



## PSP: Lumping or Splitting?

### Lumping

—Andrew Kertesz MD FRCP(C), London, ON, Canada

The syndrome of bradykinesia, axial rigidity, dystonia, falls, dysphagia, and vertical gaze palsy with subcortical pathology was described as progressive supranuclear palsy (PSP) by Steele, Richardson and Olszewski<sup>1</sup>, and not much later the clinical syndrome of unilateral rigidity, prominent apraxia, reflex myoclonus and alien hand syndrome as corticodentatonigral degeneration,<sup>2</sup> relabelled corticobasal degeneration (CBD). Rebeiz and coworkers<sup>3</sup> recognized the resemblance of the pathology to Pick's disease (PiD). Even before that there have been several case descriptions of PiD where the patients had prominent unilateral rigidity and Parkinsonism.<sup>3</sup>

The cognitive impairment was initially underestimated in the CBD syndrome (now called CBDS or CBS), but later it was recognised that the most common presenting symptom was “dementia”.<sup>4</sup> A significant overlap was documented between CBDS and the syndromes of FTD/Pick complex in the majority of cases<sup>5</sup>. A corollary to this overlap is that CBD pathology can produce focal cortical syndromes such as aphasia or disinhibited behaviour *without* the movement disorder. PSP, although initially also described as a movement disorder, became the prototype for “subcortical dementia”, characterised by profound slowness of mentation, impaired memory retrieval and personality changes (mainly apathy with some outbursts of irritability). Cognitive phenomena, such as aphasia and apraxia, initially considered unusual for PSP, are now seen as a rule.

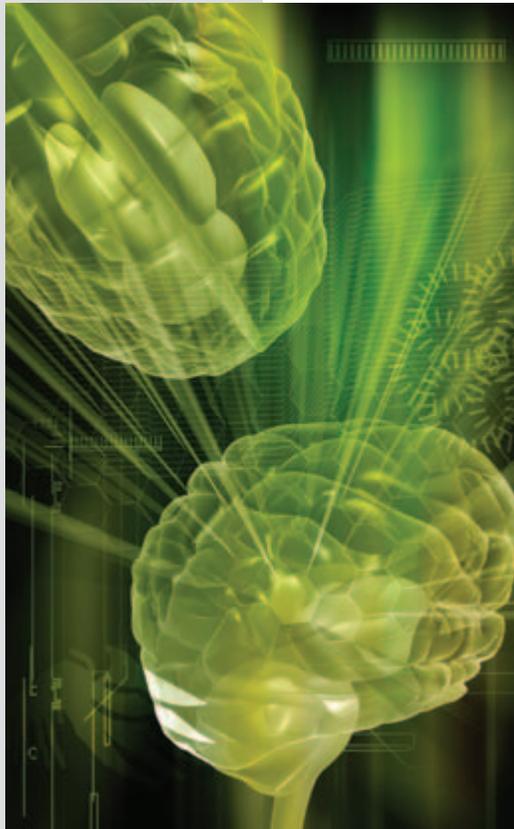
The clinical overlap of CBD with PSP has been increasingly recognized. Many CBD patients also have vertical gaze palsy, falls, axial rigidity and some have symmetrical extrapyramidal syn-

### Splitting

—David Williams, MBBS, PhD, FRACP, Associate Professor, Monash University, Melbourne, Australia

One of the enduring satisfactions in Clinical Neurology is providing an early and accurate diagnosis in a patient with a rare or exotic disease. Much of this satisfaction comes from being able to execute carefully developed clinical skills. Sadly more procedural specialists will never experience that same satisfaction, with technicians and computers giving diagnoses that always trump clinical assessment. The best Neurologists, and this is particularly pertinent for Movement Disorder Specialists, are those who have seen a wide variety of clinical signs and symptoms in patients over a number of years. It is in this context that the subtleties of Clinical Neurology reach their full potential and carefully considered diagnoses can be made. When the specialist says the patient has a tic, then the patient has a tic. When the specialist says the patient has PSP, then the patient has PSP. There are no simple tests that can say that the doctor is wrong. However diagnosis is not the end-game. The best Clinical Neurologists will see such diagnoses as the beginning of a long term relationship with a patient. Predicting pathology is therefore only half the game, the diagnosis must help the patient, and other caregivers about the disease, treatment and prognosis.

Progressive supranuclear palsy is such a condition where clinical diagnosis is easiest for the experienced neurologist and where referring doctors are often unclear about the cause of the symptoms. Clifford Richardson described the clinical syndrome in 1963, highlighting the progressive disability, early falls, vertical supranuclear gaze palsy and mild cognitive changes, and the absence of early parkinsonism. When faced with this clinical scenario within the first year of disease in a patient over 40, the diagnosis is extremely accurate.



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It's about time to meet up again with our international colleagues and friends. The main annual event of our society, the 15<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders, will take place in Toronto, ON, Canada in June. As you will read in this issue, the Congress Scientific Program Committee, chaired by Drs. Goetz and Fox, has made tremendous efforts to plan an exciting scientific program. The final program is a fine blend of lectures on classic aspects of movement disorders and new cutting-edge topics. The same is true for the speakers, who will include recognized opinion leaders but also a selection of newcomers, including a selection of young and innovative researchers. This year the main Congress will be preceded for the first time by the Basic Movement Disorders Course.



*Carlo Colosimo, MD and Mark Stacy, MD*

This course has been designed as a basic but comprehensive introduction to the fascinating field which is the area of interest of MDS. This course serves as a pilot for the Basic Movement Disorders Curriculum, which will eventually be available globally as a stand-alone course.

In this issue, you will find the usual regular features including the President's letter, reports from regional sections chairs and MDS-supported meeting organizers, and a summary of the activities of the MDS education committee. We also feature an interesting controversy on the relationship between progressive supranuclear palsy and corticobasal degeneration. We really hope you will enjoy the two contenders' thorough and articulate pieces as we did.

Finally, this time we asked for pictures from our readers who are also musicians for fun, and the response was quite enthusiastic as you can see on page 7. Next issue we decided to call for pictures taken during travelling, especially if the images are somewhat amusing or peculiar (or taken in unusual locations!).





The *Movement* Disorder Society



In June 2011, The *Movement* Disorder Society (MDS) will hold its biennial election at the Annual Business Meeting during the 15<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders in Toronto, Canada.

The election process is an essential component in the success of our Society. It is our responsibility to identify leaders who promote advances in our field and also provide vision and oversight of our Society to ensure its continued growth and success.

The election procedure is a multi-step process:

#### January

The Nominating Committee prepares a slate of candidates for each open Officer and International Executive Committee position in January of the election year.

#### February-April

A Call for Nominations is sent to all MDS members in February with the proposed slate of candidates. Each member has the opportunity to submit nominations for any additional individual he or she would like to stand for election. All additional nominations must be received by April 8, 2011 and accompanied by a minimum of twenty-five letters of support from paid members of the Society.

#### April-May

By April 20, 2011, the Nominating Committee and membership nominations will be combined to form the final ballot. Should you not have an opportunity to attend the Business Meeting during the International Congress on Thursday, June 9, 2011 to vote, you can vote by Proxy Ballot, which has a return deadline of May 18, 2011 and will be mailed to you with your final ballot.

The Nominations Committee carefully considers many factors when selecting the slate of candidates

who will represent the Society. This year's Nominating Committee included Warren Olanow, Stanley Fahn, Joseph Jankovic, Andrew Lees, Marcelo Merello, Werner Poewe and Hiroshi Shibasaki. The criteria they used for assessing potential nominees for leadership positions in the MDS included:

1. Geographic diversity
2. Gender diversity
3. Special expertise and knowledge
4. Early as well as late career experience
5. Previous service in the MDS leadership (for Officer positions, a general guideline is that individuals serving at this level have served previously as committee, task force and/or regional section members, as chairs of one or more of these groups, and as members of the IEC. In the case of President-Elect, these individuals may also have had previous experience serving as an MDS Officer, i.e., Secretary or Treasurer)
6. Leadership/management skills
7. Discipline diversity (e.g. neurology, neurosurgery, basic science, etc.)

