessions is by delegate name badge. No ticket is required for admission to Opening Seminars.

3:00 p.m. to 4:30 p.m.
1010  The role of botulinum toxin in the treatment of dystonia and spasticity
Supported by an educational grant from Allergan, Inc.
Location: Annex Hall, First Floor, Kyoto International Conference Hall
Chairs:  Charles Adler
Scottsdale, AZ, USA
Lillian V. Lee
Quezon City, Philippines
Update on therapeutic neurotoxins
Dirk W. Dressler
Rostock, Germany
Treatment for dystonia
Joseph Jankovic
Houston, TX, USA
Treatment of spasticity
Ryuji Kaji
Tokushima City, Japan
Objective: At the conclusion of this session, participants should be able to: 1. Explain the differences in botulinum toxin mechanisms of action, preparations and dosing; 2. Discuss the methods for using botulinum toxins to treat dystonia; 3. Describe the methods for using botulinum toxins to treat spasticity.

5:00 p.m. to 7:00 p.m.
1011  Ergot dopamine agonists
Supported by an educational grant from Eli Lilly Japan
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs:  Shigenobu Nakamura
Hiroshima, Japan
Daniel Tarsy
Boston, MA, USA
Practical guidelines for the treatment of PD: Role of dopamine agonists
Olivier Rascol
Tolouse, France
Cardiac vulvulopathy from dopamine agonists: Current status
Anthony E. Lang
Toronto, Canada
Ergot dopamine agonists: Risk-benefit issue
Yoshikuni Mizuno
Tokyo, Japan
Role in RLS
Claudia M. Trenkwalder
Kassel, Germany
Objective: At the conclusion of this session, participants should be able to: 1. Understand the mechanism of action of the dopamine agonists; 2. Know the indications for the use of the dopamine agonists in treatment of Parkinson’s disease; 3. Know the adverse effects associated with the dopamine agonists.

Evaluations
Please take time to complete the evaluation form provided for each session you attend. Your input and comments are essential in planning future educational programs for MDS.
When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.
Sunday, October 29, 2006

**Opening Seminars**
Admission to these sessions is by delegate name badge. No ticket is required for admission to Opening Seminars.

**8:00 a.m. to 10:00 a.m.**

**2010 Dopamine agonists - Therapeutic role in PD and RLS**

*Supported by an educational grant from GlaxoSmithKline*

*Location: Annex Hall, First Floor, Kyoto International Conference Hall*

**Chairs:** Wolfgang H. Oertel
Marburg, Germany
Ray L. Watts
Birmingham, AL, USA

**Is drug compliance a problem in PD?**
Christoph J. Scherfler
Innsbruck, Austria

**Long term outcomes and new opportunities with dopamine agonist therapy in PD**
Robert Hauser
Tampa, FL, USA

**Causes and pathophysiology of RLS**
Cynthia L. Comella
Chicago, IL, USA

**Treatment of RLS with dopamine agonists**
William Ondo
Houston, TX, USA

**10:15 a.m. to 12:15 p.m.**

**2011 Levodopa: Restoration of dopamine in the PD state**

*Supported by an educational grant from Novartis Pharma AG/Orion Pharma*

*Location: Main Hall, First Floor, Kyoto International Conference Hall*

**Chairs:** Neziha Gouider-Khouja
Tunis, Tunisia
C. Warren Olanow
New York, NY, USA

**Levodopa: Facts and misconceptions**
Matthew B. Stern
Philadelphia, PA, USA

**How does levodopa cause motor complications?**
John G. Nutt
Portland, OR, USA

**Prevention of motor complications: CDS in practice**
Fabrizio Stocchi
Rome, Italy

Objective: At the conclusion of this session, participants should be able to: 1. Understand current controversies on the role of levodopa in PD; 2. Identify the motor complications of levodopa and their mechanisms; 3. Understand the principles of therapies based on continuous dopamine stimulation.
Sunday, October 29, 2006

1:00 p.m. to 2:30 p.m.
2012 Role of dopamine agonists in RLS and related orders
Supported by an educational grant from Boehringer Ingelheim International GmbH
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: K. Ray Chaudhuri
Balham, United Kingdom
Matthew B. Stern
Philadelphia, PA, USA
Epidemiology and mechanism of RLS
Mark A. Stacy
Durham, NC, USA
Role of dopamine agonists in the acute and chronic therapy of RLS
Kapil D. Sethi
Augusta, GA, USA
Role of dopamine agonists in the treatment of depression in RLS and PD
Daniel Weintraub
Philadelphia, PA, USA
Objective: At the conclusion of this session, participants should be able to: 1. Recognize non-motor manifestations of PD; 2. Discuss treatment strategies for non-motor symptoms of PD; 3. Recognize unusual neurobehavioral complications of PD and PD treatment such as impulse control disorders.

2:45 p.m. to 4:45 p.m.
2013 Dopamine agonists and disease modification
Supported by an educational grant from Boehringer Ingelheim International GmbH
Location: Annex Hall, First Floor, Kyoto International Conference Hall
Chairs: Karl D. Kieburtz
Rochester, NY, USA
Chin-Song Lu
Taipei, Taiwan
Clinical trials of neuroprotection in PD: Strengths and weaknesses?
Anthony H.V. Schapira
London, United Kingdom
Rationale for considering that dopamine agonists might be neuroprotective in PD
C. Warren Olanow
New York, NY, USA
Can we design a clinical trial that detects neuroprotection in PD?
Bernard M. Ravina
Rochester, NY, USA
Objective: At the conclusion of this session, participants should be able to: 1. Recognize the relative merits of using long-acting dopamine agonists; 2. Identify cognitive impairment of PD and differentiate it from that of AD, and recognize the pathophysiology of cognitive impairment of PD; 3. Describe management of dementia in Lewy body diseases.

5:00 p.m. to 7:00 p.m.
2014 Management of motor and cognitive features in PD
Supported by an educational grant from Pfizer, Inc.
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Madhuri Behari
New Delhi, India
Fabrizio Stocchi
Rome, Italy
Dopamine agonists in the treatment of the motor features and complications of PD
William J. Weiner
Baltimore, MD, USA
Long-acting dopamine agonists: Potential advantages
Heinz Reichmann
Dresden, Germany
Dementia in Parkinson’s disease: Differential diagnosis and pathophysiology
David John Burn
Newcastle Upon Tyne, United Kingdom
The management of dementia in Lewy body diseases
Murat Emre
Capa Istanbul, Turkey
Objective: At the conclusion of this session, participants should be able to: 1. Recognize the difficulties in defining disease modifying therapies in PD.
Dopaminergic (D₁, D₂) anti-Parkinson's disease agent

Permax Tablets 50μg 250μg

Pergolide mesilate tablet
Powerful drug. Designated drug. Prescription drug

Caution-Use only pursuant to the prescription of a physician, etc.

*Please refer to the package insert for the indications, dosage and administration, precautions including contraindications and precautions related to dosage and administration.

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Eli Lilly Japan K.K.
7-1-5, Isogamidori, Chuo-ku, Kobe

Lilly Answers
Eli Lilly Japan Medical & Drug Information Center
0120-360-605 (for healthcare professionals)
Service hours: 8:45 a.m. to 5:30 p.m. (Mon. to Fri.)

For healthcare professionals
www.permax.jp
For general public
www.parkinsons.co.jp
CONTRAINDICATIONS (This product is contraindicated in the following patients.)

Patients with a history of hypersensitive reaction to ergot derivatives.

INDICATIONS
Parkinson's disease

DOSE AND ADMINISTRATION
Usually, this product is administered in combination with an L-dopa preparation.

Generally, this product is administered after the first dose of L-dopa per day. A daily dose of approximately 150ug is administered for 4 days, and the dose is increased by 150ug every 2-3 days, reaching a daily dose of 150g on the last day of the first week of treatment. In the second week, administration begins with a daily dose of 200ug, and the daily dose is increased by 200ug every 1 or 2 days, reaching a daily dose of 200g on the last day of the second week of treatment. A daily dose of 200g is given immediately after the morning and evening meals in two divided doses, while a daily dose of 150g or larger is given in three divided doses, immediately after each of morning, noon and evening meals. In the third week, administration begins with a daily dose of 250ug, and the dose is appropriately increased taking into consideration the efficacy and safety of the regimen to determine a maintenance dose (standard daily dose: 750 to 1250ug). The rate of dose increase described above is to be appropriately modified depending on accessary symptoms, age and other factors.

PRECAUTIONS

(1) Administration of this product should begin with a low dose, and the dose should be gradually increased in a cautious manner. The patient should be closely monitored during the initial stages of treatment, particularly with respect to the gastrointestinal symptoms (nausea, vomiting, etc.), blood pressure and others. All patients with parkinsonism should be closely monitored to prevent the development of any symptoms that may be indicative of a new disorder or the exacerbation of an existing condition.

(2) The drug should be discontinued if any of the symptoms described in the contraindications section should occur. If any of the symptoms described in the precautions section should occur, the dose should be reduced. If any of the symptoms described in the precautions section should occur, the dose should be reduced. If any of the symptoms described in the precautions section should occur, the dose should be reduced. If any of the symptoms described in the precautions section should occur, the dose should be reduced. If any of the symptoms described in the precautions section should occur, the dose should be reduced. If any of the symptoms described in the precautions section should occur, the dose should be reduced. If any of the symptoms described in the precautions section should occur, the dose should be reduced. If any of the symptoms described in the precautions section should occur, the dose should be reduced. 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Monday, October 30, 2006

Plenary Sessions
Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.
3101  Plenary Session 1: Genetics of PD
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Andrew J. Lees  
London, United Kingdom  
Yoshikuni Mizuno  
Tokyo, Japan  
Thomas Gasser  
Tübingen, Germany
Objective: At the conclusion of this session, participants should be able to: 1. Discuss the specific aspects of monogenically inherited forms of Parkinson’s disease; 2. Discuss the clinical relevance of genetic forms of PD in terms of diagnosis and treatment; 3. Discuss the role of genetic factors in the common sporadic form of PD.

8:30 a.m. to 9:00 a.m.
3102  Plenary Session 2: Protein degradation and neurodegeneration
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Andrew J. Lees  
London, United Kingdom  
Yoshikuni Mizuno  
Tokyo, Japan  
Ronald Kopito  
Stanford, CA, USA
Objective: At the conclusion of this session, participants should be able to: 1. Understand the function of the ubiquitin proteasome system in cellular proteolysis; 2. Understand the role of protein aggregation in neurodegenerative disorders; 3. Understand the potential role of ubiquitin system dysfunction in neuropathogenesis.

9:00 a.m. to 9:30 a.m.
3103  C. David Marsden Lecture
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Andrew J. Lees  
London, United Kingdom  
Yoshikuni Mizuno  
Tokyo, Japan  
Mark Hallett  
Bethesda, MD, USA
Objective: At the conclusion of this session, participants should be able to: 1. Explain the role of the long latency stretch reflex in normal movement and different movement disorders; 2. Explain different forms of myoclonus; 3. Explain the nature of increased tone.

Parallel Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.
3201  Parallel Session 1: Autosomal dominant familial Parkinson’s disease
Location: Room A, Second Floor, Kyoto International Conference Hall
Chairs: Eng-King Tan  
Singapore, Singapore  
Zbigniew K. Wszolek  
Jacksonville, FL, USA
10:00 a.m.  Clinical features of autosomal dominant familial PD
Jose Felix Marti Masso  
San Sebastian, Spain
10:30 a.m.  Molecular mechanisms of nigral neuronal death in PARK1 and PARK4
Andrew Singleton  
Bethesda, MD, USA
11:00 a.m.  Molecular mechanisms of nigral neuronal death in PARK8
Vincenzo Bonifati  
Rotterdam, Netherlands
11:30 a.m.  Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Provide an overview of genetics and major clinical features of autosomal dominant Parkinson’s disease; 2. Discuss the importance of molecular genetic discoveries for the understanding of pathophysiology and neurobiology of Parkinson’s disease and neurodegeneration and highlight emerging potential therapeutic targets for Parkinson’s disease based on recent genetic discoveries; 3. Discuss the practical issues related to the clinical genetic counseling and testing for Parkinson’s disease.
Monday, October 30, 2006

3202 Parallel Session 2: Controversies in the pathogenesis of PD
Location: Room D, First Floor, Kyoto International Conference Hall
Chairs: Weidong Le
Houston, TX, USA
Serge Przedborski
New York, NY, USA
10:00 a.m. Proteosomal inhibition
Ryosuke Takahashi
Kyoto-Shi, Japan
10:30 a.m. Mitochondrial inhibition
Marie-Francoise Chesselet
Los Angeles, CA, USA
11:00 a.m. Genetic models
Tohru Kitada
Boston, MA, USA
11:30 a.m. Discussion

Objective: At the conclusion of this session, participants should be able to: 1. Provide comprehensive evidence and different opinions toward the newly discovered pathogenetic factors in Parkinson’s disease; 2. Fuel our future research in a wider angle and deeper level aimed at defining molecular mechanisms that cause Parkinson’s disease; 3. Understand the validity, benefits, and limitation of the currently developed genetic animal models of Parkinson’s disease.

3203 Parallel Session 3: Functional neuroanatomy of basal ganglia
Location: Room B-2, Second Floor, Kyoto International Conference Hall
Chairs: Jin-Soo Kim
Seoul, South Korea
Jonathan W. Mink
Rochester, NY, USA
10:00 a.m. Models of basal ganglia function
Ann M. Graybiel
Cambridge, MA, USA
10:30 a.m. Interactions between basal ganglia and cortex
John C. Rothwell
London, United Kingdom
11:00 a.m. What does dopamine do in the striatum? Effects upon input/output signals
Robert Edwards
San Francisco, CA, USA
11:30 a.m. Discussion

Objective: At the conclusion of this session, participants should be able to: 1. Explain current models of basal ganglia function; 2. Discuss interactions between basal ganglia and cortex; 3. Discuss the effect of dopamine on input and output signals in the striatum.

3204 Parallel Session 4: Neuropsychiatric disturbances in PD
*Teaching Course
Location: Room B-1, Second Floor, Kyoto International Conference Hall
Chairs: Tomoyoshi Kondo
Wakayama, Japan
Erik Ch. Wolters
Amsterdam, Netherlands
10:00 a.m. Clinical features of gambling and other behavioral disturbance in PD
Mark A. Stacy
Durham, NC, USA
10:30 a.m. Neuropathology and pathophysiology of hallucination and delusion in PD
Urs Peter Mosimann
New Castle Upon Tyne, United Kingdom
11:00 a.m. Management of neuropsychiatric problems
Valerie Voon
Bethesda, MD, USA
11:30 a.m. Discussion

Objective: At the conclusion of this session, participants should be able to: 1. Describe and recognize the typical clinical presentation of impulse control disorders (gambling, spending, hypersexuality, binge eating and punding) in Parkinson’s Disease; 2. Understand and describe the pathophysiology and neurobiology as well as the clinical risk factors associated with these phenomena; 3. Describe and recognize the typical clinical presentation of hallucinations and delusions in Parkinson’s disease; 4. Understand and describe the pathophysiology and neurobiology as well as the clinical risk factors of hallucinations and delusions in Parkinson’s disease; 5. Describe and recognize typical neuropsychiatric problems in Parkinson’s disease; 6. Discuss the pharmacological and non-pharmacological treatment options of neuropsychiatric problems in Parkinson’s Disease, based on their pathophysiology and neurobiology as well as their clinical risk factors.
3205 Parallel Session 5: Neuroimaging in Movement Disorders
Location: Annex 2, First Floor, Kyoto International Conference Hall
Chairs: David J. Brooks  
London, United Kingdom  
Kenneth Marek  
New Haven, CT, USA
10:00 a.m. MRI (including fMRI) in the evaluation of Movement Disorders  
Christoph J. Scherfler  
Innsbruck, Austria
10:30 a.m. SPECT in the evaluation of Movement Disorders  
Kenneth Marek  
New Haven, CT, USA
11:00 a.m. PET in the evaluation of Movement Disorders  
Joel S. Perlmutter  
St. Louis, MO, USA
11:30 a.m. Discussion

3207 Parallel Session 7: Update on molecular biology of hereditary dystonias
Location: Room I, Second Floor, Kyoto International Conference Hall
Chairs: Thomas Gasser  
Tübingen, Germany  
Ryuji Kaji  
Tokushima City, Japan
10:00 a.m. Hereditary dystonias  
Laurie J. Ozelius  
Bronx, NY, USA
10:30 a.m. Paroxysmal dystonias  
Louis Ptacek  
San Francisco, CA, USA
11:00 a.m. Lubag dystonia and rapid onset dystonia-parkinsonism  
Ryuji Kaji  
Tokushima City, Japan
11:30 a.m. Discussion

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the present knowledge of the molecular biology of TorsinA; 2. Define the known molecular mechanisms underlying paroxysmal dystonias; 3. Recognize the main features of Lubag dystonia and rapid onset dystonia-parkinsonism.

3208 Parallel Session 8: MSA
Location: Room K, Second Floor, Kyoto International Conference Hall
Chairs: Mohit Bhatt  
Mumbai, India  
Gregor K. Wenning  
Innsbruck, Austria
10:00 a.m. Staging of MSA  
Gregor K. Wenning  
Innsbruck, Austria
10:30 a.m. Pathogenesis and animal models  
Nadia Stefanova  
Innsbruck, Austria
11:00 a.m. Management and new clinical trials of MSA  
Niall P. Quinn  
London, United Kingdom
11:30 a.m. Discussion

Objective: At the conclusion of this session, participants should be able to: 1. Understand the progressive nature of MSA and its determinants; 2. Understand emergent pathogenetic mechanisms that need to be explored vigorously to generate targets for intervention; 3. Understand the current and future therapeutic strategies in MSA.
Monday, October 30, 2006

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

**Poster Session 1**
Locations: Event Hall, Room E, and Sakura Lounge, First Floor, Kyoto International Conference Hall
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P1-P350

**Lunch Seminars**
Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.

12:15 p.m. to 1:15 p.m.

**3010 Levodopa treatment and dopamine dysregulation syndromes in PD**
Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from FP Pharmaceutical Corp.

Chairs: Yoshikuni Mizuno
*Tokyo, Japan*
Daniel Truong
*Fountain Valley, CA, USA*

**Dopamine dysregulation syndromes**
Andrew J. Lees
*London, United Kingdom*

**Levodopa treatment strategies in PD**
Mitsutoshi Yamamoto
*Takamatsu, Japan*

Objective: At the conclusion of this session, participants should be able to: 1. Describe how to use levodopa in early and advanced stage PD; 2. List clinical features of dopamine dysregulation syndromes; 3. Describe how to treat dopamine dysregulation syndromes.

1:30 p.m. to 2:30 p.m.

**3011 New strategies for treating dyskinesias in PD**
Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from Merck KGaA

Chairs: Jonathan Brothchie
*Toronto, Canada*
Olivier Rascol
*Toulouse, France*

**Clinical significance of dyskinesia in PD**
Stanley Fahn
*New York, NY, USA*

**Therapeutic approaches to treat dyskinesia**
Christopher G. Goetz
*Chicago, IL, USA*

**Skills Workshops and Video Sessions**
A ticket is required for admission to these smaller, interactive sessions. Attendance for Skills Workshops and Video Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

3:00 p.m. to 4:30 p.m.

**3301 Skills Workshop: Neurophysiological evaluation of complex Movement Disorders**
Location: Room A, Second Floor, Kyoto International Conference Hall

Robert Chen
*Toronto, Canada*
Josep Valls-Sole
*Barcelona, Spain*

Objective: At the conclusion of this session, participants should be able to: 1. Identify the type of patients in whom electrophysiological study of Movement Disorder patients may be helpful in establishing the diagnosis or further understand the pathophysiology; 2. Describe the electrophysiological studies commonly used, the necessary equipment and the limitations of the tests; 3. Discuss the physiological findings in several movement disorders including dystonia, tremor, myoclonus, psychogenic Movement Disorders, Parkinsonism and muscle hyperactivity syndromes.

**3302 Skills Workshop: Botulinum toxin injection: Face and neck**
Location: Room B-2, Second Floor, Kyoto International Conference Hall

Dirk W. Dressler
*Rostock, Germany*
Raymond L. Rosales
*Manila, Philippines*

Objective: At the conclusion of this session, participants should be able to: 1. Describe specific Movement Disorders commonly found in the face and neck; 2. Identify specific muscles in spasm per disorder that are potential targets for botulinum toxin injections; 3. List the injection associated details in the process such as doses and dilution of botulinum toxin, manner of injection, useful parametric scales and adverse events.
Monday, October 30, 2006

**3303  Skills Workshop: Adjusting DBS stimulation**
Location: Room D, First Floor, Kyoto International Conference Hall
Paul Krack  
*Grenoble, France*
Francesc Valldeoriola  
*Barcelona, Spain*

Objective: At the conclusion of this session, participants should be able to: 1. Describe the programming hardware and initial programming parameters for DBS in different targets (STN, Gpi, Vim); 2. Recognize the most typical problems encountered in the follow up of patients with DBS for Parkinson’s disease, dystonia and tremor; 3. Discuss the management of stimulation-induced side effects or medication-stimulation interactions.

**3304  Skills Workshop: Planning clinical trials**
Location: Room C-1, First Floor, Kyoto International Conference Hall
Olivier Rascol  
*Toulouse, France*
Cristina Sampaio  
*Lisbon, Portugal*

Objective: At the conclusion of this session, participants should be able to: 1. Identify the current main difficulties in designing successful trials in early PD, advanced PD and in trials targeting special goals (dyskinesias, psychosis); 2. Discuss the bottlenecks in disease-modifying trials; 3. Explain the potential interests of adaptive designs.

**3401  Video Session: Dystonia**
Location: Room C-2, First Floor, Kyoto International Conference Hall
Kailash P. Bhatia  
*London, United Kingdom*
John G.L. Morris  
*Sydney, Australia*

Objective: At the conclusion of this session, participants should be able to: 1. Recognize common and uncommon forms of dystonia; 2. Have some understanding of the underlying pathophysiology and genetic basis of dystonias; 3. Adopt a practical approach to the investigation and treatment of dystonia.

**3402  Video Session: Tremor**
Location: Room I, Second Floor, Kyoto International Conference Hall
Peter George Bain  
*London, United Kingdom*
Philip D. Thompson  
*North Terrace, Adelaide, Australia*

Objective: At the conclusion of this session, participants should be able to: 1. Describe tremors by their phenomenology and aetiology; 2. Recognize the more common tremors encountered in a Movement Disorders clinic; 3. Discuss approaches to the management of tremor.

**3403  Video Session: Differential diagnosis of gait disorders**
Location: Annex 2, First Floor, Kyoto International Conference Hall
Oscar S. Gershmanik  
*Buenos Aires, Argentina*
John G. Nutt  
*Portland, OR, USA*

Objective: At the conclusion of this session, participants should be able to: 1. Describe the peculiar features of different gait disorders; 2. Discuss the diagnostic approaches necessary to differentiate between primary and secondary gait disorders; 3. Understand the mechanisms involved in the generation of gait disorders.

**3404  Video Session: Levodopa-related complications in PD**
Location: Room B-1, Second Floor, Kyoto International Conference Hall
Paolo Barone  
*Napoli, Italy*
Eldad Melamed  
*Petah Tiqva, Israel*

Objective: At the conclusion of this session, participants should be able to: 1. Become acquainted with the various manifestations of levodopa-related dyskinesias and dystonias; 2. Become acquainted with the features of various “off” states in patients with response fluctuations; 3. Gain knowledge on effects of pharmacological and surgical treatments on the motor complications.

**3405  Video Session: Drug-induced Movement Disorders**
Location: Room K, Second Floor, Kyoto International Conference Hall
Kapil D. Sethi  
*Augusta, GA, USA*
Daniel Tarsy  
*Boston, MA, USA*

Objective: At the conclusion of this session, participants should be able to: 1. Recognize drug-induced Movement Disorders; 2. Know the prevention and treatment of drug-induced Movement Disorders; 3. Understand the mechanisms of drug-induced Movement Disorders.
Monday, October 30, 2006

Young Scientists Best Posters Presentations
Admission to these sessions is by delegate name badge. No ticket is required for admission to Young Scientists Best Posters Presentations.

5:00 p.m. to 6:00 p.m.

