

# Moving Along

VOLUME 13, ISSUE 2 • 2009 • EDITORS, DR. CARLO COLOSIMO, DR. MARK STACY

## Is dementia an inevitable consequence of Parkinson's disease?

### (NO)

—William J. Weiner, MD, Professor and Chairman, Department of Neurology, Director, Maryland Parkinson's Disease And Movement Disorders Center

At first blush the negative position in this debate is a difficult one. This is particularly true in light of two long term outcome studies in Parkinson's disease (UK and Sydney) which although not directly related to the problem of dementia certainly reported interesting information applicable to this subject.<sup>(1,2)</sup> These studies were initiated at the height of the "agonist/levodopa-first" controversy period and were designed to test the hypothesis that starting with one or another of these dopaminergic drugs would be better in the long run for our patients. The studies demonstrated that there was no clear advantage to initiating therapy in Parkinson's disease with a dopamine agonist, and then focused attention on the rather dismal outcomes with regard to both motor and cognitive impairment.<sup>(3)</sup> Despite the overall poor outcome in the Sydney study 15% of the surviving patients were not demented and 22 of 46 patients still scored 26 or greater on the MMSE.

These results should be balanced against the occasional long term patient with Parkinson's disease that we see in our movement disorders clinics who do extremely well. Granted it is the exception but my guess is that we all have a few patients who have had Parkinson's disease 15-20 years who remain reasonably stable from a motor standpoint with little or no cognitive impairment. Since the premise of this debate is that dementia is inevitable, these few patients prove the point that it is NOT. This is a very important point to keep in mind when discussing prognosis with newly diagnosed patients. Dementia is not inevitable and there is



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### (Yes)

—Murat Emre, M.D., Professor of Neurology, Istanbul Faculty of Medicine, Department of Neurology, Behavioral Neurology and Movement Disorders Unit

Is dysphagia an inevitable consequence of Parkinson's disease? Are falls, urinary incontinence or severe impairment of speech so? Insofar the answer to these questions is yes, the answer to the above question ought to be a 'yes' as well. Evidence suggesting that cognitive dysfunction and dementia are integral part of the disease process is strong and many fold, the question is really more of the extent and time of occurrence.

Epidemiologically, the incidence of dementia in PD is increased up to 6 times compared to controls<sup>(1)</sup>, point prevalence in population based studies is close to 30%<sup>(2)</sup>, cumulative incidence reaches formidable rates such as 78%<sup>(3)</sup>. In the prospectively followed-up Sydney cohort 85% of patients developed cognitive impairment 15 years into the diagnosis, 50% severe enough to justify the diagnosis of dementia<sup>(4)</sup>. More recent figures from the same cohort demonstrated that dementia was present in 83% of 20-years survivors, the title of the paper was very saying with regard to the above question: "the inevitability of dementia at 20 years"<sup>(5)</sup>. The reason why dementia had been previously overlooked or ignored was probably simple: the patients did not survive long enough into advanced ages and later stages of the disease. Both advanced age and disease severity are independent risk factors for dementia, their combination is, however, deadly increasing the risk by almost 10 times<sup>(6)</sup>. The reason for the late occurrence of dementia in more advanced stages may be due to the mode of progression of Lewy body pathology in standard cases of PD, commencing in the brainstem and slowly ascending to limbic structures and

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With the present issue we are particularly pleased to start our duty as new editors of *Moving Along*, the official Newsletter of The Movement Disorder Society (MDS). For the past 8 years, volumes 4 – 12, Drs. Irene Litvan and Thomas Gasser served as editors of *Moving Along*. During this time they implemented a number of policies and adopted a format that we plan to remain unchanged. Certainly, the major priorities of this newsletter will continue. These include informing the MDS of scholarly and policy meetings, providing professional notices and job postings, and distributing messages from the President of the Society, as well as, Chairs of the European and Asian-Oceanic sections. In addition, the Controversies in Movement Disorders will provide viewpoints around important topics in an effort to facilitate discussion among peers, and to better inform our patients.

In the last decade *Moving Along* has recorded the activities of the MDS in Congresses held in New York, Barcelona, Miami, Rome, New Orleans, Kyoto, Istanbul and Chicago; meetings that witnessed a growth in attendance from 2,900 to 3,650 participants. In the next three years the newsletter will chronicle meetings in Paris, Buenos Aires and Toronto. To parallel the growth of this international community, several new newsletter features will be added. With this issue readers will notice a new section, History of Movement Disorders, to focus on the evolution of this discipline of Neurology. These brief articles consist of interviews of pioneers in the field, and will emphasize the globalization of the MDS, with reports on how “discoveries” in

one country may have changed practices in another. Another brand new feature will be a brief report on the activities of one of the Affiliate member societies of MDS, starting with this issue from Argentina, where the MDS 14th International Congress will be held in 2010. In the following issues we will little by little explore all the other societies from all over the world.

In addition to these new features, we will also pay particular attention to the Strategic Plan of the MDS, and provide information to concerning educational materials, membership awareness and opportunities, and search for new areas to collaborate with basic and clinical research communities that overlap with our interests.

The Newsletter will be available at no cost to more than 2,950 MDS members, including those coming from lower income countries, fulfilling the criteria for the benefits of *Waived Dues Membership*.

We invite any and all with an interest in submitting an article for review or a topic for discussion to contact us through *Moving Along* at the MDS Secretariat. We are grateful for the support of the staff members of MDS, particularly Elizabeth Laur, who is already keeping us at deadlines for each issue.



Carlo Colosimo, MD



Mark Stacy, MD



**LETTERS TO THE EDITORS**  
Your Comments and Questions Are Always Welcome

**Editorial Policy**

As part of its democratic commitment, MDS welcomes the input of all its members about the features and articles that appear in this newsletter. Have a comment or question? Each issue will include responses in the “Letters to the Editor” section. All materials submitted become the property of MDS.

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This will be my last report in Moving Along as President of MDS. I thought I'd take the opportunity to review some of the events that have occurred since January 2007 when I took the office and thank some of those who have made my Presidency

a very rewarding personal experience. First and foremost I must emphasize that success in this role rests very heavily on the shoulders of those who have preceded me, particularly past Presidents and Officers whose hard work has established MDS as an extremely successful and thriving subspecialty organization. Their accomplishments made it possible for me to preside over some of the most exciting developments in our Society's 24 year history.

We are a mature field with a vibrant Society; this justified the decision five years ago to move to an annual congress and then to establish early June as a fixed time slot. Scientifically, the two congresses I have chaired in Istanbul and Chicago have been our two most successful meetings and Chicago broke all previous attendance records. Our upcoming Paris Congress promises to be even more successful, with a larger number of accepted abstracts than any previous Congress (1,678) and advance registrations surpassing Chicago by a large margin. I look forward to seeing all of you in June in Paris.