This election process ensures that MDS continues to be guided by a diverse group of individuals prepared to devote their efforts working for the betterment of the Society and the field of Movement Disorders. I hope you will participate in the election process. Your involvement is vital for the selection of an effective and innovative leadership which will contribute to the ongoing development and achievement of the Society.

Philip Thompson, MB, BS, PhD, FRACP  
MDS President 2009 – 2011

## MDS Past-President, Anthony Lang, Receives Order of Canada



MDS Past-President, Anthony E. Lang, recently was named Officer to the Order of Canada, the country's highest honor for a lifetime of outstanding achievement. Dr. Lang was granted the Order of Canada for his significant contributions to the field of Movement Disorders, particularly for his advancements in therapeutics of Parkinson's disease.

"I believe that this honor is acknowledging my contributions to clinical research in many aspects of movement disorders; I am proud that myself and my colleagues at Toronto Western Hospital and the University of Toronto have made a number of contributions that have been considered important to our understanding of these diseases," said Lang, who is currently the Jack Clark Chair for Parkinson's Disease Research at the University of Toronto, the Director of the Morton and Gloria Shulman Movement Disorders Centre at Toronto Western Hospital and of the Edmond J Safra Program in Parkinson's Disease at the hospital and the University.

The Order of Canada was founded in 1967 as a method of honoring Canadians who have made notable contributions to society in various fields. The order's motto is "Desiderantes meliorem patriam," Latin for "They desire a better country." Through his extensive efforts, Dr. Lang's accomplishments not only have made Canada a better country, but also have improved the global MDS and movement disorders community.

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Serge Przedborski, MD, PhD  
Cristina Sampaio, MD, PhD  
A. Jon Stoessl, MD, FRCPC

The *Movement* Disorder Society  
International Secretariat  
555 East Wells Street, Suite 1100  
Milwaukee, Wisconsin 53202-3823  
USA  
Tel: +1 414-276-2145  
Fax: +1 414-276-3349  
E-mail:  
info@movementdisorders.org



## 15th International Congress Updates

Preparations are wrapping up for The Movement Disorder Society's 15th International Congress of Parkinson's Disease and Movement Disorders, to be held June 5-9, 2011 in Toronto, ON, Canada.

### International Congress Registration

International Congress Registration is available by visiting: [www.movementdisorders.org/congress/congress11/](http://www.movementdisorders.org/congress/congress11/).

Please contact the MDS Registration by e-mailing [MDSCongress@showcare.com](mailto:MDSCongress@showcare.com) with any questions.

### 2011 Theme: "Behavioral and motor interfaces of movement disorders: From laboratory to patient care"

The Congress Scientific Program Committee selected "Behavioral and motor interfaces of movement disorders: From laboratory to patient care" as the theme for this year's International Congress. The theme will be highlighted on two Plenary Sessions, six Parallel Sessions, one Skills Workshop, one Teaching Course, and two Video Sessions. International experts will serve as faculty, and the presentations will run the gamut of the field, from new research to practical applications. Meeting participants can elect to attend any or all of the sessions.

### Scientific Sessions

The 2011 Scientific Program will incorporate Therapeutic Plenary Sessions, Plenary and Parallel Sessions, Teaching Courses, Video Sessions, Skills Workshops, Scientific Discussions, Guided Poster Tours and Blue Ribbon Highlights.

Sessions will focus on the latest developments in:

- Behavioral and motor interfaces of movement disorders: From laboratory to patient care
- Movement Disorder topics, including, but not limited to, ataxia, chorea, dystonia, myoclonus, Parkinson's disease, restless legs syndrome, spasticity, stereotypies, tics and tremors
- Basic Science issues, including, but not limited to, genetics, neuroimaging, neuropharmacology, surgical therapy and transplantation
- Other less common clinical conditions

### MDS-UPDRS

Now available at the 15th International Congress: the MDS-Unified Parkinson's Disease Rating Scale Training and Exercise Program.

- See examples of a rater administering a test to patients
- View examples of the rating items for the Motor Examination (Part III)
- Tan an exercise at the end of the Training Program

Testing room will be open 7 a.m. – 6 p.m. Sunday, June 5 – Wednesday, June 8 and 7 a.m. – 4 p.m. Thursday June, 9. Doctors will be available for questions on-site.

### Social Events

#### Opening Ceremony and Welcome Reception

All International Congress attendees are warmly invited to meet friends and colleagues during the traditional International Congress Opening Ceremony at the Metro Toronto Convention Centre. A Welcome Reception will directly follow the Opening Ceremony. These events are open to all registered delegates. Guests are welcome to purchase a Welcome Reception pass that will allow them admission to the Opening Ceremony and Welcome Reception. This can be purchased during the registration process.

#### VO Games

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

The two teams of Experts are:

#### Team 1:

Carlo Colosimo, Rome, Italy  
Steven Frucht, New York, NY, USA  
Jose Obeso, Pamplona, Spain  
Marie Vidailhet, Paris, France

#### Team 2:

Roongroj Bhidayasiri, Bangkok, Thailand  
Stewart Factor, Atlanta, GA, USA  
Timothy Lynch, Dublin, Ireland  
Kathleen Shannon, Chicago, IL, USA

Following the International Congress, the cases presented could be developed further for publication in the Journal or presentation on the Society's website. This social event is open to all registered delegates. For more information about the VO Games, please contact Sarah Smith at [ssmith@movementdisorders.org](mailto:ssmith@movementdisorders.org).

#### Fun Run

New! MDS will be hosting a scenic 5k Fun Run during the 15th International Congress in Toronto. Registration is now open and available at [www.movementdisorders.org/congress/congress11/registration.php](http://www.movementdisorders.org/congress/congress11/registration.php).

The Fun Run will begin on Tuesday, June 7th at 6:30am with check-in starting at 6:00am. The run will start at the Westin Park Square and head west along Queen's Quay, leading to the stunning Toronto Music Garden.

Registration is \$25 per person. In order to participate in this event, you must also register for the International Congress.

# TORONTO



## JUNE 5-9, 2011

### Important Dates

**May 3, 2011**

Housing Deadline (Individuals)

**May 10, 2011**

Final Registration Deadline

**June 5-9, 2011**

15th International Congress of Parkinson's Disease and Movement Disorders

## Reasons why you want to stay connected to your Society

—Hubert Fernandez, MD, Cleveland, Ohio and Marcelo Merello, MD, PhD, Buenos Aires, Argentina, MDS Co-Website Medical Editors

As we approach three years of overseeing the Society website, we continue working diligently with the MDS Website Manager on many exciting features.

Notably, we are focusing on putting MDS tools directly into the hands of our members with a mobile website. In addition, we continue to work on the creation of an educational activity called “Coffee Break CME.” Language translations of parts of the website are taking shape. Finally, preparations for the 15th International Congress are well under way and staying abreast of everything that will be happening is a big part of our preparations for the Society’s biggest meeting of the year.

### MDS Mobile – Coming soon!

Soon you will be able to keep MDS close at hand on your smartphone. In the final stages of development, the mobile website will allow you to access tools and features that before now could only be found while sitting in front of your computer. These include the Membership Directory, MDS Journal, Rating Scales, Announcements, information about the International Congress, and much more!