3701 Young Scientists Best Posters Presentations
Location: Room A, Second Floor, Kyoto International Conference Hall
Chair: Heinz Reichmann
Dresden, Germany

3702 Young Scientists Best Posters Presentations
Location: Room B-1, Second Floor, Kyoto International Conference Hall
Chair: Marcelo Merello
Buenos Aires, Argentina

3703 Young Scientists Best Posters Presentations
Location: Room B-2, Second Floor, Kyoto International Conference Hall
Chair: Jose Martin Rabey
Zerifin, Israel

3704 Young Scientists Best Posters Presentations
Location: Room C-1, First Floor, Kyoto International Conference Hall
Chair: Marie Vidailhet
Paris, France

3705 Young Scientists Best Posters Presentations
Location: Room C-2, First Floor, Kyoto International Conference Hall
Chair: Susan B. Bressman
New York, NY, USA

3706 Young Scientists Best Posters Presentations
Location: Room D, First Floor, Kyoto International Conference Hall
Chair: Amos D. Korczyn
Ramat-Aviv, Israel
The Movement Disorder Society’s 10th International Congress of Parkinson’s Disease and Movement Disorders

Tuesday, October 31, 2006

Plenary Sessions
Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.
4101 Plenary Session: Role of alpha-synuclein in the neurodegeneration in Parkinson’s disease
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Stanley Fahn
        New York, NY, USA
        Nobuo Yanagisawa
        Kawasaki-City, Japan
        Michael G. Schlossmacher
        Boston, MA, USA

8:30 a.m. to 9:00 a.m.
4102 Plenary Session: What is new in the molecular pathology of dystonia
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Stanley Fahn
        New York, NY, USA
        Nobuo Yanagisawa
        Kawasaki-City, Japan
        William T. Dauer
        New York, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Explain the clinical differences between primary and secondary dystonia; 2. List the different forms of primary dystonia for which causative gene mutations have been identified; 3. Discuss the cellular mechanisms that have been identified for various forms of dystonia, and how these may or may not define a common molecular disturbance in the disease.

9:00 a.m. to 9:30 a.m.
4103 Junior Award Lectures
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Stanley Fahn
        New York, NY, USA
        Nobuo Yanagisawa
        Kawasaki-City, Japan

Parallel Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.
4201 Parallel Session 1: Autosomal recessive familial Parkinson’s disease
Location: Room B-1, Second Floor, Kyoto International Conference Hall
Chairs: Christine Klein
        Luebeck, Germany
        Ruey-Meei Wu
        Taipei, Taiwan

10:00 a.m. Clinical features of autosomal recessive PD (including clinical features and implications of heterozygotes of mutations)
Enza Maria Valente
Rome, Italy

10:30 a.m. Molecular mechanisms of nigral neuronal death in PARK2
Nobutaka Hattori
Tokyo, Japan

11:00 a.m. Molecular mechanisms of nigral neuronal death in PARK6 and PARK7
Mark Cookson
Bethesda, MD, USA

11:30 a.m. Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Describe the clinical features of autosomal recessive Parkinson’s disease (PD) and implications of heterozygotes of recessive genes mutations in the development of PD; 2. Discuss the molecular mechanisms of nigral neuronal death in parkinsonism with parkin (PARK2) mutation; 3. Discuss the molecular mechanisms of nigral neuronal death in parkinsonism with PINK1 (PARK6) and DJ1 (PARK7) mutations.

Please refer to the Junior Awards Flyer in your registration bag for the Junior Award Recipients.
Tuesday, October 31, 2006

**4202 Parallel Session 2: Pathophysiology of Movement Disorders**

*Location: Room A, Second Floor, Kyoto International Conference Hall*

**Chairs:**
- Mark Hallett  
  *Bethesda, MD, USA*
- Sadatoshi Tsuji  
  *Fukuoka, Japan*

- **10:00 a.m.** Rhythmic activity in STN and GPi: Implications in the pathogenesis of symptoms of Movement Disorders  
  *William D. Hutchison  
  *Toronto, Canada*

- **10:30 a.m.** Disorders of goal-directed motor behavior induced by fronto-striatal circuits damage  
  *Mandar S. Jog  
  *London, Canada*

- **11:00 a.m.** Abnormalities of sensory-motor integration in Movement Disorders  
  *Giovanni Abbruzzese  
  *Genova, Italy*

- **11:30 a.m.** Discussion

**Objective:** At the conclusion of this session, participants should be able to: 1. Recognize the occurrence of sensori-motor integration abnormalities in patients with Movement Disorders (mainly dystonia and parkinsonism); 2. Critically evaluate the pathophysiological role of sensori-motor integration abnormalities in Movement Disorders; 3. Understand the neurophysiological basis for rhythmic oscillations in basal ganglia structures; 4. Critically evaluate models of basal ganglia function based on neuronal firing rates, firing patterns and oscillatory activity; 5. Understand the contributions of fronto-striatal circuits in movement control in normal and disordered states.

**4203 Parallel Session 3: L-Dopa-induced dyskinesia**

*Teaching Course*

*Location: Annex 2, First Floor, Kyoto International Conference Hall*

**Chairs:**
- Christopher G. Goetz  
  *Chicago, IL, USA*
- Masahiro Nomoto  
  *Tohon, Japan*

- **10:00 a.m.** Clinical features and classification of L-Dopa-induced dyskinesias  
  *Giovanni Fabbrini  
  *Rome, Italy*

- **10:30 a.m.** Pathophysiology and pathogenesis of L-Dopa-induced dyskinesias  
  *Jonathan M. Brotchie  
  *Toronto, Canada*

- **11:00 a.m.** Management of L-Dopa-induced dyskinesias  
  *Francisco Grandas  
  *Madrid, Spain*

- **11:30 a.m.** Discussion

**Evaluations**

*Please take time to complete the evaluation form provided for each session you attend. Your input and comments are essential in planning future educational programs for MDS. When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.*
Tuesday, October 31, 2006

**4204  Parallel Session 4: Cognitive disturbance in non-demented PD patients**
Location: Room D, First Floor, Kyoto International Conference Hall

**Chairs:**
- David John Burn  
  *New Castle Upon Tyne, United Kingdom*
- Bruno Dubois  
  *Paris, France*

- 10:00 a.m. **Cognition in non-demented PD**  
  Dag Aarsland  
  *Stavanger, Norway*

- 10:30 a.m. **How to assess cognition in non-demented PD**  
  Bruno Dubois  
  *Paris, France*

- 11:00 a.m. **Neuroimaging correlates of cognitive decline PD**  
  John T. O’Brien  
  *New Castle Upon Tyne, United Kingdom*

- 11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the prevalence and profile of cognitive impairment in non-demented PD patients; 2. Define a battery of tests appropriate to assess cognition in non-demented PD patients; 3. Identify potential structural and functional imaging changes associated with cognitive impairment in PD.

**4206  Parallel Session 6: Heavy metals and neurodegeneration**
Location: Room I, Second Floor, Kyoto International Conference Hall

**Chairs:**
- Piu Chan  
  *Beijing, People’s Republic of China*
- C. Warren Olanow  
  *New York, NY, USA*

- 10:00 a.m. **Neuroferritinopathy**  
  Patrick Chinnery  
  *New Castle Upon Tyne, United Kingdom*

- 10:30 a.m. **Copper in neurodegeneration**  
  Peter A. LeWitt  
  *Southfield, MI, USA*

- 11:00 a.m. **Manganese toxicity**  
  Caroline M. Tanner  
  *Sunnyvale, CA, USA*

- 11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe what role iron plays in the pathophysiology of Parkinson’s disease; 2. Describe what role copper plays in the pathophysiology of movement diseases; 3. Explain the relationship between manganese exposure and Parkinsonism and Parkinson’s disease.

**4207  Parallel Session 7: What is new in dystonia**
Location: Room B-2, Second Floor, Kyoto International Conference Hall

**Chairs:**
- Alfredo Berardelli  
  *Rome, Italy*
- Masaya Segawa  
  *Tokyo, Japan*

- 10:00 a.m. **Epidemiology and clinical features of primary dystonias**  
  Giovanni Defazio  
  *Bari, Italy*

- 10:30 a.m. **Pathophysiology of primary dystonias**  
  Alfredo Berardelli  
  *Rome, Italy*

- 11:00 a.m. **Pathogenesis, biology, and animal models of primary dystonia**  
  Thomas T. Warner  
  *London, United Kingdom*

- 11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the pathophysiology and neurobiology of dystonia; 2. Describe diagnostic approaches and tools available for dystonia; 3. Discuss pharmacological and non-pharmacological treatment options available for dystonia.
Tuesday, October 31, 2006

4208  Parallel Session 8: Tourette syndrome
Location: Room C-2, First Floor, Kyoto International Conference Hall
Chairs: Paul Sandor
Toronto, Canada
Harvey S. Singer
Baltimore, MD, USA

10:00 a.m.  Etiology and pathogenesis of Tourette syndrome
Harvey S. Singer
Baltimore, MD, USA

10:30 a.m.  Non-motor symptoms of Tourette syndrome
Paul Sandor
Toronto, Canada

11:00 a.m.  Treatment of Tourette syndrome
Joseph Jankovic
Houston, TX, USA

11:30 a.m.  Discussion

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the etiology and pathogenesis of Tourette syndrome; 2. Describe and recognize the non-motor symptoms associated with Tourette syndrome; 3. Discuss the pharmacological and non-pharmacological treatment options available for Tourette syndrome.

Lunch Seminars
Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.

12:15 p.m. to 1:15 p.m.
4010  MAO-B inhibition and PD
Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from Teva Neuroscience, Teva Pharmaceutical Industries Ltd., and Lundbeck
Chairs: Murat Emre
Capa Istanbul, Turkey
Eldad Melamed
Petah Tikva, Israel

Management issues in early PD: When to start treatment
C. Warren Olanow
New York, NY

Management issues when motor fluctuations begin
Olivier Rascol
Toulouse, France

Objective: At the conclusion of this session, participants should be able to: 1. Understand the role of MAO-B and its inhibition by agents such as rasagiline in the pathogenesis and treatment of Parkinson’s disease; 2. Appreciate the various therapeutic approaches to the different disease stages; 3. Understand how to treat and prevent levodopa-related motor complications.

1:30 p.m. to 2:30 p.m.
4011  DBS in the treatment of PD and dystonia
Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from Medtronic
Chairs: Günther Deuschl
Kiel, Germany
Nobuo Yanagisawa
Kawasaki-City, Japan

Surgical therapy for PD
Alim L. Benabid
Grenoble, France

Surgical therapy for dystonia
Jens Volkmann
Kiel, Germany

Please plan to attend the MDS Business Meeting from 5:00 p.m. - 6:00 p.m., Tuesday, October 31, 2006. Your presence at this important meeting contributes to the success of our Society.
Tuesday, October 31, 2006

Skills Workshops and Meet the Expert Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Skills Workshops and Meet the Expert Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

3:00 p.m. to 4:30 p.m.

4301 Skills Workshop: Transcranial magnetic stimulation
Location: Room B-2, Second Floor, Kyoto International Conference Hall
Angelo Quartarone
*Messina, Italy*
Yoshikazu Ugawa
*Tokyo, Japan*

Objective: At the conclusion of this session, participants should be able to: 1. Describe what transcranial cortical stimulation (TMS, TDCS) can show in the motor system pathophysiology in Movement Disorders. 2. Explain the possible mechanisms underlying abnormal plasticity observed at a regional level in humans (studied with transcranial cortex stimulation) based on the results obtained from animal models. 3. Discuss the potential of transcranial cortex stimulation (TMS, TDCS) in the research and treatment of Movement Disorders by inducing regional plasticity. New methods of inducing plasticity within the sensori-motor system and their underlying mechanisms will be shown.

4302 Skills Workshop: Botulinum toxin injection: Limb and trunk
Location: Room A, Second Floor, Kyoto International Conference Hall
Cynthia L. Comella
*Chicago, IL, USA*
Austen Peter Moore
*Liverpool, United Kingdom*

Objective: At the conclusion of this session, participants should be able to: 1. Evaluate a patient with trunk and neck dystonia for botulinum toxin injection; 2. Discuss the anatomy relevant to botulinum toxin injections into the trunk and neck; 3. Explain dosing and adverse effects of each serotype and brand of botulinum toxin.

4303 Skills Workshop: Intraoperative targeting
Location: Room K, Second Floor, Kyoto International Conference Hall
Steven Gill
*Bristol, United Kingdom*
William D. Hutchison
*Toronto, Canada*

Objective: At the conclusion of this session, participants should be able to: 1. Describe how to optimize target visualization on MRI; 2. Discuss how to optimize target and trajectory placement and verify accuracy of electrode placement; 3. Describe how intraoperative microelectrode recordings and microstimulation are used to localize and verify the target.

4304 Skills Workshop: Transcranial echosonography
Location: Room C-1, First Floor, Kyoto International Conference Hall
Daniela Berg
*Tübingen, Germany*
Uwe Walter
*Rostock, Germany*

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the scanning planes and the important landmarks for B-mode sonography in Movement Disorders; 2. Describe investigations indicating that TCS is valuable in the early and even premotor diagnosis of Parkinson’s disease; 3. Assess the specificity of transcranial sonography in discrimination between idiopathic Parkinson’s disease and atypical parkinsonian syndromes.

4305 Skills Workshop: Digitizing and editing your videotapes and creating a digital videotape library
Location: Room J, Second Floor, Kyoto International Conference Hall
Mandar S. Jog
*London, Canada*
Gregory F. Molnar
*Minneapolis, MN, USA*

Objective: At the conclusion of this session, participants should be able to: 1. Identify the need and many benefits of managing patient video in a digital video database/library; 2. Describe the basic steps, equipment and software needed to convert tape-based video recordings to digital video computer files and perform basic editing; 3. Describe the latest technologies for video capture including DVD and HDD (hard drive) format cameras.
Tuesday, October 31, 2006

4501 Meet the Expert in medical treatment of motor features in PD
Location: Annex 2, First Floor, Kyoto International Conference Hall
Christopher G. Goetz  
*Chicago, IL, USA*  
Fabrizio Stocchi  
*Rome, Italy*

Objective: At the conclusion of this session, participants should be able to: 1. Describe the pathophysiologic and neurobiological basis of motor aspects of PD; 2. Discuss the diagnostic approaches and tools available for therapies of motor aspects of PD; 3. Understand the pharmacological, surgical and ancillary treatment options to manage motor aspects of PD.

4502 Meet the Expert on apraxia and related disorders
Location: Room C-2, First Floor, Kyoto International Conference Hall
Laurel Buxbaum  
*Philadelphia, PA, USA*  
Ramon Leiguarda  
*Buenos Aires, Argentina*

Objective: At the conclusion of this session, participants should be able to: 1. Identify the presence of apraxia and correctly classify limb praxic errors; 2. Recognize limb praxic errors; 3. Understand the physiopathology of most common types of limb apraxia.

4503 Meet the Expert in tics and Tourette syndrome
Location: Room I, Second Floor, Kyoto International Conference Hall
Jonathan W. Mink  
*Rochester, NY, USA*  
Paul Sandor  
*Toronto, Canada*

Objective: At the conclusion of this session, participants should be able to: 1. Recognize key symptoms of Tourette Syndrome including common comorbidities; 2. List treatment options for Tourette Syndrome; 3. Describe non-medical treatment options for Tourette Syndrome and related disorders.

4504 Meet the Expert in atypical parkinsonism
Location: Room D, First Floor, Kyoto International Conference Hall
Carlo Colosimo  
*Rome, Italy*  
Andrew J. Lees  
*London, United Kingdom*

Objective: At the conclusion of this session, participants should be able to: 1. Describe the different pathophysiology and neurobiology of Parkinson’s disease and atypical parkinsonian syndromes; 2. Discuss the clinical diagnostic approach and laboratory tools available to identify patients affected by atypical parkinsonian syndromes; 3. Discuss the pharmacological and non-pharmacological treatment options available for atypical parkinsonian syndromes.

Lessons my patients taught me – Video Session
Admission is by delegate name badge. No ticket is required for admission to this session.

6:00 p.m. to 8:00 p.m.

4801 Lessons my patients taught me
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chair: Eduardo Tolosa  
*Barcelona, Spain*  
Stanley Fahn  
*New York, NY, USA*  
Christopher G. Goetz  
*Chicago, IL, USA*  
John G.L. Morris  
*Sydney, Australia*  
Anthony E. Lang  
*Toronto, Canada*  
Marie Vidailhet  
*Paris, France*
Wednesday, November 1, 2006

Plenary Sessions
Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.
5101 Plenary Session 5: The role of trophic factors in neurodegeneration
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Ichiro Kanazawa
Kodaira, Japan
Anne B. Young
Boston, MA, USA
Robert E. Burke
New York, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Discuss evidence for endogenous neurotrophic factors for dopamine neurons of the substantia nigra; 2. Explain the current status of neurotrophic treatments of Parkinson’s disease; 3. Identify alternative approaches for the neurotrophic treatment of Parkinson’s.

8:30 a.m. to 9:00 a.m.
5102 Plenary Session 6: Who cares about stem cells?
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Ichiro Kanazawa
Kodaira, Japan
Anne B. Young
Boston, MA, USA
Ernesto Arenas
Stockholm, Sweden

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the state of the art of stem cell replacement strategies for Parkinson’s disease; 2. Recognize the cells and factors involved in dopaminergic neurogenesis and regeneration; 3. Explain the importance of stem cells as tools for drug discovery.

9:00 a.m. to 9:30 a.m.
5103 Stanley Fahn Lecture
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Ichiro Kanazawa
Kodaira, Japan
Anne B. Young
Boston, MA, USA

Challenges and prospects for neuroprotection in Parkinson’s disease
Ira Shoulson
Rochester, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Define “neuroprotection” as applied to the experimental therapeutics of Parkinson’s disease (PD); 2. Identify the research and regulatory obstacles involved in confirming that an experimental treatment favorably modifies the clinical progression of PD; 3. Discuss investigative approaches that could be employed to surmount the obstacles involved in developing neuroprotective therapies for PD.

Parallel Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.
5201 Parallel Session 1: Genomic studies Parkinson’s disease vulnerability
Location: Room B-2, Second Floor, Kyoto International Conference Hall
Chairs: Matthew J. Farrer
Jacksonville, FL, USA
John A. Hardy
Bethesda, MD, USA

10:00 a.m. Heritability of PD
Andrew A. Hicks
Reykjavik, Iceland

10:30 a.m. Linkage-derived susceptibility genes
Matthew J. Farrer
Jacksonville, FL, USA

11:00 a.m. Contribution of single gene defects to PD
Alexis Brice
Paris, France

11:30 a.m. Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Discuss the controversy underlying the heritability of Parkinson’s disease; 2. List genes identified in familial parkinsonism; 3. Recognize that sporadic Parkinson’s disease has a genetic contribution.
5202  Parallel Session 2: Proteasome, ubiquitin and protein aggregation
Location: Room B-1, Second Floor, Kyoto International Conference Hall
Chairs:  Mark Cookson
        Bethesda, MD, USA
        Peter Riederer
        Wuerzburg, Germany
10:00 a.m.  Ablation of autophagy causes
            Keiji Tanaka
            Tokyo, Japan
10:30 a.m.  Cell biology of protein misfolding
            Leonard Petrucelli
            Jacksonville, FL, USA
11:00 a.m.  Molecular mechanisms of Lewy body formation
            Simone Engelender
            Haifa, Israel
11:30 a.m.  Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Identify the major molecular pathways for protein degradation, including the ubiquitin-proteasome system and autophagy; 2. Discuss the contributions of protein misfolding to the neurodegenerative process; 3. Describe the major components of Lewy bodies and define some of the molecular pathways involved in their formation.

5203  Parallel Session 3: Gait and balance in parkinsonian disorders
Location: Room D, First Floor, Kyoto International Conference Hall
Chairs:  Bastiaan R. Bloem
        Nijmegen, Netherlands
        Yasuyuki Okuma
        Izunokuni, Japan
10:00 a.m.  Clinical features of gait and balance dysfunction
            Evzen Ruzicka
            Praha, Czech Republic
10:30 a.m.  Pathogenesis of gait and balance dysfunction
            Nir Giladi
            Tel Aviv, Israel
11:00 a.m.  Influence of drugs and surgery on gait disorders
            Bastiaan R. Bloem
            Nijmegen, Netherlands
11:30 a.m.  Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Identify patients with dystonia who are good candidates for surgery; 2. Discuss benefits and limitations of surgery for dystonia; 3. Discuss the potential of surgery in Tourette’s disease.

5204  Parallel Session 4: Dementia in Parkinson’s disease
Location: Annex 2, First Floor, Kyoto International Conference Hall
Chairs:  Dag Aarsland
        Stavanger, Norway
        Murat Emre
        Capa Istanbul, Turkey
10:00 a.m.  MDS task force on PDD: Diagnostic criteria
            Murat Emre
            Capa Istanbul, Turkey
10:30 a.m.  Pathology and pathogenesis of dementia in PD
            Glenda M. Halliday
            Randwick, Australia
11:00 a.m.  Management of dementia in PD
            David John Burn
            Newcastle Upon Tyne, United Kingdom
11:30 a.m.  Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Describe the findings and the hypothesis on the pathology and pathophysiology of dementia associated with Parkinson’s disease; 2. Recognize the proposed clinical diagnostic criteria for dementia associated with PD; 3. Define the management approaches and treatment options for patients with dementia associated with PD.

5205  Parallel Session 5: Neurosurgery in dystonia and Tourette syndrome
Location: Room C-1, First Floor, Kyoto International Conference Hall
Chairs:  Mahlon R. DeLong
        Atlanta, GA, USA
        Paul Krack
        Grenoble, France
10:00 a.m.  Neurosurgery in generalized dystonia
            Takaomi Taira
            Tokyo, Japan
10:30 a.m.  Neurosurgery in focal dystonia
            Elena Moro
            Toronto, Canada
11:00 a.m.  Neurosurgery in Tourette syndrome
            Jean-Luc Houeto
            Poitiers Cedex, France
11:30 a.m.  Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Identify patients with dystonia who are good candidates for surgery; 2. Discuss benefits and limitations of surgery for dystonia; 3. Discuss the potential of surgery in Tourette’s disease.
Wednesday, November 1, 2006

5206  Parallel Session 6: Early detection and outcome measures in PD
Location: Room C-2, First Floor, Kyoto International Conference Hall

Chairs:  Sadako Kuno
         Kodaira, Tokyo, Japan
        Matthew B. Stern
         Philadelphia, PA, USA

10:00 a.m.  Disease onset and early detection
            Matthew B. Stern
            Philadelphia, PA, USA

10:30 a.m.  Progression and QOL
            Lisa M. Shulman
            Baltimore, MD, USA

11:00 a.m.  Other clinical outcome measures
            Karl D. Kieburtz
            Rochester, NY, USA

11:30 a.m.  Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Identify potential preclinical markers of PD; 2. Discuss the potential relevance of early and preclinical detection; 3. Discuss clinical trials of PD prevention.

5207  Parallel Session 7: Restless legs syndrome
*Teaching Course
Location: Room A, Second Floor, Kyoto International Conference Hall

Chairs:  Wayne A. Hening
         New York, NY, USA
        Joan Santamaria
         Barcelona, Spain

10:00 a.m.  Epidemiology and diagnosis of restless legs syndrome
            Claudia M. Trenkwalder
            Kassel, Germany

10:30 a.m.  Pathophysiology of restless legs syndrome
            Richard P. Allen
            Baltimore, MD, USA

11:00 a.m.  Treatment of restless legs syndrome
            Wayne A. Hening
            New York, NY, USA

11:30 a.m.  Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Recognize the epidemiological features of RLS - the chronic course with high prevalence in older adults, especially women, as well as some possible regional/ethnic variations; 2. Understand the key diagnostic criteria for RLS, based on clinical interview, which can be supplemented by certain laboratory evaluations and pharmacologic challenges; 3. Understand the range of possible pathologies in RLS; 4. Summarize the iron abnormalities in RLS and relation to brain function and, in particular, dopamine; 5. Understand and evaluate the usefulness of the different therapeutic modalities for RLS, both pharmacologic and non-pharmacologic; 6. Differentiate distinct clinical situations that require alternate management strategies - including intermittent, daily and refractory RLS, especially that with augmentation.

Evaluations

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

When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.
Wednesday, November 1, 2006

5208  Parallel Session 8: Hereditary chorea other than Huntington’s disease
Location: Room I, Second Floor, Kyoto International Conference Hall
Chairs:  Ira Shoulson  
Rochester, NY, USA  
Oksana Suchowersky  
Calgary, Canada
10:00 a.m.  Neuroacanthocytosis  
Akira Sano  
Kagoshima, Japan
10:30 a.m.  Huntington’s disease-like 2 (HDL2)  
Russell Margolis  
Baltimore, MD, USA
11:00 a.m.  Benign hereditary chorea  
Michael Samuel  
London, United Kingdom
11:30 a.m.  Discussion  
Objective: At the conclusion of this session, participants should be able to: 1. Discuss the diagnosis, biological/genetics basis and therapeutic approaches pertaining to neuroacanthocytosis; 2. Discuss the diagnosis, biological/genetics basis and therapeutic approaches pertaining to Huntington’s disease-like 2 (HDL2); 3. Discuss the diagnosis, biological/genetics basis and therapeutic approaches pertaining to benign hereditary chorea.