Despite these remarkable successes, the landscape is changing and we have been concerned for some time that MDS cannot rely so heavily on the Congress and its funding from industry to continue to support the varied work of the Society. Indeed, some very influential voices in North American Medicine have called for strict restrictions of pharmaceutical and device company support for all professional medical association meetings. While we largely agree with the spirit and intention of these recommendations, we also favor a more thoughtful and reasoned application of these rather an unchallenging, rigid appearance to their implementation. In large part due to the success of our congresses, MDS accounts have gradually increased over the past 10 years and because of the need to find new sources of revenue that are less reliant on the traditional industry support for congresses we have been investigating other alternatives. For one, the Education Committee has been extremely successful in developing a large number of exciting educational opportunities that deal with almost every aspect of movement disorders practice.

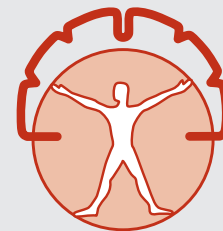
After extensive investigation and consultation the Officers decided to approve the investment of a major component of the Society's holdings with the expectation that profits from this would support

a substantial part of our ongoing annual expenses. Fortunately, the Officers recognized the need for very conservative investment, so although the worldwide recession has squashed our short-term expectations, we still hope that the long-term results will justify this decision and we can begin to rely less heavily on traditional sources of support.

Our membership continues to grow; we are now larger than ever before with 2,950 active members from 84 different countries. We now have well-established Sections in Europe (chair: Wolfgang Oertel) and Asia-Oceania (chair: Bob Iansek). The Officers have allocated special funding (\$100,000 per year for each Section) dedicated to movement disorders education in underdeveloped regions represented by these Sections and we have established the footings of a Pan-American Section with funding and a priority to develop movement disorders education programs in Latin America (Irene Litvan and Jorge Juncos have kindly agreed to assist us in the development of this new Section).

*Movement Disorders* remains the premier journal in the field and a leading clinical neurology publication. We have seen its success drive the need to increase the number of issues to 16 per year. Our current outstanding editors, Chris Goetz and Guenther Deuschl have decided to step down and we will be choosing their successors at the time of the Paris Congress. I'd also like to acknowledge the contributions of the long-standing Editors of our newsletter, *Moving Along*, Irene Litvan and Tom Gasser. This edition of the newsletter sees the passing of the reins to Carlo Colosimo and Mark Stacy. Our Website is another source of great pride for the Society. This was an important priority for the service of our membership and Hubert Fernandez and Marcelo Merello have done a remarkable job in a very short period of time to make this an exciting hub of Society activity. If you haven't visited the Web site recently please log in and you will be "blown away" by recent developments.

Our Committees drive a remarkable amount of the Society's activities and I would like to thank all of the Chairpersons and members for their ongoing dedication and hard work. I would like to mention some of the more active Committees and Task Forces giving special credit to a few important efforts. I have already mentioned the importance of the Education Committee to the overall success of the Society; the Chair Cindy Comella and co-Chair Dan Tarsy have worked tirelessly to this end. The Congress Scientific Program Committee involves a large commitment of hours planning our Congress program and Serge Przedborski has done a heroic job over the past two



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## Call for 2010 Supported Meeting Applications!

The *Movement* Disorder Society is now accepting applications from meeting organizers who wish to receive financial support for scientific meetings in the year 2010. MDS will be offering a total amount of \$70,000 USD to support scientific meetings in 2010, with an additional \$30,000 USD in funding available for request only by meeting organizers who belong to a group with MDS Affiliate Member status.

To apply, meeting organizers must submit a proposed program, including lecture topics, faculty, and a budget for the meeting along with the completed Supported Meetings application which is available on the MDS Web site: [http://www.movementdisorders.org/announcements/supported\\_and\\_endorsed/](http://www.movementdisorders.org/announcements/supported_and_endorsed/)

The goal of the Supported Meetings program is to support new and novel meetings rather than repeated occurrences of previous meetings, however support for general Movement Disorders meetings will be considered when there is a clear educational need and high likelihood that obtaining funding would be difficult, as in developing countries for example. Organizers may request grant funds up to six months prior to the meeting. If seed money is needed to launch the program, MDS may consider providing funds to organizer(s) prior to the six month threshold.

In addition to the grant monies, MDS will promote all Supported Meetings in the Society's publications, including the *Movement Disorders* journal, the *Moving Along* newsletter, and on the MDS Web site. In return, meeting organizers who receive grants must agree to:

Credit The *Movement* Disorder Society for its support of the meeting in all meeting publications and announcements, including promotional brochures, Web site, and in newsletters when applicable.

Provide MDS with copies of all meeting literature including program, abstracts, proceedings and promotional materials as well as a list of recent meeting attendees including both mailing and e-mail addresses when available.

Provide complimentary space for The *Movement* Disorder Society to display the MDS exhibit booth and literature during the meeting.

Provide one complimentary page in the meeting program for an advertisement provided by The *Movement* Disorder Society and include International Congress promotional material in the meeting registration bag.

Submit a final report including attendance numbers and reconciled budget within 60 days of completion of the meeting.

In the case of excess revenues being realized, the meeting organizers will arrange repayment of the seed grant to MDS.

The *Movement* Disorder Society will have the right to review scientific content of the meeting and make suggestions if necessary. Organizers agree to provide any information requested by The *Movement* Disorder Society.

For further information regarding Supported Meetings or to request an application form, please contact:

The *Movement* Disorder Society (MDS)  
 Attn: Supported Meetings Program  
 555 East Wells Street, Suite 1100  
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 Tel: +1 414-276-2145  
 Fax: +1 414-276-3349  
 E-mail: [pfierst@movementdisorders.org](mailto:pfierst@movementdisorders.org)

**Important Dates for 14<sup>th</sup> International Congress in Buenos Aires**

**October 2009**  
 Abstract Submission Opens

**December 1, 2009**  
 Registration Opens

**January 2010**  
 Preliminary Program Available

**January 8, 2010**  
 Abstract Submission Deadline

**April 5, 2010**  
 Early Registration Deadline

**May 3, 2010**  
 Final Registration Deadline

**June 13-17, 2010**  
 MDS 14th International Congress of  
 Parkinson's Disease and Movement Disorders

**Buenos Aires**  
 ARGENTINA June 13-17  
**2010**



**13<sup>th</sup> International Congress Update**

**100 Travel Grants Given in 2009!**

Due to a large increase in travel grant applicants for the 13<sup>th</sup> International Congress in Paris, 269 qualifying travel grant applications were received, the MDS Officers and International Congress Oversight Committee agreed to increase the number of travel grants awarded in 2009 from 60 to 100 grants. Each grant is in the amount of \$1,000 USD and is designed to provide partial support of International Congress delegates in financial need to facilitate their travel to and participation in the Congress.



Dear Colleagues,

### Summer School

MDS-ES is delighted to announce that following the very successful 2008 Movement Disorders Summer School in Marburg, Germany, the second Summer School will be held at the same location, 10-12<sup>th</sup> July 2009, under the Director of Wolfgang

Oertel and Niall Quinn. Junior neurologists (up to the age of 40 years) may apply for a subsidised place on the Summer School. Contact Hope Wallace, [hwallace@movementdisorders.org](mailto:hwallace@movementdisorders.org), for more details or access the Summer School details via the MDS Web site.

