

Moving Along

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World Parkinson's Day International Symposium

December 6-7, 2003 • Mumbai, India

7th World Parkinson's Day International Symposium

— Bhim Singhal, MD, Organizing Chairman, 7th World Parkinson's Day International Symposium, Secretary, Parkinson's Disease and Movement Disorder Society

The Taj Mahal Hotel (celebrating its centenary year) was the venue of the 7th World Parkinson's Day International Symposium held on December 6–7, 2003 in Mumbai, India. This event was organized by the Parkinson's Disease and Movement Disorder Society (India) and cosponsored by the World Health Organization (WHO) and The *Movement* Disorder Society.

The World Parkinson's Day International Symposium is held every year by the Working Group on Parkinson's Disease (formed by the WHO in May 1997). The members of the group include representatives from all regions of the world.

The unique feature of this symposium was that besides the academic sessions for the medical audience, parallel sessions for Parkinson's disease (PD) patients and their caregivers were

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Philip Thompson speaking at the inauguration of the 7th World Parkinson's Day International Symposium. Seated from left to right: T. N. Mebrotra, Jin-Soo Kim, Alexander Janca, Vijay Chandra, Noshir Wadia, Mary Baker, Yoshi Mizuno, Bhim Singhal

Global Declaration on Parkinson's Disease Launched



Muhammed Ali signing the Global Declaration with Dr. Mark Stacy.

The launch of the Global Declaration 'Parkinson's Disease – Moving and Shaping' was carried out by the Working Group on Parkinson's Disease, formed by the World Health Organization (WHO) in 1997, at the 7th World Parkinson's Day International Symposium on December 7, 2003 in Mumbai, India. The Declaration will also be launched in each of the WHO regions; two more taking place in 2004: Canada in April and Europe in May at the EPDA Multidisciplinary conference, Lisbon, Portugal.

It is anticipated that the Declaration will be used as a campaign tool by non-governmental organizations to encourage change in attitude and increase awareness and has been widely supported throughout the world.

Mary Baker, Chair, said in her introduction to the audience of 500 healthcare professionals and Parkinson's patients and their caregivers, that "effective and appropriate management of strategies could improve the quality of life of those with Parkinson's and reduce cost and impact on the global community. She added, "The Declaration is the culmination of a close

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The Editors of *Moving Along*, the official Newsletter of The *Movement* Disorder Society, wish all readers and members a happy, healthy and productive year 2004.

Concerning our specialty, the research and clinical treatment of Movement Disorders, an eventful year is lying ahead, and this newsletter is, as always, attempting to bring you up-to-date with the latest developments and ongoing issues of this rapidly moving field.

In this issue, we are continuing our series on *controversies in Movement Disorders* that provides a regular platform for two renowned specialists to discuss controversial topics. This time, the focus is on the role of inflammatory reactions within the CNS in the pathogenesis of PD: is neuroinflammation contributing significantly to the degenerative process or is it just an "innocent bystander". Both experts, Prof. Hirsch, and Prof. McGeer, take a careful look at the evidence and provide some thought-provoking conclusions.

Possible future clinical studies that may be based on the presented evidence will need an improved infrastructure, large patient cohorts and considerable funding resources. The Parkinson Study Group (PSG) in the US is a network of clinical trial centers that provides an excellent basis for this type of clinical research. A European effort in this direction is described in this issue of *Moving Along*: EuroPa, a European Cooperative Network for Research, Diagnosis and Therapy of Parkinson's Disease. The establishment of the network has been funded for 3 years, until December 2004, by a grant from the European Commission. EuroPa aims to constitute a European clinical research organization that will initiate, plan and conduct multi-center clinical trials and studies in PD. In a time of increasing restriction of public funding for clinical research and, concurrently, increasing demands to translate the success of basic research from the bench to the bedside, this may be an important step to ensure that scientific progress will benefit our patients in most effective way possible.

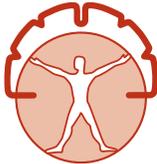
This goal will undoubtedly also be served by the upcoming highlight of the year, the annual MDS congress in Rome. We are hoping to meet many of you at an exciting meeting in the "eternal city".



Irene Litvan, MD



Thomas Gasser, MD



LETTERS TO THE EDITORS

Your Comments and Questions Are Always Welcome

Editorial Policy

Address your communications to:

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 your responses in the "Letters to the Editor" section. All materials submitted become the property of MDS.

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In June 2004, The *Movement* Disorder Society (MDS) will hold its biennial election at the Annual Business Meeting during the 8th International Congress of Parkinson's Disease and Movement Disorders.

The election process is an essential component in the success and vitality of our organization. Each election year brings new leaders that are responsible for the oversight and governance of the Society as well as planning for future growth and progress of the MDS.

This is why it is essential that MDS elect strong leaders who can empower the organization and promote continued advances in our journal, international congresses, and educational programs.

In 2004, we will have elections for President-Elect, Secretary-Elect and Treasurer-Elect and five open positions on the International Executive Committee (IEC). It is our responsibility to identify strong and effective leaders that will represent the society membership and enhance the Society and its initiatives.

The election procedure is a multi-step process:

First, a Nominating Committee was formed. The committee was chaired by Dr. John Nutt, and included Drs. Robert Burke, Günther Deuschl, Stanley Fahn, Ryuji Kaji, Ramon Leiguarda, John Morris and Werner Poewe. They prepared a slate of candidates for each open Officers and IEC position. This slate was then reviewed and approved by the Officers and mailed to the MDS membership.

In addition, a Call for Nominations has also been sent to MDS members. Each member has the opportunity to submit nominations for any additional individuals he or she feels will contribute to the Society and should stand for election. All additional nominations must be accompanied by a minimum of twenty-five letters of support from paid members of the Society. When selecting candidates, MDS members are encouraged to consider:

1. Special expertise and knowledge
2. Active participation in the Society
3. Career experience

4. Previous service in MDS at the leadership level (participation in committees, task forces, regional sections and/or IEC levels)



5. Leadership/management skills

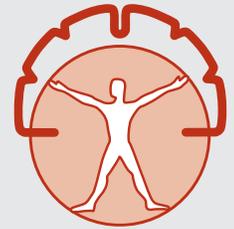
As MDS is an international organization, geographic diversity is considered to be a vital aspect of its leadership. The above-mentioned criteria describe the essential traits to ensure quality contributions to the Society's initiatives.

Next, the Nominating Committee and membership nominations will be combined to form the final ballot. The committee and membership candidates will be distinguished as such, and biographical information for all candidates will be included on the final ballot. The ballot will then be mailed to all MDS members and posted on the MDS Web site.

Finally, voting will begin. Members of MDS will have the opportunity to vote prior to the election or they may vote at the 8th International Congress of Parkinson's Disease and Movement Disorders in Rome which will be held in Italy from June 13-17, 2004. Absentee ballots will be closed prior to the meeting. For those who wish to cast their votes at the Rome Congress, the Congress registration area will be equipped with ballots and a ballot box and will remain open until the close of business on June 14. The results of the election will be declared during the Annual Business Meeting on June 15, 2004.