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

Poster Session 3  
Locations: Event Hall, Room E, and Sakura Lounge, First Floor, Kyoto International Conference Hall  
Poster Viewing: 9:00 a.m. to 5:00 p.m.  
Authors present even numbers: 12:00 p.m. to 1:30 p.m.  
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.  
Posters: P694-P1032

Lunch Seminars  
Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.
12:15 p.m. to 1:15 p.m.  
5010  Levodopa: The gold standard in the treatment of PD  
Location: Main Hall, First Floor, Kyoto International Conference Hall  
Supported by an educational grant from F. Hoffmann-La Roche Ltd.  
Chairs:  Andrew J. Lees  
London, United Kingdom  
Niphon Pongsvarin  
Bangkok, Thailand
Levodopa - The history  
Stanley Fahn  
New York, NY, USA
Levodopa - Strengths and weaknesses  
Eduardo Tolosa  
Barcelona, Spain
1:30 p.m. to 2:30 p.m.  
5011  Neuroimaging opportunities in Movement Disorders  
Location: Main Hall, First Floor, Kyoto International Conference Hall  
Supported by an educational grant from GE Healthcare  
Chairs:  David J. Brooks  
London, United Kingdom  
Donald B. Calne  
Vancouver, Canada
Imaging as a diagnostic tool in Movement Disorders  
A. Jon Stoessl  
Vancouver, Canada
Imaging: Its role in clinical trials  
Kenneth Marek  
New Haven, CT, USA
Objective: At the conclusion of this session, participants should be able to: 1. Understand the mechanisms of current brain imaging techniques; 2. Appreciate the pitfalls in using imaging for clinical trials, 3. Recognize the value and limitations of imaging in the diagnosis of diseases of the brain.
Video and Meet the Expert Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Video and Meet the Expert Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

3:00 p.m. to 4:30 p.m.

5401 Video Session: Chorea
Location: Room B-2, Second Floor, Kyoto International Conference Hall
Alberto Albanese
Milan, Italy
Francisco Eduardo C. Cardoso
Belo Horizonte, Brazil
Objective: At the conclusion of this session, participants should be able to: 1. Recognize the clinical features of chorea related to different etiological conditions; 2. Discuss the diagnostic approaches and tools available for the differential diagnosis of choreatic disorders; 3. Discuss current and future treatments and their outcome in choreatic disorders.

5402 Video Session: Myoclonus and tics
Location: Room A, Second Floor, Kyoto International Conference Hall
Santiago Giménez-Roldán
Madrid, Spain
Anthony E. Lang
Toronto, Canada
Objective: At the conclusion of this session, participants should be able to: 1. Characterize the phenomenological aspects of myoclonus or tics; 2. Recognize the spectrum of movements and other features occurring in patients with myoclonus and tic disorders; 3. Understand the approach to diagnosis and treatment of patients with myoclonus and tics.

5403 Video Session: Atypical parkinsonism
Location: Room D, First Floor, Kyoto International Conference Hall
Stephen G. Reich
Baltimore, MD, USA
Lene Werdelin
Copenhagen, Denmark
Objective: At the conclusion of this session, participants should be able to: 1. Apply the diagnostic criteria for the most common parkinsonian syndromes (PSP, MSA, CBD); 2. Recognize the “red flags” distinguishing typical from atypical parkinsonism; 3. Recognize the characteristic clinical features of parkinsonian syndromes (PSP, MSA, CBD).

5404 Video Session: Psychogenic Movement Disorders
Location: Annex 2, First Floor, Kyoto International Conference Hall
Kailash Bhatia
London, United Kingdom
David E. Riley
Cleveland Heights, OH, USA
Objective: At the conclusion of this session, participants should be able to: 1. Describe the principal types of Movement Disorders that occur in children; 2. Determine the primary differences between the presentation of Movement Disorders in adults and children; 3. Understand the major categories of pathophysiology that are responsible for Movement Disorders in children.

5405 Video Session: Pediatric Movement Disorders
Location: Room C-1, First Floor, Kyoto International Conference Hall
Emilio Fernandez-Alvarez
Barcelona, Spain
Terence Sanger
Stanford, CA, USA
Objective: At the conclusion of this session, participants should be able to: 1. Describe the principal types of Movement Disorders that occur in children; 2. Determine the primary differences between the presentation of Movement Disorders in adults and children; 3. Understand the major categories of pathophysiology that are responsible for Movement Disorders in children.

5501 Meet the Expert in tremor
Location: Room C-2, First Floor, Kyoto International Conference Hall
Rodger J. Elble
Springfield, IL, USA
William Ondo
Houston, TX, USA
Objective: At the conclusion of this session, participants should be able to: 1. Describe the pathophysiology and neurobiology of tremor disorders; 2. Discuss the diagnostic approaches and tools available for tremor disorders; 3. Discuss the pharmacological and non-pharmacological treatment options available for tremor disorders.

5502 Meet the Expert in diagnosis, management and treatment of dystonia
Location: Room B-1, Second Floor, Kyoto International Conference Hall
Stanley Fahn
New York, NY, USA
Vladimir Kostic
Belgrade, Serbia and Montenegro
Objective: At the conclusion of this session, participants should be able to: 1. Describe the phenomenology of torsion dystonia in different body parts; 2. Examine patients with torsion dystonia and assess its severity; 3. Understand treatment options for torsion dystonia.
**Wednesday, November 1, 2006**

**5503**  Meet the Expert in surgical treatment of PD  
Location: Room I, Second Floor, Kyoto International Conference Hall  
Yoichi Katayama  
*Tokyo, Japan*  
Pierre Pollak  
*Grenoble, France*  

**Highlights of Poster Sessions**  
Admission to this session is by delegate name badge. No ticket is required for admission to Highlights of Poster Sessions.

**5:00 p.m. to 6:00 p.m.**  
**5901**  Highlights of Poster Sessions  
Location: Main Hall, First Floor, Kyoto International Conference Hall  

**Clinical Chairs:**  
Shu-Leong Ho  
*Hong Kong, People’s Republic of China*  
William J. Weiner  
*Baltimore, MD, USA*  

**Scientific Chairs:**  
Justo J. Garcia De Yébenes  
*Madrid, Spain*  
Etienne C. Hirsch  
*Paris, France*
For the treatment of Parkinson’s disease

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

For more information visit: www.doitsooner.com

Plenary Sessions

Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.

6101  Plenary Session 7: Latest developments in trinucleotide repeat disorders
Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs:
- Anthony E. Lang  
  Toronto, Canada
- Eduardo Tolosa  
  Barcelona, Spain
- Henry L. Paulson  
  Iowa City, IA, USA

Objective: At the conclusion of this session, participants should be able to: 1. Describe the genetic basis of Movement Disorders due to trinucleotide repeat expansions; 2. Understand current views of disease mechanisms for these disorders; 3. Appreciate new approaches to potential therapy for these disorders.

8:30 a.m. to 9:00 a.m.

6102  Plenary Session 8: Movement Disorder emergencies
Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs:
- Anthony E. Lang  
  Toronto, Canada
- Eduardo Tolosa  
  Barcelona, Spain
- Steven Frucht  
  New York, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Recognize unusual and clinically important Movement Disorder emergencies in adults and children; 2. Understand how to evaluate patients with acute parkinsonism, dystonia, severe tics and chorea; 3. Understand the treatment of these conditions.

9:00 a.m. to 9:30 a.m.

6103  Plenary Session 9: Treatment of PD: Present and future
Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs:
- Anthony E. Lang  
  Toronto, Canada
- Eduardo Tolosa  
  Barcelona, Spain
- C. Warren Olanow  
  New York, NY, USA
Parallel Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.

6201 Parallel Session 1: Update in pathology of PD
Location: Annex 2, First Floor, Kyoto International Conference Hall
Chairs: Glenda M. Halliday, Randwick, Australia
        Hideo Mori, Tokyo, Japan
10:00 a.m. Progression of Parkinson’s disease: Critical review of Braak’s staging
Dennis Dickson, Jacksonville, FL, USA
10:30 a.m. Neuropathology of non-motor symptoms of PD
Glenda M. Halliday, Randwick, Australia
11:00 a.m. Lewy body-related alpha-synucleinopathy in aging and PD
Irina I. Alafuzoff, Kuopio, Finland
11:30 a.m. Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Describe current theories and data on the progression of PD related pathologies leading to the clinical onset and increased severity of symptoms over time; 2. Describe the neuropathology underlying the non-motor symptoms of PD; 3. Understand the prevalence of PD related pathologies in the population and their association with clinical PD.

6202 Parallel Session 2: Familial PD-inducing proteins
Location: Room C-1, First Floor, Kyoto International Conference Hall
Chairs: Vincenzo Bonifati, Rotterdam, Netherlands
        Toshiharu Nagatsu, Toyoake, Japan
10:00 a.m. Alpha-synuclein and parkin: Are they interacting?
Joseph Savitt, Baltimore, MD, USA
10:30 a.m. LRRK2 and PINK1: What are the natural substrates?
Nicholas Wood, London, United Kingdom
11:00 a.m. Molecular biology of normal and mutant DJ-1: How is DJ-1 protecting nigral neurons?
Hiroyoshi Ariga, Sapporo, Japan
11:30 a.m. Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Identify familial PD-inducing proteins; 2. Discuss the diagnostic significance of familial PD-inducing proteins; 3. Discuss the possible pharmacological strategies for prevention of the onset, retardation of the progression and treatment of the symptoms of familial PD.

6203 Parallel Session 3: Autonomic and sensory dysfunction in PD
Location: Room B-2, Second Floor, Kyoto International Conference Hall
Chairs: Mitsutoshi Yamamoto, Takamatsu, Japan
10:00 a.m. Olfactory dysfunction in PD
John E. Duda, Philadelphia, PA, USA
10:30 a.m. Autonomic dysfunction in PD
Satoshi Orimo, Setagaya-ku, Japan
11:00 a.m. Pain and sensory symptoms in PD
Ruth Djaldetti, Petah Tiqva, Israel
11:30 a.m. Discussion
Objective: At the conclusion of this session, participants should be able to: 1. Understand the significance of olfactory dysfunction as a key sensory finding in PD. Participants will be able to critically discuss olfactory dysfunction as a potential preclinical sign of PD; 2. Describe the clinical spectrum of autonomic dysfunction of Parkinson’s Disease, to understand underlying clinico-pathological correlations and principals of management; 3. Understand prevalence, clinical manifestations and pathophysiological mechanisms underlying pain in Parkinson’s disease.
**Thursday, November 2, 2006**

**6204 Parallel Session 4: Sleep disturbances in PD**
Location: Room B-1, Second Floor, Kyoto International Conference Hall

Chairs:  
Mark A. Stacy  
*Durham, NC, USA*  
Claudia M. Trenkwalder  
*Kassel, Germany*

10:00 a.m. **Neurobiology of sleep and sleep disturbances in PD**  
Birgit Högl  
*Innsbruck, Austria*

10:30 a.m. **Pathogenesis and management of RBD**  
Joan Santamaria  
*Barcelona, Spain*

11:00 a.m. **Excessive daytime sleepiness**  
Isabelle Arnulf  
*Paris, France*

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe different phenomena of sleep disorders in Parkinson’s disease and identify symptoms of REM sleep behavior disorder; 2. Discuss the pathophysiology and possible mechanisms of sleep disorders in PD and their relation to the dopamine system; 3. Define daytime sleepiness and to explain the various factors contributing to sleepiness in PD.

**6205 Parallel Session 5: Non-pharmacological and non-surgical management of PD**
Location: Room I, Second Floor, Kyoto International Conference Hall

Chairs:  
Eldad Melamed  
*Petah Tiqva, Israel*  
Bhim S. Singhal  
*Mumbai, India*

10:00 a.m. **Multidisciplinary management of PD**  
Robert Iansek  
*Cheltenham, Australia*

10:30 a.m. **Physical and occupational therapies in PD**  
Lynn Rochester  
*New Castle Upon Tyne, United Kingdom*

11:00 a.m. **Management of speech and swallowing disturbances in PD**  
Lorraine Ramig  
*Boulder, CO, USA*

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the non-pharmacological and non-surgical approaches to management of Parkinson’s disease; 2. Recognize the need for a multidisciplinary approach to the management of motor symptoms of Parkinson’s disease; 3. Define the role of physical, occupational and speech therapists in the management of Parkinson’s disease.

**6206 Parallel Session 6: Tremor**
*Teaching Course*
Location: Room D, First Floor, Kyoto International Conference Hall

Chairs:  
Mark Hallett  
*Bethesda, MD, USA*  
Hiroshi Shibasaki  
*Kyoto, Japan*

10:00 a.m. **Epidemiology and clinical features of essential tremor**  
Joaquim Ferreira  
*Torres Vedras, Portugal*

10:30 a.m. **Neuropathology and pathophysiology of essential tremor**  
Hiroshi Shibasaki  
*Kyoto, Japan*

11:00 a.m. **Medical and surgical treatment of tremor**  
Günther Deuschl  
*Kiel, Germany*

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the clinical features of essential tremor in comparison with Parkinson’s disease; 2. Describe the epidemiology of essential tremor; 3. Discuss the neuropathology of essential tremor; 4. Describe the pathophysiology of essential tremor in comparison with Parkinson tremor; 5. Describe the medical treatment of essential tremor and other tremors; 6. Discuss the current status of surgical treatment of essential tremor and other tremors.

**6207 Parallel Session 7: Huntington’s disease**
Location: Room K, Second Floor, Kyoto International Conference Hall

Chairs:  
Ichiro Kanazawa  
*Kodaira, Japan*  
Anne B. Young  
*Boston, MA, USA*

10:00 a.m. **Molecular pathogenesis of Huntington’s disease**  
Anne B. Young  
*Boston, MA, USA*

10:30 a.m. **Cellular and animal models of Huntington’s disease**  
Marc Peschanski  
*Evry, France*

11:00 a.m. **Treatment of Huntington’s disease: Recent progress**  
Ira Shoulson  
*Rochester, NY, USA*

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the basic genetics of Huntington’s disease; 2. Discuss the key mechanisms thought to play a role in Huntington’s disease pathogenesis; 3. Discuss therapeutic strategies based on the basic mechanisms involved in the disease.
Wednesday, November 2, 2006

6208 Parallel Session 8: PSP and CBD
Location: Room A, First Floor, Kyoto International Conference Hall

Chairs: Shigeki Kuzuhara
        Mie-Ken, Japan
        Irene Litvan
        Louisville, KY, USA

10:00 a.m. Clinical and pathological variants of PSP
Lawrence I. Golbe
New Brunswick, NJ, USA

10:30 a.m. Pathogenesis, genetics, and animal models of PSP
Irene Litvan
Louisville, KY, USA

11:00 a.m. What's new in CBD?
Bradley F. Boeve
Rochester, MN, USA

11:30 a.m. Discussion

Objective: At the conclusion of this session, participants should be able to:
1. Discuss the clinical and pathological phenotypes of progressive supranuclear palsy (PSP);
2. Discuss the pathogenesis of PSP based on epidemiologic, neuropathological, and current animal models of this disorder;
3. Review the up-to-date pharmacologic and non-pharmacologic management strategies in corticobasal degeneration (CBD) and the potential for GSK-3beta inhibitors as treatment in CBD and other tauopathies.

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

Poster Session 4
Locations: Event Hall, Room E, and Sakura Lounge, First Floor, Kyoto International Conference Hall
Poster Viewing: 9:00 a.m. to 4:30 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P1033-P1380
Thursday, November 2, 2006

Lunch Seminars

Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.

12:15 p.m. to 1:15 p.m.
6010 Targeting A2A receptors in PD
Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from Kyowa Hakko Kogyo Co., Ltd.
Chairs: Anthony H.V. Schapira
London, United Kingdom
Louis CS Tan
Singapore, Singapore
The adenosine system in BG and alterations in PD
Peter Jenner
London, United Kingdom
Clinical trials testing A2A antagonists
Peter A. LeWitt
Southfield, MI, USA

Objective: At the conclusion of this session, participants should be able to: 1. Describe the role of adenosine system in the basal ganglia in relation to Parkinson’s disease; 2. Define the potential role of adenosine antagonists in the management of Parkinson’s disease; 3. Discuss the current evidence for the use of adenosine antagonists in PD.

Controversies

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

2:00 p.m. to 4:30 p.m.
6601 Controversies
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs: Donald B. Calne
Vancouver, Canada
Anthony E. Lang
Toronto, Canada
Dementia is an inevitable feature of PD
Yes Yves Agid
Paris, France
No Eduardo Tolosa
Barcelona, Spain
Dopaminergic infusions should be used before DBS
Yes Dag Nyholm
Uppsala, Sweden
No Jens Volkmann
Kiel, Germany
Heterozygous mutations cause autosomal recessive familial parkinsonism
Yes Christine Klein
Luebeck, Germany
No Yoshikuni Mizuno
Tokyo, Japan
Mitochondrial dysfunction is the primary problem in Parkinson’s disease
Yes Anthony H.V. Schapira
London, United Kingdom
No Serge Przedborski
New York, NY, USA
Restless legs syndrome is over-diagnosed
Yes Wolfgang H. Oertel
Marburg, Germany
No Birgit Högl
Innsbruck, Austria

Objective: At the conclusion of this session, participants should be able to: 1. Address the pros and cons of dopaminergic infusions vs. DBS in later stage PD; 2. Understand the arguments for and against 1) a role of heterozygous mutations in causing familial PD and 2) mitochondrial dysfunction being the primary problem in the pathogenesis of PD; 3. Understand the controversies related to whether dementia is an inevitable feature of PD and whether restless legs syndrome is overdiagnosed.

Evaluations

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

When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.
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<td>Caroline M. Tanner</td>
<td>Sunnyvale, CA, USA</td>
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<td>Daniel Tarsy</td>
<td>Boston, MA, USA</td>
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<td>Philip D. Thompson</td>
<td>North Terrace, Adelaide, Australia</td>
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<td>Eduardo Tolosa</td>
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<td>Claudia M. Trenkwalder</td>
<td>Kassel, Germany</td>
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<td>Alexander I. Tröster</td>
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<td>Daniel D. Truong</td>
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<td>Sadatoshi Tsuji</td>
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<td>Yoshikazu Ugawa</td>
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<td>Enza Maria Valente</td>
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<td>Francesc Valdeoriola</td>
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<td>Jens Volkmann</td>
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# Faculty

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<td>Josep Valls-Sole</td>
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<td>Valerie Voon</td>
<td>Bethesda, MD, USA</td>
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<td>Uwe Walter</td>
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<td>Thomas T. Warner</td>
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<td>Ray L. Watts</td>
<td>Birmingham, AL, USA</td>
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<td>William J. Weiner</td>
<td>Baltimore, MD, USA</td>
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<td>Daniel Weintraub</td>
<td>Philadelphia, PA, USA</td>
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<td>Gregor K. Wenning</td>
<td>Innsbruck, Austria</td>
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<td>Lene Werdelin</td>
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<td>Erik Ch. Wolters</td>
<td>Amsterdam, Netherlands</td>
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<td>Nicholas Wood</td>
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<td>Zbigniew K. Wszolek</td>
<td>Jacksonville, FL, USA</td>
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<td>Ruey-Meei Wu</td>
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<td>Mitsutoshi Yamamoto</td>
<td>Takamatsu, Japan</td>
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<tr>
<td>Nobuo Yanagisawa</td>
<td>Kawasaki-City, Japan</td>
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<tr>
<td>Anne B. Young</td>
<td>Boston, MA, USA</td>
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## MDS Exhibit and Information Booth

Location: Main Hall Foyer, First Floor, Kyoto International Conference Hall

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, Oceanic 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 Hall Foyer of the Kyoto International Conference Hall during the following hours:

- Saturday, October 28: 12:00 p.m. to 6:00 p.m.
- Sunday, October 29: 8:00 a.m. to 6:00 p.m.
- Monday, October 30: 8:00 a.m. to 6:00 p.m.
- Tuesday, October 31: 8:00 a.m. to 6:00 p.m.
- Wednesday, November 1: 8:00 a.m. to 6:00 p.m.
- Thursday, November 2: 8:00 a.m. to 4:30 p.m.
Committee and Task Force Meetings

MDS 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 prior to the International Congress. The Committee and Task Force schedule of meetings will also be displayed on signage in the Society’s Exhibit Booth #404, located in the Main Hall Foyer on the first floor of the Kyoto International Conference Hall. The listing of MDS Committee and Task Force members may be found on pages 9-10.

Visit www.movementdisorders.org or e-mail info@movementdisorders.org for more information.
Exhibitor Information

General Information and Exhibit Hours
Please allow adequate time in your daily schedule to visit the Exhibit Hall, located in the Event Hall and the Main Hall Foyer on the first floor of the Kyoto International Conference Hall. The exhibition is an integral component of your International Congress experience, offering you the opportunity to speak with representatives of companies providing services or marketing products directly related to Movement Disorders. Delegates may enter the Exhibit Hall at the entrance to the Event Hall and the Main Hall Foyer during the following hours:

- Monday, October 30: 9:00 a.m. to 5:00 p.m.
- Tuesday, October 31: 9:00 a.m. to 5:00 p.m.
- Wednesday, November 1: 9:00 a.m. to 5:00 p.m.
- Thursday, November 2: 9:00 a.m. to 4:30 p.m.

Exhibitor Registration

Location: Event Hall Corridor
Exhibitors may register at the Exhibitor Registration Desk located at the Event Hall entrance on the first floor of the Kyoto International Conference Hall during the following hours:

- Friday, October 27: 4:00 p.m. to 8:00 p.m.
- Saturday, October 28: 7:00 a.m. to 8:30 p.m.
- Sunday, October 29: 7:00 a.m. to 8:00 p.m.
- Monday, October 30: 7:00 a.m. to 6:00 p.m.
- Tuesday, October 31: 7:00 a.m. to 6:00 p.m.
- Wednesday, November 1: 7:00 a.m. to 6:00 p.m.
- Thursday, November 2: 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 onsite 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 including poster presentations (access to Parallel Sessions, Skills Workshops and Video Sessions requires an additional ticket at no cost. Check with the Registration Desk in the Main Entrance for session availability.)

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.
Allergan
2525 DuPont Drive
Irvine, CA 92612 USA
Telephone: +1 714-246-4500
Fax: +1 714-246-4214
Web site: www.allergan.com
Booth #: 112
Allergan, Inc., with headquarters in Irvine, California, is a technology-driven, global specialty pharmaceutical and medical device company that develops and commercializes innovative products for the ophthalmology, neurosciences, medical dermatology, medical aesthetics and other specialty markets. Allergan is dedicated to delivering value to its customers, satisfying unmet medical needs, and improving people’s lives.

Boehringer Ingelheim International GmbH
Binger Str. 173
Ingelheim, 55216
Germany
Telephone: +49 6132-77-0
Fax: +49 6132-72-0
Web site: www.boehringer-ingelheim.com
Booth #: 108
Pramipexole (BI-Sifrol®, Sifrol®, Mirapexin® and Mirapex®) is a compound from Boehringer Ingelheim research first approved in 1997 for the symptomatic treatment of both early and advanced idiopathic Parkinson’s disease, both for monotherapy or in combination with levodopa. In 2006, pramipexole was approved in Europe for the symptomatic treatment of moderate to severe idiopathic Restless Legs Syndrome (RLS) and is also approved in Australia, Brazil, Mexico and other countries. In Japan, Pramipexole is under development for RLS.

Cambridge Laboratories Ireland
Alexandra House, The sweepstakes
Ballbridge, Dublin 4
Ireland
Telephone: +353 1-631-7895
Fax: +353 1-631-9452
Web site: www.camb-labs.com; www.xenazine.com
Booth #: 314
Cambridge Laboratories is a fast growing, dynamic and entrepreneurial pharmaceutical company with extensive product development and commercialization expertise focussed on innovative products in oncology and diseases of the central nervous system. Its leading product, Tetrabenazine, is commercialized globally by a number of marketing partners and is indicated for the treatment of a variety of hyperkinetic Movement Disorders.

Eisai Co., Ltd.
Koishikawa 4-6-10
Bunkyo-Ku, Tokyo 112-8088
Japan
Telephone: +81 3-3817-3913
Fax: +81 3-3811-3077
Web site: http://www.eisai.co.jp
Booth #: 216
Eisai specializes in the manufacturing and marketing of prescription pharmaceutical, over the counter drugs and diagnostics. We have positioned neurology, gastroenterology, and oncology/critical care as focused areas. Eisai has particular expertise in neurodegenerating diseases. In this regard, our product Aricept is widely used to treat Alzheimer’s disease and we are currently developing a new compound for Parkinson’s disease.

Eli Lilly Japan
7-1-5, Isogamidori, Chou-Ku
Kobe, Hyogo 651-0086
Japan
Telephone: +81 78-242-9000
Fax: +81 78-242-9502
Web site: www.lilly.com
Booth #: 114
Eli Lilly Japan is a wholly owned subsidiary of Eli Lilly and Company of the United States. Eli Lilly and Company is a leading, innovation-driven corporation committed to developing a growing portfolio of best-in-class pharmaceutical products that help people live longer, healthier and more active lives. We are committed to providing answers that matter.

FP Pharmaceutical Corp.
1-3-40 Nishiohtuka, Matsubara
Osaka, 580-0011 Japan
Telephone: +81-72-332-5155
Fax: +81-72-332-6886
Web site: www.fp-pharm.co.jp
Booth #: 204
FP Pharmaceutical Corp. is the company with continuous success in distribution of selegiline (MAO-B inhibitor, FP Tablet®) in Japan, and with a focus on the CNS field, especially Parkinson’s disease. Its current pipeline includes some compounds with potential to be the next generation of FP Tablet, but with distinctive pharmacological properties.
Exhibitor Directory

GE Healthcare
Pollards Wood, Nightingales Lane
Chalfont St. Giles, Bucks HP7 9NA
United Kingdom
Telephone: +44 1494-54-400
Fax: +44 1494-542-266
Web site: www.gehealthcare.com
Booth #: 116
GE is dedicated to helping you transform healthcare delivery by driving critical breakthroughs in biology and technology. Our expertise in medical imaging and information technologies, medical diagnostics, patient monitor systems, drug discovery, and biopharmaceutical manufacturing technologies is enabling healthcare professionals around the world discover new ways to predict, diagnose, and treat disease earlier. For additional information visit www.gehealthcare.com

GlaxoSmithKline
Web site: www.gsk.com
Booth #: 112
GlaxoSmithKline is a leading research-based pharmaceutical company with a powerful combination of skills to discover and deliver innovative medicines. We offer a number of programs to support effective health management strategies and improve patient care. Please visit our exhibit booth to learn more about our products.