### DISMOV Bursaries

Nine MDS-ES Junior Members from around Europe received bursaries and free registration to attend the Italian DISMOV meeting 'Levodopa, back to the future' in Catania, Italy, April 2009. The Section is most appreciative to MDS-ES members Carlo Colosimo and Alfredo Berardelli for making this opportunity available to young colleagues.

### EDF

MDS-ES was pleased to send members an announcement from The European Dystonia Federation about the opportunity to submit a paper for the 2009 David Marsden Award. The Award of €2,500, presented every two years, is intended to encourage research into dystonia in all European countries, especially by young scientists. The prize-winning paper will be presented during the European Basal Ganglia Club meeting during the EFNS Congress in Florence, September 12-15, 2009.

### Eastern European Education Initiatives

MDS-ES is pleased to announce the availability of the Eastern European Educational Course Sponsorship Program 2009.

MDS recognizes that some countries in Europe have limited or no access to trained Movement Disorder Specialists. These countries may be restricted by size and/or resources from establishing a formal training program, or from arranging educational activities on Movement Disorders for local neurologists and general practitioners. MDS has made funding available to the European Section to support educational activities within the underserved countries of Europe. The funding is intended to support three course formats: a stand-alone course, courses conjoined with other local/regional meetings, and consecutive courses. Details and application forms can be obtained from Hope Wallace, [hwallace@movementdisorders.org](mailto:hwallace@movementdisorders.org), or from the European Section of the MDS Web site.

### National PD Guidelines in Europe

Colleagues in Europe have been asked to submit to MDS-ES their national guidelines for the treatment of Parkinson's disease. These guidelines will be compared to assess the similarities and major differences between countries. In parallel with this project we are also obtaining information about the availability of Parkinson's disease drugs in Europe.

### New European PD Recommendations

The EFNS/MDS-ES Scientist Panel on Parkinson's disease and other movement disorders plans to update the European Recommendations for the treatment of Parkinson's disease, published in the European Journal of Neurology in 2006. The MDS Evidence Based Medicine Task Force is presently revising its Review on Parkinson's disease management, so we are joining forces to update the European Recommendations with reference to this new MDS document.

### DTI Workshop Prague

Evzen Ruzicka will host a Dopamine Transporter Imaging workshop in Prague, Czech Republic, on 20<sup>th</sup> November 2009. Further details can be obtained from Catherine Breckenridge – [cbreckenridge@movementdisorders.org](mailto:cbreckenridge@movementdisorders.org) or via the MDS-ES Section of the MDS Web site.

### EFNS Florence

MDS-ES has organized a full program of Movement Disorders activities for the European Federation of Neurological Societies Congress in Florence, Italy, 12-15 September 2009. This is the major MDS-ES annual activity in Europe, so we hope you will attend this excellent program, and benefit from the additional chance to update your knowledge in all areas of neurology!

### Fellowship host centres list

MDS-ES has collected details of members in Europe who are willing to host research fellowships or clinical attachments. The list can be accessed at: [http://www.movementdisorders.org/regional\\_sections/es/fellowship.php](http://www.movementdisorders.org/regional_sections/es/fellowship.php)

### Change of Section Leadership

The leadership of MDS-ES will be changing at the end of the Paris Congress, so it is my great pleasure to welcome Alfredo Berardelli, who will take over as MDS-ES Chairman!

Prof. Wolfgang H. Oertel, MD  
Chairman, MDS-ES



The AOS recently held its second biannual conference in New Delhi. Despite some difficult factors leading up to the conference, it was a resounding success. On behalf of the AOS, I wish to thank Professor Madhuri Behari and her organising committee for all of their hard work which went into the planning, organization and running of the conference. At the 2<sup>nd</sup> AOPMC, the All India Institute of Medical Sciences, in collaboration with the MDS-AOS welcomed participation from the MDS Officers as well as Dr. Mary Baker, Past-President European Parkinson Disease Association. The 2<sup>nd</sup> AOPMC was attended by 330 delegates of which 255 were from India and 75 were international from Australia, Bangladesh, Cairo, Canada, Greece, Hong Kong, Indonesia, Japan, Korea, Malaysia, Napier, Netherlands, New Zealand, Philippines, Saudi Arabia, Singapore, Switzerland, Spain, Taiwan, Thailand, United Kingdom, United States, and Viet Nam.

The programs were extremely comprehensive, interesting and encompassing of most areas of Movement Disorders. The format was mixed and consisted of didactic lectures, educational forums, video and interactive sessions. All were well received and delegates participated actively in lively discussion. The calibre of the presentations from a regional perspective was very high. In addition the regional flavour of the Movement Disorders was very interesting and enlightening.



The social events provided the delegates with the flavour of India and provided an opportunity for the delegates to interact and network together. Overall I am sure all of the attendees would agree it was a wonderful experience.



We now look forward to the next meeting of the AOPMC, which is scheduled for March 2011 in Taipei.

Other activities in the AOS include a one-day teaching program which was held in Kuala Lumpur, Malaysia on April 3<sup>rd</sup> 2009. This teaching program formed part of the forthcoming ASEAN Neurological Association biannual convention and the annual scientific meeting of the Malaysian Society of Neuroscience. The program has been organised by Dr. Santhi Datuk Puvanarajah and I thank her for incorporating the AOS in this important meeting.

For more information about Asian & Oceanian Section activities or to complete the AOS Educational Needs Survey, please visit our Web site at [www.movementdisorders.org/regional\\_sections/aos/](http://www.movementdisorders.org/regional_sections/aos/).

We are all looking forward to the Paris Congress to catch up with our European and American colleagues!

Robert Ianssek, BMedSci, MBBS, PhD  
Chairman, MDS-AOS



Together more than 800 delegates attended the combined Asia and Oceania Parkinson's disease and Movement Disorders Congress (AOPMC) and the Asia Pacific Parkinson Association Symposium (APPA). The latter symposium was designed for People with Parkinson and their caregivers and the New Delhi meeting was the 11<sup>th</sup> symposium. A large number of allied health professionals attended both meetings and contributed greatly to the discussions and interactive sessions regarding PD management issues.



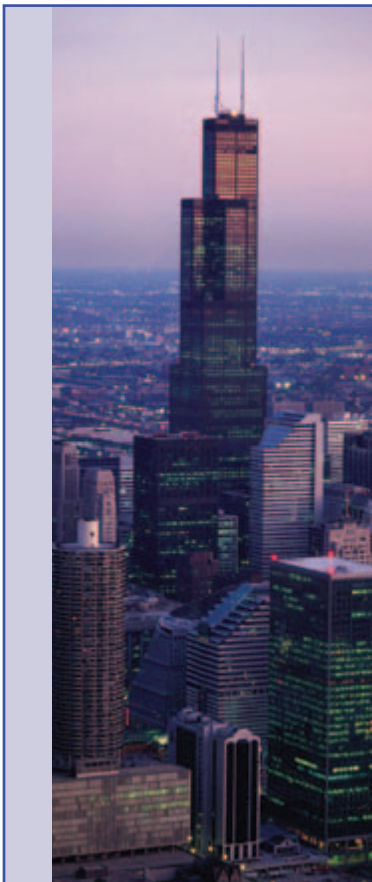
## Movement Disorder Teaching Course in Bandung- Indonesia