Through this multi-layered election process, members have the opportunity to select the future leaders of The *Movement* Disorder Society so that we may expand on the Society's successes and continue to progress. I encourage you to participate in the 2004 election as your new leaders will play an important role in shaping and advancing the future of the Society.

C. Warren Olanow
MDS President 2003-2004



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Neuroinflammation in Parkinson's Disease: a Culprit or Innocent Bystander?

— Etienne C. Hirsch, PhD, Experimental Neurology and Therapeutics, Hôpital de la Salpêtrière, Paris, France

Several lines of evidence support the existence of inflammatory-related mechanisms in Parkinson's disease (PD). Indeed, since the pioneering work of McGeer et al. (1988) showing the presence of activated microglial cells in the substantia nigra pars compacta but not elsewhere in the brain, it has been reported that these cells express tumor necrosis factor α , interferon γ , interleukin 1- β , the low affinity IgE receptor CD23, inducible nitric oxide, cyclooxygenase 2, complement 3 receptor and increased ferritin (for review, see Hunot et al., 2001). Yet, it remains to be determined whether such mechanisms play a role in neuronal degeneration and, if indeed they do, whether this role is primary or secondary.

If these inflammatory processes played a primary role in the etiology of PD one would expect them to be specific to dopaminergic neurons and to PD. Indeed, it seems highly improbable that the cause of neuronal degeneration for a given disease would be observed throughout the brain and in other, unrelated diseases. Yet, whereas the substantia nigra is particularly sensitive to immune-mediated degeneration as compared to the hippocampal formation (Kim et al., 2000), reactive microglial cells and immune-mediated mechanisms have also been reported in Alzheimer's disease and other neurodegenerative diseases (McGeer et al., 1998). Furthermore, a glial reaction has also been reported in parkinsonian syndromes of various etiologies, such as postencephalitic parkinsonism, MPTP-induced parkinsonism and inherited forms of PD. Interestingly, a microglial reaction has also been observed in animal models of PD induced by several toxic compounds (6-OHDA, MPTP, rotenone and annonacine), indicating that the glial reaction is the consequence of neuronal degeneration whatever the cause. Taken together, these data strongly suggest that the glial activation is secondary to a primary cause of neurodegeneration, such as various toxic compounds, viruses or mutations.

Professor McGeer will argue that chronic inflammation can have devastating consequences on the cellular environment and that it is tempting to speculate that the inflammatory processes observed in PD may play some role in neuronal degeneration. I fully agree on this point, which cannot be addressed in studies on human post mortem samples but has been extensively documented in animal and *in vitro* models of the disease in which inhibition of the glial reaction and/or

inflammatory reaction has been shown to protect dopaminergic neurons, at least partially, against degeneration (for review, see Hirsch et al., 2003). Furthermore, the studies of Langston and co-workers have suggested that, in human subjects intoxicated by MPTP, a primary event may initiate an inflammatory reaction and a cascade of secondary events, establishing a vicious circle of uncontrolled inflammation leading to degeneration of dopaminergic neurons in the absence of the primary cause of neuronal degeneration (Langston et al., 1999).

Thus, despite having a secondary role in the disease process, the immune mechanisms and the glial reaction could be involved in the cascade of events leading to neuronal degeneration and I believe that manipulating the inflammatory processes in PD may open new therapeutic avenues. It remains to be seen if this concept that has emerged from models of the disease can be transposed to clinical practice.

"...despite having a secondary role in the disease process, the immune mechanisms and the glial reaction could be involved in the cascade of events leading to neuronal degeneration..."

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2. Hunot, S, A Hartmann, Hirsch, EC. 2001. The inflammatory response in the Parkinson brain. *Clinical Neuroscience Research*: 434-443.
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Neuroinflammation in Parkinson's Disease: a Culprit or Innocent Bystander?

— Patrick L. McGeer and Edith G. McGeer, Kinsmen Laboratory of Neurological Research and the Movement Disorders Center, University of British Columbia, Vancouver, BC, Canada

There is now a considerable literature indicating that a state of chronic inflammation exists in the substantia nigra (SN) in Parkinson's disease (PD). Such a state has also been identified in affected brain areas of numerous other degenerative diseases, including Alzheimer disease (AD) (McGeer and McGeer, 2002), amyotrophic lateral sclerosis (ALS) (Yasojima et al., 2001), and the Parkinson-dementia complex of Guam (Schwab et al., 1996). Obviously these diseases have different etiologies. Nevertheless, they generate a common inflammatory response. An important question to answer in terms of therapy is whether arresting the inflammatory reaction will prevent clinical onset or inhibit disease progression. There is compelling epidemiological evidence from AD (McGeer et al., 1996), as well as PD (Chen et al., 2003), that long term users of nonsteroidal anti-inflammatory drugs (NSAIDs) are relatively spared from developing clinical disease. This implies that shutting down the inflammatory reaction at a very early stage can prevent clinical onset. This may be particularly relevant for PD since evidence from the MPTP model of PD in both humans (Langston et al., 1999) and monkeys (McGeer et al., 2003) indicates that disease progression is accompanied by a prolonged inflammation resulting from an acute exposure years previously.

Initial evidence of an inflammatory reaction in PD was the identification of reactive microglia in the SN (McGeer et al., 1988). Such microglia are the macrophages of brain and, as such, are key actors in local inflammation. A profusion of such reactive microglia is seen in the SN in PD and in all animal models of PD (McGeer et al., 2001). In the activated state, microglia may produce significant quantities of superoxide anions and other potential neurotoxins (Giulian et al., 1990; Klegeris and McGeer, 2002). There are numerous reports that microglial secretions, in culture, can kill neurons, including dopaminergic cells (Arimoto et al., 2003; Chung et al., 2001; Cicchetti et al., 2002; Gao et al., 2002, 2003a; Iravani et al., 2002; Ryu et al., 2002; Sherer et al., 2003; Sugama et al., 2003). The evidence for a critical role of microglial NADPH oxidase in dopaminergic cell death in animal models (Gao et al., 2003b,c) and reports that anti-inflammatories inhibit dopaminergic neurotoxicity in such models is further support for the neurotoxic potential of activated microglia. What causes the activation of microglia in PD is unknown, but in the MPTP model it results from exposure to the toxin MPP+ and is long lasting. In both human (Langston et al., 1999) and monkey (McGeer et al., 2003), activated microglia persist in the SN for many years after exposure to the agent, indicating that an irreversible process has been set in motion.

