

# Parkinson's Disease

## Current Awareness Bulletin

**September 2012**

**For any references where there is a link to the full text please use your NHS Athens username & password to access. (if you need any help with this please let us know)**

**If you would like any of the full references from those that do not have links please let us know & we will source them for you.**

**Academy Library x4897 or [ruh-tr.library@nhs.net](mailto:ruh-tr.library@nhs.net)**

**Jason Ovens  
Library & Knowledge Service Manager**

**Healthcare you can Trust**

**Title: Relationship between changes of body mass index (BMI) and cognitive decline in Parkinson's disease (PD).**

**Citation:** Archives of Gerontology & Geriatrics, 01 July 2012, vol./is. 55/1(70-72), 01674943

**Author(s):** Kim, Hyun Jung, Oh, Eung Seok, Lee, Ji Hee, Moon, Jung Soo, Oh, Ji Eun, Shin, Jong Wook, Lee, Kyung Jae, Baek, In Chul, Jeong, Seong-Hae, Song, Hee-Jung, Sohn, Eun Hee, Lee, Ae Young

---

**Title: A randomized, double-blind, placebo-controlled trial of antidepressants in Parkinson disease.**

**Citation:** Neurology, 17 April 2012, vol./is. 78/16(1229-1236), 00283878

**Author(s):** Richard IH, McDermott MP, Kurlan R, Lyness JM, Como PG, Pearson N, Factor SA, Juncos J, Serrano Ramos C, Brodsky M, Manning C, Marsh L, Shulman L, Fernandez HH, Black KJ, Panisset M, Christine CW, Jiang W, Singer C, Horn S, Pfeiffer R, Rottenberg D, Slevin J, Elmer L, Press D, Hyson HC, McDonald W

**Abstract:** OBJECTIVE: To evaluate the efficacy and safety of a selective serotonin reuptake inhibitor (SSRI) and a serotonin and norepinephrine reuptake inhibitor (SNRI) in the treatment of depression in Parkinson disease (PD). METHODS: A total of 115 subjects with PD were enrolled at 20 sites. Subjects were randomized to receive an SSRI (paroxetine; n = 42), an SNRI (venlafaxine extended release [XR]; n = 34), or placebo (n = 39). Subjects met DSM-IV criteria for a depressive disorder, or operationally defined subsyndromal depression, and scored >12 on the first 17 items of the Hamilton Rating Scale for Depression (HAM-D). Subjects were followed for 12 weeks (6-week dosage adjustment, 6-week maintenance). Maximum daily dosages were 40 mg for paroxetine and 225 mg for venlafaxine XR. The primary outcome measure was change in the HAM-D score from baseline to week 12. RESULTS: Treatment effects (relative to placebo), expressed as mean 12-week reductions in HAM-D score, were 6.2 points (97.5% confidence interval [CI] 2.2 to 10.3, p = 0.0007) in the paroxetine group and 4.2 points (97.5% CI 0.1 to 8.4, p = 0.02) in the venlafaxine XR group. No treatment effects were seen on motor function. CONCLUSIONS: Both paroxetine and venlafaxine XR significantly improved depression in subjects with PD. Both medications were generally safe and well tolerated and did not worsen motor function. CLASSIFICATION OF EVIDENCE: This study provides Class I evidence that paroxetine and venlafaxine XR are effective in treating depression in patients with PD.

**Full Text:**

Available in *fulltext* at [Ovid](#)

---

**Title: Effect of physical exercise-movement strategies programme on mobility, falls, and quality of life in Parkinson's disease**

**Citation:** International Journal of Therapy and Rehabilitation, February 2012, vol./is. 19/2(88-96), 1741-1645 (2012 Feb)

**Author(s):** Georgy E, Barnsley S, Chellappa R

**Abstract:** Background: Parkinson's disease (PD) is an incurable, progressive neurodegenerative disorder that gradually results in accumulating disability. Evidence suggests that specific interventions, for example, physical exercise and movement strategy training, can improve some of the PD-associated problems and enhance quality of life. The aim of this paper is to demonstrate the effect of a tailored rehabilitation programme, comprising of a combination of exercise therapy and movement strategy training, on falls risk, mobility and quality of life in people with PD. Methods: A prospective longitudinal design, with 1- and 2-year follow-up, was conducted, where fifteen people with idiopathic PD and average age of 76.1 years attended weekly, then biweekly 90-minute rehabilitation sessions that focused on exercise therapy and movement strategy training. Outcome measures were assessed at baseline and at 1- and 2-year, which included self reported number of falls, Freezing of Gait Questionnaire, Tinetti falls assessment tool, and Parkinson's Disease Questionnaire (PDQ-39). Results: At 1-year, a significant improvement was identified in gait freezing and Tinetti score, as well as a statistically significant reduction in the number of falls and falls risk. Several aspects of the PDQ-39 have also improved. Some of the effects continued to exist through year two, but the improvement has not been consistent compared to year one. Conclusion: A combination of regular exercise and movement strategy training has the potential for reducing falls risk, and improving mobility (less gait freezing) and quality of life of people with PD.