—Paulus Anam Ong, MD, Hasan Sadikin Hospital, Bandung, Indonesia; Course Director

Aiming to improve regional clinician's knowledge about basic science, clinical assessment and management of movement disorder diseases, Movement Disorder Society (MDS) Asian & Oceanian Chapter jointly with Department of Neurology Hasan Sadikin Hospital Faculty of Medicine Padjadjaran University Indonesia hosted a teaching course "Movement Disorder, From Basic To Clinical Update". The course was conducted in Bandung City on January 10<sup>th</sup>-11<sup>th</sup>, 2009. Three invited MDS experts Erle Chuen-Hian Lim MD (Singapore), Roongroj Bhidayasiri MD (Thailand) and Andrew Evans MD (Australia) together with Tan Siau Kuan MD (Indonesia) delivered wide range of topics in didactic lectures with question-answer, an interactive videos seminar, live patient demonstration with panel discussion by experts, video case presentations by participants and video quiz sessions. This first MDS sponsored teaching course in Indonesia was attended enthusiastically by a total of 267 participants, consisting of 222 Neurologists and 45 residents of Neurology from all regions of the country.



## EDUCATION



View the webcasts created from the Teaching Courses of the 12<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders.  
*June 24-26, 2008 - Chicago, IL USA.*

Available online:

- Dysautonomia in Parkinson's disease: Spectrum, Evaluation, and Treatment
- Neuropsychiatry in Parkinson's disease: Beyond Dementia
- Tics and Sterotypies
- Vascular and Post-Hypoxic Movement Disorders
- PSP and CBD
- Impulse Control Disorders

Please visit the Education Portal to view webcasts and obtain CME credit:  
<http://www.movementdisorders.org/education/congress08/>.

Meeting Summary

## Psychogenic Movement Disorders and Other Conversion Disorders

April 2-4, 2009, Washington, DC

The Second International Conference on Psychogenic Movement Disorders and Other Conversion Disorders was sponsored by The *Movement Disorder Society*, National Institute of Neurological Disorders and Stroke, National Institute of Mental Health, and unrestricted educational grants from Lunbeck, Allergan and Ceregene. Psychogenic Movement Disorders are common in a movement disorder practice, but even movement disorder specialists have significant problems dealing with these patients. There are difficulties in making a definitive diagnosis, in getting a full understanding of the patient, particularly of possible psychiatric co-morbidities, and in communicating the diagnosis. There are problems in referring these patients to psychiatrists who may not understand psychogenic movement disorders. The patients may not accept the diagnosis and continue to doctor shop. The conference was attended by both neurologists and psychiatrists, hoping to reach a better understanding of this condition and hoping to improve communication between the specialties. The conference was a successful enterprise in all regards.

The conference began with a detailed analysis of the disorder. There were discussions of conversion, somatization, factitious disorder,



*The organizing committee of the meeting, from the left, Peter Halligan, Joseph Jankovic, Stan Fahn, Anthony Lang, Mark Hallett, Robert Cloninger, Valerie Voon. (Photo credit: Mark Hallett)*

malingering, dissociation and hypochondriasis. It became rapidly clear that the development of these disorders is multifactorial. An acute psychological stress may be a trigger, but there must be an appropriate substrate, and that is likely to be complicated. Factors include genetic, anxiety, depression, a history of childhood physical or mental abuse, and the current social situation. A biopsychosocial model emerged, and it will likely be necessary to understand and treat many different aspects of a patient. The basic physiology was discussed, with recent neuroimaging studies and clinical neurophysiological investigations. Methods for

diagnosis and rating were also discussed. Therapy in many cases will need to be multifactorial, with consideration of the biopsychosocial model. Pharmacotherapy may well be helpful to deal with factors such as underlying depression or anxiety. Psychiatric therapy, perhaps delivered by a clinical psychologist, would appear obligatory, and cognitive behavioral therapy seems most promising now. A new website with downloadable patient pamphlets has just been developed by Dr. J. Stone of Edinburgh, [www.neurosymptoms.org](http://www.neurosymptoms.org). A book for doctors was generated by the first international meeting, and a second one is planned from this meeting.

### MDS Presents New Online Feature: Case of the Month

**Test your clinical skills!**

A 60 year old man presented difficulty holding a pen and abnormal movement of his right hand...

Case of the Month (COM) is the new MDS online feature that presents unique and challenging Movement Disorders cases. Members are invited to answer questions after reviewing the video and case history, and are provided with the expert's analysis.

Visit the MDS Web site each month to review interesting cases.

**Submit your own video:**

MDS is currently accepting submissions for Case of the Month!

Case of the Month provides an opportunity for members to share interesting cases for educational purposes, in a forum dedicated to Movement Disorders experts. For information about submission requirements, including video format and patient consent forms, please visit the MDS Web site at [www.movementdisorders.org](http://www.movementdisorders.org).

MDS would like to offer special thanks to Case of the Month Editor Dr. Susan Fox for her efforts in launching this valuable MDS member benefit.





## Make the MDS Web Site your home page

—By Hubert H. Fernandez, MD, Gainesville, Florida and Marcelo Merello, MD, PhD, Buenos Aires, Argentina, MDS Co-Web Site Medical Editors

### Here are the Top 10 reasons why [www.movementdisorders.org](http://www.movementdisorders.org) should be your home page:

1. The Web site is your **central source** of all MDS activities, including all the information you need to know for the 13th International Congress of Parkinson's Disease and Movement Disorders in Paris this June.
2. **The Membership Directory:** Connect with your colleagues globally through the online membership directory. Or log on to [movementdisorders.mobi](http://movementdisorders.mobi) from your Web-enabled mobile phone anytime, any place and access the complete MDS online membership directory within seconds!
3. **Editor's Choice Article of the Month:** Receive full access to a chosen article in *Movement Disorders* and listen to the podcast expert review.
4. **Curbside Consult:** Ask your colleagues their opinion on a difficult case, or share your expertise on a diagnostic or treatment dilemma.
5. **Case of the Month:** Share and publish your most interesting cases for everyone to view!
6. **Publications:** The Web site is your central link to the **complete collection** of all evidenced-based, task force, and position papers published in *Movement Disorders*.
7. **Video Library:** You are one click away from the most comprehensive video library of Movement Disorders. This link features videos from Case of the Month, Curbside Consult, Case Reports published in *Movement Disorders*, Pediatric Movement Disorder phenomenologies, and coming soon, a comprehensive teaching video collection of classic hypo- and hyper-kinetic Movement Disorders.
8. **Education Portal:** This is your gateway to the most outstanding courses, CME activities, on-line and e-learning opportunities.
9. **Resources:** The MDS Web site is the **central hub** for enhancing your academic and clinical practice. It contains feature articles, links to PubMed, non-for-profit organizations worldwide, fellowship opportunities, and announcements.
10. **MDS Group on Facebook®:** Join the "lighter side" of our Society and connect with friends and colleagues throughout the world.