In both human PD and animal models there is also an upregulation of inflammatory cytokines (McGeer et al., 2001). And recent reports indicate that the risk of PD is greater in those having a IL-1b allele that increases the levels of this inflammatory cytokine (McGeer et al., 2002; Schulze et al., 2002). In PD

SN and striatum, there is also increased production of complement proteins, including the components of the lytic membrane attack complex (McGeer et al., 2001). The membrane attack complex is designed to protect against foreign bacteria and viruses but can destroy host cells in a process called bystander lysis. Neurons, being postmitotic, may be particularly vulnerable. Taken together, these data indicate that chronic inflammation may play a significant role in the development and progression of Parkinson's disease. Whether the neuroinflammation can be deemed "primary to neurodegeneration" seems to depend upon whether "primary" is taken to denote an initiating neuronal insult, which would exclude inflammation, or subsequent neuronal insults where inflammation may be the primary source of neurodegeneration. Many have argued that inflammation is only an epiphenomenon, clearing up the debris of neuronal death caused by other factors. It is this belief that has deflected clinical investigation away from promising therapeutic opportunities.

"...these data indicate that chronic inflammation may play a significant role in the development and progression of Parkinson's disease."

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Chen H, Zhang SM, Herman MA et al. 2003. Nonsteroidal anti-inflammatory drugs and the risk of Parkinson disease. *Arch Neurol* 60:1059-64

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Cicchetti F, Brownell AL, Williams K et al. 2002. Neuroinflammation of the nigrostriatal pathway during progressive 6-OHDA dopamine degeneration in rats monitored by immunohistochemistry and PET imaging. *Eur J Neurosci* 15:991-8

Gao HM, Hong JS, Zhang W, Liu B, 2002. Distinct role for microglia in rotenone-induced degeneration of dopaminergic neurons. *J Neurosci* 22:782-90

Gao HM, Hong JS, Zhang W, Liu B, 2003a. Synergistic dopaminergic neurotoxicity of the pesticide rotenone and inflammogen lipopolysaccharide: relevance to the etiology of Parkinson's disease. *J Neurosci* 23:1228-36

Gao HM, Liu B, Hong JS, 2003b. Critical role for microglial NADPH oxidase in rotenone-induced degeneration of dopaminergic neurons. *J Neurosci* 23:6181-7

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EuroPa: A European Network for Clinical Research of Parkinson's Disease

— Dr. Regina Wick, Project Manager, European Cooperative Network for Research, Diagnosis and Therapy of Parkinson's Disease, Marburg, Germany and the EuroPa consortium*

Clinical centers from eleven countries have joined together to form the European Cooperative Network for Research, Diagnosis and Therapy of Parkinson's Disease (EuroPa). The establishment of the network has been funded for 3 years, until December 2004, by a grant from the European Commission. EuroPa aims to constitute a European clinical research organization that will initiate, plan and conduct multi-center clinical trials and studies in Parkinson's disease (PD). These will include projects driven both by members and by industry. All participants are experienced clinical researchers and by bringing together their expertise and setting up a common infrastructure, clinical research in the field of Movement Disorders will be advanced.

An essential part of the network is to create a registry of patients with Parkinson's disease. Comparable clinical data from each patient will be collected, based on a common minimal data set. A central database is combined with web-based data capture, i.e. data entry and management is done via the Internet. Patient data are transmitted and stored pseudonymized. Participation by all patients is on a voluntary basis. The registry will allow access to patients who fulfill particular diagnostic criteria and will facilitate efficient recruitment for future PD studies. It will also support research projects in 'cost of care' and 'quality of life' studies across Europe.

More information on the EuroPa project is available on the Internet at www.europarkinson.net

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*The participants of EuroPa are: W.H. Oertel (Marburg), P. Barone (Naples), R. Dodel (Bonn), K.L. Leenders (Groningen), A. Lees (London), O. Lindvall (Lund), E. Melamed (Tel Aviv), W. Poewe (Innsbruck), O. Rascol (Toulouse), E. Ruzicka (Prague), C. Sampaio (Lisbon), E. Tolosa (Barcelona), interActive Systems GmbH (Berlin).



■ Countries involved in EuroPa

As it develops, EuroPa faces a number of challenges. For example, the funding strategy of the European Commission primarily focused on the network infrastructure. Little provision was made for personnel involved in patient recruitment, data entry and management. Despite this, centers are currently recruiting a representative sample of patients in their PD outpatient clinics and the registry is growing. The working structure of the clinical research organization has been developed. EuroPa will select its first study this year. Within its 3 years of funding EuroPa must identify effective measures to ensure its sustainability beyond the initial period. Potential options for future funding are under evaluation. It is anticipated that when future funding is secured the network's scope could be extended to include additional Movement Disorders and new centers.

The expansion of EuroPa offers an opportunity not just to increase the number of study patients and research projects but also to support the spread of evidence-based medicine for Parkinson's disease in all participating countries.

MDS Course Integrates Evidence-Based Medicine with Case Based Management of Parkinson's Disease

— Christopher G. Goetz, MD, Rush University Medical Center, Chicago, IL, USA

Held in Miami on January 16, 2004, MDS's "Management of Parkinson's Disease: An Evidence-Based Review" course, combined a review of the clinical research base, as presented in the *Movement Disorders Journal Supplement* of the same name, with case-based discussion to extract the current best practices in Parkinson's disease management.

The impetus for the course derived from the work of MDS's Evidence-Based Medicine Task Force. Over a two-year period, the Task Force engaged in a comprehensive and systematic review of the literature dealing with the efficacy and safety of available Parkinson's disease treatments. MDS commissioned the Task Force in recognition of the fact that although drug and surgical interventions as well as physical treatments are all used in the management of Parkinson's disease, their real clinical value, as measured by their impact on clinically relevant out-

comes, has not always been established through high quality, randomized, controlled clinical trials.

Select members of the Task Force and key Journal Supplement authors then undertook the development and implementation of a one-day course to highlight the methods used in the evidence-based review and summarize the key findings. This expert faculty was able to weave the relevant clinical research with individual case discussion to create an extremely well received educational activity.

Faculty members Christopher G. Goetz, MD, Werner Poewe, MD, Cristina Sampaio, MD, PhD, and Olivier Rascol, MD, PhD plan to duplicate this success in Europe later this year. Updates will be posted on the MDS website at www.movementdisorders.org.

8 T H I N T E R N A T I O N A L C O N G R E S S



The *Movement Disorder Society*

8th International Congress of Parkinson's Disease and Movement Disorders

June 13-17, 2004 • Rome, Italy • Palazzo dei Congressi



Preliminary Program Now Available Online at www.movementdisorders.org

Important Dates to Remember

- March 23, 2004: Early Registration Deadline (fees are reduced \$50-\$100 from on-site rate)
- March 31, 2004: Hotel Reservation Deadline
- April 23, 2004: Last Day for Pre-Registration (fees are reduced \$25-\$50 from on-site rate)
- June 12, 2004: On-Site Registration Opens
- June 13-17, 2004: 8th International Congress of Parkinson's Disease and Movement Disorders, Rome, Italy

For more information about the MDS Congress, please contact:

