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same family, noted Dr. Brice of Université Pierre et Marie Curie in Paris (The Lancet [online] http://image.thelancet.com/extras/04cmt455web.pdf).

He and the study's investigators also cited the need to know more about the precise penetrance of the mutation before the new results are translated into practice.

In addition to Mr. Gilks' finding of the mutation in patients who did not have any family history of Parkinson's disease, Dr. Nichols found that "despite the apparent autosomal dominant effect (of the mutation)," only 13 (37%) of the siblings with a mutation reported having a parent with Parkinson's disease. Dr. Di Fonzo and his colleagues also identified some asymptomatic carriers—a finding that suggests penetrance was reduced or was age dependent.

Identifying the gene raises ethical questions about its use in testing, given the lack of preventive therapy once the patient has been diagnosed.

Dr. Nichols, moreover, pointed out that, in his study, carriers of the mutation also had clinical symptoms that were less severe, despite having had the disease for a longer time, which suggests that "the mutation is associated with slowed disease progression," he commented.

Despite the unanswered questions, now that the Gly2019Ser mutation has been identified, "there will be requests for presymptomatic testing by offspring of carriers," Dr. Brice said in his commentary.

This "raises ethical issues similar to those for Huntington's disease" since, without a preventive treatment, "testing offers no direct medical benefit," he said.

Dr. Nichols, in his remarks to this newspaper, noted: "I would not be surprised if there were not some company that will soon offer genetic testing for Parkinson's disease, maybe even at the prenatal level, because people are willing to pay for it."

Dr. Brice noted that identification of the gene and the mutation should lead to a better understanding of the pathologic mechanism underlying Parkinson's disease, which will "hopefully lead to new treatments," he said. The last page on the genetic basis of Parkinson's disease is yet to be written, and it promises to be very exciting. ■

Multiple-Procedure Approach Improves Cerebral Palsy

FAJARDO, P.R. — A "multiple simultaneous procedures" approach to surgical management of upper limb cerebral palsy improves function and lessens deformity, Bruce R. Johnstone, M.D., said at the annual meeting of the American Association for Hand Surgery.

The technique involves the release, lengthening, or paralysis of deforming spastic muscles, as well as tendon transfers and joint stabilizations.

It is used to help improve the patient's appearance and the patient's ability to perform tasks of daily living such as dressing and proper hygiene, said Dr. Johnstone of Royal Children's Hospital, Melbourne (Australia).

A phone survey of 48 patients (or their caretakers) who had the surgery between 1992 and 2001 for upper limb spasticity showed that 41 (85%) were satisfied with the outcomes and felt the surgery was worthwhile.

Based on the 0-8 point House scale, median function level increased significantly from 2 points before the surgery to 4 points after the surgery.

Based on a 0- to 4-point cosmesis scale that was created for the study, cosmesis increased significantly from a median of 1 point to 3 points.

Scores for patient hygiene and the ability to dress oneself also increased significantly, Dr. Johnstone said.

The findings may be useful in counseling patients and their caretakers about potential outcomes following surgery, he added.

—Sharon Worcester

VERBATIM

'Melatonin is really my first-line choice because it is easy to get over the counter and there are no side effects.'

Dr. Todd D. Rozen, on cluster headache prophylaxis, p. 29.