### President's Letter Continued from page 3

years chairing this important committee. The International Congress Oversight Committee, chaired by the Past-Past President, Warren Olanow, is also instrumental to the success of our annual congresses which are planned many years in advance. The Continuing Medical Education Committee not only deals with CME accreditation issues but has had to deal with some very difficult challenges in response to the actively changing regulations in North America. Ron Pfeiffer has performed valiantly on our behalf at the helm of this committee. The Rating Scale Task Force has been very active and one remarkable accomplishment this year was the completion and publication of the MDS-UPDRS. We have also established an active translation program for the MDS-UPDRS and will eventually be providing certification for its use through the MDS Web site. Other Committee Chairs, including Awards (Stan Fahn), Membership (Francisco Cardoso), Industrial Relations (Kapil Sethi and Murat Emre), and Liaison/PR (Regina Katzenschlager), have all contributed greatly to the ongoing success of the Society.

Directing the business of the Society is not a one-person job. We could not have made so many important accomplishments without the diligence and tremendous dedication of the Officers with the support of our International Executive Committee. Working for the Society is especially rewarding and truly a great deal of fun in large part because of the close friendships that I have been so fortunate to established with all the Officers including Olivier Rascol (Secretary), Yoshi Mizuno (Treasurer), Andrew Lees (Past-President), Philip Thompson (President-Elect), Matt Stern (Secretary-Elect) and Oscar Gershanik (Treasurer-Elect).

Finally, I'd like to give special thanks to our Executive Director, Anne McGhiey, her entire staff, as well as Kay Whalen at EDI. Shortly after I took office, we lost our long-standing Executive Director. During the hiatus Kay provided critical support and now Anne guides the mothership with remarkable skill.

So, as you can see, our Society is active and thriving. The accomplishments of the President of such a Society depend very heavily on a remarkable number of dedicated leaders, an efficient and hard working secretariat and an involved membership. Fortunately, I have been the beneficiary of all of these. Thanks to all who have made this time one of the most enjoyable and rewarding experiences of my academic life.

Anthony E. Lang, MD, FRCPC  
MDS President 2007-2009

**(NO)** Continued from Cover

no way to predict who will develop cognitive problems and who will not. This can be a very hopeful concept for patients.

The real question is what is different about these patients who have an extremely benign course of their Parkinson's disease? Does the patient diagnosed with Parkinson's disease who develops motor fluctuations, dyskinesia and dementia in 3 years really have the same disease as the patient diagnosed with PD who develops motor fluctuations, dyskinesia and dementia at 12 years? Does the patient who has levodopa-responsive parkinsonism with mild motor fluctuations and moderate dyskinesia and no cognitive impairment at 20 years really have the same disorder? Is the combination of early dementia and mild typical parkinsonism part of the same disorder? The answer is clear that these and many other scenarios are simply not all the same disease despite the fact that all may appear phenotypically similar at onset.<sup>(4)</sup> The wide variation observed in initial presentation of signs and symptoms, the different rates of progression and the different responses to dopaminergic medications argues for different underlying pathophysiology and/or etiology. Close inspection shows that there really is NO reliable Parkinson's disease phenotype; the movement disorder community may well have to eventually abandon this well loved eponym. In its place will come descriptions such as parkinsonism with dementia, parkinsonism without dementia, tremor predominant parkinsonism or other descriptive terms. Of course when the genetic variations are finally sorted out the SCA solution will arise (parkinsonism number 1 – as many as we need).

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cerebral association cortices<sup>(7)</sup>. Clinically the profile of dementia associated with PD is grossly different than that of Alzheimer disease<sup>(8)</sup>, further lending support to the assumption that it is the disease pathology itself which leads to dementia rather than co-incident AD, which could theoretically co-occur simply because it is the most frequent neurodegenerative disorder in the elderly. All these observations strongly support the assumption that dementia in PD is an integral part of the disorder inflicted by the disease pathology itself: if it looks like a duck, walks like a duck and quacks like a duck, it is probably a duck. It is immaterial that dementia is rather a late phenomenon in most cases: would all patients survive long enough dementia would be occurring in all. Most degenerative pathologies have their favorite predilection sites to take off, this determines the initial symptoms and frequently the general perception of the disease. Especially if the pathological process is slow and lengthy the subsequent events may be overlooked or simply don't have time to emerge.

Is a natural death an inevitable consequence of life? I guess yes, unless the natural course of life is interrupted by unnatural events. In case PD pathology has a chance to develop to its full extent it will eventually affect brain areas subserving cognitive functions resulting in dementia.

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## Where are they now? An interview with Prof. Oleh Hornykiewicz

—Carlo Colosimo, MD, Sapienza University, Rome, Italy; Co-Editor, *Moving Along*

Prof. Oleh Hornykiewicz was born in Sykhiw (now part of Ukraine) in 1926. He graduated from the Medical School of the University of Vienna, Austria in July, 1951. After undertaking research in the Pharmacology Department of his faculty, he has been a post-doctoral research fellow in Oxford (1956-1958). In 1964, he was appointed Associate Professor (Docent) of Pharmacology at the University of Vienna and in 1976, he was appointed full professor and Head, Institute of Biochemical Pharmacology at the same university. During a long period, 1967-1977, he was also appointed Professor of Pharmacology and Head of Psychopharmacology in Toronto, Canada, where he successfully stayed for 10 years. He is the recipient of numerous scientific awards and prizes.

His discovery, published in 1960, on the profound deficiency of dopamine in the corpus striatum of patients with Parkinson's disease, was followed by a series of other seminal papers in which Hornykiewicz succeeded in establishing the specific nature of the striatal dopamine deficit for Parkinson's disease. The direct cause of the dopamine loss in the parkinsonian striatum was rationally explained in studies demonstrating that the substantia nigra was also depleted of the same neurotransmitter. This work contributed to the discovery of the existence of a dopamine-containing direct projection from the substantia nigra to the corpus striatum. These findings soon led Hornykiewicz to develop the idea of dopamine replacement with the dopamine precursor L-DOPA as a new drug treatment of Parkinson's disease. The step from the laboratory bench to the patient, taken in 1961 – only one year after his discover of the striatal dopamine deficiency in Parkinson's disease brain – opened a completely new era for the pharmacotherapy of this disease.

Today, at the age of 83, Oleh Hornykiewicz is still far from retiring from his science. He is still offered new collaborations coming from all over the world, and – as an example – he has 14 publications in international journals between 2006 and 2009 (according to PubMed, 25 April, 2009).

I had the pleasure to meet Prof. Hornykiewicz just before his opening talk at the International Meeting on Levodopa, endorsed by MDS, held in Catania, Italy on 3-4 April, 2009.

### **Who was your most influential teacher?**

Professor Franz Bruecke, my teacher, and later boss, in pharmacology in Vienna. He made me realize that pharmacology was about helping people, not just rats.

### **Which aspect of your work gives you the most pleasure?**

Doing something that is creative, exclusively linked to one's own ideas, and seeing those ideas materialize in the lab.



*Carlo Colosimo and Oleh Hornykiewicz*

### **Which event has most affected your work?**

When in 1956, Dr. Hermann Blaschko, at that time my supervisor at Oxford's pharmacology, asked me to do a project with dopamine, then a totally neglected substance, saying prophetically: "Oleh, stick with it, dopamine has a bright future." Since then I have not abandoned dopamine for a single day.