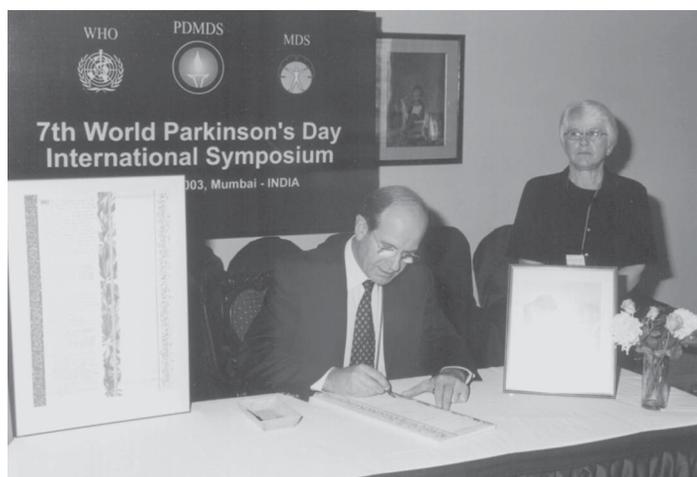
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7th World Parkinson's Day International Symposium

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conducted simultaneously in an adjacent hall. The faculty included 38 internationally renowned neurologists. Nearly 380 neurologists (from all parts of India and neighboring regions) and 250 PD patients and caregivers participated. The scientific content covered all aspects of Parkinson's disease and related disorders and was an academic feast for the medical delegates. The patients and caregivers also got an opportunity to interact freely with the visiting faculty.

The highlight of the event was the launch of the Global Declaration 'Parkinson's Disease – Moving and Shaping' on Sunday, December 7. In an impressive speech, Mary Baker, Chairperson of the Working Group and President of the European Parkinson's Disease Association, spoke about the significance of the global declaration and emphasized the need to recognize and deal with the problems of PD patients. Prior to its launch in Mumbai, the global declaration had received the support of eminent persons like Tony Blair and Michael Fox and had been signed by Muhammed Ali and Janet Reno. Prominent citizens of Mumbai – industrialists, bankers, social workers, lawyers, cine artistes - were invited to sign the declaration. It was also signed by members of the Working Group, visiting faculty and the delegates. The event was well covered by the media.



Alim Benabid signing the Global Declaration at the 7th World Parkinson's Day International Symposium, (Standing) Lizzie Graham.

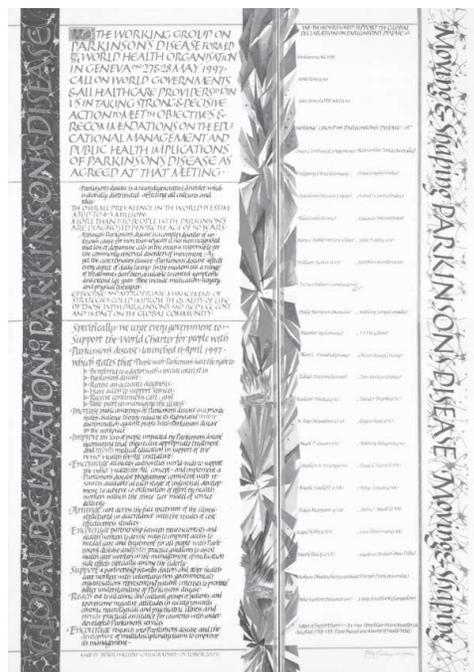
Global Declaration on Parkinson's Disease Launched

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partnership between health care professionals and patient organizations during the last three years and highlights the importance of working together to try to effect attitudinal change in the everyday management of people and their families impacted by this complex multidimensional disease."

Dr. B. S. Singhal, Organizing Chairman, 7th World Parkinson's Day International Symposium commented that "With the increase in life expectancy, the number of patients suffering from Parkinson's disease is on the rise in India. The patients and the caregivers look up to the voluntary organizations like the newly founded 'Parkinson's and Movement Disorder Society' for help and guidance. The Global Declaration will strengthen the hands of such support groups throughout the world to improve the quality of life of patients with this disabling disease."

The declaration has been signed by such well known US Parkinson's disease sufferers and advocates as Muhammed Ali and Janet Reno as well as European Parliamentary Member, John Bowis, OBE. Letters in support of the Declaration were written by Tony Blair, UK Prime Minister, Michael J Fox, and The Association of Physiotherapists in Parkinson's Disease Europe.



Global Declaration 'Parkinson's Disease – Moving and Shaping'

For further information or to view the launch in Mumbai, visit www.epda.eu.com. Messages of support, video shots and photos of signings of the Declaration from around the world will continue to be added.

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The Declaration:

"WE, the Working Group on Parkinson's disease, formed by the World Health Organisation in Geneva, 27 & 28 May 1997, call on world governments and all healthcare providers to join us in taking strong and decisive action to meet the objectives and recommendations on the educational management and Public Health implications of Parkinson's disease as agreed at that meeting"

Parkinson's disease is a progressive neurodegenerative disorder, which is globally distributed, affecting all cultures and races.

The overall prevalence in the world is estimated to be 6.3 million.

More than 1:10 people with Parkinson's are diagnosed before the age of 50 years.

Although Parkinson's disease is a complex disorder of unknown cause, for more than 40 years it has been recognised that loss of dopamine cells in the brain is responsible for the commonly observed disorders of movement. As yet the cure remains elusive. Parkinson's disease affects every aspect of daily living. In the modern era a range of treatments have been available to control symptoms and extend life span. These include medication, surgery, and physical therapies.

Effective and appropriate management of strategies could improve the quality of life of those with Parkinson's and reduce cost and impact on the global community.

Specifically, we urge every government to:

Support the World Charter for people with Parkinson's disease, launched 11 April 1997, which states that **People with Parkinson's have the right to:**

- Be referred to a doctor with a special interest in Parkinson's disease*
- Receive an accurate diagnosis*
- Have access to support services*
- Receive continuous care; and*
- Take part in managing the illness*

Increase public awareness of Parkinson's disease as a priority health challenge thereby reducing its stigma and **remove** discrimination against people with Parkinson's disease in the workplace

Improve the lives of people impacted by Parkinson's disease by ensuring that they receive appropriate treatment and **reform** medical education in support of the WHO 'Health for All' Initiative

Encourage all health authorities world-wide to support the WHO 'Health for All' concept, and implement a Parkinson's disease programme consistent with resources available at each stage of industrial development to achieve co-ordination of effort by health workers within the three-tier model of service delivery

Arrange care across the full spectrum of the illness, structured in accordance with the results of cost effectiveness studies

Encourage partnership between neuroscientists and health workers to devise ways to improve access to needed care and treatment for all people with Parkinson's disease and **forter** practice guidelines to assist health care workers in the management of medication side-effects, especially among the elderly

Support a partnership between doctors and other health care workers with voluntary (non-governmental) organisations representing patient interests to promote better understanding of Parkinson's disease

Reach out to all ethnic and cultural groups of patients, and to overcome negative attitudes in society towards chronic neurological and psychiatric illness and **provide** practical assistance for countries with underdeveloped Parkinson's services

Encourage research into Parkinson's disease and the **development** of multidisciplinary teams to improve its management

MDS-European Section Focuses on Membership and Election

— Eduardo Tolosa, MD, Chairman, MDS-European Section

European Section Membership Recruitment Initiative Under Way

A European membership recruitment initiative is under way. We aim to strengthen the role of MDS-ES within Europe by increasing our representation generally, and particularly in areas of Europe where Movement Disorders is developing as a specialty. Professor Niall Quinn and Professor Wolfgang Oertel, in liaison with Professor Gregor Wenning (MDS Membership Committee Chair) have been appointed by the MDS-ES Officers and European Section Executive Committee to co-ordinate new membership recruitment in Europe.