Ipsen
42 rue du Dr Blanche
Paris 75016
France
Telephone: +33 14430-43-09
Fax: +33 14430-42-00
Web site: www.ipsen.com
Booth #: 306
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 2004, Research and Development expenditure reached €143.2 million, i.e. 18.7% of consolidated sales, which amounted to €767.8 million in the Group’s pro forma accounts set up according to the IFRS. More than 650 people in R&D are dedicated to the discovery and development of innovative drugs for patient care.

John Wiley & Sons, Inc.
111 River Street
Hoboken, NJ 07030 USA
Telephone: +1 201-748-6000
Fax: +1 201-748-6617
Web site: www.wiley.com
Booth #: 406

Kyowa Hakko Kogyo Co., Ltd.
1-6-1 Otemachi Chiyoda-ku
Tokyo 100-8185
Japan
Telephone: +81 3-3282-0007
Fax: +81 3-3284-1968
Web site: www.kyowa.co.jp/eng/
Booth #: 212
Kyowa Hakko Kogyo Co., Ltd. (KHK) is one of Japan’s foremost biotechnology companies. Kyowa is pursuing international development of a number of NCE drug candidates. Istradefylline (KW-6002) is an adenosine A2a receptor antagonist which is currently completing its Phase III program for Parkinson’s disease. Please visit the Kyowa exhibit for further information on this research.

Medtronic, Inc.
710 Medtronic Parkway NE
Minneapolis, MN 55432-5604 USA
Telephone: +1 763-514-4000
Fax: +1 763-514-4879
Web site: www.medtronic.com
Booth #: 104
Medtronic is the global leader in medical technology – alleviating pain, restoring health and extending life for millions of people around the world. Activa Therapy, exhibited, has been used in more than 30,000 patients for the treatment of the three most common Movement Disorders: Parkinson’s disease, essential tremor and dystonia.
Novartis has been a leader in the neuroscience area for more than 50 years, having pioneered early breakthrough treatments for Alzheimer’s disease, Parkinson’s disease, attention deficit/hyperactivity disorder, epilepsy, schizophrenia and migraine. Novartis continues to be active in the research and development of new compounds, and is committed to addressing unmet medical needs and to supporting patients and their families affected by these disorders.

Novartis AG (NYSE: NVS) is a world leader in offering medicines to protect health, treat disease and improve well-being. Our goal is to discover, develop and successfully market innovative products to treat patients, ease suffering and enhance the quality of life. Novartis is the only company with leadership positions in both patented and generic pharmaceuticals. We are strengthening our medicine-based portfolio, which is focused on strategic growth platforms in innovation-driven pharmaceuticals, high-quality and low-cost generics, human vaccines and leading self-medication OTC brands. In 2005, the Group’s businesses achieved net sales of USD 32.2 billion and net income of USD 6.1 billion. Approximately USD 4.8 billion was invested in R&D. Headquartered in Basel, Switzerland, Novartis Group companies employ approximately 97,000 people and operate in over 140 countries around the world. For more information, please visit http://www.novartis.com.

Stalevo® is a longer-lasting levodopa, that offers a more consistent, natural delivery of levodopa to the brain. Not only will patients taking Stalevo remain symptom-free longer throughout the day, but clinical studies show they will maintain this improved function, without the need to increase levodopa, over at least the next three years. This means that, over the long term, patients taking Stalevo are more likely to remain independent and better able to participate in life.

Orion Corporation is a European, R&D-based, business-driven pharmaceuticals and diagnostics company with a special emphasis on developing innovative medicinal treatments and diagnostic tests for global markets. Please feel invited to visit the combined exhibition of Novartis and Orion Pharma.

For further information please visit the companies’ websites.

www.novartis.com
www.orion.fi

**Pfizer, Inc.**
235 East 42nd Street
New York, NY 10017 USA
Telephone: +1 212-733-1000
Fax: +1 212-573-2883
Web site: www.pfizer.com
Booth# 214

The focus of the Pfizer exhibit booth, “The Future of Your Patient is in Your Hands,” affords the opportunity for International Congress delegates to review literature and discuss the treatment of Parkinson’s disease with Pfizer representatives. Cabaser (cabergoline) provides potential management of Movement Disorder symptoms for patients using this treatment.

**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 #: 218

SCHWARZ PHARMA AG (Monheim, Germany), develops and markets innovative drugs for unmet medical needs in neurology, urology and cardiology, e.g. development projects such as Parkinson’s disease, restless legs syndrome, epilepsy, neuropathic pain and overactive bladder syndrome. The company has a strong international presence with subsidiaries in Europe, USA and Asia.
Exhibitor Directory

Sociedad Latinoamericana de Movimientos Anormales (SOLAMA)
PO Box 80207
Caracas 1080
Venezuela
Telephone: +58 212-991-5731
Fax: +58 212-991-5242
Web site: www.solama.org
Booth#: 408
SOLAMA is the Latin American Society focusing on Movement Disorders. We wish to promote our Society to the world and invite you to attend our next meeting in Maracaibo, Venezuela, November 8-10, 2007.

Solvay Pharmaceuticals
Solvay Pharmaceuticals GmbH
Hans-Böckler-Allee 20
Hanover 30173
Germany
Telephone: +49 511-857-0
Fax: +49 511-857-2294
E-mail: claudio.sandner@solvay.com
Web site: www.solvaypharmaceuticals.com
Booth #: 308
Solvay Pharmaceuticals is a global player in selected disease target areas. A strong focus concentrates research and development efforts into clinical indications where doctors and patients want new and better therapies to choose from. The same focus in sales and marketing teams gives us a strong presence in segments like neurology. Solvay Pharmaceuticals is spreading quickly from Europe, USA and Canada into other countries like Brazil, Australia, China and Mexico today.

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
Web site: www.movementdisorders.org
Booth#: 404, 410, 412
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 International MDS, MDS-Asian and Oceanian and MDS-European section exhibit booths to learn more about MDS.

The National Spasmodic Torticollis Association
9920 Talbert Ave.
Fountain Valley, CA 92708 USA
Telephone: +1 714-378-7837
Fax: +1 714-378-7830
Web site: www.torticollis.org
Booth #: 310
The National Spasmodic Torticollis Association is a non-profit organization dedicated to: providing information and support to people with ST and their family, educating the public and the medical community, advocating for the rights of those with ST and promoting research.

Valeant Pharmaceuticals International
3300 Hyland Avenue
Costa Mesa, CA 92626 USA
Telephone: +1 714-545-0100
Fax: +1 714-668-3139
Web site: www.valeant.com
Booth #: 304
Valeant Pharmaceuticals International is a global, research-based specialty pharmaceutical company that discovers, develops, manufacturers and markets products primarily in the areas of neurology, infectious disease and dermatology.
Kyoto International Conference Hall Floor Plan
Exhibitor Floor Plan ~ Event Hall
Exhibitor Floor Plan ~ Main Hall Foyer
Junior Awards

Two Junior Awards will be presented for outstanding abstracts of The Movement Disorder Society’s 10th 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 that applied. Please refer to the flyer highlighting the 2006 Junior Awards recipients and their topics, in your registration bag.

Tuesday, October 31
9:00 a.m. to 9:30 a.m.
4103  Junior Award Lectures
Location: Main Hall, First Floor, Kyoto International Conference Hall
Chairs:    Stanley Fahn
           New York, NY, USA
         Nobuo Yanagisawa
           Kawasaki-City, Japan
Social Events

Saturday, October 28, 2006
Opening Ceremony and Welcome Reception
7:30 p.m. to 10:30 p.m.
Location: Main Hall, First Floor, Kyoto International Conference Hall

All International Congress attendees are warmly invited to meet friends and colleagues during the traditional International Congress Opening Ceremony on Saturday evening, October 28, at the Kyoto International Conference Hall. A Welcome Reception, accompanied with food, beverage and entertainment, will directly follow the Opening Ceremony. A Koto Performance, a traditional Japanese instrument, will be the entertainment for the evening. The Welcome Reception is supported by an educational grant from Nippon Boehringer Ingelheim Co., Ltd.

These two events are open to all delegates and registered guests.

Wednesday, November 1, 2006
Gala Dinner
7:30 p.m. to 10:30 p.m.
Location: Westin-Miyako Hotel Sanjo-Keage, Higashiyama Ward Kyoto 605-0052

All participants of the 10th International Congress are invited to attend the Gala Dinner at a spectacular Kyoto venue for an evening of entertainment and regional cuisine. A ticket is required for entrance to the Gala Dinner. If you have not already purchased a Gala Dinner Ticket and would like to do so, please visit the Registration Desk to inquire regarding availability. The entertainment will entail a Marimba performance by Mr. Tetsuya Okudaira Ana Dance (A local traditional Japanese dance). Transportation will begin at 6:30 PM from the Kyoto International Conference Hall and suggested attire is smart casual.

Optional Tours

A wide selection of tours is available to all International Congress delegates by Sunrise Tours. For a complete list of available tours and pricing information, please visit the Tours and Hospitality Desk located in the Main Entrance.
Membership Information

Non-Members Applying for MDS Membership
Non-Members may apply for MDS membership – the International Congress registration fee includes MDS membership at a reduced rate ($50 USD savings) with all the benefits of regular membership, excluding the print journal. Full membership benefits including the print journal, will begin in 2007. New MDS Member applicants will be contacted by the MDS International Secretariat to provide more specific membership information. If interested, please register as a non-member applying for membership, as indicated on the registration form.

Membership Benefits as of 2006
• 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, and 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.

2007 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, Moving Along newsletter and the MDS Web site.

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
Satellite Symposia

Saturday, October 28, 2006

Third International Symposium on Neuroacanthocytosis: The Asian Perspective

For further information please contact:
Dr. Shinji Saiki, ss644@cam.ac.uk
Dr. Ruth Walker, ruth.walker@mssm.edu
Glenn Irvine, glenn@naadvocacy.org
Tel: +44 20 7409 0092
Web: www.naadvocacy.org

Tackling the Mystery of Freezing of Gait in Parkinsonism
Kyoto International Conference Hall
8:00 a.m. - 12:00 p.m.

To register for this symposium or for further information please contact:
yeoditk@tasmc.health.gov.il
Fax: +972 3 6974911

NEW IN PARKINSON’S DISEASE

Once-daily Azilect®

Bringing efficacy and simplicity together.
Poster Session 1

Monday, October 30, 2006

Poster Viewing: 9:00 a.m. – 5:00 p.m.
Authors present even numbers 12:00-1:30 p.m.
Authors present odd numbers 1:30-3:00 p.m.

Ataxia
P1-P40

P1 Cortical excitability revealed by motor evoked potential, cortical silent period and conduction time in spinocerebellar ataxias type 1, type 2 and idiopathic sporadic cerebellar ataxia: A transcranial magnetic stimulation study

P2 Very late onset cerebellar ataxia

P3 Video analysis of motor signs in FMR1 premutation carriers

P4 Large number analysis of subtype proportion to spinocerebellar ataxia in Japan

P5 Kuru - a first human transmissible spongiform encephalopathy
P. P. Liberski, D. Gajdusek, P. Brown

P6 Progressive ataxia and palatal tremor: A paraneoplastic syndrome?
D. Hall, P. Agarwal, M. Moon, J. Tsai

P7 Visual event related potentials in patients with autonomic dominant spinocerebellar ataxia type 2
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P186 Paroxismal unilateral dystonia and pathological laughter as first manifestation of multiple sclerosis
L. Ramí-Torrentà, M. Aguirregomozcorta Gil, A. Quiles Granado, M. Ferrándiz Mach

P187 Putaminal lesions in patients with primary dystonia: Helpful in differential diagnosis?
F. Hertel, M. Mörsdorf, C. Decker, P. Gemmar

P188 Frontalis, corrugator and procerus dystonia - A blepharospasm variant?
G. Fabiani, J. Khouri, L. Coral, D. Trizzotto

P189 Contralateral pallidotomy for hemidystonia: Clinical outcomes.
A. Alkhani, S. Bohlega

P190 Babinski 2-phenomenon - A new and old test for the differentiation of hemifacial spasm and one-sided blepharospasm
A. Stenner, G. Reichel, W. Hermann

P191 Interjoint coordination in cervical dystonia: The effect of botulinum toxin
G. Abbruzzese, E. Pelosin, M. Bove, L. Marinelli, A. Di Rocco, F. Battaglia, M. Ghilardi

P192 Autonomic cardiovascular function in patients with cervical dystonia treated with botulinum toxin type A
D. Tiple, S. Strano, C. Colosimo, G. Fabbri, G. Stivali, G. Calcagnini, A. Berardelli
P193 Head movements in patients with cervical dystonia: A Kinematic analysis
B. Gregori, M. Bologna, L. Dinapoli, R. Agostino, C. Colosimo, N. Accornero, A. Berardelli

P194 Botulinum toxin-A injections via electrical motor point stimulation to treat writer’s cramp: A pilot study
E. C. Lim, A. M. Quek, R. C. Seet

P195 Runner’s dystonia
J. Wu, J. Jankovic

P196 Hemimasticatory spasm secondary to bioperscular syndrome
F. Jiménez-Jiménez, I. Puertas, H. Alonso-Navarro

P197 Clinical and genetic analysis of a Chinese family with myoclonus dystonia syndrome
H. Shang, X. Chen, Y. Zhang, S. Wu, Z. Luo, J. Burgunder

P198 Caffeine will aggravate dystonia in patients with dystonia musculorum deformat
N. Izawa, R. Okiyama, F. Yokochi

P199 Different faces of hemifacial spasm: Etiological classification
J. Wu, J. Jankovic

P200 Overflow, contralateral, and mirror hand dystonia
O. Sitburana, J. Jankovic

P201 Quantitative functional measures for the evaluation of botulinum toxin injections in cervical dystonia
O. S. Cohen, T. Proshansky, S. Hassin-Baer

P202 Quantitative comparison of pain sensation during injection between three different botulinum toxin preparations
B. Voller, G. Kranz, T. Sycha, P. Schneider, E. Auff

P203 Electrophysiological correlate of somesthetic temporal discrimination deficit in focal hand dystonia
Y. Tamura, M. Hallett

P204 Botulinum toxin type A administration improves blepharospasm in the reduction of 0.5-2 Hz blink frequencies
C. Liu, K. Liao, D. Shan, P. Hsiao, F. Hsiao, C. Tsai

P205 The effect of pallidal stimulation on motor cortex plasticity in primary generalised dystonia.

P206 Evolution of dose of botulinum toxin in patients with cervical dystonia: A multicenter study

P207 Effectiveness and tolerability of pregabalin for dystonia and other hyperkinetic movement disorders (HMDs): An open-label exploratory study
D. M. Swope, J. J. Chen

P208 Movement Disorder in viral encephalitis: A clinical and MRI correlation
J. Kalita, U. K. Misra

P209 Subclinical neutralizing antibodies against botulinum toxin type A in dystonic patients who still respond well to botulinum toxin type A treatment
G. Kranz, T. Sycha, B. Voller, E. Auff

P210 Cervical dystonia – the role of MRI and CT in botulinum toxin A therapy
G. Reichel, A. Sterner, A. Jahn, W. Hermann

P211 Risk of spread in patients presenting with primary late-onset focal dystonia
G. Abbruzzese, M. Aniello, R. Marchese, G. Fabbri, G. Berardelli, G. Defazio

P212 Spatial discrimination thresholds in unaffected first-degree relatives of patients with sporadic adult onset primary torsion dystonia: Further evidence of an endophenotype
R. Walsh, I. H. Sheikh, J. P. O’Dwyer, T. Lynch, M. Hutchinson

P213 A novel mouse model for studying gender differences in dystonia
T. L. Shirley, H. A. Jinnah

P214 Interhemispheric inhibition of the dorsal premotor-motor pathway is reduced in writer’s cramp dystonia
G. Koch, S. Schneider, T. Baumer, M. Franca, A. Munchau, B. Cheeran, K. P. Bhatia, J. C. Rothwell

P215 Changes in short-afferent inhibition during phasic finger movement in focal hand dystonia
S. Pirio Richardson, B. Bliem, M. Lomarev, E. Shamim, N. Dang, M. Hallett

P216 A new variant of paroxysmal exercise-induced dyskinesia
A. M. Conti, S. J. Frucht, S. Fahn

P217 Alterations of central somatosensory and visual areas in idiopathic cervical dystonia: evidence by voxel-based trinodal MRI
T. Peschel, B. Köhler, C. H. Shrader, R. Dengler, H. Becker, J. Grosskreutz
P218 Impact of globus pallidum stimulation on movement preparation in primary generalized dystonia
V. Fraix, S. Chabardes, A. Benabid, P. Pollak

P219 Relationship between patient outcome response and clinical assessments in a controlled blepharospasm study
S. Grafe, G. Comes, R. Goertelmeyer

P220 Relationship between clinical assessments of dystonia and treatment: A contribution to pharmacosensitivity of the TWSTRS-severity scale
R. Goertelmeyer, S. Grafe

P221 Obsessive compulsive symptoms and executive dysfunction in primary dystonia
P. Bugalho, B. Correa, J. Guimarães, M. Xavier

P222 Quality of life in focal, segmental and generalized dystonia
M. Jahanshahi, D. Page, A. Butler

P223 A qualitative and quantitative evaluation of depression in focal, segmental and generalized dystonia
M. Jahanshahi, L. Lewis, A. Butler

P224 Focal hand dystonia in instrumental musicians: A neurosurgically curable disorder
T. Taira

P225 Deep brain stimulation of the globus pallidus is effective for refractory tardive dystonia
S. Hassin-Baer, R. Spiegelmann, O. S. Cohen

P226 Progression of dystonia in complex regional pain syndrome
M. A. Rijn, van, J. Marinus, H. Putter, J. J. van Hilten

P227 Novel mutations in the GTP cyclohydrolase 1 gene associated with DYT5 dystonia

P228 A video case presentation of a patient with an 18p deletion syndrome and dystonia
C. Peralta, G. Mizraji, S. Garcia, G. Gomez Arevalo, O. Gershank

P229 Effect of cervical dystonia on employment: A retrospective analysis of the ability of treatment to restore premorbid employment status

P230 Retrospective evaluation of the doses of BOTOX and Dysport in the management of dystonia
D. Jenkins, R. Grünwald, B. Dorward

P231 Electrical stimulation of the globus pallidus internus in the treatment of dystono-dyskinetic syndromes (SDD): long term results
B. Brigitte, C. Laura, G. Santiago, T. Cornel, H. Linda, C. Philippe

P232 Limb immobilization in musician’s dystonia
S. U. Schuele, R. L. Lederman

P233 Prevalence of headache attributed to craniofacial dystonia: An epidemiologic study
E. Molho, R. L. Lipton, M. E. Bigal, S. Gollomp, C. Felix, A. M. Vandenburgh, M. F. Brin

P234 Movement-related field potentials of dystonia recorded in the human pallidum

P235 Clinical meaningfulness: Relationships between clinical scales and patients’ assessments in a controlled cervical dystonia study
S. Grafe, R. Goertelmeyer, G. Comes

P236 Deep brain stimulation of the globus pallidus in patients with dystonia
J. Leegwater-Kím, B. Ford, L. Winfield, S. Pullman, G. M. McKhann, R. R. Goodman

P237 The entity of young onset primary cervical dystonia
V. Koukouni, D. Martino, G. Arabia, N. P. Quinn, K. P. Bhatia

P238 Familial dopa-responsive cervical dystonia

P239 Positron emission tomography in myoclonus- dystonia with e-sarcoglycan mutation: a case report
C. Tai, R. Yen, P. Yip, S. Chang, C. Lin, R. Wu, M. Lee

P240 Genetic rescue of 6-pyruvoyltetrahydropterin synthase knockout mice: an animal model for dopa-responsive dystonia
C. Sumi-Ichinose, F. Urano, A. Shimomura, K. Ikemoto, T. Senada, H. Ichinose, T. Nomura

P241 Head trauma in primary cranial dystonias: a multicenter case-control study

P242 Internal globus pallidus stimulation in the treatment of dystonic and dyskinetic syndromes associated with cerebral palsy
C. Laura, B. Brigitte, G. Santiago, E. Hassan, T. Cornel, V. Xavier, C. Philippe
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P243 Moulding the sensory cortex: cortical sensory discrimination improves with botulinum toxin injection for cervical dystonia
R. Walsh, M. Hutchinson

P244 Severe tongue protrusion dystonia: clinical syndromes and their management
S. A. Schneider, A. Aggarwal, M. Bhatt, E. Dupont, S. Tisch, P. Limousin, P. Lee, N. P. Quinn, K. P. Bhattacharya

P245 Title: A community based study of prevalence of dystonia in Kolkata, India.

P246 Somatosensory integration in writer’s cramp: comparison with controls and evaluation of botulinum toxin effect
M. Contarino, J. J. Kruidijk, L. Koster, B. W. Ongerboer de Visser, J. D. Speelman, J. H. Koelman

P247 Prefrontal compensation strategies in healthy volunteers after parietal cortex TMS, an interleaved TMS/MRI study
P.M. De Vries, B.M. DeJong, D.E. Bohning, V.K. Hinson, M.S. George, K. L. Leenders

P248 Embouchure dystonia (ED) and focal task-specific dystonia of the hands (FTSDh) in musicians: susceptibility factors or peripheral modifiers?
S.J. Frucht

P249 Interruption of bilateral deep brain stimulation of the globus pallidus in primary generalized dystonia: a safety study
D. Grabli, M. Coelho-Braga, C. Ewencyzk, C. Lagrange, A. Benabid, P. Corun, M. Vidalhiet, P. Pollak

P250 The basal ganglia are hyperactive during the discrimination of tactile stimuli in writers cramp

P251 Botulinum toxin type B in type A resistant versus responsive subjects with cervical dystonia: A long-term open-label extension safety and efficacy study (AN072-351)
E. J. Pappert

P252 Chemical effectors of torsinA activity: Implications for early-onset torsion dystonia
K. A. Caldwell

Gene and Cell-Based Therapies

P253 Suicide gene transduction of embryonic stem cells for safer cell therapy

P254 Down-regulation of alpha-synuclein expression can rescue dopaminergic cells from cell death in the substantia nigra of Parkinson’s disease rat model
H. Hayashita-Kinoh, M. Yamada, T. Yokota, Y. Mizuno, H. Mochizuki

P255 The effect of stopping chronic infusions of glial cell line derived neurotrophic factor (GDNF) on 18F-dopa uptake
G. R. Hotton, N. Patel, S. Gill, D. Brooks

P256 Aromatic L-aminio acid decarboxylase gene transfer therapy for Parkinson’s disease: initial results of an open-label, dose escalation, safety and tolerability study
C. Christine, P.A. Starr, P. Larson, R. Mah, J. Eberling, W. Jagust, M.A. Aminoff

P257 Increased survival of transplanted neural progenitor cell in rat model of Parkinson’s disease: Co-transplantation with Zuckerkandl’s organ

P258 Human bone marrow stem cells differentiated to astrocytes that secrete neurotrophic factors for cell therapy in animal models of Parkinson’s disease
M. Bahat Stromza, M. Mizrachy, Y. Barhum, D. Ickowicz, E. Melamed, D. Offen

P259 Case Report: Transplantation of fetal porcine ventral mesencephalic cells (FPVMC) for the treatment of Parkinson’s disease (PD): Long term results
S. Ellias

P260 Retinal pigment epithelial cell transplantation could provide trophic support in Parkinson’s disease: results from an in vitro model system.
S. J. Sherman, B. Goodman, T. Falk, B. S. McKay

P261 Survival of dopaminergic neurons derived from mouse ES cells, transplanted into allogenic mouse of Parkinson’s disease models
T. Kaji, E. Nakai, T. Yawata, T. Tsuchiya, K. Park, K. Shimizu

P262 Modulation of the potassium channel Kir2.3 by an adenoviral vector using the dopamine-1 promoter changes the excitability of striatal neurons
T. Falk, J. Y. Xie, S. J. Sherman

Genetics

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P263 Lrrk2 function in neurons
A. Abeliovich, D. McLeod, R. Hammond, J. Dowman, K. Inoue
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P266 The G2019S LRRK2 mutation is rare in Korean patients with Parkinson’s disease J. Cho, H. Kim, S. Park, B. Jeon

P267 Myofibrillogenesis regulator 1 (MR-1) and KCNMA1 gene mutations are not associated with paroxysmal kinesigenic dyskinesia W. Au, E. Tan, J. Tong, J. Burgunder, L. C. Tan

