Continuous Dopaminergic Stimulation – The Evolving Management of Advanced Parkinson's Disease

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Parkinson's disease (PD) is a serious chronic neurodegenerative disease with no cure that affects all aspects of daily living. It is the second most common neurodegenerative disease after Alzheimer's disease, with an incidence forecast to double by 2050, primarily as a result of an ageing population. The gold standard of treatment, levodopa, has been widely available to patients since the 1960s, but some of the recently developed advanced therapies are still underused and inaccessible to many patients. While ongoing research has resulted in significant improvements in management, more is needed to delay, stop or even reverse PD.

The European Parkinson's Disease Association (EPDA) is the only European umbrella organisation for people with PD. It represents 45 member organisations in Europe and is an advocate for the rights and needs of over 1.2 million people with PD and their families. The EPDA's vision is to enable people with the disease to have a full life while supporting the search for a cure. The association seeks to achieve this by raising awareness and reducing inequalities in the treatment and management of PD across Europe.

This Supplement

The V International Forum on Advanced Parkinson's Disease that took place in Helsinki, Finland, on 6–7 May 2011 (sponsored by Abbott) attracted approximately 150 participants, with the aim of discussing the latest issues in the management of PD, including:

- improvements in PD treatment and management in the last 20 years, focusing on continuous dopaminergic stimulation (CDS) therapy;
- updates on pump therapies, including levodopa/carbidopa intestinal gel (LCIG) infusion and apomorphine (APO) infusion;
- factors that may help identify patients for CDS therapy;
- practical aspects of pump therapies;
- case study presentations focusing on managing dyskinesias in the long-term; maintaining patients on treatment in the longer-term; and the management of non-motor symptoms (NMS) using advanced therapies; and
- a dialogue about the importance of partnering in accelerating access to therapy.

The latest data on the management of advanced PD (APD) were presented at the meeting. Following a presentation by Andrew Lees on the evolution of CDS pump therapies over the last two decades, Regina Katzenschlager and Dag Nyholm presented emerging data on the efficacy and safety of APO and LCIG infusion, respectively.

The second session assessed different aspects of CDS therapy that could potentially influence the selection of patients. Through a series of case reports, Barbara Pickut illustrated the benefits of CDS therapy on NMS. Subsequently, Christian Winkler discussed the timing of CDS treatment initiation as an important consideration for achieving optimal outcomes. Mathias Toft presented recent study findings on the effect of deep brain stimulation (DBS) of the subthalamic nucleus or the globus pallidus interna on quality of life (QoL).

The practical aspects of managing patients with APD, in particular the role of CDS therapy, were discussed via an interactive case report session. As more trial data are gathered and management algorithms evolve, case studies continue to provide important information on practical aspects of CDS therapy. Tove Henriksen, Per Odin, Jens Volkmann and Angelo Antonini presented interactive case studies that illustrated issues such as:

- managing local skin reactions in patients with a good response to APO infusion;
- managing a patient with motor fluctuations and depression by intensifying the dosage of LCIG infusion and reducing 'off' time and NMS including depression;
- managing psychosis and social maladjustment after DBS; and
- using LCIG infusion to successfully manage a relatively young patient with severe 'off' periods and sleep disturbances in whom DBS was contraindicated due to mild cognitive impairment, orthostatic hypotension and other factors.

With the aid of an interactive session chaired by Mary Baker, the forum also looked at future developments and encouraged shared decision-making between neurologists, patients, regulatory bodies, health technology assessors, patient associations and other

stakeholders, to accelerate patient access to new therapies. This supplement provides a summary of the presentations and their conclusions, as well as the discussions they encouraged. We hope it will serve as a clear and concise review of the key issues surrounding the management of APD, and promote new developments and ideas to improve clinical practice and, in turn, patients' QoL. ■