Health Professionals Special Interest Group
Leadership Meeting, *Basecamp*
March 12 – 14, 2015

International Parkinson and Movement Disorder Society

Overview of the 4th AOPMC (Thailand) – November 2014

The 4th Asian & Oceanian Parkinson's Disease and Movement Disorders Congress (AOPMC) was held in Pattaya, Thailand in November 2014. More than 800 people from over 30 countries attended with 250 posters presented during the Congress, 20 of which were presented by allied health and nursing professionals.

Presentation Topics (covered) and speakers, included (<u>but were not limited to</u>):

- *Updates on pharmacological, surgical and infusion therapies for PD related symptoms and control of motor fluctuations;*
  Speakers: Tim Anderson (New Zealand) • Werner Poewe (Austria) • Shen-Yang Lim (Malaysia) • Shengdi Chen (P.R. China)
- *Freezing of gait – neural pathways implicated in the development of freezing, rehabilitation strategies to treat freezing;*
  Speakers: Simon Lewis (Australia) • Yasuyuki Okuma (Japan) • Meg Morris (Australia)
- *Overview of the non-motor symptoms of PD - aetiology, clinical presentation, advances in their treatment;*
  Speakers: Simon Lewis (Australia) • Ray Chaudhuri (United Kingdom) • Thomas Kimber (Australia)
- *Advances in the development of biomarkers for use in the early diagnosis of PD;*
  Speakers: Werner Poewe (Austria) • Anthony Lang (Canada)
- *Movement disorders other than Parkinson's;*
  Speakers: Ching-Sik Lee (South Korea) • Eng-King Tan (Singapore);
  Chusak Limotai (Thailand) • Robert Iansek (Australia) • Mark Hallet (USA)
- *Rehabilitation for movement disorders and models of care;*
  Speakers: Robert Iansek (Australia)
- *Update on genetic studies in Parkinson's disease;*
  Speakers: Nobutaka Hattori (Japan)

Speakers on the Management of motor complications in Parkinson's (***i.e.*** dyskinesias and wearing-off) presented the evidence for deep brain stimulator surgery and pallidotomy for amelioration of dyskinesias and the use of COMT inhibitors and various agonists as adjunctive therapy with levodopa for treatment of wearing-off symptoms.

Several speakers presented recent research findings on the nonmotor symptoms (NMS) of Parkinson's. Aspects of NMS covered included the involvement of various neuro transmitters, various basal ganglia circuits and networks which contributed to the complexity of the aetiology of NMS in PD. Speakers reported on the very high prevalence of NMS, the very high burden even in the pre-motor stage of PD and the fluctuating nature of some of the common NMS. Gastro-intestinal symptoms were reported to be amongst the first NMS of PD. Pharmacological treatments were discussed and included levodopa and rotigotine patch for sleep dysfunction, fatigue, mood, apathy, constipation and pain. Early morning NMS off-symptoms – anxiety, urgency, drooling– were also reported to respond well to rotigotine.

There were several presentations on evolving concepts for the early diagnosis of Parkinson's disease, among them being the development of biomarkers. Biomarkers presented included imaging and pharmodynamic markers. The many challenges in identifying and using biomarkers were discussed. Biomarkers used in combination with assessment of NMS have the potential to make the diagnosis of PD possible prior to the appearance of motor symptoms. The benefits of earlier diagnosis of PD included the early introduction of neuroprotective treatments against further neural degeneration.

A session was dedicated to the physiological and clinical dynamics of freezing of gait and falls in Parkinson's and rehabilitation strategies. Theories to explain the phenomenon of freezing of gait were presented. Factors associated with freezing of gait included task switching difficulties and cognitive load. The multifactorial nature of falls in PD was discussed. Evidence for rehabilitation approaches that reduce falls in Parkinson's included Tai Chi, progressive resistance strength training and strategy training. Strategies to reduce freezing of gait included the use of visual and attention strategies, modification to the environment, the use of assistive devices. New interventions being investigated for falls reduction and freezing of gait include aqua therapy and dance.

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