P268 Arg72Pro polymorphic variant in Parkinson’s disease H. Loo, H. Shen, V. Ramachandran, E. Tan

P269 The role of angiotensin converting enzyme gene in Parkinson’s disease J. Lin, K. Yueh


P273 Adenosine A2A receptor variability and coffee and tea intake in Parkinson’s disease E. Tan, Z. Lu, S. Fook-Chong, E. Tan, Y. Zhao


P276 Whole genome association analysis of primary cervical dystonia using novel phenotypic markers J. M. Johnson, C. Filippi, D. J. Duggan, D. D. Duane

P277 Case-control study of the MDR1 gene in Parkinson disease A. Elbaz, F. Dutheil, A. Alpérovitch, M. Loriot, C. Tzourio

P278 Essential tremor phenotyping and molecular genetics: Database cases and a new large pedigree C. M. Testa, A. R. Rosen, T. Wichmann, A. I. Levey, M. Bouzyk, S. A. Factor

P279 Fragile X-associated tremor/ataxia: a comprehensive study in older male carriers of premutation in the FMR1 gene D. Z. Loesch, M. Cook, L. Litewka, F. Tassone, E. Storey

P280 LRRK2 G2019SFounder Haplotype in the Chinese population E. Tan, L. Skipper, L. Tan, J. Liu

P281 4-hydroxynonenal (HNE) modifies α-synuclein aggregation M. Wang, N. Hattori, Y. Mizuno


P283 Screening PARK genes for mutations in early onset Parkinson’s disease patients from Queensland G. D. Mellick, P. A. Silburn, G. A. Siebert, M. Funayama, H. Yoshino, Y. Li, N. Hattori


P286 GTP cyclohydrolase I gene (GCH1) mutations in two families confirmed DYT5 clinical variability A. Sesel, P. Blanco, A. Castro, B. Ares, B. Quintâns, A. Carracedo, M. Sobrido
P287 Frequency of the LRRK2 G2019S mutation in patients with Parkinson’s disease in Russian population

P288 Spinalcerebellar ataxia type 10: Description of a family from Argentina

P289 Detection of a novel LRRK2 mutation in an Austrian cohort of patients with Parkinson’s disease

P290 A mild form of ataxia-telangiectasia without telangiectasia caused by a novel mutation in the ATM gene
K. Nguyen, C. Missirian, H. Zattara, D. Stoppa-Lyonnet, J. Azulay

P291 Further studies on an in vitro model of restless legs syndrome (RLS): Opiate stabilization of the apoptotic gene expression in iron deprivation induced substantia nigra cell degeneration
A. S. Walters, Y. J. Sun, T. Hoang, J. A. Neubauer

P292 Clinical and genetic study in early-onset or familial Parkinson’s disease in Brazil
H. F. Chien, A. Di Fonzo, E. R. Barbosa, V. Bonifati

P293 Alpha-synuclein gene expression variations: causes and consequences in parkinsonism
L. Larvor, I. Wolowzuck, M. Cailliet-Boudin, D. Cappellen, A. Destee, M. Chartier-Harlin

P294 Analysis of NIPA1 (SPG6) mutations in autosomal dominant spastic paraplegia
S. Klebe, A. Lacour, A. Durr, T. Stojkovic, C. Depienne, S. Forlani, C. Dussert, S. Poea-Guyon, I. Vuillaume, B. Sablonniere, P. Vermersch, A. Brice, G. Stevanin

P295 Tau and saitohin gene expression pattern in progressive supranuclear palsy
M. Ezquerra, C. Gaig, C. Ascaso, E. Muñoz, E. Tolosa

P296 Clinical and genetic study of a Brazilian family with spastic paraplegia (SPG6 Locus)

P297 A T313M PINK1 homozygous mutation in a highly consanguineous Saudi family associated with early-onset Parkinson’s disease
S. A. Bohlega, M. Ahmed, A. Loualich, P. Carroll, E. Rogaeva, M. Chishti

P298 Comparative genome hybridization array analysis for sporadic Parkinson disease
J. Kim, H. Kim, J. Choi, J. Yoo, Y. Kim, S. Yim, K. Lee, H. Rha, K. Lee

P299 The V253I mutation in SPG3A causes spastic paraplegia and incomplete phenotype
R. Marconi, M. De Fusco, C. Scarpini, S. Carapelli, R. Ceravolo, F. Morgante, L. Morgante, G. Casari

P300 Genetic, molecular, and pharmacologic characterization of paroxysmal non-kinetic dyskinesia (PNKD)
L. Ptacek

P301 Ala53Thr mutation in the alpha-synuclein gene in a Korean family: preclinical study with olfaction testing and MIBG scintigraphy

P302 Siblings of SCA type 2 with heterogeneous neurodegenerative disorders

P303 Comparing knowledge and attitudes towards genetic testing in Parkinson’s disease in an American and Asian population
C. Hunter, E. Tan, L. Shinawi, J. Lee, S. Chong, J. Jankovic

P304 New Loci for restless legs syndrome map to Chromosome 4q and 17p
J. Winkelmann, P. Lichtner, O. Polo, P. Montagna, B. Högl, K. Stiasny-Kolster, G. M. Hadjigeorgiou, B. Pütz, C. Trenkwalder, T. Meitinger, B. Müller-Myhsok

P305 Analysis of LRRK2 (Dardarin) and PARK2 mutation in a Spanish population
M. Blazquez, C. Huerta, I. Fernandez Mata, B. Blazquez Menes, V. Alvarez

P306 Clinical and genetic findings of two Italian kindreds with Silver syndrome

P307 Spinalcerebellar ataxia type 2(SCA2) with parkinsonian feature in Korean population

P308 Frequency and phenotypic spectrum of PINK1 mutations in Italian patients with Parkinson’s disease.
E. Valente, T. Ialongo, A. Ferraris, R. Marongiu, S. Italian PD, A. Bentivoglio
P309 Identification of novel mutations and genotype/phenotype correlation in Chinese patients with Wilson’s disease
J. Yang, P. Chan

P310 A novel autosomal dominant restless legs syndrome locus maps to chromosome 20p13

P311 CTG expansions at the SCA8 locus in multiple system atrophy
H. A. Teive, R. P. Munhoz, S. Raskin, L. C. Werneck

P312 Clinicogenetic study of PINK1 mutations in Parkinson disease

P313 A variation in LRRK2 is associated with Parkinson’s disease in Asian population

P314 CAG repeat length and clinical progression in Huntington's disease
B. Ravina, M. Romer, R. Constantinescu, K. Biglan, K. Kieburzt, I. Shoulson, M. McDermott

P315 Parkinsonism without Lewy body pathology caused by G2019S LRRK2 mutation
C. Gaig, M. Marti, M. Ezquerra, M. Rey, A. Cardozo, E. Tolosa

P316 Autopsy-proven Huntington disease with 29 CAG repeats
C. Kenney, S. Powell, J. Jankovic

P317 Increased MAPT expression as the possible functional basis of the genetic association with PSP
A. Pittman, A. Myers, J. Hardy, N. Wood, A. J. Lees, R. de Silva

P318 A common missense variant in the LRRK2 gene, Gly2385Arg, associated with Parkinson’s disease risk in Taiwan

P319 A common genetic factor for Parkinson disease in ethnic Chinese population in Taiwan
H. Fung, Y. Wu, J. Hardy, A. B. Singleton, C. Chen

P320 Genome-wide linkage analysis found a new locus for restless legs syndrome (RLS) on chromosome 2q in a South Tyrolean population isolate

P321 Leukocyte MAPK activity associated with the LRRK2 G2019S mutation and Parkinson’s disease
J. O. Aasly, M. Toft, M. J. Farrer, S. N. Kvam, L. R. White

P322 Mutations in PLA2G6 cause a spectrum of Movement Disorders with high basal ganglia iron

Myoclonus

P323 Post-traumatic myoclonus of peripheral origin: A case report and video
N. Lubarr, S. Frucht, S. Pullman, Q. Yu

P324 Negative myoclonus not progressive ataxia is the main reason for locomotory disability in patients suffering from progressive myoclonus epilepsies
H. Vogt, I. Mothersill, T. Baisch

P325 Abdominal myoclonus caused by thoracic intervertebral disc herniation
H. Kim, D. Shin, H. Kim, J. Park, S. Kim, J. Kim, M. Kim

P326 Palato- pharyngo- laringeal tremor an unusual variant of palatal tremor
G. Fabiani, R. M. Szeliga

P327 Myoclonus-dystonia syndrome with the epsilon-sarcoglycan mutation: Clinical diversity in a large Czech pedigree
I. Nestrasil, P. Kanovsky

P328 Drug-resistant repetitive cortical myoclonus was suppressed by low-frequency rTMS in a patient with Lance-Adams syndrome.
Y. Nagashima, R. Hanajima, M. Hamada, J. Mitsui, L. Matsumoto, Y. Momose, S. Tsuji, Y. Ugawa

P329 Synchronous lower facial and lingual myoclonus associated with pontine lymphoma
A. Marshall, D. Baeumer, J. Ealing, M. Kellett

P330 An autopsy case of opsoclonus-myoclonus-ataxia and cerebellar cognitive affective syndrome associated with small cell carcinoma of the lung
S. Ohara, N. Iijima, K. Hayashida, T. Oide, S. Katai

P331 Focal myoclonus of the thigh following a femoral nerve lesion
H. Shin, S. M. Kim, Y. H. Sohn
P332 A longitudinal observation on Taiwanese Sialidosis type I

P333 Neurophysiological characterisation of myoclonus dystonia
C. Cordivari, N. Toms, N. Quinn, K. Bhatia, A.J. Lees, P. Brown

P334 Orthostatic myoclonus: An unsuspected cause of gait failure
G. A. Glass, J. Ahlskog, J. Y. Matsumoto

P335 Intracortical inhibition and sensorimotor integration in cortical myoclonus: A transcranial magnetic stimulation study
F. Cassim, E. Houdayer, L. Tyvaert, H. Devanne, P. Derambure

P336 Hallucinations in Parkinson disease - characteristics and correlation with the severity of the disease
M. Umaiorubahan

P337 Botulinum toxin injections improve spasticity in mild to moderate hereditary spastic paraplegia (HSP) – a report of 19 cases

P338 Influence of botulinum toxin type A treatment of elbow flexor spasticity on hemiparetic gait
A. Esquenazi, N. Mayer, M. Talaty, R. Garreta

P339 Spastic paraplegia caused by the infarction confined to the bilateral pyramids
T. Ahn, K. Park, S. Yoon, D. Chang, K. Chung

P340 Botulinum toxin type B treatment in MS patients with lower extremity adductor spasticity: Results of a double-blind, placebo-controlled, safety study
E. J. Pappert

P341 A double-blind, placebo-controlled, single treatment, safety study of botulinum toxin type B in MS patients with lower extremity adductor spasticity
E. J. Pappert

P342 High dose of botulinum toxin type-A (BTX/A): Safety and efficacy in patients with cerebral palsy
Y. M. Awaad

P343 A postal survey of patient satisfaction & audit of botulinum toxin therapy for adult spasticity at East Kent, UK
M. Sakel

P344 The spastic paraplegia rating scale (SPRS): A reliable and valid measure of disease severity

P345 Increase in reflex gain of motoneuron pool in spasticity
H. Morita, Y. Shimojima, S. Ikeda, R. Wenzelburger, G. Deuschl, J. B. Nielsen

P346 Evidence for cocontraction and clinical relevance of spasticity assessments in spastic hemiparesis
J. Gracies, J. Chen, B. R. Roman, B. Yang, K. Fung, W. Tse, D. J. Weisz

P347 Safety and efficacy of repeated botulinum toxin type A (BoNTA) in the treatment of poststroke, upper limb spasticity: a 12-month trial
E. Elovic, A. Brashear, D. Kaelin, R. McIntosh, J. Liu, C. C. Turkel

P348 Short-term effects of muscle stretch for spasticity on tibial nerve F-waves in post-stroke patients
M. Shuji, E. Seiji, K. Kazumi

P349 A novel kinesin mutation causes autosomal dominant spastic paraplegia in a German family

P350 A novel locus for autosomal recessive complicated spastic paraplegia (SPG32) maps to chromosome 14q12-q21
**Poster Session 2**

**Tuesday, October 31, 2006**

**Poster Viewing:** 9:00 a.m. – 5:00 p.m.
Authors present even numbers 12:00–1:30 p.m.
Authors present odd numbers 1:30–3:00 p.m.

**Other Clinical**

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P351 Painless moving toes as an initial presentation of ischemic stroke: Case report
W. Yoon, W. Lee, J. Kim

P352 Strategy changes in the control of balance during quiet stance in chronic low back pain patients
T. Popa, M. Bonifazi, R. della Volpe, A. Rossi, R. Mazzocchio

P353 Progressive dysarthria. A case study

P354 Neurophysiological and neuroradiological findings as more specific diagnostic tools in Amyotrophic Lateral Sclerosis (ALS)
D. Kountouris

P355 Botulinum toxin for the treatment of hypersalivation in Wilson disease
F. Tokucoglu, M. Celebisoy, T. Ozdemirkiran, B. Deniz

P356 Computer-aided patient database in Movement Disorders at Chulalongkorn Comprehensive Movement Disorders Center
R. Bhidayasiri, P. Piyasirinanun, N. Issarasena, K. Phanthumchinda

P357 A case with thalamic hemorrhage and spasmotic torticollis who can write and communicate himself by botulinum toxin treatment
K. Kegechika, H. Maeda, S. Nakamura, K. Tachino

P358 Sporadic encephalitis lethargica

P359 Postoperative confusion in Parkinson disease
M. Kapisyzi, D. Dobi, J. Kruja

P360 Massive striatal necrosis and spotty cerebral and cerebellar cortical lesion in acute encephalopathy with mushroom, Pleurocybella porrigens
I. Toyoshima, K. Obara, C. Wada, S. Yagishita

P361 Relationship between postural control and cognitive task in chronic stroke patients
M. Hiyamizu, N. Kasahara, A. Matsuo, S. Morioka, K. Shomoto

P362 Perspectives on Movement Disorders among medical students and residents
S. D. Steiner, W. W. Barker, S. H. Isaacson, R. S. Isaacson

P363 Stiff-person syndrome in a woman with breast cancer
L. Carluer

P364 Paroxysmal dyskinesia associated with mycoplasma pneumonia
S. Kim, S. Bae

P365 Piriformis-syndrome - Successful treatment with botulinum toxin A
A. Stenner, G. Reichel, W. Hermann

P366 Hemicranial Spasm - A new variant of hemifacial spasm
J. Ramthahal, A. P. Moore

P367 Mouthing in the elderly: Pathophysiologic issue and treatment with botulinum toxin
M. Seo, S. Woo

P368 Relationship between essential tremor and cerebellar dysfunction according to age
M. Seo, E. Lim

P369 Dopamine agonist responsive periodic head movements in sleep - an unusual adult-onset parasomnia
C. McGuigan, M. Lunn, M. C. Walker

P370 Freezing of repetitive movement in the upper limb in Parkinson’s disease: a comparison of patients with and without freezing of gait
A. Nieuwboer, S. Swinnen, P. Feys, O. Levin, W. Anne Marie

P371 Rett syndrome: an overlooked diagnosis in women with stereotypic hand movements, psychomotor retardation, parkinsonism and dystonia?
E. Roze, V. Cochen, S. Sangla, T. Bienvenu, A. Roubergue, S. Leu-Semenescu, M. Vidalhét

P372 An unusual case of cerebral Erdheim-Chester disease with progressive cerebellar syndrome
N. Sang Jun, K. Yong-Duk

P373 Six-month efficacy of pramipexole in restless legs syndrome: results from the run-in phase for a 12-week study
A. Kupsch, C. Trenkwalder, K. Stiasny-Kolster, W. H. Oertel

P374 Pramipexole improves a broad range of facets of restless legs syndrome
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I. Chereau Boudet, P. Derost, M. Ulla, I. de Chazeron, J. Lemaire, F. Durif, P. Llorca

P568 Neurologists’ clinical practice regarding dopamine-agonist use and driving in Parkinson’s disease: A survey
R. de Bie, J. Miyasaki, A. E. Lang, S. Fox

P569 Caregiver burden of patients with Parkinson’s disease and the impact on disease duration
J. Lökk

P570 Oxidative stress in PARK6 fibroblasts

P571 Cognition in idiopathic Parkinson’s disease with comorbid cerebro vascular risk factors (VRF)
E. Pourcher, S. Wiederkehr, C. Girard, A. Beausoleil, M. Simard

P572 Response to uncertainty in PD (Parkinson disease) prognosis may be gender specific
G. Macphee, H. Debra

P573 Projected number of people with Parkinson’s disease in the most populous nations, 2005 – 2030

P574 A randomized clinical trial of coenzyme Q10 and GPI-1485 in early Parkinson’s disease
K. Kieburtz, NINDS Investigators- The 6002-US-013 Clinical Investigator Group

P575 Pramipexole improves depressive and motivational symptoms in Parkinson’s disease
J. Houben, A. Leentjens, J. Koester, B. Fruh, T. Shephard

P576 Comtan® early-off: Evaluation of entacapone in patients with early signs and symptoms of L-Dopa wearing-off
M. Jog, M. Panisset, O. Suchowersky, B. Rehel, R. Schecter

P577 A pharmacodynamic study of intravenous levodopa with additional oral entacapone and carbidopa
M. Nord, P. Zsigmond, A. Kullman, K. Årstrand, N. Dizdar

P578 Gray matter volume in occipital areas correlates with visuoperceptive performance in PD patients with visual hallucinations
B. Ramirez-Ruiz, C. Junque, M. Marti, F. Valldeoriola, E. Tolosa

P579 Subthalamic nucleus stimulation is efficacious in patients with parkinsonism and LRRK2 mutations

P580 Investigating potential bacterial sources of dopamine neuron toxicity
G. A. Caldwell, J. Armagost, T. Hodges, J. B. Olson, K. A. Caldwell
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**P581** Withdrawal of visual feedback improves writing in Parkinson’s disease  
W. G. Ondo, P. Satija

**P582** Tolcapone in the management of COMT inhibition failure in Parkinson’s disease (PD)  
R. Iansek, B. Kirkwood

**P583** Hemihyponimia, a rare persistent sign in Parkinson’s disease: Follow up of 11 patients  
S. Ertan, S. Ozekmekci, G. Benbir, F. Y. Ozdogan, M. E. Kiziltan

**P584** Rasagiline does not affect blood pressure in Parkinson’s disease patients following meals unrestricted in tyramine content  
M. B. Stern, W. B. White, J. DeMarcoida, S. R. Schwid, I. Shoulson

**P585** Recombinant human granulocyte colony-stimulating factor protects against MPTP-induced dopaminergic cell death in mice by altering Bcl-2/Bax expression levels  

**P586** Analysis of olfactory function in patients with Parkinson’s disease: its correlation with the severity of parkinsonism and the depth of olfactory sulcus  
J. Kim, W. Lee, W. Yoon, E. Chung, H. Dhong

**P587** Quantitative evaluation of postural changes in the absence of visual feedback in Parkinson’s disease  
K. Takahashi, T. Iwashita, N. Suzuki

**P588** Measurement of rigidity in elbow joint: An objective method for evaluation of rigidity involved diseases  
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**P589** The effect of sarizotan on the steady-state pharmacokinetics of levodopa  
S. Krösser, R. Neugebauer, A. Kovar

**P590** Control of striatal extracellular dopamine level by L-DOPA in selegiline-treated rat  
K. Adachi, H. Miwa, H. Kusumoto, S. Shimazu, T. Kondo

**P591** The safety profile of istradsfylline (KW-6002) in Parkinson’s disease with motor response complications on levodopa/carbidopa: Results of KW-6002 US-013 study  
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**P592** Hyperhomocysteinemia: a predictive parameter for disease progression due to non-motor complications in Parkinson’s disease  
K. Nakaso, K. Yasui, H. Kowa, M. Kitayama, M. Kusumi, T. Takeshima, K. Nakashima

**P593** Regional variation in management strategies for treatment-associated dyskinesia in Parkinson’s disease  
T. Müller, D. Ragon, H. Russ, D. Haeger

**P594** Treatment-associated dyskinesia is a common and troublesome complication in Parkinson’s disease  
T. Müller, D. Haeger, H. Russ, D. Ragon

**P595** Parkinson’s disease and smoking among Inuit in Greenland  
O. G. Koldkjaer, L. Wermuth, P. Bjerregaard

**P596** Chronic pain in Parkinson’s disease: the DoPaMiP study  
O. Rascol, L. Negre-Pages, Study Group DoPaMiP

**P597** Cognitive impairment in Parkinson’s disease: characteristics and the relation with clinical manifestations  

**P598** Depression and anxiety symptoms in Parkinson’s disease in the DoPaMiP study  
L. Negre-Pages, O. Rascol, Study Group DoPaMiP

**P599** Frozen gait in Parkinson’s disease: Analysis of the DoPaMiP survey  
W. Regragui, L. Nègre-Pagès, O. Rascol, Study Group DoPaMiP

**P600** Sleep disturbances in patients with Parkinson’s disease: Polysomnographic findings  
S. Cheon, M. S. Lee, C. K. Yang, M. J. Park, J. W. Kim

**P601** DaTScan imaging and smell testing in essential tremor and Parkinson’s disease: complimentary or competitive tests?  

**P602** Does the disruption of nuclear-encoded 24-kDa subunit of mitochondrial complex I cause Movement Disorders?  

**P603** Protein profile in parkin knock-out mice using protein chip  
Y. Ning, S. Sato, T. Hatano, R. Takahashi, S. Kubo, N. Hattori, Y. Mizuno

**P604** The effect of levodopa on voice in Parkinson disease  
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P605 Characteristics of sleep disturbances in Japanese patients with Parkinson’s disease: A study using Parkinson’s disease sleep scale

P606 A large phase III study to evaluate the safety and efficacy of sarizotan in the treatment of L-dopa-induced dyskinesia associated with Parkinson’s disease: The Paddy-1 study
O. Rascol, P. Damier, C. Goetz, C. Hicking, K. Hock, T. Muller, C. W. Olanow, H. Russ, S. Paddy

P607 Evaluation of freezing of gait severity in patients with Parkinson’s disease; the perception of caregivers
A. Nieuwboer, T. Herman, L. Rochester, N. Giladi

P608 LRKK2 mutations are not a common cause of Parkinson disease in a Sardinian cohort
G. Cossu, M. van Doeselaar, M. Deriu, M. Melis, A. Molari, A. Di Fonzo, B. Oostra, V. Bonifati

P609 A novel anti-parkinsonian agent zonisamide increases glutathione levels in the basal ganglia
M. Asanuma, I. Miyazaki, F. J. Diaz-Corrales, N. Ogawa

P610 How do clinical and therapy factors influence the intervention effect of home-based cue training in Parkinson’s disease patients?
A. Willems, A. Nieuwboer, L. Rochester, G. Kwakkel, E. van Wegen, F. Chavret, V. Hetherington, K. Baker, I. Lim, D. Jones

P611 L-DOPA effects on speech dysprosody in Parkinson’s disease: an acoustic and aerodynamic study
F. Viallet, B. Teston, L. Jankowski, A. Purson

P612 A new self-evaluation questionnaire for motor, ADL, sleep, autonomic, and cognition symptoms of Parkinson’s disease (MASAC-PD 31)
S. Nogawa, H. Takahashi, N. Hattori

P613 Rasagiline adjunct therapy produces marked levels of response across all Parkinson’s disease severities: Pooled data analysis from the PRESTO and LARGO studies
H. Fernandez

P614 T cell infiltration in the substantia nigra of dementia with Lewy bodies
H. Akiyama, H. Kondo, K. Obi, H. Mochizuki, P. L. McGeer

P615 Pramipexole for refractory tremor in patients with Parkinson’s disease
Y. Tsuboi, T. Kobayashi, Y. Baba, T. Yamada

P616 Mechanism of the antidyskinetic efficacy of sarizotan in hemiparkinsonian rats
G. D. Bartoszyk, M. van den Buuse, M. Gerlach, P. Riederer

P617 High occurrence and low recognition of Parkinson’s disease in elderly homes in Bangalore, India: Implications for healthcare of elderly

P618 More about the origin of gambling in Parkinson’s disease
A. Kreisler, P. Bocquillon, F. Warembo, O. Cottencin, J. Piqueras, A. Destée

P619 Levodopa/DDC/entacapone is more efficacious than receiving one more dose of traditional levodopa/DDC in Parkinson’s disease patients with wearing-off symptoms
M. Kuoppamäki, M. Vahteristo, H. Nissinen, J. Ellmén

P620 Suppression of L-DOPA induced dyskinesias in advanced Parkinson’s disease by continuous subcutaneous infusions of apomorphine - results of two year, prospective follow-up
P. Kanovsky, M. Bares, I. Rektorova, I. Nestrasil, P. Ressner

P621 Levodopa does not raise pain-pressure threshold in Parkinson disease
L. Vela, M. Baron, F. J. Barriga, J. L. Dobato, J. Pardo, J. A. Pareja, A. P. Polo, C. Sanchez-Sanchez