Of particular interest to our colleagues in countries with a low per capita income, the MDS Waived Dues membership category has been introduced. Waived dues members in certain European countries (Albania, Armenia, Georgia, Republic of Moldova and Ukraine), and also Armenia, are able to access the Society's journal, *Movement Disorders*, via a free Institutional Membership. In certain other European countries (Belarus, Bosnia-Herzegovina, Bulgaria, Kosova (Serbia and Montenegro), Latvia, Lithuania, Romania and the former Yugoslav Republic of Macedonia) the journal can be accessed via reduced price

Institutional Membership of the Health InterNetwork Access to Research Initiative (HINARI), which includes John Wiley, publishers of *Movement Disorders*. Their website is www.healthinternetwork.org.

Your ideas and suggestions for increasing our membership, and your promotion of the Society to your colleagues at home and abroad is very welcome. The MDS membership application can be accessed online at www.movementdisorders.org.

European Section Begins Election Process

The MDS election will take place during 2004, and in parallel with this process the European Section will be holding elections for the Officers and Executive Committee members to serve during the 2005-2006 period. A slate of nominations will be drawn up by the MDS-ES Nominating Committee Chair and mailed to all members residing in Europe, at which time nominations will also be sought from the membership. Please watch for the European Section information and be sure to participate in this democratic process to determine the leadership of our Section.

COMMITTEE / TASK FORCE UPDATE

MDS Forms CME Committee in Anticipation of ACCME Accreditation

In order to better serve its members and further its educational mission, MDS has applied for accreditation with the Accreditation Council for Continuing Medical Education (ACCME).

The ACCME Site Survey took place on October 27th, 2003, at the offices of the International Secretariat in Milwaukee. Newly appointed CME Committee Chair, Ronald Pfeiffer, MD, and Education Committee Chair, Cynthia Comella, MD, participated in the site visit. MDS will be notified of the ACCME's final decision regarding its accreditation status at the end of March, 2004.

The CME Committee will review and recommend designation of individual educational activities for AMA PRA category 1

credits based on compliance with ACCME Essential Requirements and support of the Society's CME mission. Furthermore, this Committee will develop and implement a procedure for overall education program evaluation. The CME Committee will also guide the self study process that will accompany re-accreditation every two to four years, as well as participate in the ACCME site survey visits.

All MDS members invited to serve on the newly formed CME Committee have thankfully accepted this responsibility and include: Irene Litvan, MD; David Riley, MD; Robert Rodnitzky, MD; Dee Silver, MD; Michele Tagliati, MD, and; Ryan Uitti, MD.

Psychogenic Movement Disorders Workshop

October 10-13, 2003, Aberdeen Woods Conference Center, Peachtree City, Georgia, USA

— Dr. Mark Hallett, Workshop Chairman, National Institute of Neurological Disorders and Stroke, Bethesda, MD, USA

The Psychogenic Movement Disorders Workshop was held October 10-13, 2003 at the Aberdeen Woods Conference Center outside of Atlanta, Georgia, USA. This quiet setting located on thirty-eight wooded acres was ideal for this very focused four day meeting. There were thirty-six invited expert speakers in the fields of Neurology, Psychiatry, Physiatriy, Physiology, and Psychology as well as forty-seven international attendees representing various specialties and institutions. Topics covered included History and Background of Psychogenic Movement Disorders, Phenomenology: Neurology, Phenomenology: Psychiatry, Pathophysiology, Diagnostic Techniques and Treatment. The workshop also featured twenty-nine posters shown during two separate poster sessions and two lively video discussions with speakers and attendees presenting videos of unique cases in Psychogenic Movement Disorders.

The size of this workshop and the isolated location that kept everyone together facilitated discussion and a sharing of knowledge and opinions on this important topic. Speakers and attendees expressed their excitement at having a forum to learn more about Psychogenic Movement Disorders.

While hysteria had been an important part of both Neurology and Psychiatry, the disorder got “lost” in the early part of the 20th century. The topic disappeared from Neurology textbooks, and psychiatrists stopped seeing the patients. Indeed many psychiatrists had a difficult time knowing what the conference was really about, and thought that conversion disorders were very uncommon. The psychiatrists, in particu-



*Psychogenic Movement Disorders Workshop Organizing Committee
From Left to Right: Mark Hallett, Joseph Jankovic, C. Robert Cloninger,
Anthony Lang, Stuart Yudofsky, Stanley Fahn*



Aberdeen Woods Conference Center, Peachtree City, Georgia, USA

lar, learned about the frequency and varied presentations of Psychogenic Movement Disorders in the neurologic phenomenology session, and the neurologists, in particular, learned about the modern understanding of the psychiatric disorders that might underlie Psychogenic Movement Disorders. One interesting theme that emerged was the high frequency of both personality disorders and childhood abuse in patients with conversion.

Considerable attention was paid to the physiology and psychology of consciousness and the notion that movements can be made unconsciously, without the sense of their being willed. This is a difficult and controversial area, but it is clear that progress is being made.

The topic of diagnostic methods revealed that there is considerably more work to do in this area, but physiological methods are good now for psychogenic tremor and myoclonus. Treatment is very primitive and typically not very effective. The group could not fully agree on what to tell the patient and how to describe the disorder. Some preferred “psychogenic” and others preferred “functional”. It did seem that very intensive psychotherapy coupled with physical therapy could be effective, but the most successful treatment modality seemed to be prolonged and intensive in-patient therapy, that might be too expensive in general. It is clear that neurologists and psychiatrists need to work together on this problem.

The Organizing Committee consisting of Drs. Mark Hallett, Chair, Stan Fahn, Joseph Jankovic, Anthony Lang, Stuart Yudofsky, and C. Robert Cloninger were very happy with the results of this MDS Sponsored Meeting. A book with the plenary talks and the abstracts will be forthcoming.