### **What is your unrealized ambition?**

The illusion of my younger years that with our human brain it will one day be possible for us "to understand the causes of things" – the Vergilian "rerum cognoscere causas".

### **What was your biggest mistake?**

I can't think of any. I would do it all over again.

### **What would be your advice to a newly qualified doctor?**

Don't be afraid of big names, challenge them if you feel you must. In science, there is no such thing as a Final Authority. I have lived long enough to see that, in the end, all, or nearly all of us had, at times, been wrong, of course, some of us a little less so than others.

### **Which alternative profession would you have liked to pursue?**

Probably poetry, making horribly sentimental, lachrymose verses.

### **Who or what do you most admire?**

Those scientists who appear to know, and can convince you that they know everything about everything. To hear them speak leaves me speechless with — well, it must be admiration.

### **Which single medical advance would benefit most people?**

The discovery of a pill that would stop people talking nonsense, without necessarily killing them.



## MDS Affiliate Member – The Movement Disorders Group of the Argentinian Neurological Society

—Dr. Tomoko Arakaki, Secretary of Group of Movement Disorders of Argentine Neurological Society; Dr. Diego Bauso, Co-Secretary of Group of Movement Disorders of Argentine Neurological Society

The Argentinian Neurological Society is the Scientific Institution that gathers the highest number of neurologists in our country, with approximately 720 members. It has groups which work in different areas, made up by specialist neurologists; the Movement Disorder Group being one of them. This group, initially named the Extrapiramidal Disorder Group, was created in 1983. At present, the group consists of 40 neurologists from all over the country, devoted to the study and assistance of different diseases that form this subject. Among its members, the Group includes a number of highly prominent neurologists from the international Movement Disorders community.

Since its creation, the group has held four important International symposia of Parkinson and Movement Disorders, with the participation of prestigious neurologists from many foreign countries. The Group has also published a number of diagnostic and treatment guidelines on movement disorder pathologies in *Revista Neurológica Argentina*.

In recent years the group has grown by virtue of the teaching spirit of its members and the commitment to promote and disseminate every aspect (scientific, social, and legal) of movement disorder diseases. It has also strived to open more effective lines of communication with other colleagues, with patients and their families, and with the community in general. Our group of well known neurologists has grown thanks to the contribution of all of the members, who are dedicated to teaching and promoting the different aspects (scientific, social or legal) of the diseases included in the field of the Movement Disorders. The Movement Disorder Group has an important role in The Argentinian Neurological Society, and has been working hard during last years to be present



*International Symposium of Extrapiramidal Diseases, Buenos Aires, 14-16 march 1985*

in the Movement Disorders community.

Among the works done by the Group and others which are in progress, we mention:

Organization of International symposiums and conferences, including collaboration with the Parkinson's disease Working Group for the organization of the World Parkinson's Disease Day conference held in 2007 in Buenos Aires.

Organization of academic activities in connection with Movement Disorders for the annual Congress of the Argentinian Neurological Society: round table meetings, courses or

the traditional and successful video sessions. It is worth mentioning this congress has a massive audience.

From 2007 onwards, the organization of national activities in the World Parkinson's Disease Day for several days in April in different regions of the country.

Organization of conferences with local and foreign speakers.

Publications in the Argentinian Neurological Magazine.

Creation of a web page: [www.parkinsonenmovimiento.org](http://www.parkinsonenmovimiento.org), with a database (in process) for the national record of patients with Parkinson's disease. This web page is not only the first one done in Latin America, but it is innovator because of the inclusion of an educational program for doctors.

Our group has the honor of being an Affiliate Member of The Movement Disorder Society since 2008. Some of our members will take part in the Congress Local Organizing Committee (CLOC) for the 14th International Congress of Parkinson's Disease and Movement Disorders in Buenos Aires, Argentina, June 13-17, 2010, led by Chair, Prof. Dr. Oscar Gershanik.

## Announcements

### Symposium on Etiology, Pathogenesis, and Treatment of Parkinson's Disease and Other Movement Disorders

The Parkinson Study Group, The *Movement* Disorder Society, Huntington Study Group, Cooperative Ataxia Group, Dystonia Study Group, Myoclonus Study Group, Tourette Syndrome Study Group and, Tremor Research Group in affiliation with the American Neurological Association, will sponsor the **23rd Annual Symposium to be held in Baltimore, Maryland at the Baltimore Marriott Waterfront hotel on Sunday, October 11, 2009 from 8:15 a.m. – 1:45 p.m.** The symposium will consist of peer-reviewed platform and poster presentations designed to communicate recent research advances in the field of Parkinson's disease, Huntington's disease, ataxia, dystonia, myoclonus, Tourette's syndrome, tremor and other movement disorders to professionals in neurology and related disciplines. Practitioners, educators, and researchers are invited to attend. Abstracts of platform and poster presentations representing original material will be published in *Movement Disorders*. **NO REGISTRATION FEE OR ADVANCE REGISTRATION IS REQUIRED. Deadline for submission of regular abstracts is June 1, 2009 and late-breaking abstracts on June 22, 2009.** More information and an abstract form can be obtained on the PSG web site at [www.Parkinson-Study-Group.org](http://www.Parkinson-Study-Group.org).

### The Huntington Society of Canada (HSC) Request for Proposals

The Huntington Society of Canada (HSC), in partnership with the Huntington Study Group (HSG) is making available up to \$150,000 Canadian each for meritorious research projects, from investigators in Canada, the United States, Australia or Europe to be funded by June 2009 and completed by September 2010. Proposals are requested to test experimental treatments that show promise of providing demonstrable symptomatic benefit for the cognitive (intellectual), motor, behavioral or weight maintenance problems facing patients with manifest Huntington disease (HD). It is anticipated that such research will provoke interest among commercial entities to further develop the treatment for HD. Letter of Intent is due by February 1, 2009. For more information, please see the HSG web site at <http://www.huntington-study-group.org/ClinicalResearch/RequestforProposals/tabid/90/Default.aspx>

## Job Postings

### University of Louisville Fellowship Position

The Department of Neurology at the University of Louisville is offering a one or two year fellowship in Movement Disorders beginning July 2, 2009. To apply you must be eligible for certification by the American Board of Psychiatry and Neurology. U of L has a comprehensive Movement Disorder program led by Dr. Irene Litvan, M.D. Fellowship focuses on developing skills in clinical care, including patient evaluation and treatment at our state-of-the-art rehabilitation facility, at the Frazier Rehabilitation Neuroscience Institute where multidisciplinary care is available as a "one stop shop" for in/outpatient care. There are opportunities to

develop expertise in botulinum toxin use and deep brain stimulation. Fellow are encouraged to participate in research.