P622 Depression has the strong negative impact on the health-related quality of life in Parkinson’s disease
G. Opala, M. Boczarska-Jedynak, B. Jasinska-Myga, G. Klodowska-Duda, M. Smilowski

P623 Camptocormia and head drop in parkinsonian syndromes
H. Krug, T. Trottenberg, A. Kupsch, S. Spuler

P624 L-dopa induced dyskinesias suppressed by breathing and singing
R. Saurugg, P. Schwingenschuh, P. Katschnig, K. Wenzel, M. Kögl-Wallner, B. Melisch, E. Ott

P625 Clinical findings in presymptomatic LRKK2 G2019S mutation carriers
J. O. Aasly

P626 A novel analysis method of postural instability in Parkinson’s disease
Y. Palesch, P. Huang, M. Chen, D. Sinha, K. Kieburtz

P627 Are they true depression in Parkinson’s disease (PD)?
P628 Evaluating the effect of dopaminergics on testosterone levels in Parkinson disease patients in the INSPECT cohort
P629 Mechanisms of cognitive dysfunction in PD Patients with dementia: Observations from the CANTAB paired associates learning test
P630 Quantitative measures of fine, limb, and postural bradykinesia in early stage, untreated Parkinson’s disease
M. Miller Koop, N. Shivitz, H. Bronte-Stewart
P631 Parkin regulates depolarization-induced exocytosis
Y. Chikaoka, S. Kubo, Y. Mizuno, N. Hattori
P632 Geographic and ethnic differences in frequencies of two polymorphisms (D/N394 and L/I272) of the parkin gene in sporadic Parkinson’s disease
Y. Imamichi, X. Li, N. Hattori, Y. Mizuno
P633 Firing patterns of pallidal neurons underlying parkinsonian motor signs
T. Hashimoto, T. Tada, Y. Yamada, T. Goto, S. Ikeda
P634 Identification of a novel parkin substrate, LMO4 ubiquitinated by proteasomal independent manner
K. Shiba, K. Sato, S. Kubo, N. Hattori, Y. Mizuno
P635 Localization of DJ–1 protein and its changes in 6-hydroxydopamine–injected rat brain
Y. Takashi, I. Masatoshi, T. Kazuyuki, K. Yoshihisa, T. Takashi, T. Takahiro, A. Hiroyoshi
P636 Ultrasonography of substantia nigra in Japanese patients with Parkinson’s disease
M. Okawa, Y. Kajimoto, H. Miwa, T. Kondo
P637 Development and validation of a decision tool to support appropriate referral for deep brain stimulation in patients with Parkinson’s disease
P638 The repeatability of responses obtained from Parkinson’s disease patients at a Movement Disorders clinic surveyed for environmental and lifestyle exposures
C. W. Yip, E. K. Tan
P639 Voice analysis in patients with Parkinson’s disease and correlation with UPDRS
I. Midi, M. Dogan, M. Koseoglu, M. A. Sehitoglu, D. Ince Gunal
P640 STN-DBS modulates cortical and subcortical brain areas involved in control of urinary bladder
J. Herzog, P. H. Weiss, A. Assmus, B. Wefer, J. Volkmann, G. Deuschl, G. R. Fink
P641 Modification of pesticide exposure in correlation with glutathione transferase (GST) polymorphisms for the susceptibility risk of sporadic Parkinson’s diseases
C. Fong, C. Cheng, R. Wu
P642 Side-specific intraindividual differences of deep brain stimulation of the subthalamic nucleus on cognitive performance
M. Schwarz, F. Hertel, U. Lueken, E. Schweiger, W. Wittling
P643 Patients with Parkinson’s disease use the dorsal premotor cortex to compensate for impaired pre-supplementary motor function during the postural preparation of a step
F. B. Horak, J. V. Jacobs, J. Lou, J. A. Kraakevik
P644 The impact of motor and non-motor symptoms on Parkinson’s disease direct costs
P645 Altering the presence of vision and trunk movement during reach-to-grasp movements in Parkinson’s disease
P646 Levodopa changes pain thresholds in Parkinson disease (PD) patients
T. Slauoi, A. Gerdelat-Mas, F. Ory, O. Rascol, C. Breffel
P647 Association between parkin, a ubiquitin-ligase, and c-Abl, a pro-apoptotic non-receptor tyrosine kinase, regulates parkin’s E3 ubiquitin ligase activity: Implications in Parkinson’s disease pathogenesis
S. Z. Imam, S. Sriram, X. Liao, P. Kahle, S. Li, D. Ted, C. Robert
P648 Dopaminergic cell death signaling mechanisms: Correlation of Caspase-3 and JNK
H. Chun, H. Lee, S. Kim
P649 Respiratory function and strength, and thoraco-abdominal movements during deep breathing in patients with Parkinson’s disease may be reduced parallel to disease progression
Y. Matsuo, N. Kamata, K. Abe
P650 The rate of low birth weight correlates with Parkinson’s disease prevalence
K. J. Bergmann, J. Rodgers, V. L. Salak, D. T. Lackland, V. K. Hinson
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P651 Problem and pathological gambling in Parkinson’s disease: a systematic cross-sectional survey
J. Quickfall, O. Suchowersky, S. Furtado, S. Currie, E. de Denus, N. el-Guebaly, D. Crockford

P652 Rifampicin inhibits the expression and aggregation of α-synuclein in MPP+-induced PC12 cells and protects them against apoptosis
E. Tao, J. Xu

P653 Enhancement of autophagy and neuroprotection by rapamycin in lactacystin-induced injury of dopaminergic neurons
T. Pan, S. Kondo, W. Zhu, W. Xie, J. Jankovic, W. Le

P654 DemTect: its validity to diagnose Parkinson’s disease associated dementia
A. Kreisler, C. Gervais, A. Duhamel, L. Defebvre, A. Destee, K. Dujardin

P655 The mechanisms beyond symptomatic anti-parkinsonian activity of monoamine activity enhancer: in vitro and in vivo study
K. Takahata, H. Tsunekawa, C. Hirami, T. Nishimura, S. Shimazu, F. Yoneda

P656 Sleep quality and excessive daytime somnolence in Parkinson’s disease with and without dementia, dementia with Lewy bodies and Alzheimer’s disease: A comparative, cross-sectional study

P657 The effect of zonisamide on micturition function in 6-hydroxydopamine treated Parkinson’s disease model

P658 A pilot program to evaluate a wearing-off questionnaire in patients with Parkinson’s disease
M. Panisset, M. Jog, O. Suchowersky, J. Miyasaka, B. Rehel, R. Schecter

P659 Comparison of performance measures for assessment of gait, balance and mobility in patients with Parkinson’s disease

P660 Low LDL cholesterol and increased risk of Parkinson’s disease: prospective results from Honolulu aging study
X. Huang, R. D. Abbott, H. Petrovitch, R. B. Mailman, G. Ross

P661 Spectrum analysis of gait fluctuation in Parkinson’s disease patients

P662 The long-acting dopamine agonist, cabergoline, prevents L-DOPA-induced dyskinesia in a rat model of Parkinson’s disease

P663 Treatment of drooling in Parkinson’s disease with botulinum toxin A

P664 Safety and tolerability of istradeffylline (KW-6002) in Parkinson’s disease with motor response complications: Results of the KW-6002-US-018 study
E. Pourcher, ( and the 6002-US-018 Clinical Investigator Group

P665 Levodopa effect on the nociceptive flexion reflex (RIII) in Parkinson’s disease

P666 Multiregion, high-throughput gene expression profiling identifies novel candidate genes for Parkinson’s disease
S. Papapetropoulos, J. M. French-Mullen, D. McCorquondale, Y. Qin, N. C. Adi, J. Pablo, D. C. Mash

P667 Disease-specific or co-morbid factors- Which has the greatest impact on disability in Parkinson’s disease?
L. M. Shulman, K. E. Anderson, A. L. Gruber-Baldini, S. G. Reich, P. S. Fishman, W. J. Weiner

P668 The human subthalamic nucleus is differentially involved in controlling internally generated and visually cued movements in Parkinson’s disease
B. R. Aravamuthan, S. Wang, A. Green, J. Stein, T. Aziz, X. Liu

P669 Nurr1 is essential for maintenance of the dopaminergic phenotype in the nigro-striatal dopaminergic neurons
T. Ito, S. Muramatsu, K. Ozawa, D. Metzger, P. Chambon, H. Ichinose

P670 The effects of motor and cognitive tasks on gait in Parkinson’s disease
M. Demirkiran, G. Almak, Y. Sarica

P671 Smell testing versus DaTScan imaging in predicting an accurate diagnosis of Parkinson’s disease
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P672 Assessment of executive functioning in non-demented patients with Parkinson’s disease (PD)  
N. Fisher, R. M. Camicioli

P673 Efficacy of istradefylline (KW-6002) in levodopa-treated Parkinson’s disease patients with motor response complications: Secondary efficacy results of the KW-6002-US-013 study  
R. A. Hauser

P674 Multidisciplinary team provides better outcomes in Parkinson’s disease (PD) patients compared to standard of care  
M. Guttman, J. Takahashi, M. Torti

P675 Analysis of parkin co-regulated gene (PACRG) in early onset Parkinson’s disease  
J. M. Taylor, R. Wu, M. J. Farrer, M. Delatycki, P. J. Lockhart

P676 Thalamotomy alleviates parkinsonian rigidity in a degree depending on excess thalamic beta-band activities  
T. Oshima, Y. Narabayashi

P677 Abnormal yellow/blue balance as an early symptom of Parkinson’s disease  
S. Koyama, Y. Horibe, H. Hibino, M. Kawamura

P678 Nocturnal sodium oxybate for daytime sedation and fatigue in Parkinson’s disease, a polysomnogram trial  
W. G. Ondo, T. Perkins, T. Swick, K. Hull, E. Jimenez

P679 Efficacy of tolcapone in patients switched from entacapone for treatment failure  
R. Iansek, M. Makutonina, C. DeSilva

P680 Synuclein overexpression and microglial activation in transgenic mouse model of Parkinson’s disease  
X. Su, K. Maguire-Zeiss, H. Federoff

P681 Identification of genes influencing α-Synuclein toxicity and torsinA function by hypothesis-based RNA interference  
S. Hamamichi, R. N. Rivas, K. A. Caldwell, G. A. Caldwell

P682 Efficacy of istradefylline (KW-6002) in levodopa-treated Parkinson’s disease patients with motor response complications: Primary efficacy results of the KW-6002-US-013 Study  
J. M. Trugman, S. Clinical Investigator Group

P683 Immediate effects of rehabilitation on gait parameters and frontal lobe dysfunction in Parkinson’s disease  

P684 Effect of L-dopa medication on postural control in Parkinson’s disease - a posturographic study  
G. Lee, C. Lee, Y. Song

P685 Study of Urokinase receptor in cerebrospinal fluid in patients with Parkinson’s disease  
M. Thomas

P686 A prospective cost-assessment study (direct and indirect costs) of bilateral STN DBS for advanced Parkinson’s disease in India  
A. Kishore, G. Sarma, R. Rao, B. Rajesh, S. Sarma

P687 Prevalence of mtDNA haplogroups J & K in patients with Parkinson’s disease in the Australian community  

P688 Effects of strategy training compared to exercises for gait rehabilitation in Parkinson disease: A randomized controlled trial  
E. E. Morris, R. Iansek

P689 Mitochondrial DNA haplogroup U increases risk of motor impairment in Parkinson’s disease patients  
W. Tiangyou, A. Pyle, S. M. Keers, J. Davison, L. M. Allocock, D. J. Bink, P. F. Chinnery

P690 NS 2330, a DA reuptake inhibitor, in levodopa-treated patients with Parkinson’s disease and motor fluctuations: the Phase II ADVANS study  
O. Rascol, A.J. Lees, W. Poewe, L. Salin, On behalf of the ADVANS

P691 Memories for public events and contextual/emotional detail in Parkinson’s disease  
C. Thomas, H. Vieux, A. Pujois, C. Borg

P692 Changes in regional brain glucose metabolism in Parkinson’s disease  

P693 Interlaboratory comparison of assessment of alpha-synuclein pathology: A study of the BrainNet Europe Consortium  
I. Alafuzoff, L. Parkkinen, K. Hans
Poster Session 3

Wednesday, November 1, 2006
Poster Viewing: 9:00 a.m. – 5:00 p.m.
Authors present even numbers 12:00–1:30 p.m.
Authors present odd numbers 1:30–3:00 p.m.

Parkinsonism-Other
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P694 Clinically observed patients with psychogenic disturbances of the movement
I. Petrov

P695 Expression pattern of NogoA in MSA brains
M. Takanashi, H. Mochizuki, H. Ohizumi, H. Mori, Y. Mizuno

P696 Parkinsonism complicating acute organophosphate insecticide poisoning
E. Bidabadi, M. Mashouf

P697 Are some ghost tales vivid hallucinations in normal people? - A case of progressive posterior cortical atrophy and analysis of reliable tales of ghost
H. Furuya, K. Ikezoe, N. Fuji

P698 Dropped head: differential diagnosis
A. Callén, O. Lladó, B. Robles, S. Pérez, M. Veciana

P699 Causes of parkinsonism in a general neurology outpatient clinic of a local hospital
M. Bozi, S. Baharaki, D. Dragoumi, I. Moukas, E. Kokkalis, M. Lignos, V. Hadjigeorgiou, I. Hadjigeorgiou, A. Georgali

P700 Heart valvular disease in patients with Parkinson’s disease treated with Pergolide and/or Levodopa

P701 Liver transplantation in a patient with rapid onset parkinsonism - Dementia complex induced by manganism secondary to liver failure
G. Fabiani, E. Rogacheski, J. Wiederkehr, A. Cianfarano

P702 Tropical CNS infection and parkinsonism
S. Suwatcharangkoon, P. Boonkongchuen, T. Pulkes

P703 Levodopa responsiveness in parkinsonian disorders: A review of the literature
R. Constantinescu, I. Richard, R. Kurlan

P704 Diagnostic difficulties in differentiating multiple system atrophy from Parkinson’s disease dementia
S. Kamath, N. Bajaj

P705 Parkinsonism related to progressive encephalomyelitis with rigidity and myoclonus
G. Rodier, C. Boulay, M. Anheim, S. Courtois, C. Tranchant

P706 Parkinson’s secondary to cortical venous sinus thrombosis
V. Puente, A. Rodriguez Campello, S. Nuria, O. Carlos, P. Claustre, C. Gracia

P707 Screening for cognitive dysfunction in multiple system atrophy (MSA): A cross-sectional analysis of 98 European MSA patients

P708 A retrospective long term follow-up of Parkinson’s disease with autonomic failure
T. Kuwahara, Y. Osaki, Y. Morita, C. Mori, Y. Doi

P709 Multiple system atrophy with predominant lower motor neuron signs: A case report
D. Kaneda, T. Kato, M. Shintaku

P710 Cerebral glucose metabolism, cognition and MR imaging in corticobasal degeneration (CBD)

P711 Quantitative analyses of normalized movement patterns - a tool for objective evaluations of motor performance in Movement Disorders
E. Nordh, H. Zafar, P. Eriksson

P712 Quantitative analysis of levo-dopa responsiveness in the patients with vascular parkinsonism.
S. Choi, G. Kim, J. Cho, J. Lee, S. Song

P713 Levels of various cerebrospinal fluid biomarkers do not differ between the different clinical variants of multiple system atrophy
W. F. Abd0, B. P. Van de Warrenburg, B. H. Kremer, B. R. Bloem, M. M. Verbeek

P714 Effects of coenzyme Q10 in MSA, a randomized, placebo-controlled, double-blind pilot study
D. Apetauerova, S. Lamont, J. Kakullavarapu, S. Scala

P715 Do PSP patients have a “vertical plane neglect”? A pilot study

P716 Acute reversible hemi-parkinsonism in a diabetic uremic patient: Findings of MRI, MRS, FDG-PET, 99m Tc-Trodat-1 SPECT, and TMS studies
S. Cheng

P717 Transcranial magnetic cerebellar stimulation in progressive supranuclear palsy
Y. Shirotu, M. Hamada, R. Hanajima, Y. Terao, S. Tsuji, Y. Ugawa
P718 Corticobasal degeneration with focal, massive tau accumulation in the subcortical white matter astrocytes

P719 Pure freezing of gait evolving into progressive supranuclear palsy: A clinicopathological study
Y. Compta, F. Valldeoriola, E. Tolosa, M. Rey

P720 Shunt responsive progressive supranuclear palsy

P721 Differentials in vascular parkinsonism and Parkinson’s disease: A comparison of clinical findings, course and response to treatment
H. A. Teive, R. P. Munhoz, T. V. Oliveira, N. Becker, V. P. Guedes

P722 Determining 3-repeat tau pathology in PSP
C. Strand, D. Williams, R. De Silva, J. Holton, T. Revesz

P723 Psychiatric manifestations in patients with Wilson’s disease
M. Svetel, I. Petrović, V. Kostić, N. T. Dragasevic

P724 Superficial siderosis with supranuclear gaze palsy, parkinsonism and falls
O. S. Klepitskaya, D. A. Hall, N. J. Fischbein, H. M. Bronte-Stewart

P725 Does procedural learning and motor control differentiate between Parkinson’s disease and other forms of parkinsonism?

P726 Post-encephalitic bilateral nigral necrosis with motor complications
A. Aggarwal, V. Udani, S. Shah, M. Bhatt

P727 Effects of coenzyme Q10 in PSP and CBD, a randomized, placebo-controlled, double-blind crossover pilot study
D. Apetauerova, S. Lamont, J. Kakullavarapu, S. Scala

P728 Clinicopathological features of patients with multiple system atrophy with a family history of Parkinson’s disease

P729 Cyclogram analysis of frozen gait in parkinsonism
Y. Naito, H. Kajikawa, S. Kuzuhara

P730 Specific features of secondary parkinsonism in neuroborreliosis
T. I. Muravina, I. A. Ivanova-Smolenskaya, S. Serkov, I. A. Zavalishin, P. A. Fedin

P731 Survival and prognosis factors in 86 multiple system atrophy (MSA) French patients
F. Tison, E. Krim, F. Yekhlef, V. Chrysostome

P732 Putaminal hyperintensity on T1-weighted MRI is useful for diagnosis of parkinsonian variant of multiple system atrophy: receiver operating characteristic analysis
W. Shirai, S. Ito, T. Hattori

P733 Corticospinal and intracortical excitability in patients with and asymptomatic carriers with parkin gene mutations: A TMS study

P734 Usefulness of transcranial magnetic stimulation for the differential diagnosis of parkinsonism
Y. Morita, Y. Osaki, T. Kuwahara, C. Mori, Y. Doi

P735 Frontotemporal lobar degeneration with motor neuron disease presenting as a rapidly progressive form of progressive supranuclear palsy

P736 A new case of hereditary diffuse leukoencephalopathy with spheroids (HDLS)

P737 Alleviating pain in progressive supranuclear palsy
I. Schlesinger, A. Kleiser, D. Yarnitsky

P738 New insights into the ALS/parkinson/dementia-complex (ALS/PDC) of Guam
T. H. Bak, J. C. Steele

P739 Freezing of gait in patients with undiagnosed parkinsonism
T. Lee, S. Chung, S. Kim, M. Lee

P740 Multiple system atrophy (MSA) presenting as dementia with Lewy bodies (DLB)
A. Cardozo, M. Pujol, E. Tolosa, M. Rey

P741 Self perceived sleep disturbances in multiple system atrophy (MSA): A longitudinal study
F. Geser, M. Koellensperger, K. Seppi, M. Stampfer-Kountchev, W. Poewe, G. Wenning, B. Hoegl

P742 Movement Disorders of autoimmune origin
M. Altable, I. Alonso, J. Fernandez-Torre
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P. Borghammer, K. Ostergaard, A. Gjedde, P. Cumming, M. Vafaee

P915 Influence of parenteral GSH on striatal dopamine transporter in PD
G. Sechi, S. Nuvoli, V. Agnetti, K. Paulus, A. Spanu, G. Cocco, G. Madeddu

P916 Rasagiline is efficacious and safe in the treatment of elderly patients (≥70 years) with Parkinson’s disease (PD): pooled data analysis
E. Tolosa

P917 Systemic lipopolysaccharide-induced inflammatory reaction exacerbates dopaminergic neurodegeneration in a MPTP-induced mouse model of Parkinson’s disease
S. Seike, H. Arai, H. Mochizuki, Y. Mizuno

P918 Incidence of dementia and factors predicting cognitive decline in Parkinson’s disease

P919 Effect of concomitant motor task on driving in Parkinson disease
E. Y. Uc, M. Rizzo, J. Sparks, A. W. Steven, R. L. Robert, J. D. Dawson

P920 Mechanism of nigro-striatal dopaminergic neurodegeneration in LPS-induced mouse model of Parkinson’s disease
H. Arai, Y. Ren, H. Mochizuki, Y. Mizuno

P921 Aggregation of parkin protein in the centrosome and accumulation of cyclin E/cdk 2 complex in CATH.a cells treated with dopamine
F. J. Diaz-Corrales, M. Asanuma, I. Miyazaki, K. Miyoshi, N. Ogawa

P922 Effects of intragastric proteasome inhibition on neurons in the dorsal motor nucleus of the vagus in rats
H. Miwa, T. Kubo, A. Suzuki, T. Kondo

P923 Subthalamic nucleus stimulation and levo-dopa resistant postural instability in Parkinson’s disease

P924 LRRK2 pathology in sporadic and alpha-synuclein A53T mutant Parkinson’s disease
Y. Huang, W. Gai, H. McCann, G. Halliday

P925 Genetic vitamin E deficiency does not affect MPTP susceptibility in the mouse brain
Y. Ren, K. Yoshimi, T. Yasuda, Y. Nishida, K. Jishage, T. Uchihara, T. Yokota, H. Mochizuki, Y. Mizuno

P926 Risk factors for gambling and other impulsive behaviors in patients taking dopamine agonists
W. G. Ondo

P927 Clinical and pathologic findings in PD with LRRK2 mutations: 2 cases with mild cognitive impairment and small amplitude myoclonus
C. H. Adler, A. C. Grover, M. N. Sabbagh, J. N. Cavinness, D. J. Connor, T. G. Beach

P928 Effect of repetitive transcranial magnetic stimulation in Parkinson’s disease: analysis of dopamine release by [11C]-raclopride positron emission tomography
J. Kim, W. Lee, E. Chung, Y. Choi, G. Lee, B. Kim

P929 Expression proteomics of peripheral blood lymphocytes from Parkinson’s disease patients
S. Mila, A. Giuliano Albo, D. Corpilco, M. Zibetti, B. Bergamasco, L. Lopiano, M. Fasano

P930 Sensitivity to change of quality of life rating scales in the UK PD MED trial
C. E. Clarke, N. Ives, S. Mistry, R. Gray, K. Wheatley, M. Pd

P931 Comparison of the SCOPA-COG, MMSE and Mattis Dementia Rating Scale in Parkinson’s disease patients and age-matched controls
J. M. Rabey, T. Prokhorov, E. Dobronevsky, L. Pollak, M. Khairikeht, C. Klein

P932 Elevated plasma homocysteine levels in L-dopa treated PD patients with dyskinesias
P. Lamberti, S. Zoccolella, G. Iliceto, C. Dell’Aquila, A. Fraddosio, S. V. Lamberti, E. Armenise, G. Defazio, M. deMari, P. Livrea
P933 FP-CIT SPECT and MIBG scintigraphy strongly correlate in early Parkinson disease

P934 Efficacy of istradefylline in Parkinson’s disease patients treated with levodopa with motor response complications: results of the KW-6002-US-018 study
M. Guttman, T. US-018 Clinical Investigator Group

P935 The clinical and genomic aspects of alpha-synuclein duplication

P936 Up-regulation of syntaxin 1A by both parkin and dieldrin
H. Chun, H. Cho

P937 α-SYNUCLEIN oligomeric Forms - The toxic species in Parkinsons disease
M. Kostka, K. Ruf, P. Garidel, U. Heinzelmann, A. Wirth, T. Högen, H. Ketzschmar, A. Giese

P938 CSF neurofilament light chain and tau differentiate multiple system atrophy from Parkinson's disease
W. F. Abdo, B. R. Bloem, W. J. Van Geel, R. A. Esselink, M. M. Verbeek

P939 PINK1 function in the nigrostriatal dopaminergic system

P940 AVE1625, a cannabinoide CB1 antagonist that possesses antidyskinetic and prokinetic properties in rodent and primate models of Parkinson’s disease

P941 Role of DAT in synaptic dopamine oscillations in Parkinson’s disease: a PET study

P942 Phentotypic associations of tau and apoE haplotypes in Parkinson’s disease
S. Papapetropoulos, M. J. Farrer, J. Stone, D. McCorquodale, L. Calvo, D. C. Mash

P943 Enhancement of the synthesis of neurotrophic factors by ropinirole in cultured astrocytes
S. Kuno, K. Ohta, A. Fujinami, M. Ohta

P944 Midbrain neuronal-enriched cultures from parkin null mice do not respond to estradiol
M. A. Mena, J. A. Rodriguez-Navarro, R. M. Solano, M. J. Casarejos, J. Menendez, A. Gomez, J. Garcia de Yebenes