2nd Parkinson's Disease and Movement Disorders Symposium,

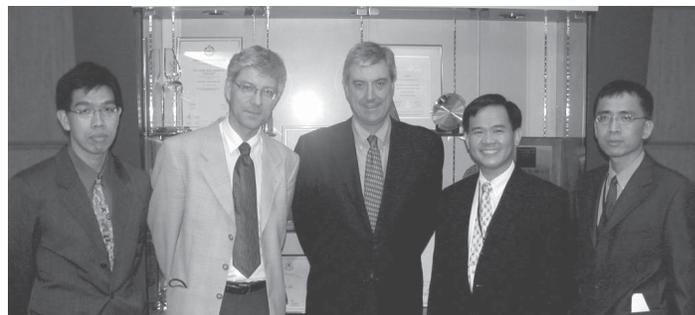
December 3-5 2003, National Neuroscience Institute, Singapore

— Dr. Louis CS Tan, National Neuroscience Institute, Singapore

The 2nd Parkinson's Disease and Movement Disorders Symposium in Singapore was organized by the National Neuroscience Institute with the theme "From Basic Science To Clinical Practice". This meeting was endorsed by The *Movement Disorders Society* and supported by the Clinical Neuroscience Society of Singapore and the Association for South-east Asian Nations (ASEAN) Neurological Association. Over 200 delegates, which included neurologists, internists, scientists, nurses and paramedical staff, attended the meeting. Of these, 52 of the participants came from ten countries around the region. The program stretched over three days and included a basic science symposium, a clinical symposium and workshops.

The basic science symposium focused on neurodegenerative mechanisms in Parkinson's disease (PD). This symposium was anchored by Associate Professor Wei-Dong Le from Baylor College of Medicine, USA, who together with key scientists from Singapore, provided a stimulating update on the latest mechanisms of neurodegeneration in PD. The topics covered ranged from neuroinflammatory and neuroimmune processes in PD to the contribution of parkin, Nurr 1, iron, and apoptosis to cell death in PD. This symposium provided an excellent opportunity to bring together scientists working on PD in Singapore.

The clinical symposium covered a wide range of clinically important topics. These included the genetics and epidemiology of PD, diagnostic approaches to Movement Disorders,



Some members of the 2nd Parkinson's Disease and Movement Disorders Symposium Faculty, from left to right: Dr. Erle Lim, Professor Jean-Marc Burgunder, Professor Philip Thompson, Dr. Louis Tan, Dr. Eng-King Tan

management of early and advanced PD, and the management of non-motor complications of PD. Professor Philip Thompson from the Royal Adelaide Hospital, Australia, was the guest speaker at this symposium and he teamed up with local Movement Disorder specialists to provide a comprehensive coverage of clinically relevant topics. This symposium ended with a video session where regional delegates presented interesting cases for discussion by the faculty.

The third day of the symposium was devoted to half-day workshops conducted by both international and local speakers. Practical demonstrations and case-discussions were the focus of these sessions that covered topics relevant to Movement Disorders. These included the use of botulinum toxin, management of motor complications, autonomic testing, dementia, neurophysiology, neuropsychiatry, and familial disorders.

The symposium was well received by all and we look forward to organizing these meetings biennially for Singapore and the region.

Continued from page 5...

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Professional Notices - Announcements

New MDS Course

Update on the Management of Motor Complications in Parkinson's Disease

This one-day course will provide an overview of motor complications associated with the chronic advancing of Parkinson's disease as well as the available treatments for these motor complications. The phenomenology, pathophysiology, and treatment approaches to motor fluctuations and dyskinesias will be addressed in morning interactive presentations and afternoon video case management discussions. Non-pharmacological as well as pharmacological treatment strategies will be explored with emphasis on issues related to combination drug therapies.

These regional course offerings are jointly sponsored by The Movement Disorder Society (MDS) and the National Institutes of Health/Foundation for the Advanced Education in the Sciences, Inc. (NIH/FAES).

March 20, 2004 • Houston, Texas

Joseph Jankovic, MD, Course Director
Professor of Neurology

Director of the Parkinson's Disease Center and
Movement Disorders Clinic

Department of Neurology, Baylor College of Medicine

May 22, 2004 • New York City, New York

Cheryl Waters, MD, FRCP(C), Course Director
Professor of Neurology
Columbia University

September 10, 2004 • Chicago, IL

Leo Verhagen, MD, PhD, Course Director
Associate Professor of Neurological Sciences
Movement Disorders Section

Department of Neurological Sciences, Rush Presbyterian –
St. Luke's Medical Center

October 23, 2004 • Las Vegas, NV

Charles Adler, MD, PhD, Course Director
Professor of Neurology

Chair, Mayo Clinic Division of Movement Disorders
Department of Neurology, Mayo Clinic Scottsdale

Register online at www.movementdisorders.org.

For more information contact:

Jennifer Kehoe Oliva, MDS Program Manager
TEL: +1 414-276-2145 FAX: +1 414-276-3349
E-mail: joliva@movementdisorders.org

Call for Abstracts

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

Deadline for Receipt of Abstracts: June 1, 2004

The Parkinson Study Group (PSG), Huntington Study Group (HSG), Dystonia Study Group (DSG), Myoclonus Study Group (MSG), Tourette's Syndrome Study Group (TSSG), Cooperative Ataxia Group (CAG), and The Movement Disorder Society (MDS) will **organize the 18th Annual Symposia on**

Etiology, Pathogenesis, and Treatment of Parkinson's Disease and Other Movement Disorders on Sunday, October 3, 2004, at the Toronto Sheraton, Toronto, Ontario, Canada, immediately preceding the meeting of the American Neurological Association. This peer-reviewed program will include both platform and poster presentations. Abstracts will be published in the September issue of *Movement Disorders* and must not have been published or presented prior to the Symposia. Authors will be asked to disclose relationships with funding sources and manufacturers of commercial products discussed in the presentation. Authors need not be associated with MDS or the study groups. There is no registration fee for attending the Symposia. Abstracts should be submitted to Dorothy Graffrath, University of Rochester, 1351 Mt. Hope Avenue, Suite 223, Rochester, NY 14620 (585-275-1642). Electronic submission is preferred. An electronic version of the abstract form is available by sending an e-mail request to abstract@ctcc.rochester.edu.

Professional Notices – Job Openings

Exciting Faculty Opportunity

An exciting faculty opportunity is available at the Parkinson's Disease Center and Movement Disorders Clinic, Baylor College of Medicine for an energetic individual who has completed a Movement Disorders fellowship and is interested in clinical and/or basic science research. The interested individual should contact Joseph Jankovic, MD, the Director of the Center, at 713-798-5998 or by e-mail: josephj@bcm.tmc.edu.

Fellowship in Movement Disorders

One year program offered to high quality applicants at Beth Israel Deaconess Medical Center, Parkinson's Disease & Movement Disorders Center beginning July 1, 2004. Includes training in diagnosis and treatment of a wide variety of Movement Disorders, participation in Parkinson's disease, tremor, and dystonia DBS surgical program, a large dystonia and botulinum toxin treatment program, participation in clinical trials, and other clinical research opportunities. Send CV and three letters of recommendation to: **Daniel Tarsy, MD, Beth Israel Deaconess Medical Center, KS-228, 330 Brookline Avenue, Boston, MA 02215, USA; Phone: 617-667-0519; Fax: 617-975-5454**. Beth Israel Deaconess Medical Center is an equal opportunity employer that values the strength diversity brings to the workplace.