### Coffee Break CME

In partnership with the MDS Education Committee, Coffee Break CME will soon be provided as an educational activity whereby members can watch a video demonstrating a movement disorder and then take a short test afterward, earning CME credit in the

process. The first module will focus on tremor and will be worth 0.5 AMA PRA Category 1 Credits™.

### Language Translations

The Society wants to reach out to members across the globe and keep the lines of communication flowing. As a first step, we have begun the process of translating parts of the website into Simplified and Traditional Chinese and Spanish. Other languages are under consideration as well.

### 15th International Congress of Parkinson’s Disease and Movement Disorders

Finally, as we look ahead to this year’s Congress in Toronto, we hope you will stop by the MDS Information Booth. Say hello to MDS staff and pick up valuable information about ongoing educational workshops and conferences, as well as Membership benefits, news about Congress 2012, and more.

While at Congress, take our website survey for a chance to win one of three Apple iPads®! Details will be in Registration bags and at the Information Booth at the Congress.



## What’s all this talk about Twitter?

Of all the social networks, Twitter ([www.twitter.com](http://www.twitter.com)) has fast become one of the most popular ways of communicating with friends and colleagues via your mobile phone.

Twitter is a social networking and micro-blogging service that allows users to communicate by sending short text messages (140 characters in length) called “tweets.” The short Q&A below can give you an idea of what the buzz is all about.

**What is a micro-blog?** Blogs are online journals where authors post messages with a personal perspective. Micro-blogging is a much shorter form of blogging, in which entries are characterized by nothing but a short sentence fragment, an image, or an embedded video.

**What is Twitter?** Twitter is a micro-blog in which users should reply in 140 characters the answer to the question, “What are you doing?” The answers are called “tweets.” To join Twitter go to [www.twitter.com](http://www.twitter.com) and follow the instructions for creating a free account. It takes just a few minutes.

**How do I follow another person?** Type in these words: follow (person’s username) and text this to Twitter.

**How do I start following MDS?** Text this message to Twitter: follow movedisorder. Then, anytime MDS tweets a message with news or information about the Society, our message will show up in your mobile phone.

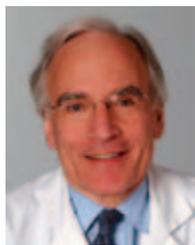
**What kind of useful information can I get from following MDS on Twitter?** Twitter is updated live with short and practical information. This includes new events and opportunities which have time limited enrollment (such as grants from major agencies, or registration for meetings, for example), hot new information right off the press which may be useful for your interaction with colleagues and patients (like new genes being implicated in PD, or news about PD in the lay press which have just been released).

During the 15th International Congress of Parkinson’s Disease and Movement Disorders, there will be updates about the latest scientific and clinical news and talks, program changes and social events. Follow others during the Congress by using this hashtag in all of all your tweets: #MDSCongress. This way, others will be able to search for your news about the Congress quickly and easily on Twitter.

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## MDS Education Committee Update

—Daniel Tarsy MD, Chair, MDS Education Committee



The MDS Education Committee, with its international membership, initiates new educational programs as well as receives and reviews applications for a wide variety of new educational programs from the membership. Both of these efforts are world-wide in their scope and require the cooperation and input of the Education Committees of the European (ES), Asian

and Oceanian (AOS), and Pan American (PAS) sections of the MDS. At present MDS education is provided by way of the annual MDS Congress, the Visiting Professorship and Ambassador Programs, regional teaching courses, and the MDS website.

In recent years, the MDS Education Committee has played an increasingly important role in planning the annual International Congress program. At present the Education Committee is included in the Congress Scientific Planning Committee (CSPC) where we are responsible for suggesting titles and faculty for eight Teaching Courses at each congress. These are held as parallel sessions which are distinguished by a printed syllabus and Audience Response System (ARS). Following the Congress many of the Teaching Courses are made available as DVDs which may be ordered through the website.

The Visiting Professor Program (VPP) and Ambassador Programs provide movement disorders education to general neurologists and movement disorder specialists in regions of the world in need of expert teaching. After the MDS Education Committee Strategic Planning Meeting in London in September 2009, the online application process for these programs was simplified and a plan was established to obtain better follow-up information regarding the impact of these programs on attendees. The VPP is designed to provide one or two distinguished professors to present a series of lectures and case conferences over a 1-2 day period, while the Ambassador Program provides a lecturer to participate with local speakers in a regional teaching course or symposium. In 2009-2011, VPPs were held in Beijing, Shanghai, Bangkok, Tunis, and Johannesburg while Ambassador programs were held in Cebu City, Philippines; Kota Kinabalu, Malaysia; Dhaka, Bangladesh; Moscow, Russia; Puebla, Mexico; and Bamako, Mali. The faculty for these programs may be viewed on the website. Attendance at these programs has been excellent, typically ranging between 100 to as many as 500 individuals. Recent issues of *Moving Along* contain stories concerning many of these programs.

Regional teaching courses may either be sponsored or endorsed by MDS. Sponsored courses in 2009-2011 included such titles as Psychogenic Movement Disorders, De Novo Parkinson's disease, Treatment of Parkinson's Disease, New Therapies for Parkinson's Disease, and Dopamine Transporter Imaging in Neurological Practice. In addition, an increasingly large number of endorsed courses have been held internationally in the past two years—some of which have been reported on in *Moving Along*. Many of these have been at least in part sponsored by MDS by grants to the European and Asian/Oceanian sections. The very successful 3-day *European Sum-*

*mer School for Movement Disorders* was inaugurated in 2008 with venues to date in Marburg, Germany (2008, 2009); Nijmegen, Netherlands (2010); and in Naples, Italy, in 2011. The Summer School is aimed at trainees in movement disorders and has been particularly popular among individuals from Eastern Europe. A large number of individuals attending the Summer School have subsequently attended and participated in the International Congresses. This year several scholarships will be made available to individuals from sub-Saharan Africa to attend the Summer School in Naples. Because of the success of the Summer School, a Winter School is currently in development for 2012.

An annual *Parkinson's Disease Symposium for Patients and Caregivers* program was inaugurated in 2009 and to date has been held in Boston and Kansas City. These programs were video recorded and have been made available to the interested lay public on the MDS website.

This year, for the first time, the American Academy of Neurology (AAN) and The *Movement Disorder Society* organized and inaugurated a *Focus on Movement Disorders* session which was held over 1.5 days at the annual meeting of the AAN in Honolulu. Topics included were Imaging in Parkinson's Disease & Parkinsonism, Genetics of Movement Disorders, and Frontiers in Movement Disorders Pharmacology.

A Basic Movement Disorders Curriculum has been developed by Dr. Louis Tan and his education subcommittee to provide an overview of the evaluation and treatment of common movement disorders. This program is being aimed at trainees, internists, and general neurologists (see *Moving Along*, Volume 14, Issue 3, 2010). Curriculum, syllabi, and slide sets have been developed and will be presented for the first time as a pre-congress event at the 15th International Congress in Toronto in June 2011. Following this, information will be made available concerning access to MDS curriculum and teaching materials which can be used in similar 1-2 day courses in other regions around the world.

The MDS website has grown remarkably since the MDS Education Committee Strategic Planning Meeting in London in September 2009. Under the able leadership of co-editors Drs. Hubert Fernandez and Marcelo Merello, all components of the website have expanded, especially its educational features. The Education Portal lists all of our CME and non-CME activities and provides ready access to MDS Evidence Based Reviews, Task Force Papers, and a library of Rating Scales owned by or recommended by the MDS. Case of the Month, Quick Opinion Please, Editor's Choice Article, and Featured Articles are additional educational components. Coffee Break CME is a new feature which will make its debut shortly to provide regular topical reviews in movement disorders.