P945 Increased neurological and dopaminergic impairment in cannabidin CB1 receptor knock out mice after 6-OHDA lesion in the caudate-putamen nucleus

P946 The dopaminergic system is an important endogenous regulator of adult neurogenesis
J. D. Winkler, C. Hagl, E. Buerger, B. Winner

P947 Glutathione homeostasis change with aging in parkin null mice
M. A. Mena, J. A. Rodriguez-Navarro, R. M. Solano, M. Casarejos, J. Menendez, C. Correa, J. García de Yebenes

P948 Brain perfusion SPECT in parkinsonian patients with amnestic mild cognitive impairment
G. Abbruzzese, F. Nobili, C. Canepa, S. Morbelli, R. Marchese, G. Rodriguez

P949 Enhanced startle with dopaminergic administration in subjects with Parkinson disease

P950 COMPASS-1: A validation study of the 9-question, wearing off questionnaire (WOQ-9)
M. Stacy, H. Murck, X. Meng

P951 Overestimation of stability limits develop high frequency of fall in Parkinson’s disease
N. Kamata, Y. Matsuo, T. Yoneda, H. Shinohara, S. Inoue, K. Abe

P952 Effects of subthalamic nucleus (STN) deep brain stimulation (DBS) on saccade performance in patients with Parkinson’s disease
A. Yugeta, Y. Terao, H. Fukuda, R. Okiyama, R. Hanajima, Y. Ugawa

P953 The PADDY-2 study: the evaluation of sarizotan for treatment-associated dyskinesia in Parkinson’s disease patients
T. Müller, C. W. Olanow, J. Nutt, C. Hicking, E. Laska, H. Russ, S. Paddy 2

P954 Daytime sleepiness in untreated and treated Parkinson’s disease
S. Muzerengi, A. Bharkhada, A. Forbes, A. Williams, K. Hanajima, Y. Ugawa

P955 Evaluation of G2019S-LRRK2 mutation’s penetrance: relevance for genetic counselling in Parkinson disease
S. Goldwurm, A. Bharkhada, A. Forbes, A. Williams, K. Ray Chaudhuri

P956 Transcranial sonography of substantia nigra and MIBG myocardial scintigraphy in patients with early Parkinson’s disease
Y. Kajimoto, M. Hironishi, H. Miwa, T. Kondo
P957 Behavioral and psychiatric manifestations following deep brain stimulation of the subthalamic nucleus in Parkinson’s disease: Are they really rare?
O. Porat, S. Hassin-Baer, R. Schwartz, O. S. Cohen

P958 Synchronization of right-left stepping while walking is compromised in patients with Parkinson’s disease during mental loading
M. Plotnik, R. Bartsch, G. Yoge, J. Hausdorff, S. Havlin, N. Giladi

P959 High frequency stimulation of the subthalamic nucleus differently affects D1 and D2 dopaminergic receptor densities within basal ganglia nuclei in intact and hemiparkinsonian rats
M. Savasta, S. Boulet, E. Lacombe, C. Carcenac

P960 Automated selection of programming parameters for deep brain stimulators based on a probabilistic atlas
P. D’Haese, H. Yu, S. Pallavaram, J. Spooner, P. E. Konrad, B. M. Dawant

P961 10Hz subthreshold rTMS to motor cortex does not induce LTP in Parkinson’s (PD) patients
S. Kaakkola, D. Kičić, R. Bikmullina, P. Lioumis, J. P. Mäkelä, E. Pekkonen

P962 Early vs. delayed initiation of levodopa/DDCI/entacapone leads to superior 5-year efficacy in Parkinson’s disease patients initially receiving traditional levodopa/DDCI therapy
H. Nissinen, M. Kuoppamäki, M. Leinonen

P963 Assessment of the potential for pharmacodynamic interaction between rasagiline and oral tyramine in healthy subjects
M. Guillaume, J. J. Thebault, S. Cohen

P964 Comparative motor, cognitive and quality of life long term follow up of subcutaneous continuous infusion of apomorphine or subthalamic nucleus deep brain stimulation in patients with advanced Parkinson’s disease
A. Gillioz, J. Peron, E. Leray, S. Drapier, P. Sauleau, D. Drapier, C. Stefani, M. Verin

P965 Motor cortical excitability in de novo Parkinson’s disease
L. Barbin, P. Sauleau, C. Meyniel, Y. Pereon, P. Damier

P966 Correlation between cardiac 123I-MIBG and odor identification in patients with Parkinson’s disease and multiple system atrophy
P. Lee, S. Yeo, H. Kim, W. Kim

P967 The right rostral SMA shows hyperactivity during right-hand sequential finger movements in asymptomatic carriers of a single mutant Parkin allele

P968 Ropinirole 24-hour prolonged release provides efficacy as early as Week 2 when used as adjunctive therapy to L-dopa in patients with advanced Parkinson’s disease
R. Pahwa, M. A. Stacy, L. W. Elmer, S. H. Isaacson

P969 Is substantia nigra implicated in manic behaviour induced by deep brain stimulation?
M. Ulla, S. Thobois, J. Lemaire, A. Schmitt, P. Derost, E. Broussolle, P. Llorca, F. Durif

P970 Sarizotan reduces dyskinesia and maintains antiparkinsonian efficacy of levodopa in MPTP monkeys
G. D. Bartoszyk, P. J. Bedard, L. Gregoire, P. Samadi, T. Di Paolo

P971 Pramipexole (PPX) improves grades of tremor in Parkinson’s disease(PD)
D. T. Shephard, J. Koester, B. Fruh, J. Houben

P972 Ropinirole 24-hour prolonged release reduces “off” time and the dose of L-dopa needed when used as adjunctive therapy in patients with advanced Parkinson’s disease
M. A. Stacy, R. Pahwa, N. L. Earl

P973 Surface electromyography shows increased mirroring in Parkinson’s disease patients without overt mirror movements
M. Cincotta, F. Giovannelli, A. Borgheresi, F. Balestrieri, P. Vanni, A. Ragazzoni, G. Zaccara, U. Ziemann

P974 Association of mitochondrial polymorphisms and risk of PD in Spanish patients

P975 Prevalence and clinical features of mirror movements in patients with Parkinson’s disease
D. Tiple, D. Ottaviani, C. Aurilia, C. Colosimo, G. Fabbriini, M. Cincotta, G. Defazio, A. Berardelli

P976 Dopaminergic therapy in the follow-up of PD patients treated with STN DBS
M. Zibetti, M. Pesare, A. Cinquepalmi, M. Rosso, M. Lanotte, B. Bergamasco, L. Lopiano
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P977 Distribution of putamenal dopamine transporter availability in Parkinson’s disease: A $^{[123]}$I-$\beta$-CIT SPECT study in a clinic-based setting
C. Scherfler, M. Braunias, K. Mair, K. Seppi, E. Donnemiller, I. Virgolini, G. K. Wenning, W. Poewe

P978 Targeting the subthalamic nucleus for deep brain stimulation by utilizing multiple simultaneous tracts for microelectrode recordings.

P979 Gait improvement with unilateral subthalamic stimulation in Parkinson’s disease

P980 Cortical, hippocampal and amygdaloid $\alpha$-synuclein pathology in Parkinson’s disease: Correlation with neuropsychiatric signs

P981 Modafinil reduces drooling in Parkinson’s disease
M. Kushnir, A. Eilam, E. Heldman

P982 LRRK2 binds cellular membranes.

P983 Aversive off-symptoms in parkinson patients compulsively using dopaminergic drugs: drug reward can be punishing
A. H. Evans, A. D. Lawrence, S. Appel, A. J. Lees

P984 Craving sweets in Parkinson’s disease
J. Shahed, T. Davidson, J. Jankovic

P985 Mechanisms of cognitive dysfunction in PD with dementia are different from those in PD without dementia: Evidence from the CANTAB RTI test

P986 An approach to the generation of AR-JP mouse model: Crossbreeding of Pael-R/GPR37 transgenic mice with parkin knockout mice

P987 Cardiac valvulopathy in Parkinson’s disease: echocardiogram study
M. Yamamoto

P988 Hyposmia, cognitive dysfunction and the future risk of Parkinson’s disease: a five-year prospective study

P989 Amyloid load in Parkinson’s disease dementia (PDD) and Lewy body dementia (LBD) measured with 11C-PIB PET
P. Edson, C. C. Rowe, I. Ahmed, V. L. Villemagne, R. K. Chaudhuri, S. Ng, J. Rinne, D. J. Brooks

P990 ParkScreen: a linkage marker panel for Parkinson’s disease (PD)
C. Béu Volpato, A. De Grandi, E. Bedin, I. Pichler, S. Pedrotti, G. Casari, P. Pramstaller

P991 REM behavior disorder, hallucinations and cognitive symptoms in Parkinson’s disease: 2 years follow-up
R. Zangaglia, E. Sinforniani, M. Ossola, C. Pasotti, E. Marchioni, R. Manni, G. Nappi, C. Pacchetti

P992 Extradural motor cortex stimulation in Parkinson’s disease

P993 Frontal lobe functional correlates during effective long term STN-DBS in Parkinson’s disease

P994 Characterization of mice expressing human wild type LRRK2

P995 Effects of naturally secreted $\alpha$-synuclein species on neuronal survival
M. Pavlaki, E. Emmanouilidou, L. Stefanis, K. Vekrellis

P996 Kinase activity and inhibition of leucine-rich repeat kinase 2 (LRRK2), a common genetic cause of Parkinson’s disease
E. Greggio, P. A. Lewis, S. Jain, A. Kaganovich, R. Ahmad, A. Baker, A. Beilina, M. R. Cookson

P997 Steady L-DOPA blood levels via transdermal delivery of L-DOPA prodrugs: a novel skin patch for the treatment of Parkinson’s disease
A. Reichman, A. Yaar, M. Kushnir, E. Heldman

P998 Evaluation of electrical stimulation cues on gait and postural control in Parkinson’s disease
R. Chong, P. Gesotti, J. Morgan

P999 SNCA multiplication in a new mouse model of Parkinson’s disease

P1000 Phactr2, genomewide association and Parkinson’s disease
P1001 A randomized, double-blind, futility clinical trial of creatine and minocycline in early Parkinson’s disease – 18 month results
W. R. Galpern, N. NET-PD Investigators, The NINDS

P1002 Insights on LRRK2 expression and dopaminergic dysfunction

P1003 Protection of dopaminergic neurons by serofendic acid, an endogenous serum-derived compound, in hemiparkinsonian rats
T. Kazuyuki, K. Yoshihisa, I. Masatoshi, T. Takashi, S. Hachiroy, A. Akinori

P1004 Parkinson’s disease at-home testing battery: Reliability of data collection and transmission of objective motor data from home to a central study center

P1005 Long-term safety and efficacy of the rotigotine transdermal patch in early-stage Parkinson’s disease
R. L. Watts, R. Pahwa, K. E. Lyons, B. Boroojerdi

P1006 Selective activation of T cells in Parkinson’s disease
D. Rowe, M. Morel-Kopp, C. F. Orr, T. Russell, M. Ranola, Y. Huang, C. M. Ward, G. M. Halliday

P1007 Complications of STN surgery for PD in 300 patients operated over 13 years
A. L. Benabid, S. Chabardes, E. Seigneuret, N. Torres, V. Fraix, P. Krack, P. Pollack

P1008 Sarizotan as a treatment for dyskinesias in Parkinson’s disease: A double-blind placebo controlled trial
C. G. Goetz, P. Damier, C. Hicking, E. Laska, T. Muller, C. W. Olanow, O. Rascol, H. Russ

P1009 GPI 1485, a neuroimmunophilin ligand, fails to alter disease progression in mild to moderate Parkinson’s disease
I. The GPI 1485

P1010 Protective effects of the S18Y polymorphism in ubiquitin carboxy-terminal hydrolase L1 (UCH-L1) in a Swedish parkinson material

P1011 Pathological background of clinical Parkinson’s disease (PD) in the 1970’s
R. Sengoku, Y. Saito, M. Ikemura, K. Kanemaru, M. Sawabe, K. Inoue, S. Murayama

P1012 Neurturin gene transfer for Parkinson’s disease: motor outcomes from the initial CERE-120 clinical trial

P1013 Role of the cannabinoid CB1 receptor in the development and treatment of dyskinesias induced by L-dopa in mice lesioned with 6-hydroxydopamine
S. Pérez-Rial, J. A. Molina, J. Manzanares

P1014 Tau pathology and alpha-synuclein-positive glia cells are common in familial Parkinson disease

P1015 Dopaminergic agents delay complex behavioral responses in Parkinson’s disease

P1016 Relationship of MRI localization and cognition in DBS
M. K. York, E. Wilde, J. Jankovic, R. Simpson

P1017 Multiple candidate gene analysis identifies alpha-synuclein as a susceptibility gene for sporadic Parkinson’s disease
I. Mizuta, W. Satake, Y. Saito, S. Murayama, M. Yamamoto, N. Hattori, M. Murata, T. Toda

P1018 Improvement of gait by chronic high doses of methylphenidate in advanced parkinsonian patients under deep brain stimulation
D. Devos, P. Krystkowiak, K. Dujardin, C. Clement, O. Cottencin, N. Waucquier, M. Kroumova, R. Bordet, A. Destée, L. Defebvre

P1019 Epidemiologic association of Parkinson’s disease and melanoma

P1020 The prevalence of valvular heart disease in patients with Parkinson’s disease
K. Yamashiro, M. Komine-Kobayashi, T. Urabe, Y. Mizuno

P1021 Familial Parkinson’s disease: The first pathoanatomical study on a carrier of the A30P mutation in the alpha-synuclein gene
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P1022 Assessment of valvular heart disease in patients with Parkinson’s disease on ergot dopamine agonists
G. Kenangil, S. Ozekmekci, L. Koldas, T. Sahin, E. Erginoz

P1023 Accumulation of phosphorylated alpha-synuclein in the striatum of dementia with Lewy bodies

P1024 Rapid eye movement sleep behavior disorder in Park 2 patients
A. Yoritaka, Y. Inoue, Y. Shimo, Y. Mizuno, N. Hattori

P1025 Inflammation and Parkinson disease: no evidence for a causal relation. Results from a large prospective cohort study
L. de Lau, J. Witteman, A. Uitterlinden, A. Hofman, B. Stricker, P. Koudstaal, M. Breteler

P1026 Amygdala α-synuclein pathology and cardiovascular dysautonomia in Parkinson’s disease
M. E. Kalaitzakis, M. B. Graeber, S. M. Gentleman, R. K. Pearce

P1027 Direct effect of subthalamic nucleus stimulation on levodopa-induced peak-dose dyskinesia in patients with Parkinson’s disease

P1028 DJ-1’s role in the neural defense mechanism against oxidative stress and proteasomal dysfunction
N. Lev, D. Ickowicz, D. Offen, E. Melamed

P1029 A novel function of anti-epileptic drug, Zonisamide on Parkinson’s disease
Y. Machida, N. Hattori, Y. Mizuno, M. Murata

P1030 Subthalamic stimulation-induced dyskinesias are linked to an increase in glutamate levels in the Substantia nigra Pars Reticulata
M. Savasta, S. Boulet, E. Lacombe, C. Carcenac, A. Poupard

P1031 International validation study of the first comprehensive unified non-motor symptoms scale (NMSS) for Parkinson’s disease (PD)

P1032 A randomized, double-blind, futility clinical trial of creatine and minocycline in early Parkinson disease
B. C. Tilley, N. The NINDS
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Poster Viewing: 9:00 a.m. – 5:00 p.m.
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**Neuroimaging**

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P1033 Role of dopamine transporter imaging in elderly patients with parkinsonism
C. Geny, F. Comte, A. Gabelle, M. Zanca, J. Touchon

P1034 Cerebral atrophy in multiple system atrophy
K. Arai, Y. Yoshiyama, K. Ito, C. Ishikawa, K. Ogawara

P1035 In vivo assessment of intrasynaptic dopamine in Parkinson disease patients using [123I]β-CIT SPECT
K. Marek, D. Jennings, G. Tamagnan, J. Seibyl

P1036 Ultrasonography of the substantia nigra in Parkinson’s disease
P. Ressner, D. Skoloudik, P. Kanovsky

P1037 Topography of dopamine transporter availability in PSP: Voxel wise analysis of [123I]β-CIT SPECT

P1038 Echogenicity and area measurement of substantia nigra in Parkinson’s disease and atypical parkinsonian syndromes
P. Bartova, D. Skoloudik, T. Fadrna

P1039 Functional MRI during combined hand movement and speech production in Parkinson’s disease
S. Pinto, L. Mancini, R. Brehmer, J. Thornton, M. Jahanshahi, T. Yousry, J. Rothwell, P. Limousin-Dowsey

P1040 Qualification of iron deposition in patients with Wilson’s disease using magnetic resonance imaging
T. Hikita, K. Abe, H. Tanaka, N. Fujita, S. Sakoda

P1041 Usefulness of IBZM-SPECT in differential diagnosis of parkinsonism and pattern of distribution of postsinaptic D2-Receptors

P1042 Levodopa effect on motor activity in Parkinsonism: A PET study
C. Brefel-Courbon, P. Payoux, C. Thalamas, F. Ory, F. Durif, J. Azulay, O. Blin, F. Tison, O. Rascol

P1043 Neuroimaging findings and VIM stimulation in a case of Holmes tremor
E. Guedj, T. Witjas, J. Azulay, J. Péragnet, O. Mundler

P1044 Postural control adaptability during floor oscillation and MRI diagnosis in the elderly
K. Fujiwara, H. Asai, M. Suzuki

P1045 [123I]Ioflupane-striatal binding in drug-naïve early PD patients with tremor vs. akinetic-rigid onset: A comparative SPECT study
I. U. Isaias, R. Benti, G. Pezzoli, A. Antonini

P1046 Differences between collimators in low H/M ratio with MIBG scintigraphy

P1047 FP-CIT SPECT as an aid in the differential diagnosis between amiodarone-induced secondary parkinsonism and idiopathic Parkinson disease
S. Dethy, A. Hambye

P1048 Patterns of degeneration in parkinsonism determined by MRI based diffusion tensor imaging and tractography

P1049 Magnetic resonance spectroscopy in untreated Parkinson’s disease
W. Martin, M. Wieler, M. Gee, C. Hanstock

P1050 Longitudinal study of three-dimensional stereotactic surface projection SPECT analysis in Parkinson’s disease
Y. Osaki, Y. Morita, M. Fukumoto, N. Akagi, T. Kuwahara, C. Mori, Y. Doi

P1051 Functional magnetic resonance imaging (fMRI) in synkinesias related to alteration of the dopamine system
M. S. Eisa, T. Constable, J. Arora, R. Bajwa, B. Jabbari

P1052 Does striatal dopamine transporter SPECT (DTS) help for diagnosis between essential tremor and parkinsonian tremor?
P. Payoux, F. Ory-Magne, C. Brefel-Courbon, O. Rascol, M. Simonetta-Moreau

P1053 Neural network of Wisconsin card sorting task: An fMRI study with phenylalanine/tyrosine depletion
A. Nagano, A. Dagher, M. Leyton, O. Monchi

P1054 Evaluation of substantia nigra for Japanese patients with Parkinson’s disease by the transcranial sonography
N. Kawashima, E. Horiuchi, Y. Kawase, K. Hasegawa

P1055 Presynaptic dopaminergic dysfunction in patients with restless legs syndrome
J. Kim, I. Yoon, Y. Kim, S. Kim, M. Han, B. Jeon
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P1056 Longitudinal study of three-dimensional stereotactic surface projection SPECT analysis in progressive supranuclear palsy and multiple system atrophy
Y. Osaki, Y. Morita, M. Fukumoto, N. Akagi, T. Kuwahara, C. Mori, Y. Doi

P1057 How useful is functional dopamine transporter (DaT) imaging in helping to diagnose Parkinson’s disease (IPD) and allied disorders?
R. de Silva, W. Vallat, J. Deeb, R. Gunasekera

P1058 Illusionary response on overlapping figure identification test in patients with Parkinson’s disease without dementia

P1059 Idiopathic REM “sleep behaviour disorder”, nigro-striatal denervation (dat scan) and risk of Parkinsonism: A longitudinal study

P1060 Working memory in newly diagnosed patients with Parkinson’s disease: A fMRI study using a mixed design
E. Lindmark, M. Duchek, L. Forsgren, A. Larsson, J. Linder, L. Nyberg, P. Marklund, K. Riklund

P1061 Bilateral STN stimulation affects network activity in associative and limbic basal ganglia projections in advanced Parkinson’s disease

P1062 Disruption of thalamo-cortical loops predicts executive dysfunction in PSP
C. Blain, R. G. Brown, G. J. Barker, X. Chitnis, S. Landau, S. Williams, N. Leigh

P1063 Relationship between dopamine D₂ and adenosine A₂ receptors in drug naïve Parkinson’s disease using TMSX PET

P1064 Phenotypic variability in PSP: Unbiased analysis of serial MRI
D. Paviour, S. L. Price, A. J. Lees, N. C. Fox

P1065 Reduction of cardiac ¹²³I-MIBG uptake in pure autonomic failure
K. Kashihara, M. Ohno, S. Kawada, T. Imamura, Y. Okumura

P1066 Role of the cerebellum in paradoxical kinesia: a PET study
S. Thobois, B. Ballanger, P. Baraduc, E. Broussolle, M. Desmurget

P1067 Cross-sectional study to evaluate the predictive value of SN hyperechogenicity and other potential risk factors for Parkinson’s disease

P1068 Photophobia in benign essential blepharospasm is associated with relative hypermetabolism in the dorsal midbrain -A PET study-

P1069 Usefulness of brain parenchyma songraphy in diagnosis of Parkinson disease. A comparative study using 1231-FP-CIT SPECT

P1070 Patterns of abnormal cerebral metabolism in late-infantile NBIA-1

P1071 [99mTc]TRODAT-1 SPECT finding in a dopa responsive patient with Hallervorden-Spatz syndrome
Y. Chen, M. Lan, J. Liu, S. Huang, C. Chang, C. Su, Y. Chang

P1072 Imaging of the dopaminergic system in Lewy body disease with PET
M. Suzuki, M. Hashimoto, M. Mishina, K. Kawasaki, K. Inoue, K. Ishii

P1073 High resolution positron emission tomography detects abnormal basal ganglia activity in early Parkinson’s disease
R. Hilker, C. Eggers, L. Burghaus, J. Roggendorf, S. Birgit, W. Haupt, W. Heiss

P1074 Microglial activation and Huntington’s disease progression
Y. F. Tai, N. Pavese, A. Gerhard, D. J. Brooks, P. Piccini

P1075 Isolated bilateral substantia nigra lesions in two patients with transient encephalitis lethargica syndrome
P1076 Fluorine-18-Fluorodeoxyglucose Positron Emission Tomography (FDG-PET) brain imaging findings in symptomatic and asymptomatic carriers of X-linked dystonia-parkinsonism (‘Lubag’)
V. H. Evidente, J. Santiago, L. Fugoso, F. F. Natividad

P1077 Cerebral glucose metabolism in each patient with Parkinson’s disease and its correlation to cognitive impairment

P1078 Voxel based morphometry study in the Parkinson variant of multiple system atrophy and Parkinson’s disease
M. Tir, C. Delmaire, V. Le Thuc, A. Destée, J. Pruvo, L. Defebvre

P1079 123I-MIBG myocardiac scintigraphy uptake decline is irrelevant to duration of illness in Parkinson disease

P1080 Transcranial sonography in patients with essential tremor
H. Stockner, C. Schmidauer, M. Sojer, K. Seppi, J. Müller, G. K. Wenning, W. Poewe

P1081 Phase contrast radiography of Lewy bodies in Parkinson disease
S. Koh, J. Je

P1082 Linear T2 hyperintensity along the medial margin of the globus pallidus is highly sensitive but not specific for Machado-Joseph disease
S. Ito, W. Shirai, T. Hattori

P1083 Systematic assessment of incongruities in the correlation between the clinical signs and DAT imaging in parkinsonism
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P. Doshi, A. Aggarwal, N. Chhaya, M. Bhatt

P1265 Parkinson no longer governs the couple’s social life when subthalamic DBS reduces the motor symptoms
A. Törnqvist, H. Widner, S. Rehncrona, G. Ahlström

P1266 Effect of bilateral Subthalamic Deep Brain Stimulation (STN-DBS) on speech intelligibility and motor performance in patients with Parkinson’s Disease (PD)
E. Tripoliti, P. Limousin, S. Tisch, S. Pinto, E. Borrell, K. Ashkan, M. Jahanshahi, M. I. Hariz

P1267 Hyperbaric oxygen treatment (HBO) may reduce the need of extirpation of infected DBS stimulation systems
G. Schechtmann, A. Larsson, G. Lind, J. Uusijärvi, J. Winter, F. Lind, B. Linderoth

P1268 Subthalamic nucleus stimulation for non-parkinsonian tremor: Critical target area and outcomes
G. Lind, G. Schechtmann, C. Lind, J. Winter, B. A. Meyerson, B. Linderoth

P1269 Motor and non motor efficacy of bilateral pallidal stimulation in primary generalized dystonia: A 3 year follow-up