Movement Disorders Position Available

The Department of Neurology at the University of Colorado Health Sciences Center (UCHSC) is recruiting clinician-educators and clinician-scientists with expertise in Movement Disorders. The Department of Neurology currently has an active research and clinical Movement Disorders program which will provide the successful applicant with ample opportunities for academic development, and to direct clinical and research programs, as well as to train fellows and residents. Movement Disorders neurologists at any career level are welcome to apply. Collaborations and joint appointment available in corresponding academic departments. Send CV to: Donald H. Gilden, M.D., Professor and Chairman, Department

CONTINUED ON PAGE 14

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of Neurology, Box B182, UCHSC, 4200 East 9th Ave., Denver, CO 80262. UCHSC is an equal opportunity/affirmative action employer.

Movement Disorder Neurologist

Evanston Northwestern Healthcare, which operates the Evanston and Glenbrook Hospitals, seeks a member of its Department of Neurology. The position is for an adult neurologist with training in Movement Disorders in a full-time hospital-based practice, Evanston Northwestern Healthcare Medical Group. Applicants will be eligible for faculty appointment at the Instructor or Assistant Professor Level, non-tenure track, at The Northwestern University Feinberg School of Medicine. The proposed starting date is July 1, 2004. Salary is negotiable. Send c.v. to **Michael Rezak, M.D., Ph.D., Dept of Neurology, Movement Disorders Center, Glenbrook Hospital, 2100 Pfingsten Road, Glenview, IL 60025.** Evanston Northwestern Healthcare and Northwestern University are Affirmative Action/Equal Opportunity Employers. Hiring is contingent upon eligibility to work in the United States. Women and minorities are encouraged to apply.

Junior Movement Disorder Position Available

The Department of Neurology at the University of Louisville is seeking a full-time Board Eligible or Board Certified Neurologist

with a completed Fellowship training in Movement Disorders. ECFMG Certification for foreign candidates is essential. The position is designed for a clinician-scientist at the Instructor or Assistant Professor level who wants to succeed in Academic Medicine. The successful candidate will be responsible for the clinical care of Movement Disorder patients in inpatient, consultation, and outpatient settings. He/she will participate in the development and conduction of research studies.

The position is funded by the Department of Neurology of the University of Louisville, one of the major state Universities in KY, and offers a competitive salary and generous benefits package. The successful candidate will achieve intensive experience in clinical assessment and management of patients with unusual Movement Disorders, participation in ongoing clinical research studies and development of original research projects. The position is oriented towards strengthening skills for a career in clinical neuroscience research and offers opportunities to develop areas of professional interest. Interested candidates should send a resume, statement of career interests and objectives, and three letters of recommendation to: Irene Litvan, M.D. Director, Movement Disorder Program, Department of Neurology University of Louisville 500 South Preston , A Building, Room 113, Louisville, KY 40202; Phone: 502-852-3655; FAX: 502-852-6344; E-mail: i.Litvan@louisville.edu

Women and minorities are encouraged to apply. The University of Louisville is an Equal Opportunity Employer

UPCOMING MEETINGS

2004

***March 20, 2004**

Update on the Management of Motor Complications in Parkinson's Disease. Houston, Texas, USA. Jointly sponsored by The Movement Disorder Society and the National Institutes of Health/Foundation for Advanced Education in the Sciences, Inc. Contact: Jennifer Kehoe Oliva, MDS Program Manager; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: joliva@movementdisorders.org; Web site: www.movementdisorders.org

***April 2-4, 2004**

Birmingham Movement Disorders Course. Manor House, University of Birmingham, Birmingham, UK. Contact: Susan Pope; E-mail: susan.pope@swbh.nhs.uk

April 24-May 1, 2004

American Academy of Neurology 56th Annual Meeting. San Francisco, CA, USA. Contact: American Academy of Neurology, 1080 Montreal Avenue, St. Paul, MN 55116; TEL: +1-651-695-1940; E-mail: web@aan.com; Web site: www.aan.com

May 6-9, 2004

EPDA 5th Multi-disciplinary Conference 'Working in Harmony – The Team Approach'. The Marriott Hotel, Lisbon, Portugal. Contact: Penny Callaghan, Universal Conference & Incentive Travel Ltd, Universal House, 20-22 High Street, Iver, Buckinghamshire, SLO 9NG, UK; TEL: +44 1753 632019; FAX: +44 1753 654325; E-mail: Pennyc@epdaconferences.org; Web site: www.epdaconferences.org

***May 22, 2004**

Update on the Management of Motor Complications in Parkinson's Disease. New York City, New York, USA. Jointly sponsored by The Movement Disorder Society and the National Institutes of Health/Foundation for Advanced Education in the Sciences, Inc. Contact: Jennifer Kehoe Oliva, MDS Program Manager; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: joliva@movementdisorders.org; Web site: www.movementdisorders.org

June 8-12, 2004

Canadian Congress of Neurological Sciences. Calgary, AB, Canada. Contact: Canadian Congress of Neurological Sciences, P.O. Box 5456, Station A, Calgary, AB, T2H 1X8 Canada; TEL: +1-403-229-9544; FAX: +1-403-229-1661; E-mail: brains@ccns.org

***June 11-12 2004**

3rd Brain Stem Society Meeting. University La Sapienza, Rome, Italy. Contact: Monica Daliana O.I.C. s.r.l., Viale G. Matteotti 7, 50121 Firenze, Italy; TEL: +39 055 5035205; FAX +39 055 570227; E-mail: m.daliana@oic.it; Web site: www.oic.it/bss2004

***June 13-17, 2004**

8th International Congress of Parkinson's Disease and Movement Disorders. Palazzo dei Congressi, Rome, Italy. Offered by The Movement Disorder Society. Contact: The Movement Disorder Society, 611 E. Wells Street, Milwaukee, WI, USA; TEL: +1-414-276-2145; FAX: +1-414-276-3349; E-mail: congress@movementdisorders.org; Web site: www.movementdisorders.org

June 16-19, 2004

European Headache Federation (EHF) 7th Headache Congress. De Doelen Concert and Congress Center, Rotterdam, The Netherlands. 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; Email: headache@kenes.com; Web site: <http://www.kenes.com/headache>

***June 17-18, 2004**

2nd International Meeting on Multiple System Atrophy (MSA). Palazzo dei Congressi, Rome, Italy. Contact: Eva Appelgren, Serono Symposia International, Via Casilina 125, Rome, Italy; TEL: + 39 06 70384513; FAX: + 39 06 7038 4577; E-mail: eva.appelgren@serono.com; Web site: www.seronosymposia.org/ms/event_descrip.ihtml?id=192

June 23-26, 2004

5th World Stroke Congress. Vancouver Convention and Exhibition Centre, Vancouver, Canada. Contact: 5th World Stroke Congress, Kenes International - Global Congress Organizers and Association Management Services, 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: stroke2004@kenes.com; Web site: <http://www.kenes.com/stroke2004>

June 26-30, 2004

14th Meeting of the European Neurological Society. Barcelona, Spain. Web site: www.ensinfo.com