It is a pleasure to work with the enthusiastic and hard working members of the MDS Education Committee. We always welcome inquiries concerning the educational activities of the MDS.





**Alfredo Berardelli, MD**  
Chairman, MDS-ES

Dear Colleagues,

Education is big on the agenda for the European Section, and ESEC members have encouraged a number of applications to the MDS-ES fund for education in underserved countries in Europe. ESEC member Andrzej Friedman worked with local neurologist Tatiana Shamova to organize a Movement Disorders Course in Grodno, Byelorussia in October 2010. MDS-ES faculty members Andrzej Friedman, Pille Taba, and Jaime Kulisevsky, along with three local specialists, contributed to a comprehensive range of lectures on all aspects of Movement Disorders. The meeting attracted 75 participants from around the country. Andrzej reports that good question and answer sessions followed all the presentations. The opening was attended by the Rector of the Medical University in Grodno and a representative of the Ministry of Health of Byelorussia, and a local television crew came to interview the faculty. Amazingly, the whole activity was organized at a cost of €2,839! Congratulations and thanks to the organizers and faculty for such a successful and cost-effective event.

Another MDS-ES supported course in October was organized in Riga, Latvia, by Pille Taba and local expert Andrejs Millers, with MDS-ES speakers Werner Poewe and Andrew Lees; the excellent program on offer attracted 150 participants. A two day Movement Disorders course in Brasov,

Romania, coordinated by Cristian Falup-Pecurariu, was attended by more than 400 delegates. The faculty included MDS-ES members Angelo Antonini, Claudia Trenkwalder, Erik Wolters, Carlo Colosimo, Ray Chaudhuri, Per Odin, Miguel Coelho and Sevasti Bostantjopoulou. The Dean and Chancellor of the University of Brasov and the President of the Romanian College of Physicians were in attendance, emphasizing the importance of these outreach programs to the recipient institutions.

Moving away from Eastern Europe, I would like to thank Marie Vidailhet for organizing a successful Dopamine Transporter Imaging Workshop in Paris in December, where the 25 available places were filled by 34 delegates from 20 countries! This series of small workshops continues to be well attended, and plans are under way for another workshop in 2012.

Paolo Barone and I are looking forward to the 4<sup>th</sup> MDS-ES Summer School, scheduled for 1-3 July 2011 in Naples, Italy. Please encourage your junior colleagues to visit the MDS website for more information. Participants will have an opportunity to examine a wide range of Movement Disorders patients under the supervision of a faculty of European experts.

Geneva was beautiful at the end of September, and we were delighted to be at the EFNS Annual Congress where our Move-

ment Disorders sessions were well attended and well received. The MDS-ES leadership met members of the EFNS Executive during the Congress and we confirmed the willingness of both organizations to continue with this fruitful collaboration. The 2011 EFNS Annual Congress will be held in Budapest, September 9-12, and we urge MDS members to attend and submit abstracts for the Movement Disorders free presentation sessions. Once again, European juniors will have an opportunity to apply for EFNS/MDS-ES bursaries to support their attendance if they submit an abstract on a Movement Disorders topic. Mark Edwards reports on the EFNS Teaching Course in Odessa, supported by MDS-ES, elsewhere in this edition of *Moving Along*.

The work of the joint EFNS/MDS-ES Task Forces that are creating a series of European recommendations in Movement Disorders is gaining momentum. A recommendation on the Diagnosis of Parkinson's disease is in preparation, and a summary and update of the 2010 recommendations for the management of early and late Parkinson's disease is under way. Günther Deuschl has agreed to Chair a new Task Force on the Diagnosis and Management of Essential Tremor, and we are working with Bernhard Landwehrmeyer to create a recommendation on Huntington's disease.

As you can see, the Section is keeping very busy, and I thank the ESEC and our European members for their continuing hard work and contribution to the success of our activities.

*Alfredo Berardelli*

Alfredo Berardelli, MD  
Chairman, MDS-ES



## Movement Disorders Day at the EFNS International Teaching Course – Odessa, Ukraine

—Mark Edwards, MBBS, BSc, MRCP, PhD, United Kingdom

The European Federation of Neurological Societies (EFNS) International Teaching Course was held in Odessa, October 7-9<sup>th</sup> 2010. The course was postponed from earlier in the year when the activities of the Icelandic volcano made travel impossible. Thanks to the efforts of the organizing committee in the Ukraine, headed by Liliya Zvyagina, the whole conference was successfully rescheduled and there was a large turnout of nearly 200 delegates from Ukraine and surrounding countries. There was three days of teaching, both in lecture and smaller group sessions, covering Movement Disorders, Stroke, Infection and Sleep Disorders.

The movement disorders day was on the 7<sup>th</sup> of October, with the program created and supported by MDS-ES. Professor Alfredo Berardelli (Rome, Italy) and Dr. Mark Edwards (London, UK) led the sessions covering a range of movement disorder topics including: differential diagnosis of parkinsonism, initiation of therapy in PD, treatment of advanced PD, etiology and pathophysiology of tic disorders, management of dystonia and iatrogenic movement disorders. There was also a lively video session with discussion from the participants on phenomenology and diagnosis and an interactive question and answer session. The lectures and discussions were simultaneously translated.

There were excellent opportunities for the faculty to meet the delegates, many of whom were neurologists with an interest in movement disorders, to discuss interesting and difficult cases and to share experiences of working in neurology within very



*Alfredo Berardelli and Mark Edwards, MS-ES invited speakers (back row, second and third from left), with the EFNS Teaching Course faculty and organizers.*

different health care systems. There was opportunity to discuss possibilities for research collaborations across European boundaries and also to highlight the work of The *Movement* Disorder Society in promoting education and research in movement disorders in particular within Eastern European countries.

The meeting was a great success helped in no small part by the enthusiasm of the delegates, the excellent organization of the trip by Prof. Liliya Zvyagina and the hospitality of all those we met in the Ukraine.

## 2<sup>nd</sup> Movement Disorders Teaching Course – Braşov, România, November 26-27, 2010

—Cristian Falup-Pecurariu, MD, Transilvania University, Braşov, România

The 2<sup>nd</sup> Movement Disorders Teaching Course “Movement Disorders and Sleep”, organized by The *Movement* Disorder Society and Transilvania University was held in Braşov, România on November 26-27<sup>th</sup> 2010. This Teaching Course was held in the Aula of Transilvania University and was attended by more than 400 registered participants, including staff physicians, residents, and medical students. Free registration was provided for residents and medical students.

The aims of the course were to recognize the main types of movement disorders, recognize motor problems during sleep, and list evaluation techniques of patients with excessive daytime sleepiness.

Cristian Falup-Pecurariu from the Department of Neurology, Transilvania

University from Braşov, România was the Course Director. The faculty was comprised of Angelo Antonini (Padua, Italy), Claudia Trenkwalder (Göttingen, Germany), Sevasti Bostantjopoulou (Thessaloniki, Greece), Miguel Coelho (Lisbon, Portugal), Carlo Colosimo (Rome, Italy), Erik Wolters (Amsterdam, the Netherlands), Aviv Goldbart (Beer-Sheva, Israel), Joke Jaarsma (Amsterdam, the Netherlands), K. Ray Chaudhuri (London, UK), Mihaela Teodorescu (Wisconsin, USA), Per Odin (Bremerhaven, Germany), Luiza Spiru (Bucharest, România), Sorin Tuţă (Bucharest, România), Cristian Falup-Pecurariu (Braşov, România).

The lectures included videos and covered topics such as the premotor phase of PD, phenomenology of movement disorders, depression, dementia and sleep disorders in

PD, REM sleep behavior disorders and neurodegeneration, excessive daytime sleepiness in PD. Other important topics were diagnosis of restless legs syndrome, treatment of RLS, neuroimaging and non-motor symptoms. The video session presenting a case quiz was highly interactive.