Applicants should send CV, a letter of intent, and three letters of recommendation to: Irene Litvan, M.D., Raymond Lee Leiby, Professor of Parkinson Disease Research, University of Louisville School of Medicine, Department of Neurology, Building A, Room 113, 500 South Preston St., Louisville, KY 40202 or [i.litvan@louisville.edu](mailto:i.litvan@louisville.edu)

### Senior Lecturer in Medicine and Consultant Neurologist

Applications are invited for a full-time position as Senior Lecturer in Medicine, Christchurch Clinical School, and Consultant Neurologist, Canterbury District Health Board. The successful applicant will have completed or will be completing a higher degree (PhD or MD), will continue a program of research in the position and will contribute to undergraduate student teaching. They will participate, on a 0.6FTE basis, in a roster of clinical duties that includes all aspects of inpatient, outpatient and consultative work and will have clinical experience and post-graduate qualifications allowing them to be listed on the NZMC Specialist register. Specific enquiries may be directed to Professor Zoltan Endre, Head of Department, Department of Medicine, Christchurch School of Medicine, Tel 03 364 1847, Email [rowena.fisher@otago.ac.nz](mailto:rowena.fisher@otago.ac.nz). Enquiries about the clinical component of this position may be made to Dr Philip Parkin, Clinical Director, Department of Neurology, CDHB. E-mail: [Philip@cdhb.govt.nz](mailto:Philip@cdhb.govt.nz)

### Spectrum Health – Grand Rapids, Michigan

Spectrum Health Medical Group in Grand Rapids, MI, is actively seeking BC/BE neurologists with specialty training in Movement Disorders to join a newly developed Neuroscience division. It is expected that the appropriate candidate will participate in general neurology while developing their individual subspecialty areas. This group, the Spectrum Health Medical Group (SHMG), stands as one of the three divisions of Spectrum Health, a major referral center for Michigan. Spectrum Health Hospitals, also part of Spectrum Health, form the largest referral center in west Michigan. The Medical Group is looking to expand its neuroscience program in cooperation with an aggressive expansion by the hospital into new, sophisticated services in neurology and neurosurgery. Faculty appointments are available with the Michigan State University College of Human Medicine which has recently partnered with Spectrum Health and is relocating its major teaching programs to the Spectrum campus in Grand Rapids. The Spectrum Health Medical Group will also afford clinical research opportunities, as well as bench research for qualified candidates.

Grand Rapids is Michigan's second largest city. With more than one million residents in the metro area, it offers all the big-city amenities and excitement you can imagine. Yet it's also a region of abundant natural wonders, where outdoor recreation is a year-round pursuit. And your family will find small-town friendliness, safety, top-rated public and private schools, and affordable family-oriented neighborhoods. ID#31821.

Contact Ashley McNeil at 800-678-7858 x64465; email [amcneil@cejkasearch.com](mailto:amcneil@cejkasearch.com); or visit [www.cejkasearch.com](http://www.cejkasearch.com)

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### **Research Fellow Position at Massachusetts General Hospital/Harvard Medical School**

A research fellow position is open for an NIH-funded project at the Martinos Center for Biomedical Imaging at Massachusetts General Hospital/Harvard Medical School. The project involves using structural and functional MRI to study the effects of botulinum toxin treatment on CNS abnormalities in cervical dystonia and writer's cramp. The position is available beginning March 1, 2009 and can last for up to three years. The candidate must hold a recent Ph.D. and/or M.D., preferably in a neuroscience/neurology-related field. It is important that the candidate be well-versed in experimental design, and have technical expertise in a discipline with relevance to neuroimaging (e.g., programming, statistical analysis, or electrophysiology). We are especially interested in individuals with a background in brain control of posture. A background in brain imaging is preferred, although not required. Applicants should send a CV, statement of research interests, and three letters of reference to Anne Blood at [ablood@nmr.mgh.harvard.edu](mailto:ablood@nmr.mgh.harvard.edu), or Martinos Center for Biomedical Imaging, CNY 149-2301, 13th Street, Charlestown, MA 02129.

### **The Parkinson's Institute – BE/BC Neurologist**

The Parkinson's Institute and Clinical Center is seeking a BE/BC Neurologist with fellowship training in Movement Disorders to join our practice in the San Francisco Bay Area/Silicon Valley. The Institute is an internationally recognized not for profit research and clinical care organization that provides care to patients with Parkinson's disease and other movement disorders throughout Northern California. We have an active and growing clinical trials program and offer botulinum toxin treatment for dystonia and other movement disorders. We collaborate in the Deep Brain Stimulation programs at the Stanford and University of California San Francisco medical centers and offer evaluation as well as DBS programming. The Parkinson's Institute conducts world-class research on the epidemiology, mechanisms and genetics of Parkinson's disease and related disorders, and is developing a translational drug development program. This position provides an opportunity to work with an outstanding group of clinicians and researchers who deliver state-of-the-art care in a multidisciplinary clinic and is recognized as a National Parkinson's Foundation Center of Excellence. We encourage candidates interested in the opportunity to participate in a wide range of clinical trials and research.

In addition to a resume and references, interested applicants should mail a letter to the search committee describing their qualifications, interests and potential contribution.

Address all correspondence to: The Parkinson's Institute and Clinical Center, 675 Almanor Avenue, Sunnyvale, CA 94085, Fax: (408) 734-8427, Email: [hr@thepi.org](mailto:hr@thepi.org)

### **Movement Disorder Neurologist at Marshall University**

The Marshall University School of Medicine initiated the Department of Neuroscience in 2007. This quickly expanding multispecialty department has the need for a fellowship trained neurologist to found the movement disorder section. Experience in

programming and intraoperative monitoring for DBS, Botox and intrathecal Baclofen management preferred.

The DBS program has approximately a dozen cases to date at this institution. The surgeon (Bryan Payne, MD) and neurophysiologist (Terry Patterson, PhD) have over 1300 cases between them at other institutions. Intraoperative microelectrode recording is performed with the Axon 4000 system. Presently a frame based (Leksell) system is used for targeting based on pre-operative 3T MR imaging and peri-operative CT.

The Department now has strong sections in epilepsy, sleep medicine, pediatric neuroscience and neurosurgery. Sections in neuromuscular disorders and headache will be developed in the upcoming months. Eventual development of residency programs is planned.

The Department has a congenial, well trained faculty and is supportive of individual professional success. Start-up funding and laboratory space is available for appropriate candidates.

For information contact Bryan R. Payne at (304)691-1787 or visit <http://musom.marshall.edu/medctr/neuroscience/>

Forward CVs to [payneb@marshall.edu](mailto:payneb@marshall.edu)

### **Fellowship at VA Puget Sound Health Care System**

The VA Puget Sound Health Care System and University of Washington are pleased to offer a two or three-year fellowship commencing in July 2010. The program is designed to provide trainees with the clinical, scientific, and teaching skills necessary to become independent, outstanding movement disorders specialists. Fellows will receive intensive training in the diagnosis and management of a wide variety of movement disorders and gain experience in specific techniques such as deep brain stimulation and the use of botulinum toxin. The program offers substantial protected time for conducting research in the clinical or basic sciences and provides frequent opportunities to interact with faculty members performing cutting-edge research on a broad spectrum of topics. Great emphasis is placed on mentored career development, which includes one-on-one didactic sessions, training in methods of research design/analysis, and the development of grant-writing skills.

