PD Outcomes No Better With Early Tx

BY DAMIAN McNAMARA

MIAMI BEACH — Early treatment of people with Parkinson's disease with the dopamine receptor agonist pramipexole does not significantly modify the course of disease at 15 months, according to a phase I/II study with 535 participants.

"Pramipexole is an effective symptomatic drug, but this study does not show that early treatment is disease modifying," Dr. Anthony Schapira said at the World Federation of Neurology World Congress on Parkinson's Disease and Related Disorders.

Pramipexole is approved by the Food and Drug Administration for the treatment of the signs and symptoms of idiopathic Parkinson's disease and for primary restless legs syndrome.

A total 261 patients were randomized to 6-9 months of pramipexole (Mirapex) and comprised the early treatment group. Another 274 patients took a placebo during this phase, and then all of the patients took pramipexole up to 15 months. The primary outcome of the Pramipexole on Underlying Disease (PROUD) phase I/II study was the change in Unified Parkinson's Disease Rating Scale (UPDRS) total score at the end of 15 months compared with baseline. The study was sponsored by the manufacturer of Mirapex, Boehringer Ingelheim GmbH. The drug also is available in generic form.

The mean age in each group was 62 years, and the mean duration of Parkinson's disease at baseline was 1.8 years. Total UPDRS scores were based on parts I, II, and III of the instrument. Treated patients only took the dopamine agonist; no rescue drugs were allowed.

The dopamine agonist was dosed at 1.5 mg/day. "At this dose of pramipexole, there was no difference in UPDRS or imaging finding between early and late onset," Dr. Schapira said. The difference in adjusted mean total score between groups was only 0.4 UPDRS units at 15 months, a nonsignificant finding.

"Early improvement was seen in the early [treatment] group, but then there was a decline. In the late group, [the patients] were initially worse but responded and ultimately ended up at the same point at 15 months," said Dr. Schapira, head of the department of clinical neurosciences at University College London. He had no relevant disclosures. ■

REM Sleep Disorder May Predict Parkinson's Disease

BY DAMIAN McNAMARA

MIAMI BEACH — A patient with REM sleep behavior disorder has about a 50/50 chance for developing Parkinson's disease within 12 years, according to a recently published report.

REM sleep behavior disorder (RBD) "is a striking parasomnia very common in Parkinson's disease," Dr. Ronald Postuma said. Also, because RBD often precedes the onset of symptoms of Parkinson's disease, patients with this sleep disorder should be closely followed and counseled about their increased risk, he said at the World Federation of Neurology World Congress on Parkinson's Disease and Related Disorders.

RBD is characterized by speech and body movement during the rapid eye movement phase of sleep. "Normally, we are paralyzed when we dream. You lose this in RBD," he said. Other phases of sleep appear normal. Apnea, sleep walking, and sleep talking are part of the differential diagnosis, said Dr. Postuma, who is on the neurology faculty at McGill University, Montreal, and is a neurologist at Montreal General Hospital.

Dr. Postuma and his colleagues conducted follow-up with 93 patients diagnosed with RBD at the Hôpital du Sacré-Coeur in Montreal (Neurology 2009;72:1296-300). During follow-up, 26 of these patients developed a neurodegenerative disease—14 developed Parkinson's disease; 7, Lewy body dementia; 4, dementia; and 1, multiple system atrophy. Based on these findings, the estimated 5-year risk of neurodegenerative disease was 18%, the estimated 10-year risk was 41%, and the estimated 12-year risk was 52%. A diagnosis of RBD, therefore, carries important counseling implications.

The consensus is that about 35% of patients with Parkinson's disease have RBD, Dr. Postuma said. Prevalence estimates are higher from polysomnography studies, with reports that 40%-60% of Parkinson's disease patients have signs.

"An important clinical question is: Do you need polysomnography to diagnose RBD?" he said. Proponents point out that mimics of RBD can have consequences and some are treatable, such as apnea. Opponents say that patient history is often reliable for diagnosis and polysomnography is expensive. Dr. Postuma's approach is a compromise of sorts: With the relatively rare RBD, "the stakes are high" and he always recommends polysomnography.

Medication may be worthwhile, particularly if a patient has violent RBD.

He had no financial disclosures. ■