Overall, the feedback from audience and faculty was positive. Participants received 12 points according to the Romanian College of Physicians for continuing medical education.

On behalf of the local organizing committee, I would like to thank The *Movement* Disorder Society for its excellent support. It was an excellent opportunity for young neurologists and residents from related specialties and medical students as well to learn motor problems during sleep.



**Bhim Singhal, MD, FRCP**  
Chairman, MDS-AOS

Dear Colleagues,

It is with great pleasure that I report on the resounding success of the 3rd Asian and Oceanian Parkinson's Disease and Movement Disorders Congress (AOPMC) which took place in Taipei, Taiwan on March 25-27, 2011. I wish to thank Dr. Robin Wu and her colleagues for their hard work and the Taiwan Movement Disorder Society for collaborating with the AOS to make this happen. The feed back regarding the scientific content and social events from the delegates and faculty has been excellent.

The 3rd AOPMC was attended by 639 delegates from 27 countries throughout Asia/Oceania and the world. Over 150 abstracts were presented and published in the Korean Movement Disorder Society Journal.

The 8th International Symposium of Asian and Pacific Parkinson's Disease Association (APPA) was held concurrently with the 3rd AOPMC. It was attended by 467 delegates. The APPA brings together patients, caregivers, and Health Professionals treating Parkinson's disease to hear from leaders in the field and discuss strategies for improvement of care. It was equally a great event and the attendees were very pleased with the deliberations.

Please look for the full report on the 3rd AOPMC/8th APPA from Dr. Wu in the next issue of *Moving Along*. The 4th AOPMC will be in 2014 and more details will follow.

You will be pleased to know that in the past six months the AOS has sponsored education in:

- Shanghai, China (VPP), attended by over 300 delegates. This course continued the longstanding history of AOS educational programming in China.

- Dhaka, Bangladesh (Ambassador Program), attended by over 150 delegates. This program was the first AOS course to be held in Bangladesh.
- Guwahati, India (AOS Education Course), attended by over 100 participants. This was the fourth AOS Education Course to be held in India, reaching four distinct regions.

Brief reports for these courses are included in this issue of *Moving Along*.

In 2010, the AOS Leadership identified the need for regular communication with its Membership. In response to this need the AOS E-Newsletter was launched in October 2010. It is a quarterly email designed to bring you the latest AOS updates and highlight the activities of Parkinson's Disease and Movement Disorders physician and patient groups in the region. Each issue is sent to over 1700 contacts throughout the AOS. To receive the AOS E-Newsletter, please contact the MDS International Secretariat at [info@movementdisorders.org](mailto:info@movementdisorders.org). To contribute to the AOS E-Newsletter, please contact the AOS Staff Liaison, Danielle McLean at [dmclean@movementdisorders.org](mailto:dmclean@movementdisorders.org). Please look for the third issue of the AOS E-Newsletter in April 2011.

The 15th International Congress of Parkinson's Disease and Movement Disorders will take place in Toronto, ON, Canada on June 5-9, 2011. The next AOS General Assembly will be on Monday, June 6 at 2:00pm- 3:00pm in room 715AB. This assembly is an opportunity to hear AOS elected leaders speak about the status of the AOS and future plans for the Section. It also gives an opportunity for AOS Members to voice their opinions and ideas for the Section.

I am looking forward to meeting you all in Toronto.

Bhim Singhal, MD, FRCP  
Chairman, MDS-AOS



*MDS-AOS and TMDS Members at the Closing Ceremony of the 3rd AOPMC.*

## MDS Visiting Professor Program – Shanghai, October 31-November 1, 2010

Dear Friends and Colleagues,

As Conference Director of the 2010 MDS VPP Shanghai, I want to express my deep appreciation to all those who contributed to the organization and realization of this great moment/day. The Visiting Professor Program took place October 31-November 1, 2010 in Shanghai, China. Over 300 people attended the conference, including participants from Inner-Mongolia and Hong Kong. Many hospitals participated in the program including Beijing 301 Hospital, PUMC Hospital, Beijing Tiantan Hospital; Shanghai Huashan Hospital, Shanghai Ruijing Hospital, Renji Hospital, Shanghai 9th hospital, Shanghai Child's Hospital, Shanghai Xinhua Hospital, Jiangsu Nanjin Medical University, Suzhou University, and Zhejiang University.

After taking a bit of time to hear reactions to the conference, I'm glad to inform you that the responses have been fantastic on every aspect of the course ranging from the primary objective - the scientific program - to the cultural events program, to positive comments on the MDS International Secretariat and Local Committee organizations.

I would like to thank all the members of the Scientific Committee, chaired by RM Yang, and Profs. Xie, Zhao and Chen, for their hard work in producing an extraordinary scientific program. The program incorporated a wide selection of lectures covering the various aspects of basic and clinical neurology, movement disorders and neurodegeneration, as well as several fundamental aspects of biological sciences, and finally, the most recent researches in the field, chaired by Prof. Zhou.

The conference proudly benefited from the knowledge and experience shared by our international speakers including Profs. Anderson and Lim. A big thank you must be give to Prof. Hallett who gave an excellent welcome speech. Lecture topics included Parkinson's disease, CBS, chorea, dementia and cognition, dystonia, MSA, spasm, tics, Wilson's disease, and related disorders.



I wish also to thank Shanghai First People's Hospital, chaired by Prof Liu GH and assisted by Drs. Gao and Wu, for the outstanding social program presented within the Pyramidal International Conference Center to study extra-pyramidal symptoms, which included amazing scientific arts events. I also wish to thank the National Educational Ministry of China and Shanghai STCSM International Exchanging Center, led by Dr. Zhu Jun-Hao for kind support. Finally, thanks also to the MDS Secretariat for their hard work and finally, my biggest thanks to MDS President, Prof. Philip Thompson, for supporting this program.

Everyone joined together to make this program a success. For all these reasons I couldn't be more proud to speak here for MDS Shanghai, China. Thank you!

Regards,

Dr. Xiao-Ping Wang, MD, PhD

## MDS Ambassador Program – Dhaka, Bangladesh, December 3-4, 2010

—Nirmalendu Bikash Bhowmik, MBBS, MD, BIRDEM Hospital, Dhaka, Bangladesh

The Society of Neurologists of Bangladesh organizes the biannual International Neurology Seminar. Most recently, the seminar was held at the Dhaka Sheraton Hotel on December 3-4, 2010. The first day of the seminar was on Movement Disorders, where International speakers and experts were invited to speak on different topics in the field. This year, dystonias and its management were highlighted and discussed during the two-day course. Professor Heinz Reichmann from Germany and Professor Mohit Bhatt from India were the two International speakers. They were sponsored by the *Movement* Disorder Society ~ Asian & Oceanian Section (MDS-AOS) under the Ambassador program.

Professor Heinz Reichman spoke on the diagnosis and management of dystonia and Professor Mohit Bhatt discussed “Phenomenology of dystonia” and “Secondary Dystonias.” Both of the lectures were very informative, interactive, and the video clips shown by the speakers were well appreciated. The knowledge of the participants was enriched through the discussion on the topics. The seminar was well attended with 150 participants, consisting mainly of neurologists and residents in neurology.

We are thankful to the MDS-AOS, especially to the chair Prof. Bhim Singhal and to Ms. Catherine Breckenridge for their support.