**Full Text:**

Available in *fulltext* at [EBSCOhost](#)

---

**Title: Depression in Parkinson's disease: diagnosis and management.**

**Citation:** British Journal of Hospital Medicine (17508460), 01 June 2012, vol./is. 73/6(331-334), 17508460

**Author(s):** Latoo, Javed, Mistry, Minal, Dunne, Francis J.

**Abstract:** Parkinson's disease has a high prevalence of psychiatric comorbidity including depression. This review highlights the epidemiology, aetiology and diagnosis of depression in patients with Parkinson's disease. Recommendations are made on treatment and a closer partnership between neurology and psychiatry.

---

**Title: Rehabilitation improves dyskinesias in Parkinsonian patients: A pilot study comparing two different rehabilitative treatments.**

**Citation:** NeuroRehabilitation, 01 May 2012, vol./is. 30/4(295-301), 10538135

**Author(s):** Frazzitta, Giuseppe, Bertotti, Gabriella, Morelli, Micaela, Riboldazzi, Giulio, Pelosin, Elisa, Balbi, Pietro, Boveri, Natalia, Comi, Cristoforo, Turla, Marinella, Leva, Serena, Felicetti, Guido, Maestri, Roberto

**Abstract:** Goal and objectivesThe present study was devised: (a) to test whether an intensive (60 hours in 4 weeks) multidisciplinary rehabilitation treatment (involving physiotherapy, exercises to improve gait and balance using treadmill and stabilometric platform, occupational therapy) for Parkinsonian patients is effective in improving dyskinesia and motor performance compared to a control group undergoing a non-intensive non multidisciplinary rehabilitation treatment (30 hours in 4 weeks involving physiotherapy only); and (b) to verify whether rehabilitation may lead to a reduction in levodopa dosage. Material and Methods: Forty Parkinsonian patients suffering from

dyskinesias were admitted to study: 20 for an intensive multidisciplinary (Group1) and 20 for a non-intensive non multidisciplinary rehabilitation treatment (Group2). The rating scales used for the clinical evaluation were: Unified Parkinson's Disease Rating Scales (UPDRS) II, III, IV, Parkinson's disease disability scale (PDDS), Abnormal Involuntary Movement Scale (AIMS). Results: All outcome measurements improved in both groups of patients, but patients Group1 presented better results: UPDRS II was reduced by 33% in Group1 and by 22% in Group2, UPDRS III 29% vs. 22%, UPDRS IV 74% vs. 10%, PDDS 18% vs. 12%, and AIMS 71% vs. 8%. A different behaviour was observed for levodopa dosage at baseline and after treatment: dosage decreased by an average value of 210 mg ( $p < 0.0001$ ) in Group1 and was virtually unchanged (30 mg reduction,  $p=0.08$ ) in Group2. Conclusion: Our findings suggest that a rehabilitation protocol should be considered as a valid non-invasive therapeutic support for patients who show dyskinesias and that there are better results when the treatment is intensive.

---

**Title: The effect of supervised exercises on static and dynamic balance in Parkinson's disease patients.**

**Citation:** NeuroRehabilitation, 01 May 2012, vol./is. 30/4(351-357), 10538135

**Author(s):** Kara, Bilge, Genc, Arzu, Colakoglu, Beril Donmez, Cakmur, Raif

**Abstract:** Background/Aim: The aim of this study was to examine the effects of supervised exercises on measures of static and dynamic balance in Parkinson's disease (PD) patients. Material and Methods: The study used a before-after study design. Seventeen PD patients with mild and moderate levels of disability were enrolled in the study. Patients followed an exercise program under a physiotherapist's supervision one day a week for 12 weeks. The standard Balance Master protocol was used before and after exercise to assess static and dynamic balance. Results: A statistically significant difference was observed in the unilateral balance test, one of the static balance assessments performed while standing on the left or right leg with eyes closed ( $p < 0.05$ ). With respect to dynamic balance, a statistically significant difference in the maximum excursion of limits of stability (LOS), one of the balance tests used in the supervised exercise programs for patients with Parkinson's disease, between measurements taken before and after exercises was also detected ( $p < 0.05$ ). Conclusions: The change of LOS revealed that dynamic balance improved due to the exercises. Thus, our supervised exercise program provided improvement in dynamic balance of PD patients.

#### **Sources Used**

The following databases are searched on a regular basis in the development of this bulletin:

Amed  
British Nursing Index  
Cinahl  
Medline

#### **Disclaimer**

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.