July 7-9, 2004

The Bárány Society XXIII International Congress. Collège de France, Paris, France. Contact: Congress Office, BARANY 2004 c/o MCI France, 11 rue de Solférino, 75007 Paris, France, TEL: +33 (0) 1 53 85 82 56; FAX: +33 (0) 1 53 85 82 83; E-mail: baranyparis2004@mci-group.com; Web site: www.baranyparis2004.com

September 4-9, 2004

8th European Federation of Neurological Societies Congress. Paris, France. Contact: EFNS, University Campus, Alser Str. 4, Courtyard 1, 1090 Vienna, Austria; TEL: +43 1 889 05 03; FAX: +43 1 889 05 03 13; E-mail: headoffice@efns.org; Web site: www.efns.org

***September 10, 2004**

Update on the Management of Motor Complications in Parkinson's Disease. Chicago, Illinois, USA. Jointly sponsored by The Movement Disorder Society and the National Institutes of Health/Foundation for Advanced Education in the Sciences, Inc. Contact: Jennifer Kehoe Oliva, MDS Program Manager; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: joliva@movementdisorders.org; Web site: www.movementdisorders.org

September 10-11, 2004

Recent advances in the Pathophysiology and Treatment of Parkinson's Disease. Foundation for Biomedical Research of the Academy of Athens, Athens, Greece. Sponsored by the Foundation for Biomedical Research of the Academy of Athens. Contact: Leonidas Stefanis, ; TEL: 30-210-6597214 or 30-210-6597498; FAX: 30-210-6597545; E-mail: ls76@columbia.edu or lsf Stefanis@bioacademy.gr

September 20-24, 2004

II International Congress on Neuroregeneration. Rio de Janeiro, Brazil. Contact: CONGREG do Brasil, Av. Presidente Wilson, 20030-020 - Rio de Janeiro, BRASIL, TEL: +55 (21) 3974-2001; FAX: +55 (21) 2509-1492; E-mail: icn@congreg.com.br; Web site: <http://www.neuroregeneration2004.med.br>

October 3-6, 2004

129th Annual Meeting of the American Neurological Association. The Sheraton Toronto, Toronto, ON, Canada. Contact: American Neurological Association, 5841 Cedar Lake Road, Suite 204, Minneapolis, MN 55416; TEL: +1-952-545-6284; FAX: +1-952-545-6073; E-mail: lorijanderson@msn.com; Web site: www.aneuroa.org

October 16-21, 2004

Congress of Neurological Surgeons 54th Annual Meeting. San Francisco, CA, USA. Contact: Congress of Neurological Surgeons, 10 North Martingale Road, Suite 190, Schaumburg, IL, USA, 60173; TEL: +1-847-240-2500; FAX: +1-847-240-0804; E-mail: info@1cns.org

***October 23, 2004**

Update on the Management of Motor Complications in Parkinson's Disease. Las Vegas, Nevada, USA. Jointly sponsored by The Movement Disorder Society and the National Institutes of Health/Foundation for Advanced Education in the Sciences, Inc. Contact: Jennifer Kehoe Oliva, MDS Program Manager; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: joliva@movementdisorders.org; Web site: www.movementdisorders.org

October 23-27, 2004

34th Annual Meeting of the Society for Neuroscience. San Diego, CA, USA. Contact: Society for Neuroscience, 11 Dupont Circle, N.W., Suite 500, Washington DC 20036; TEL: +1-202-462-6688; E-mail: info@sfn.org

October 24-27, 2004

Mental Dysfunctions in Parkinson's Disease. Salzburg, Austria. Contact: Mental Dysfunctions in Parkinson's Disease, Kenes International, 17 Rue du Cendrier, P.O. Box 1726, CH-1211, Geneva 1, Switzerland; TEL: 41-22-908-0488; FAX: 44-847-127-5678; E-mail: PDment2004@kenes.com; Web site: www.kenes.com/PDment2004

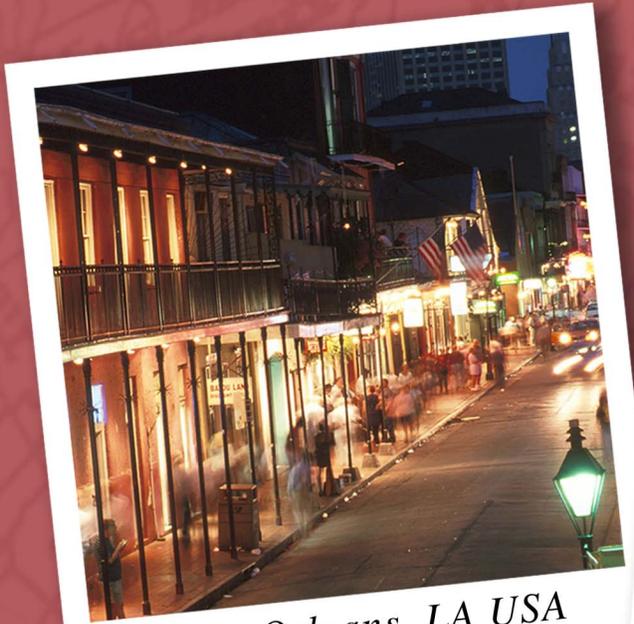
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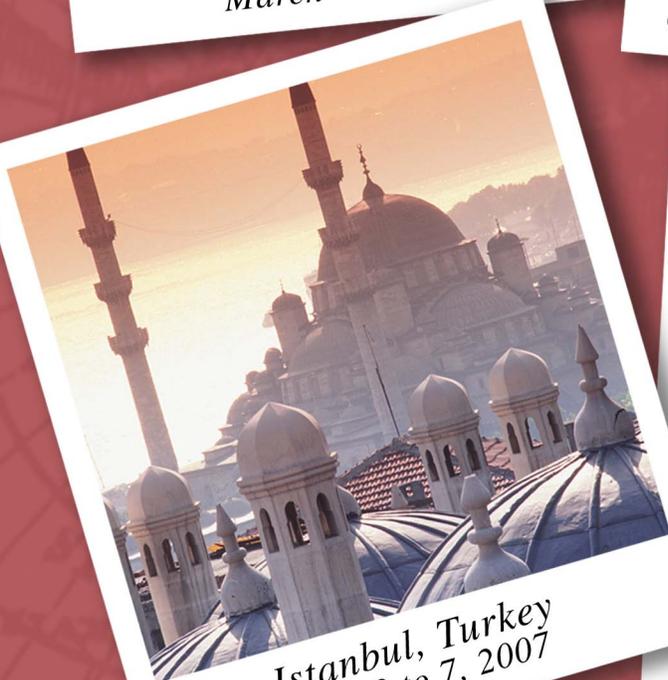
The *Movement Disorder Society*



New Orleans, LA USA
March 6 to 9, 2005



Kyoto, Japan
October 29 to November 2, 2006



Istanbul, Turkey
June 3 to 7, 2007



Chicago, IL USA
June 22 to 26, 2008

Future Congresses