From left to right: Prof. Heinz Reichman (Speaker), Participants in the session, Prof Mohit Bhatt(Speaker)

## AOS Educational Course on Movement Disorders – Guwahati, India, February 18-20, 2011

—Dr. Nomal Chandra Borah, MD, DM, Guwahati, India

An Educational Course on Movement Disorders was organized at GNRC Hospitals, Guwahati, Assam, India, February 18-20<sup>th</sup>, 2011, in association with The *Movement* Disorder Society-Asian and Oceanian Section. Experts from China, Japan, and India jointly conducted the course. The faculty was comprised of Prof. Yoshikuni Mizuno (Tokyo, Japan), Prof. Shu-Leong Ho (Hong Kong, China), Prof. Rupam Borgohain (Hyderabad, India) and Dr. Vinay Goyal (New Delhi, India). The purpose of the course was to enhance and develop the study and practice of medicine and research related to Movement Disorders. The format included educational lectures on movement disorders profusely interspersed with elegant and explanatory videos brought by the faculty. It covered the entire spectrum of Parkinson's disease and Movement Disorders from basic science to clinical practice.

The three-day educational and scientific event was very well received in the North Eastern region of India. The audience of the CME included clinicians, health



professionals, researchers as well as medical students with interest in movement disorders. The course was interactive and the participation by delegates very encouraging. The participants were greatly benefited by the course wherein the purpose of improving quality of life and care of the patients with movement disorders was served.

The Course Organizers would like to acknowledge their deep felt gratitude to The *Movement* Disorder Society-Asian and Oceanian Section for their constant co-operation and support to make this event a success.



## Funding Available to Enhance Knowledge of Movement Disorders

The success of the Society and the growing enthusiasm from members around the world prompted the Society to expand the number of programs that encourage scientific developments in our field and enhance physicians' knowledge of Movement Disorders. Each year MDS allocates \$471,000 USD to provide grants to Society members through various educational grant programs. Applications for funding are welcome at anytime during the year. This information is available on the MDS website at the following addresses and is summarized below.

**MDS Visiting Professor Program** supports educational opportunities in Movement Disorders in regions of the world not adequately served by local resources. Please visit <http://www.movementdisorders.org/education/visiting/index.php> to learn more and to submit an application.

**MDS Ambassador Program** provides the opportunity for internationally recognized experts to speak at existing regional neurological meetings. Please visit <http://www.movementdisor->

[www.movementdisorders.org/education/ambassador\\_program/index.php](http://www.movementdisorders.org/education/ambassador_program/index.php) to learn more and to submit an application.

**MDS Supported Meetings** provides support for new and novel scientific meetings. Please visit [http://www.movementdisorders.org/announcements/supported\\_and\\_endorsed/](http://www.movementdisorders.org/announcements/supported_and_endorsed/) to learn more and to submit an application.

**MDS Regional Section Education Fund** provides funds for educational opportunities in developing countries in their region. Please visit the following regional webpages to learn more and to submit an application:

### Asian Oceanian Section

[http://www.movementdisorders.org/regional\\_sections/aos/courses/](http://www.movementdisorders.org/regional_sections/aos/courses/)

### European Section (also reviews applications from Africa)

[http://www.movementdisorders.org/regional\\_sections/es/developing\\_regions/](http://www.movementdisorders.org/regional_sections/es/developing_regions/)

### Pan American Section

Please send funding requests to [education@movementdisorders.org](mailto:education@movementdisorders.org)



**Jorge L. Juncos, MD**  
Chair, MDS-PAS Organizing Committee

The Pan American Section (PAS) of the MDS has been busy this year and would like to share some of the highlights of these activities with its membership. The mission continues to be to promote education in movement disorders throughout the Americas and the Caribbean. During the first few years, PAS has concentrated on the development of education activities in Central America, South America and the Caribbean, without taking away from the excellent educational opportunities already available in the US and Canada. We expect the latter activities to continue uninterrupted. One of the long term goals of MDS is to make educational offerings more responsive to the needs of each region. The job of PAS is to promote this vision in our corner of the world.

The MDS-PAS consists of the *Organizing Committee* charged with providing direction, momentum and logistics for achieving the above goals. The job of the *PAS Education Committee* is to prioritize and organize educational activities making above goals operational. The roster of these committees appears at the end of this piece. Please feel free to contact any of its members for questions or suggestions. The PAS Education Committee's immediate goal has been to complete work on a number of recent and upcoming events that are detailed on our webpage (see link below). The target audience for these educational activities has expanded to include movement disorders neurologists, other specialists and general physicians, residents and patient support groups. The Committee's long term goals are to identify priorities and strategies to guide these efforts. With a PAS Education vision and mission in place soon, MDS is committed to help find the funds to move these initiatives forward. In this regard, increasing member participation in MDS is critical. There is no better way to identifying potential sources of local funding than through its Members. Once approved by the PAS Education Committee, the MDS Education Committee gives final approval to

these activities. It is then up to the MDS IEC to help find the funding needed.

PAS and the MDS staff have been working feverishly with local and regional faculty to make the job of creating educational opportunities relatively painless. In the past two years members of MDS and PAS have shared their expertise with the local organizers to facilitate symposia, meetings, and activities that have taken advantage of MDS' Ambassador and Visiting Professor programs. The MDS staff has been invaluable at providing logistical support in helping these activities come to fruition. For this the PAS Organizing Committee would like to thank Ms. Catherine Breckenridge who has orchestrated these efforts along with Kirk Terry and Jenny Quebbeman. After doing an outstanding job in PAS, sadly Catherine has moved to other responsibilities within MDS. We would like to wish Catherine 'boncourage' in her new position. We welcome Danielle McLean as the PAS staff liaison as of April 4, 2011. Her contact information appears at the end of this article. Welcome Danielle.

Jorge Juncos has served as Chair of the PAS Organizing Committee and Irene Litvan as Chair of the PAS Education Committee. The PAS Organizing Committee has nominated two PAS Website Co-Editors charged with updating and making the MDS-PAS webpage a living organism with the capacity to keep our vast region glued together and on the same 'page.' Our last in-person PAS Organizing Committee meeting took place on March 26, 2011 in São Paulo, Brazil during the meeting of the Movement Disorders section of the Brazilian Neurologic Society. It was a productive meeting made all the more agreeable by our hosts who organized a number of social events for the group. Our thanks go to Drs. Vanderi Borges, Carlos Reider and Victor Tumas for being such gracious hosts.

One item of interest is that the PAS Committee teleconferences and meetings in

South America have been held in Spanish to foster participation by PAS Members in Central and South America. This has worked well and not impeded the participation of native English speakers Prof. Phil Thompson, Prof. Tony Lang and the MDS staff. In fact, English translation for these meetings at intervals is often provided by the PAS Chairs. Spanish-language meetings have helped to foster participation from those PAS Members new to working with MDS. In addition, as with other Regional Sections, particularly the AOS, PAS encourages regional meetings and courses to be conducted in the language most appropriate for that audience, whether it is Spanish, Portuguese, etc. Nonetheless, it is important to note that English remains the official language of MDS, and this will be the language used in any open international meeting.

Among the educational opportunities being organized by PAS for next year, perhaps the most ambitious is the planning of a satellite Movement Disorder symposium in La Paz, Bolivia in March 2012. Dr. Janeth Laguna, a member of the PAS Education Committee, has been working closely with Dr. Litvan and others to crystallize the details and the logistics for this meeting. The conference will have a global breadth and appeal, and will be a great opportunity for Bolivians to showcase their capital city. More on this important meeting will be appearing in the MDS-PAS website soon.

From the PAS Organizing Committee perspective, perhaps the most important initiatives for the next year are forging a strategic plan similar to that of the Education Committee, and laying the groundwork for the first electoral process in PAS. The Committee is already collecting information from a survey of its leadership to complete a vision and mission road map shortly after our meeting in Toronto. In that meeting we will also chose a nominating committee and a timeline for said elections. Proposed bylaws will be translated into the various constituent

languages and distributed to the membership for comment. Voting on these bylaws will be a first order of business for the newly elected PAS Executive Committee. The election process will be identical to that used by the Asian and Oceanian Section (AOS) and European Section (ES) of the MDS.