### **Movement Disorder Neurologist at the Neurology Clinic of Texas**

The Neurology Clinic of Texas, PA and Texas Health Presbyterian Hospital Dallas, are seeking a full time board certified or board eligible movement disorder neurologist to join an established neurology practice in an office based practice with opportunities for hospital participation. The position is oriented toward patient care but clinical research including DBS surgery, clinical trials, and collaboration with academic institutions and universities is encouraged. The hospital has an active Deep Brain Stimulation clinical program, The Human Performance Research Laboratory, and a Movement Disorder Educational and Resource center. Completion of a movement disorder fellowship or significant clinical experience in movement disorders is required.



\* Meetings Sponsored, Supported and/or Endorsed by MDS

**\*June 7-11, 2009**

*13<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders.* Le Palais des Congres de Paris, Paris, France. Offered by The Movement Disorder Society. Contact: The Movement Disorder Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI 53202 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: congress@movementdisorders.org; Web site: www.movementdisorders.org

**June 9-12, 2009**

*Canadian Neurological Sciences Federation 44<sup>th</sup> Annual Congress.* World Trade and Convention Centre, Halifax, Nova Scotia, Canada. Contact: Lisa Bicek, Canadian Neurological Sciences, 7015 Macleod Trail SW, Suite 709, Calgary, Alberta T2H 2K6, Canada; TEL: +1 403-229-9544; FAX: +1-403-229-1661; E-mail: lisa-bicek@cnsfederation.org; Web site: www.cnsfederation.org

**June 12-13, 2009**

*Neural Plasticity in Dystonia.* Villa Mondragone, Rome, Italy. Contact: Antonio Pisani, MD, University of Rome Tor Vergata, Rome, Italy; TEL: +39-0672596010; FAX: +39-0672596006; E-mail: pisani@uniroma2.it; Web site: <http://dystonia.uniroma2.it/>

**June 22-26, 2009**

*Association of British Neurologists Annual Meeting.* Arena & Convention Centre, Liverpool, United Kingdom. Contact: Karen Reeves, Executive Manager, ABN, Ormond House 27, 27 Boswell Street, London WC1N 3JZ, United Kingdom; TEL: +44-2074054060; FAX: +44-2074054070; E-mail: Karen.reeves@theabn.org; Web site: <http://abn.org.uk/meetings/annual-meeting.php>

**June 29-July 3, 2009**

*XXIV<sup>th</sup> International Symposium on Cerebral Blood Flow, Metabolism and Function & IX<sup>th</sup> International Conference on Quantification of Brain Function with PET.* Chicago, IL USA. Contact: Kenes International, 1-3 Rue de Chantepolet, P.O. Box 1726, CH-1211 Geneva 1, Switzerland; TEL: +41 22 908 0488; FAX: +41 22 732 2850; E-mail: brain@kenes.com; Web site: www.kenes.com/brain

**July, 2009**

*Visiting Professor Program Beijing, 2009. Treatment of Movement Disorders.* Venue: Xuanwu Hospital, Capital Medical University in Beijing, China. Contact: Xuanwu Hospital, Capital Medical University; Department of Neurology and Neurobiology, #45 Changchun Street, Xuanwu District, Beijing 100053 CHINA. Tel: +86-13501086287; Fax: +86-10-83161294; Email: pbchan@jsap.org or cbreckenridge@movementdisorders.org

**\*July 27-30, 2009**

*19<sup>th</sup> Annual Course - A Comprehensive Review of Movement Disorders for the Clinical Practitioner.* St. Regis Hotel, Aspen, Colorado, USA. Contact: Center for Continuing Medical Education, Columbia University College of Physicians & Surgeons, 630 Wet 168<sup>th</sup> Street, Unit 39, New York, NY 10032, USA; TEL: +1-212-305-3334; FAX: +1-212-781-6047; E-mail: cme@columbia.edu; Web site: <http://ColumbiaCME.org>.

**September 12-15, 2009**

*13<sup>th</sup> Congress of the European Federation of Neurological Societies – EFNS 2009.* Florence, Italy. Contact: Kenes International - EFNS, 17 Rue du Cendrier, P.O. Box 1726, CH-1211 Geneva 1, Switzerland; TEL: +41 22 908 0488; FAX: +41 22 732 2850; E-mail: efns09@kenes.com; Web site: [www.kenes.com/efns2009/index.asp](http://www.kenes.com/efns2009/index.asp)

**October 8-11, 2009**

*The Third World Congress on Controversies in Neurology (CONY).* Prague, Czech Republic. Contact: Comtec Med – Medical Congresses, P.O. Box 68, Tel Aviv, 61000 Israel; TEL: +972-3-5666166; Fax: +972-3-566177; E-mail: cony@comtecmed.com; Web site: [www.comtecmed.com/cony](http://www.comtecmed.com/cony)

**October 11, 2009**

*23<sup>rd</sup> Annual Symposium on Etiology, Pathogenesis, and Treatment of PD and Other Movement Disorders.* Marriott Waterfront Hotel (Affiliate of ANA Annual Meeting). Contact: Roseanna Battista, Parkinson Study Group (PSG), 1351 Mt. Hope Avenue, Rochester, NY 14620, USA; TEL: +1 585-275-1642; FAX: +1 585-273-1074; E-mail: Roseanna.battista@ctcc.rochester.edu; Web site: [www.parkinson-study-group.org](http://www.parkinson-study-group.org)

**October 24-30, 2009**

*19<sup>th</sup> World Congress of Neurology, WCN 2009.* Bangkok, Thailand. Contact: Congress Secretariat; E-mail: wcn2009@congress.com; Web site: [www.wcn2009bangkok.com](http://www.wcn2009bangkok.com)

**November 19-22, 2009**

*6<sup>th</sup> International Congress on Vascular Dementia.* Barcelona, Spain. Contact: KENES International, 1-3 rue de Chantepolet, P.O. Box 1726, CH-1211 Geneva 1, Switzerland; TEL: +41-22-908-0488; FAX: +41-22-732-2850; E-mail: vascular@kenes.com; Web site: [www.kenes.com/vascular](http://www.kenes.com/vascular)

**December 13-16, 2009**

*XVIII WFN World Congress on Parkinson's Disease and Related Disorders.* Miami Beach, FL, USA. Contact: KENES International, 1-3, Rue de Chantepolet PO Box 1726, CH-1211 Geneva 1 Switzerland; Tel : +41 22 908 0488; Fax : +41 22 732 2850, E-mail: parkinson@kenes.com

**2010****February 26-28, 2010**

*The 3<sup>rd</sup> International Congress on Gait and Mental Function.* Shoreham Hotel, Washington, D.C., USA. Contact: Kenes International, 17 Rue du Cendrier, P.O. Box 1726, CH-1211 Geneva 1, Switzerland; TEL: +41-22-908-0488; FAX: +41-22-732-2850; E-mail: gait@kenes.com; Web site: <http://www.kenes.com/gait/>

**\* June 13-17, 2010**

*13<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders.* Buenos Aires, Argentina. Offered by The Movement Disorder Society. Contact: The Movement Disorder Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI 53202 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: congress@movementdisorders.org; Web site: [www.movementdisorders.org](http://www.movementdisorders.org)

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