P1270 Intraoperative predictive factors of long-term efficacy in STN-DBS for Parkinson’s disease

P1271 Pedunculopontine nucleus lesions in preoperative MRI are predictive for worsening of axial symptoms after STN-DBS in Parkinson’s disease
S. Drapier, J. Peron, E. Leray, L. Julien, Y. Rolland, M. Verin

P1272 DBS of the zona incerta in the treatment of tremor
P. Blomstedt, S. Tisch, M. I. Hariz

P1273 Electrical stimulation of antero-ventral internal pallidum improves behaviour disorders in Lesch-Nyhan disease
C. Laura, B. Brigitte, G. Santiago, T. Cornel, V. Xavier, C. Philippe

P1274 Bilateral pallidal stimulation for Meige syndrome: Neurological and neuropsychological considerations
S. H. Piacentini, L. M. Romito, R. Versaci, A. Franzini, C. Marras, G. Broggi, A. Albanese

P1275 Single unit and local field potential recordings from human STN during reach-to-grasp movements
M. Pötter, F. Steigerwald, J. Herzog, R. Wenzelburger, M. Pinsker, G. Deuschl, J. Volkmann

P1276 Functional segregation of brainstem and cortical motor circuits in Parkinson disease
M. Pötter, T. Ilic, H. Siebner, G. Deuschl, J. Volkmann

P1277 Effect of subthalamic nucleus deep brain stimulation (STN DBS) on speech in patients with advanced Parkinson’s disease
T. Simuni, K. A. Larsen, J. Logemann, L. Vainio, P. Poretsky
P1278 Effect of subthalamic nucleus deep brain stimulation (STN DBS) on swallowing function in patients with advanced Parkinson’s disease
T. Simuni, K. A. Larsen, J. Logemann, L. Vainio, P. Poretsky

P1279 Chronic bilateral subthalamic nucleus (STN) deep brain stimulation (DBS) for advanced Parkinson’s disease (PD) – a four year follow up
P. Doshi, N. Chhaya, A. Aggarwal, M. Bhatt

P1280 Deep brain stimulation of the subthalamic nucleus improves postural sway in Parkinson’s disease

P1281 Improved energy efficiency in train versus continuous stimulation of STN for rigidity suppression in a PD patient
P. Konrad, J. Spooner, H. Yu, P. Hedera, C. Kao

P1282 Thalamic stimulation for the treatment of various kinds of tremor and writer’s cramp
T. Yamamoto, K. Kobayashi, H. Oshima, C. Fukaya, Y. Katayama

P1283 Bilateral GPi stimulation for dystonic head tremor: Intraoperative arousal reaction and long-term effect of DBS

P1284 Deep brain stimulation (DBS) in progressive myoclonic epilepsy
J. Vesper, B. J. Steinhoff, S. Rona, G. Nikkhah

P1285 Subthalamic nucleus stimulation and lesions of entopeduncular efferents have similar effects upon striatal presynaptic glutamate in awake rats
R. Walker, C. Moore, R. Koch, C. K. Meshul

P1286 Efficacy and safety of subthalamic deep brain stimulation in older patients with Parkinson’s disease
A. Umemura, T. Toyoda, M. Mizuguchi, K. Yamada

P1287 Long-term efficacy of STN-DBS in Parkinson’s disease: Five-year follow-up and predictive factors

P1288 Effects of pallidal deep brain stimulation in primary dystonia: Experience in a large case series

P1289 Subthalamic neuron activity in patients with Parkinson disease: Somatotopy and physiological characteristics

P1290 Neuropsychological outcome after combined bilateral pallidal and thalamic stimulation in patients with dystonia and myoclonus dystonia syndrome

P1291 Confined stimulation with two adjacent thalamic DBS electrodes rescues refractory essential tremor
H. Yu, J. Spooner, T. L. Davis, P. Hedera, P. E. Konrad

P1292 Subthalamic nucleus (STN) deep brain stimulation (DBS) and the non-motor symptom scale (NMSS) in Parkinson’s disease (PD)
S. Simkin, R. Chaudhuri, R. Selway, N. Hulse, C. Brook, C. Clough, M. Samuel

P1293 Intraoperative recordings of red nucleus physiology in a patient with failed DBS for oculopalatal tremor
D. Q. Wang, J. C. Sanchez, K. D. Foote, A. Sudhyadham, H. H. Fernandez, T. Bhatti, S. Lewis, M. S. Okun

P1294 Abnormal postures in Parkinson’s disease and deep brain stimulation

P1295 STN DBS attenuates beta rhythm prominence in the STN in Parkinson’s disease during passive and active movement while improving bradykinesia
H. Bronte-Stewart, B. Wingeier, M. Miller Koop, B. Hill, J. Henderson

P1296 Pseudobulbar affect in deep brain stimulation: More than we would expect?

P1297 Complications and pitfalls in deep brain stimulation (DBS)
J. Vesper, G. Nikkhah, C. Wille, T. Prokop, C. Ostertag

P1298 Falls and fall-related self-efficacy in patients with Parkinson’s disease treated with subthalamic deep brain stimulation
M. H. Nilsson, G. Jarnlo, S. Rehncrona

P1299 Deep brain stimulation for PD: Prevalence of adverse events and need for standardized reporting
A. Videnovic, L. Verhagen Metman
Poster Session 4

P1300 Gait improvement by low gamma frequency stimulation of the subthalamic nucleus in advanced Parkinson’s disease
C. Moreau, D. Devos, P. Krystkowiak, P. Bocquillon, J. Blatt, A. Destée, L. Defebvre

P1301 Comparison between embryonic dopamine cell transplantation and subthalamic DBS for treatment of PD
S. L. Rehncrona, W. Lund neurotansplantation group

P1302 Can PD patients be operated for STN stimulation under general anaesthesia?

P1303 Similarities and differences in surgical management of primary generalized dystonia: A comparison between two centers, Montpellier and Queen Square.
L. Cif, S. Tisch, P. Limousin, M. Hariz, P. Coubes

P1304 A tribute to Lauri Laitinen and his contributions to surgical treatment of Parkinson’s disease
M. I. Hariz

P1305 Canadian multicentre trial of bilateral pallidal deep brain stimulation for cervical dystonia
K. E. Beyaert, O. Suchowersky, M. Elíasziw, J. Tsui, Z. H. Kiss

P1306 Seven cases of completed or attempted suicides after subthalamic deep brain stimulation
T. Souls, G. Fénelon, J. Gurruchaga, S. Palfi, P. Cesaro, J. Nguyen

P1307 A prospective comparative cost-effectiveness study of subthalamic stimulation and best medical treatment in advanced Parkinson’s disease
F. Valdéoriola, E. Tolosa, O. Morsio, J. Rumià, M. Martí

P1308 Frame-less vs framebased stereotactic targeting for DBS surgery
S. L. Rehncrona, H. Bjartmarz

P1309 Thalamic deep brain stimulation for essential tremor – a long-term follow-up
P. Blomstedt, G. Hariz, M. I. Hariz

P1310 Local field potential activity in the beta band localizes to the dorsolateral subthalamic nucleus in Parkinson’s disease
T. Trottenberg, A. Kupsch, G. Schneider, P. Brown, A. A. Kuhn

P1311 Prospective randomized comparison of bilateral subthalamotomy versus bilateral subthalamic stimulation and the combination of both in Parkinson’s disease patients: One year follow up.
M. Merello, E. Tenca, S. Perez-Lloret, M. Martin, V. Bruno, J. Antico, R. Leiguarda

P1312 Factors associated with suicide risk following STN DBS for Parkinson’s disease

P1313 Double-blinded clinical assessment at 6-month follow-up of unilateral subdural motor cortex stimulation for Parkinson’s disease and essential tremor

Tics

P1314-P1331

P1314 Hemifacial spasm: Twelve years of treatment with botulinum toxin
F. Vivancos-Matellano, F. Rodriguez de Rivera, A. Miralles, E. Diez-Tejedor

P1315 Blepharospasm: Twelve years of treatment with botulinum toxin
F. Rodriguez de Rivera, F. Vivancos-Matellano, A. Miralles, E. Diez-Tejedor

P1316 Secondary tics in children
M. Y. Bobylova

P1317 Excessive physical and cognitive exercise helps children with Tourette syndrome
H. Wang

P1318 Adult-onset tics and obsessive compulsive disorder(OCD) associated with frontal lobe oligodendroglioma
G. Fabiani

P1319 GPi DBS for Tourette syndrome improves tics and psychiatric co-morbidities
J. Shahed, J. Poysky, C. Kenney, R. Simpson, J. Jankovic

P1320 Body distribution of motor tics during a double-blind trial of DBS for Tourette syndrome
B. N. Maddux, D. E. Riley, C. M. Whitney, R. J. Maciunas

P1321 Long term follow-up use of Levetiracetam to treat tics in children
Y. M. Awaad

N. J. Diedrich, V. Pieri, F. Alesch

P1323 An Italian family with Gilles de la Tourette’s syndrome
G. Fabbrini, C. Aurilia, A. Berardelli
P1324 Use of complementary and alternative medicine in Gilles de la Tourette syndrome
K. Kompoliti, W. Fan, C. G. Goetz, S. Leurgans

P1325 Open-label flexible dosing 8-week trial of aripiprazole in Tourette syndrome childhood through young adulthood

P1326 Thalamic and pallidal stimulation in patients with Tourette syndrome

P1327 Tics associated with the basal ganglia infarction
Y. Baba, Y. Tsuboi, T. Yamada

P1328 Resistant Tourette patients and DBS: evolution of the postoperative clinical picture, problems in the identification of the best stimulating parameters on a series of 18 patients
M. Porta, M. Sassi, A. Brambilla, D. Servello

P1329 The long term treatment of tics with tetrabenazine: comparison of weight gain compared to dopamine antagonists
W. G. Ondo, D. Jong, A. Davis

P1330 Executive dysfunction and comorbid conditions in Tourette syndrome
J. Poysky, H. Khan, K. Krull, J. Jankovic

P1331 Tics-like compulsions or OCD-like tics? Phenomenological characteristics of repetitive behavior in patients with Gilles de la Tourette syndrome. Findings from the French Gilles de la Tourette Syndrome study group
Y. Worbe, C. Béhar, M. Herrero, L. Mallet, Y. Agid, A. Hartmann

Tremor
P1332-P1380

P1332 Genetic analysis of SCA 27 in ataxia and childhood onset postural tremor
P. Ratnagopal, Z. Yi, S. Lim, E. Tan

P1333 Temporal-spatial coupling analysis between cerebellar thalamus and tremor activity in patients with multiple sclerosis

P1334 Shoulder posture differentially modifies the amplitude of essential, parkinsonian and physiological tremor
T. Popa, F. Gelli, F. DelSanto, A. Biasella, F. Dominici, A. Rossi, R. Mazzocchio

P1335 Surprisingly normal handwriting: a sign suggestive of psychogenic tremor
S. G. Reich, D. Teubner-Rhodes

P1336 Genetic analysis of SCA 2,3 and 17 in idiopathic Parkinson’s disease
P. Ratnagopal, S. W. Lim, Y. Zhao, E. K. Tan

P1337 Tremor in Multiple Sclerosis patients in Venezuela
M. Gallardo Pérez, A. Soto, G. Orozco, M. Camacaro

P1338 The prevalence of essential tremor in Hai, Tanzania
C. L. Hood, R. W. Walker

P1339 Benign essential tremor evolving into Parkinson’s disease
S. Kamath, N. Bajaj

P1340 Is encephalitis lethargica a disease of the past? Clinical and video presentation of a new case
A. Duquette, N. Bergeron, M. Panisset

P1341 A case of a palatal tic resembling palatal tremor in a girl with Tourette syndrome
P. Schwingenschuh, K. Wenzel, P. Katschnig, E. Ott

P1342 Adaptation of a miniature angular velocity sensory for use in ambulatory tremor measurement
E. B. George, F. H. Delly

P1343 Combined parkisonian tremors and essential tremors among Filipino patients seen at the Movement Disorders Center of St Luke’s Medical Center
C. B. Rueda, L. G. Fugoso

P1344 1H-MRS study of cerebellum in patients with essential tremor
K. Isonishi, F. Moriwaka, S. Kaneko, T. Kashiwaba

P1345 A case with orthostatic tremor: Improvement with levetiracetam
B. Dönmez Colakoglu, B. Ugurel, R. Cakmur, F. Gokcay

P1346 The Vim target for tremor: Comparison of the Guiot diagram with a deformable atlas

P1347 Spatial coherence analysis of local field potentials recorded from the nucleus ventralis intermedius thalami and tremor muscle activity of patients with multiple sclerosis

P1348 Essential tremor in Holguín, Cuba.
L. Laguna, E. Martinez, M. Ramirez
Poster Session 4

P1349 Pregabalin in the treatment of primary orthostatic tremor: A comparison with gabapentin
J. Rodrigues, D. Edwards, S. E. Walters, K. Needham, G. Thickbroom, R. Stell, F. L. Mastaglia

P1350 Fluctuations in the parkinsonian rest tremor
N. Kovacs, I. Balas, C. Llumiguano, L. Kellenyi, F. Nagy

P1351 Treatment of primary writing tremor (PWT) with botulinum toxin type A injections: Report of a case series
S. Papapetropoulos, C. Singer

P1352 An urban community based study of essential tremor in the city of Kolkata, India

P1353 The onset of voluntary reactive movement is temporally influenced by tremor in patients with multiple sclerosis
M. F. Wong, P. G. Bain, X. Liu

P1354 Changes at the CYP2C locus and disruption of CYP2C8/9 linkage disequilibrium in patients with essential tremor

P1355 Tremor-frequency activity in the ventral thalamic nuclei of patients with tremor: comparison between essential tremor and parkinsonian tremor

P1356 Voice tremor in monozygotic twins
H. Alonso-Navarro, F. Jiménez-Jiménez

P1357 Three cases of posttraumatic Holmes tremor. Anatomical considerations
M. Ulla, M. Houa, J. Lemaire, S. Kampouridis, P. Derost, F. Durif

P1358 Tremor-correlated spike activity in Parkinson’s disease in a subthalamic network
C. Lücking, F. Amtage, K. Henschel, B. Schelter, M. Winterhalder, B. Guschlauer, J. Vesper, J. Timmer, C. Weiller, B. Hellwig

P1359 Patients with liver cirrhosis without hepatic encephalopathy and with subclinical hepatic encephalopathy show ataxia and tremor
L. Timmermann, S. Groiss, M. Butz, M. Braun, M. Südmeier, M. Ploner, L. Wojtecki, G. Kircheis, D. Häussinger, A. Schnitzler

P1360 Train stimulation has identical efficacy as continuous stimulation in VIM DBS: a strategy to prolong battery life
C. C. Kao, H. Yu, J. Spooner, P. Hedera, P. Konrad

P1361 Potent anti-tremor effects of lacosamide in a rat model for essential tremor
T. Stoehr

P1362 Tremor in hemifacial spasm patients
M. Rudzinska, M. Wójcik, A. Szczudlik

P1363 Effect of candesartan on essential tremor
T. Kobayashi, T. Yamada

P1364 Orthostatic tremor: a review of 158 patients
J. R. Wilkinson, J. Ahlskog, J. Y. Matsumoto

P1365 Examination of LRRK2 I2012T, G2019S, and I2020T mutations in patients with essential tremor
H. Deng, W. Le, A. L. Davidson, W. Xie, J. Jankovic

P1366 Cognitive deficits in patients with essential tremor
H. Demir, N. Tuncer, A. Akbay-Ozsahin, A. Akpinar, A. Mollahasanoglu, D. Gunal

P1367 Dopamine transporter imaging of tremulous disorders
D. J. Hensman, J. W. Frank, P. G. Bain

P1368 Zonisamide for essential tremor
W. G. Ondo, F. Khan

P1369 Dopamine transporter imaging of patients with essential tremor and features of parkinsonism
D. J. Hensman, J. W. Frank, D. J. Towey, J. Deeb, P. G. Bain

P1370 DAT imaging and MR evolution in fragile X-associated tremor/ataxia syndrome associated with a 53 CGG repeat expansion

P1371 Clinical features that distinguish psychogenic and essential tremor
C. Kenney, A. Diamond, N. Mejia, J. Jankovic

P1372 Symptomatic palatal tremor time-locked with ear click associated with olivary hypertrophy
J. C. Martínez-Castrillo, R. Toledano, S. Estévez, B. Pilo de la Fuente, M. Alonso de Leciñana

P1373 Relationship between isolated mixed tremor and Parkinson’s disease: results from a [123I]FP-CIT SPECT and clinical follow-up study
Poster Session 4

P1374 Cortical representation of voluntary and non-voluntary motor rhythms
J. Raethjen, K. Arning, M. Muthuraman, R. Govindan, G. Deuschl

P1375 Psychosocial burden of essential tremor
D. Lorenz, G. Deuschl

P1376 Olfaction in tremor diagnosis. Enhanced identification and age resistance in familial essential tremor
M. Shah, L. Findley, N. Muhammed, C. H. Hawkes

P1377 Reaction time in patients with psychogenic tremor
H. Kumru, M. Begeman, M. J. Marti, J. Valls-Sole, K. Leenders, E. Tolosa

P1378 Adult onset dystonic tremor with similarities to Parkinsonian tremor may be one cause of SWEDDs

P1379 Microglia activation in non-Parkinson’s disease tremor
R. K. Pearce, T. Choudry, M. Farrar, F. E. Turkheimer, F. Roncaroli

P1380 Identification of a novel locus for autosomal dominant essential tremor on chromosome 5q.
P. Hedera, M. A. Blair, S. Ma, Y. Bradford, J. Y. Fang, J. L. Haines, T. L. Davis
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Saturday, October 28, 2006
Opening Seminars ~ 3:00 PM to 4:30 PM
1010: The role of botulinum toxin in the treatment of dystonia and spasticity
Opening Seminars ~ 5:00 PM to 7:00 PM
1011: Ergot dopamine agonists
DAILY TOTAL: ____________________________________________ (Maximum Credits available for Saturday: 3 ½)

Sunday, October 29, 2006
Opening Seminars ~ 8:00 AM to 10:00 AM
2010: Dopamine agonists - Therapeutic role in PD and RLS
Opening Seminars ~ 10:15 AM to 12:15 PM
2011: Levodopa: Restoration of dopamine in the PD state
Opening Seminars ~ 1:00 PM to 2:30 PM
2012: Role of dopamine agonists in RLS and related orders
Opening Seminars ~ 2:45 PM to 4:45 PM
2013: Dopamine agonists and disease modification
Opening Seminars ~ 5:00 PM to 7:00 PM
2014: Management of motor and cognitive features in PD
DAILY TOTAL: ____________________________________________ (Maximum Credits available for Sunday: 9 ½)

Monday, October 30, 2006
Plenary Sessions ~ 8:00 AM to 8:30 AM
3101: Genetics of PD
Plenary Sessions ~ 8:30 AM to 9:00 AM
3102: Protein degradation and neurodegeneration
Plenary Sessions ~ 9:00 AM to 9:30 AM
3103: C. David Marsden Lecture: Myoclonus and Tulpis
Parallel Sessions ~ 10:00 AM to 12:00 PM
3201: Autosomal dominant familial Parkinson’s disease
3202: Controversies in the pathogenesis of PD
3203: Functional neuroanatomy of basal ganglia
3204: Neuropsychiatric disturbances in PD
3205: Neuroimaging in Movement Disorders
3206: Gene and cell therapy for PD
3207: Update on molecular biology of hereditary dystonias
3208: MSA
Lunch Sessions ~ 12:15 PM to 1:15 PM
3501: Levodopa treatment and dopamine dysregulation syndromes in PD
Lunch Sessions ~ 1:30 PM to 2:30 PM
3501: New strategies for treating dyskinesias in PD
Skills Workshops/Video Sessions ~ 3:00 PM to 4:30 PM
3301: Skills Workshop Session 1: Neuropsychophysiologic evaluation of complex Movement Disorders
3302: Skills Workshop Session 2: Botulinum toxin injection: Face and neck
3303: Skills Workshop Session 3: Adjusting DBS stimulation
3304: Skills Workshop Session 4: Planning clinical trials
3401: Video Session 1: Dystonia
3402: Video Session 2: Tremor
3403: Video Session 3: Differential diagnosis of gait disorders
3404: Video Session 4: Levodopa-related complications in PD
3405: Video Session 5: Drug-induced Movement Disorders
Young Scientists Best Poster Presentations ~ 5:00 PM to 6:00 PM
3701: Young Scientists Best Posters
3702: Young Scientists Best Posters
3703: Young Scientists Best Posters
3704: Young Scientists Best Posters
3705: Young Scientists Best Posters
3706: Young Scientists Best Posters
DAILY TOTAL: ____________________________________________ (Maximum Credits available for Monday: 8)
Tuesday, October 31, 2006
Plenary Sessions ~ 8:00 AM to 8:30 AM
4101: Role of alpha-synuclein in the neurodegeneration in PD
4102: What is new in the molecular pathology of dystonia
4103: Junior Award Lectures
Parallel Sessions ~ 10:00 AM to 12:00 PM
4201: Autosomal recessive familial Parkinson's disease
4202: Pathophysiology of Movement Disorders
4203: L-Dopa-induced dyskinesia
4204: Cognitive disturbance in non-demented PD patients
4205: Neurosurgery in PD
4206: Heavy metals and neurodegeneration
4207: What is new in dystonia
4208: Tourette syndrome
Lunch Seminars ~ 12:15 PM to 1:15 PM
4010: MAO-B Inhibition and PD
4011: DBS in the treatment of PD and dystonia
Skills Workshops/Meet the Expert Sessions ~ 3:00 PM to 4:30 PM
4301: Skills Workshop Session 5: Transcranial magnetic stimulation
4302: Skills Workshop Session 6: Botulinum toxin injection: Limb and trunk
4303: Skills Workshop Session 7: Intraoperative targeting
4304: Skills Workshop Session 8: Transcranial echosonography
4305: Skills Workshop Session 9: Digitizing and editing your videotapes and creating a digital videotape library
4501: Meet the Expert in medical treatment of motor features in PD
4502: Meet the Expert on apraxia and related disorders
4503: Meet the Expert in tics and Tourette syndrome
4504: Meet the Expert in atypical parkinsonism
Lessons my Patients Taught Me ~ 6:00 PM to 8:00 PM
4801: Lessons my patients taught me

DAILY TOTAL:
(Maximum Credits available for Tuesday: 9)

Wednesday, November 1, 2006
Plenary Sessions ~ 8:00 AM to 8:30 AM
5101: The role of trophic factors in neurodegeneration
5102: Who cares about stem cells?
5103: Stanley Fahn Lecture: Challenges and prospects for neuroprotection in Parkinson's disease
Parallel Sessions ~ 10:00 AM to 12:00 PM
5201: Genomic studies Parkinson's disease vulnerability
5202: Proteasome, ubiquitin and protein aggregation
5203: Gait and balance in parkinsonian disorders
5204: Dementia in Parkinson's disease
5205: Neurosurgery in dystonia and Tourette syndrome
5206: Early detection and outcome measures in PD
5207: Restless legs syndrome
5208: Hereditary chorea other than Huntington's disease
Lunch Seminars ~ 12:15 PM to 1:15 PM
5010: Levodopa: The gold standard in the treatment of PD
Lunch Seminars ~ 1:30 PM to 2:30 PM
5011: Neuroimaging opportunities in Movement Disorders
Video/Meet the Expert Sessions ~ 3:00 PM to 4:30 PM
5401: Video Session 6: Chorea
5402: Video Session 7: Myoclonus and tics
5403: Video Session 8: Atypical parkinsonism
5404: Video Session 9: Psychogenic Movement Disorders
5405: Video Session 10: Pediatric Movement Disorders
5501: Meet the Expert in tremor
5502: Meet the Expert in diagnosis, management and treatment of dystonia
5503: Meet the Expert in surgical treatment of PD
5:00 PM to 6:00 PM
5901: Highlights of Poster Sessions: Clinical and Scientific Highlights

DAILY TOTAL:
(Maximum Credits available for Wednesday: 8)

Thursday, November 2, 2006
8:00 AM to 8:30 AM
6101: Latest developments in trinucleotide repeat disorders
6102: Movement Disorder emergencies
9:00 AM to 9:30 AM
6103: Treatment of PD: Present and future
Parallel Sessions ~ 10:00 AM to 12:00 PM
6201: Update in pathology of PD
6202: Familial PD-inducing proteins
6203: Autonomic and sensory dysfunction in PD
6204: Sleep disturbances in PD
6205: Non-pharmacological and non-surgical management of PD
6206: Tremor
6207: Huntington's disease
6208: PSP and CBD
Lunch Seminar ~ 12:15 PM to 1:15 PM
6010: Targeting A2A receptors in PD
2:00 PM to 4:30 PM
6601: Controversies

DAILY TOTAL:
(Maximum Credits available for Saturday: 7)

TOTAL CREDITS EARNED:
(Maximum Credits Available: 45)
Notes
Future International Congresses of Parkinson’s Disease and Movement Disorders

Istanbul, Turkey
June 3 to 7, 2007

Chicago, IL USA
June 22 to 26, 2008

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