In the last two years, rather than focus on the electoral process, the Organizing Committee chose to focus instead on getting to know each other and learning about the needs and aspiration of each region. We used the collaborative work surrounding the planning and participation in educational activities as a vehicle to achieve this goal. In the process we have gotten to know each other and have gained confidence in the process. As was the case for the Education Committee, the 'let's learn to work together' part of this process has focused on regions that were not as active in the MDS as the US and Canada, mainly Central and South America. Going forward, we will continue to expand these efforts to achieve maximum representation and participation by all regions. After all, to achieve our mission, the PAS agenda will need to reflect the ambitions and meet the expectations of all its members.

More details about upcoming activities will be provided at the PAS General Assembly in Toronto to be held on Monday, June 6 at 2:00pm in Room 801A. From an organizational standpoint we are looking for ways to

promote increased participation and leadership among junior members and trainees, and building bridges between countries and regions by facilitating interactions in educational, clinical and research activities. As an example, a group of PAS Members in Argentina have been developing a Parkinson's disease patient database, the goal of which is to foster better patient care and collaboration. They will be presenting this project in Toronto as they prepare to expand this initiative to other countries in the region. Another key initiative to our educational goals will be making the PAS website a more integral part of the PAS communication strategy and a more relevant tool to our practice and academic activities. In the coming year check back with MDS and PAS websites to see exciting new changes which could include podcasts, recorded continuing medical education courses, and consultative video sessions in various languages. In summation, the rapidly evolving practice of medicine/neurology everywhere will present significant challenges to the care of our patients and our professional life in the next decade. We are proposing that these challenges can best be met in our specialty through education and collaboration by region.

See you in Toronto.

Atentamente,  
Jorge L. Juncos, MD  
Chair, PAS Organizing Committee

### PAS Organizing Committee Roster

Jorge L. Juncos – Chair, PAS Organizing Committee  
Irene Litvan – Chair, PAS Education Committee \*  
Danielle McLean – PAS Staff Liaison, [dmclean@movementdisorders.org](mailto:dmclean@movementdisorders.org)  
Fernando Alarcón – Ecuador  
Tomoko Arakaki – Argentina  
Vanderci Borges – Brazil  
Pedro Chana-Cuevas – Chile \*  
Carlos Cosentino – Peru  
Walter S. Díaz – Nicaragua  
Guillermo Enriquez-Coronel – Mexico \*  
William Fernandez – Colombia  
Emilia Mabel Gatto – Argentina \*  
Oscar S. Gershanik – Argentina  
Janeth Laguna – Bolivia  
Anthony Lang – Canada  
Marco T. Medina – Honduras  
Marcelo Merello – Argentina  
Carlos Rieder – Brazil \*  
Carmen Serrano-Ramos – Puerto Rico  
Vitor Tumas – Brazil  
Robert J. Weiser – Venezuela

\* Indicates Member of PAS Education Committee

## Treatment of Parkinson's Disease – São Paulo, Brazil, October 16, 2010

The course *Treatment of Parkinson's Disease* took place on October 16, 2010 in São Paulo, Brazil. Attended by over 130 participants from locations throughout Brazil, this course addressed the clinical and surgical treatment of Parkinson's disease (PD), focusing on the management of patients with early stage illness, treatment of non-motor symptoms of PD and management of levodopa complications. Following the 14<sup>th</sup> *International Congress of Parkinson's Disease and Movement Disorders* in Buenos Aires, Argentina (June 2010), MDS welcomed many new members from Latin America. For new Brazilian Members, this was the first opportunity to attend an event as an MDS member and feedback has been extremely positive.

Course Director, Prof. Francisco Cardoso (Belo Horizonte, Brazil) welcomed an expert international faculty including Prof. Joaquim

Ferreira (Lisbon, Portugal); Prof. Andrew Lees (London, UK); Dr. Marcelo Merello (Buenos Aires, Argentina); Prof. Olivier Rascol (Toulouse, France); and Dr. Kapil Sethi (Augusta, GA, USA). Participants were able to interact with the faculty throughout the course and in several *Question and Answer* sessions.

Prof. Cardoso is a veteran MDS course director who hosted the first MDS education course held in Latin America, *Treatment of Parkinson's Disease* (November 2008), which covered the early management of PD. Building on the positive reception of that course, the 2010 Treatment of PD was developed to meet the continuing need for education in the region.

This course also enjoyed the launch of Pan-American Section (PAS) participation in education. Dr. Vitor Tumas (Sao Paulo,

Brazil), Organizing Committee Member of the PAS, gave a short speech on the importance of involvement in the Section, emphasizing MDS commitment to developing new relationships in the PAS region, and answered questions about the PAS' role in MDS.

MDS would like to thank Roche for their support of this course. We would also like to thank the Brazilian Academy of Neurology for their assistance in marketing this activity. Finally, we would like to thank the faculty and the participants for making this course a true success. MDS is excited to continue to explore new educational and professional relationships with the neurology communities of Latin America. In the words of a participant from Lauro De Freitas, Brazil, "Parabéns à MDS," *congratulations to MDS*, but also to all PAS Members for beginning this excellent partnership.

## Lumping CONTINUED FROM COVER

drome. Both syndromes are associated with significant cognitive and language disturbance. Oculograms and neuroimaging are often inconclusive, even misleading. Some studies comparing the neuropsychological features of PSP and CBD found no significant difference between them<sup>5</sup>. Clinicians have struggled to define each syndrome painstakingly, but these definitions fall apart, when patients are followed longitudinally and symptoms from the other syndrome appear with time, or an autopsy is carried out.

The pathological, biochemical, and genetic features also overlap to a great extent.<sup>6,7</sup> They are both considered to be predominantly 4 repeat tauopathies and have common tau haplotypes and mutations in familial cases<sup>7</sup>.

The continuing controversy to what extent PSP and CBD can be differentiated, is fueled by the clinical-pathological discrepancies in brain bank experience. The results from the Mayo clinic with both CBD PSP pathologies indicate that the clinical presentation of CBD is often PSP and the common underlying pathology of CBDS is PSP.<sup>8,9</sup> In the Queen's Square collection of PSP autopsies only 54% had clinical PSP they called Richardson's syndrome (RS) and their CBDS more often had PSP than CBD pathology.<sup>10,11</sup>

The mismatch between pathology and the clinical syndrome is confusing not only to the laypersons but even to physicians not in the field. Take the typical instance of the family who was told the patient had PSP, join the PSP support group with significant donation, but the pathologist's report says CBD (Recently the PSP group "adopted" CBD). Although the cohesion of the clinical syndrome is beginning to be accepted<sup>12</sup>, the underlying pathology is still regarded as heterogeneous, even unrelated, by many. The evidence for the clinical and pathological overlap of CBD and PSP is sufficient that

they should be considered together as CBD/PSP in the "Pick complex" along with Primary Progressive Aphasia (PPA) and Frontotemporal Dementia (FTD).

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**Splitting** CONTINUED FROM COVER

However, since the very first clinical descriptions of PSP it has been recognised that many patients do not present in the classic way (PSP-Richardson syndrome, PSP-RS). In fact the variety of clinical manifestations led researchers to coin the phrase ‘atypical-PSP’ less than 20 years after the first descriptions of PSP. This clinical variability has also seen the emergence of an almost absolute reliance on the pathological diagnosis to ‘confirm’ the disease. This clearly does not make sense for a Clinical Neurologist who is compelled to treat patients for seven-odd years before autopsy, and gives little reassurance for the patient about the certainty of their diagnosis.

