

Parkinson's Disease

Current Awareness

Bulletin

February 2016

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**Jason Ovens
Head of Library & Knowledge Services**

Title: Falls and Parkinson's Disease: Evidence from Video Recordings of Actual Fall Events.

Citation: Journal of the American Geriatrics Society, Jan 2016, vol. 64, no. 1, p. 96-101 (January 2016)

Author(s): Weaver, Tyler B, Robinovitch, Stephen N, Laing, Andrew C, Yang, Yijian

Abstract: To compare the fall characteristics of individuals with and without Parkinson's disease (PD) through the analysis of real-life falls captured on video. Observational cohort study. Two long-term care facilities in British Columbia, Canada. Individuals living in long-term care (N = 306; 16 with PD). Falls captured on video and analyzed (N = 906; 71 in participants with PD). Generalized estimating equation models were used to examine differences in fall characteristics between participants with and without PD. Individuals with PD were 1.3 times as likely as those without PD to fall because of incorrect weight shifting (95% confidence interval (CI) = 1.03-1.65). Secondary steps during the fall event were 1.5 times as likely to be short in individuals with PD as in those without (95% CI = 1.23-1.78). Individuals with PD were also 1.6 times as likely to attempt to recover balance by reaching to grasp an external object (95% CI = 1.13-2.15) and 5.0 times as likely to secure grasp of the object (95% CI = 1.23-20.0). Along with greater likelihood for individuals with PD to fall because of incorrect weight shifting, differences between groups were found in reactive stepping responses. This first detailed evidence of the characteristics of falls in PD should help to inform fall and injury prevention approaches for clinicians and rehabilitation professionals working with individuals with PD. © 2016, Copyright the Authors Journal compilation © 2016, The American Geriatrics Society.

Full Text:

Available from *Wiley* in [Journal of the American Geriatrics Society](#)

Title: Longitudinal study of normal cognition in Parkinson disease.

Citation: Neurology, Oct 2015, vol. 85, no. 15, p. 1276-1282 (October 13, 2015)

Author(s): Pigott, Kara, Rick, Jacqueline, Xie, Sharon X, Hurtig, Howard, Chen-Plotkin, Alice, Duda, John E, Morley, James F, Chahine, Lama M, Dahodwala, Nabila, Akhtar, Rizwan S, Siderowf, Andrew, Trojanowski, John Q, Weintraub, Daniel

Abstract: To report the rates and predictors of progression from normal cognition to either mild cognitive impairment (MCI) or dementia using standardized neuropsychological methods. A prospective cohort of patients diagnosed with Parkinson disease (PD) and baseline normal cognition was assessed for cognitive decline, performance, and function for a minimum of 2 years, and up to 6. A panel of movement disorders experts classified patients as having normal cognition, MCI, or dementia, with 55/68 (80.9%) of eligible patients seen at year 6. Kaplan-Meier curves and Cox proportional hazard models were used to examine cognitive decline and its predictors. We enrolled 141 patients, who averaged 68.8 years of age, 63% men, who had PD on average for 5 years. The cumulative incidence of cognitive impairment was 8.5% at year 1, increasing to 47.4% by year 6. All incident MCI cases had progressed to dementia by year 5. In a multivariate analysis, predictors of future decline were male sex ($p = 0.02$), higher Unified Parkinson's Disease Rating Scale motor score ($p \leq 0.001$), and worse global cognitive score ($p <$

0.001). Approximately half of patients with PD with normal cognition at baseline develop cognitive impairment within 6 years and all new MCI cases progress to dementia within 5 years. Our results show that the transition from normal cognition to cognitive impairment, including dementia, occurs frequently and quickly. Certain clinical and cognitive variables may be useful in predicting progression to cognitive impairment in PD. © 2015 American Academy of Neurology.

Sources Used

The following databases are searched on a regular basis in the development of this bulletin: Amed, British Nursing Index, Cinahl, Medline

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