Clinicopathological studies have repeatedly taught us that there is more to PSP than what the operational research diagnostic criteria reflect. They show that a minority of patients fall within the first year of disease, not all develop supranuclear gaze palsy, some present with at least moderate dementia, and focal brain atrophy on MRI is well documented. The best Movement Disorders Specialists will take note of these studies and incorporate the data into their diagnostic algorithms to improve their clinical skills and make diagnosis more relevant to patients. These data tell us that:

- (1) Different modes of presentation appear to reflect a different natural history of disease and prognosis;
- (2) ‘Atypical’ PSP appears to account for a majority of patients within specialist clinics that have ‘unclassifiable’ parkinsonism;
- (3) Different clinical signs associated with PSP-tau pathology indicate different regional brain damage from the disease.

These clinicopathological studies have helped more completely define the breadth of clinical manifestations of PSP-tau pathology. We now know that patients with PSP-tau pathology can present with a predominantly parkinsonian phenotype, where bradykinesia and extrapyramidal rigidity dominate the early clinical features, but falls and eye movement abnormalities only develop later. Interestingly these patients are more likely to respond, at least initially, to levodopa and are likely to survive a couple of years more than in PSP-RS. We have called this PSP-parkinsonism (PSP-P). Others present with progressive gait disturbance (often without falls), rapid hypophonia

and rapid micrographia in the absence of tremor, limb rigidity or levodopa response (PSP-pure akinesia with gait freezing, PSP-PAGF). A small proportion of patients present with a corticobasal syndrome (asymmetric, non-levodopa dystonia and apraxia, PSP-CBS) or a non-fluent aphasia (PSP-PNFA).

For the Clinical Neurologist, these syndromes are not the same. They look different clinically, patients live longer in some (PSP-P, PSP-PAGF, PSP-PNFA) compared to others and some respond better to medications (PSP-P) than others. While many of these patients will go on to develop falls, blepharospasm or vertical eye movement abnormalities before death, the time to emergence of these clinical signs is variable and important for prognosis. These clinical syndromes cannot be ‘lumped’ together as they are not the same clinical condition, either from the patient’s perspective or the astute clinician. Furthermore they reflect differences in the extent and severity of PSP-tau pathology.

Identifying these clinical entities along the spectrum of manifestations of PSP-tau pathology refines the earliest observations in a manner that was predicted by Steele, Richardson and Olszewski who wrote: “it is possible that further observations may broaden the clinical spectrum of the disease. In other cases, the distribution of pathological changes may be different, and thereby the clinical picture would be modified.”

Using the approach of ‘splitting’ clinical phenotypes of PSP, Movement Disorders Specialists should be able to enhance their ability to diagnose PSP-tau pathology, and improve their consideration all patients with parkinsonism and undifferentiated basal ganglia disease. No longer is it satisfactory to restrict the list of clinical features of PSP to that described by Richardson or those incorporated into the operational diagnostic criteria. The evidence is that the ‘disease’ exists in several different clinical forms, all overlapping, but broadly speaking differing in clinical expression and prognosis. The identification of these differences can only lead to great satisfaction for the experienced Neurologist and better outcomes for patients and their families.

**Twitter** CONTINUED FROM PAGE 5

**Can I start sending messages right away on Twitter?** Yes, you can send text messages to anyone who follows you as soon as you are registered.

**Who will read my “tweets”?** To read your tweets people have to register as your “followers.” Some people have a handful of followers, while celebrities have many thousands. You may join Twitter to post on it, or to follow people (or MDS, for instance), or both. If you reply to a tweet, the followers of the person or entity who posted the original tweet will also read it. Remember that Twitter is public, so all messages can be potentially read by anyone online.

**Will people be able to find me easily on Twitter?** Yes. They can search your Twitter username on Twitter.com. If you wish to remain anonymous, you can use a codename.

**Can I stop using Twitter to avoid receiving all those notifications?** Yes. In order to stop receiving “Tweets” from followers on Twitter, simply text the message “leave (person’s username)” to Twitter.

Finally, if you ever need help, or forget the Twitter commands, just text “help” to Twitter. Complete instructions for using Twitter may be found at [www.twitter.com](http://www.twitter.com).

tel: +44 (0)20 7872 5510  
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epda charter **enabling a full life with Parkinson's while supporting the search for a cure** epda extra  
promoting informed choices **parkinson's awareness campaign** coping strategies youtube ot survey  
my life my pd quality of life issues world pd day guide to living with parkinson's the red tulip pin **pd resources**  
**rewrite tomorrow** pdns core competencies **medical and surgical information** non-motor symptoms e-news

# Announcing...

## Are you looking for

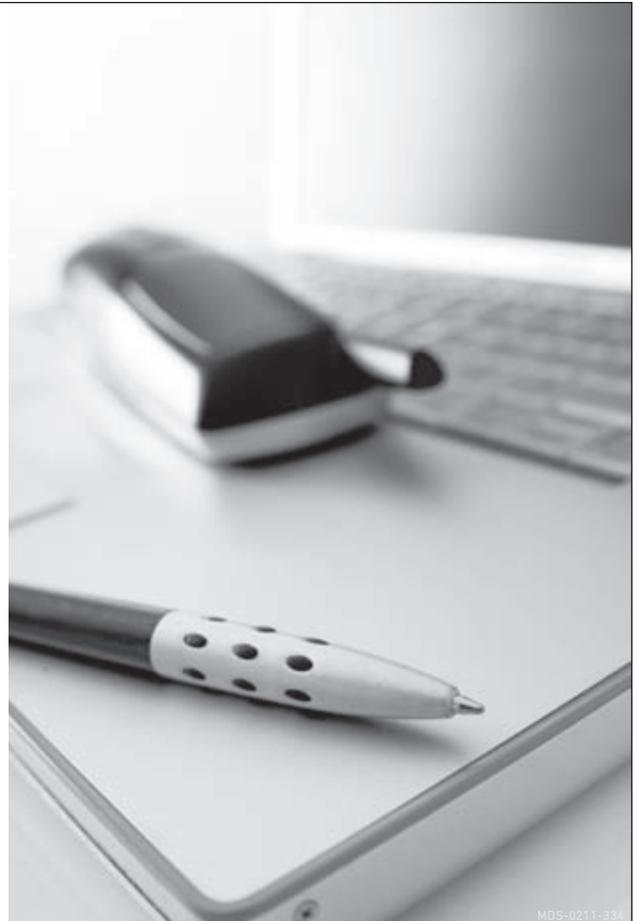
- A calendar of conferences and MDS supported and endorsed meetings?
- Fellowship or career opportunities?
- Information on available grants?
- Professional notices?

Visit The *Movement* Disorder Society's Announcements web page to find a full listing of professional notices and upcoming events. You can also submit job postings, calendar announcements and other information to share with the MDS online community.

Click on [www.movementdisorders.org/announcements/](http://www.movementdisorders.org/announcements/) today!



The *Movement* Disorder Society



MDS-0211-331

## 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.

### Address your communications to:

Editor: *Moving Along*  
The *Movement* Disorder Society  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202-3823 USA  
Tel: +1 414-276-2145  
Fax: +1 414-276-3349  
E-mail: [info@movementdisorders.org](mailto:info@movementdisorders.org)

## Advertisement Placement Information

Contact: Elizabeth Laur, Senior Membership and  
Communications Manager

The *Movement* Disorder Society  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202-3823 USA  
Tel: +1 414-276-2145 – Fax: +1 414-276-3349  
E-mail: [elaur@movementdisorders.org](mailto:elaur@movementdisorders.org)

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# 15<sup>TH</sup> INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS



# TORONTO

JUNE 5-9, 2011 TORONTO, ON, CANADA

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