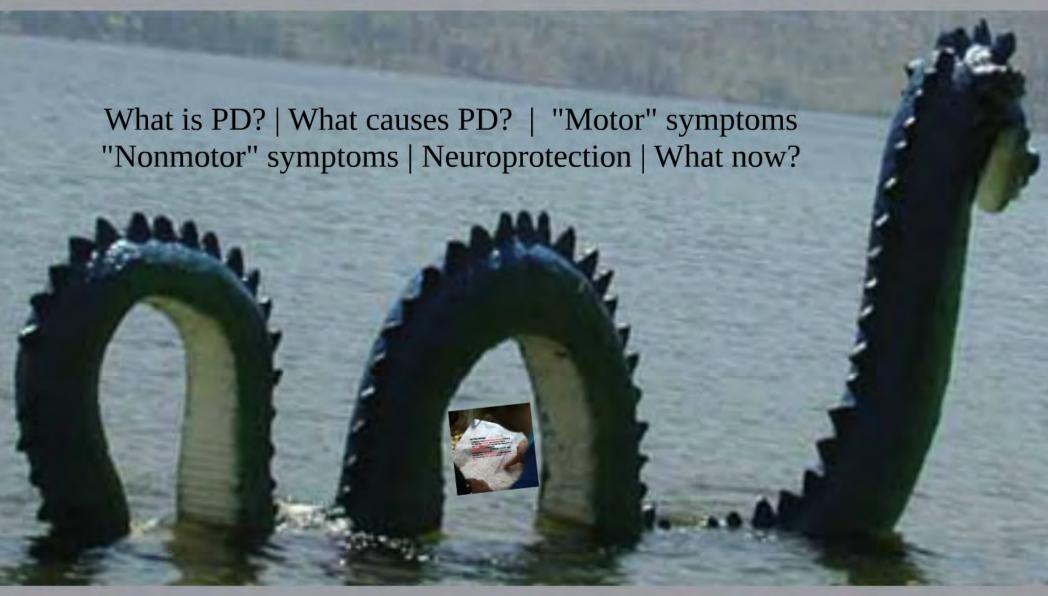
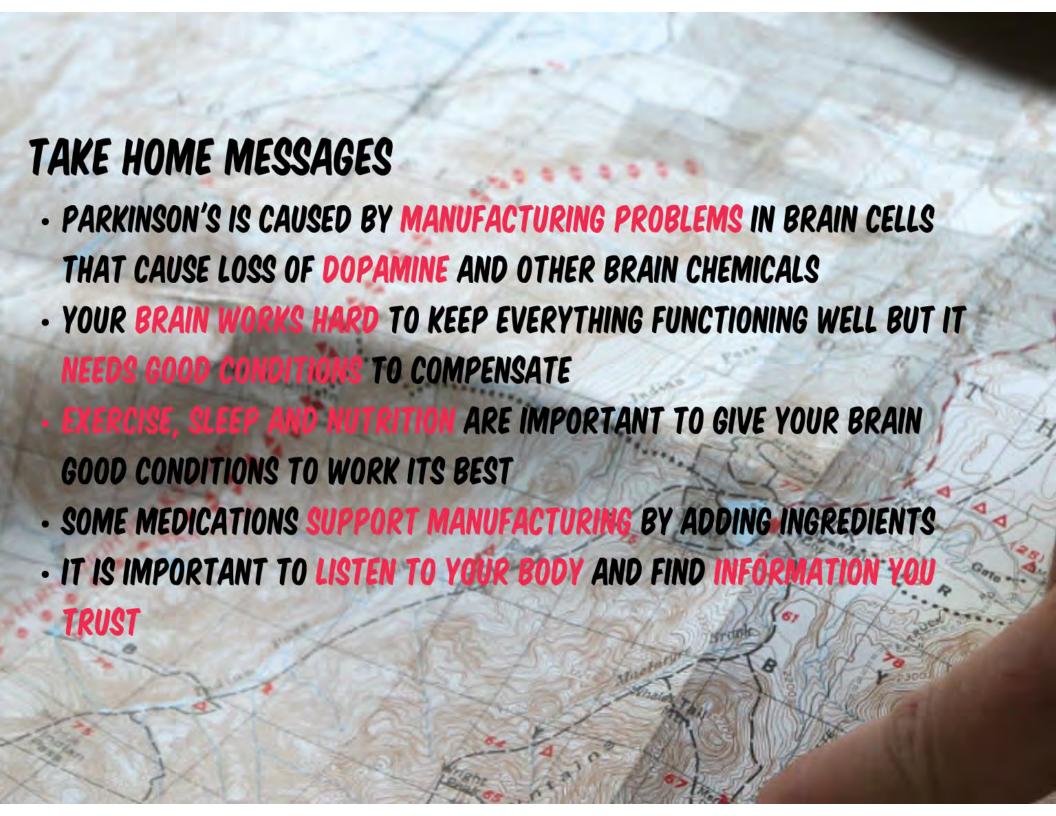
Daryl Wile, MD, MSc, FRCPC (Neurology) Clinical Assistant Professor, UBC Southern Medical Program November 3, 2017

OGOPOGOVERVIEW





The Rusty Barrel

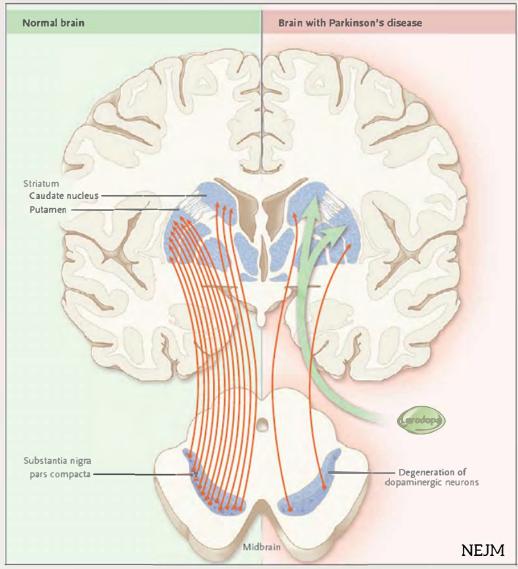


- A chronic, progressive neurodegenerative disorder
- Long underway when symptoms start



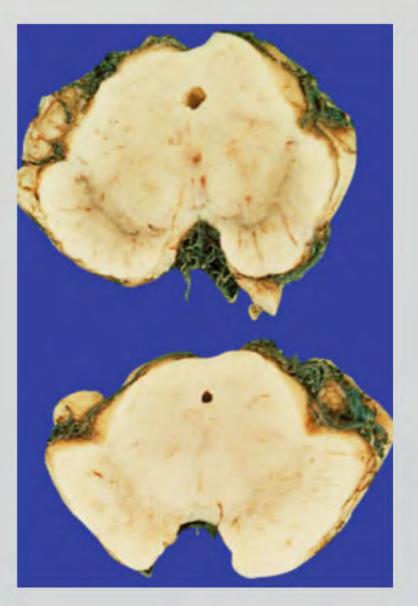
- Caused by a combination of genetic and environmental factors
- May be undetected until symptoms are obvious

Dopamine deficiency is a SYMPTOM of the disease



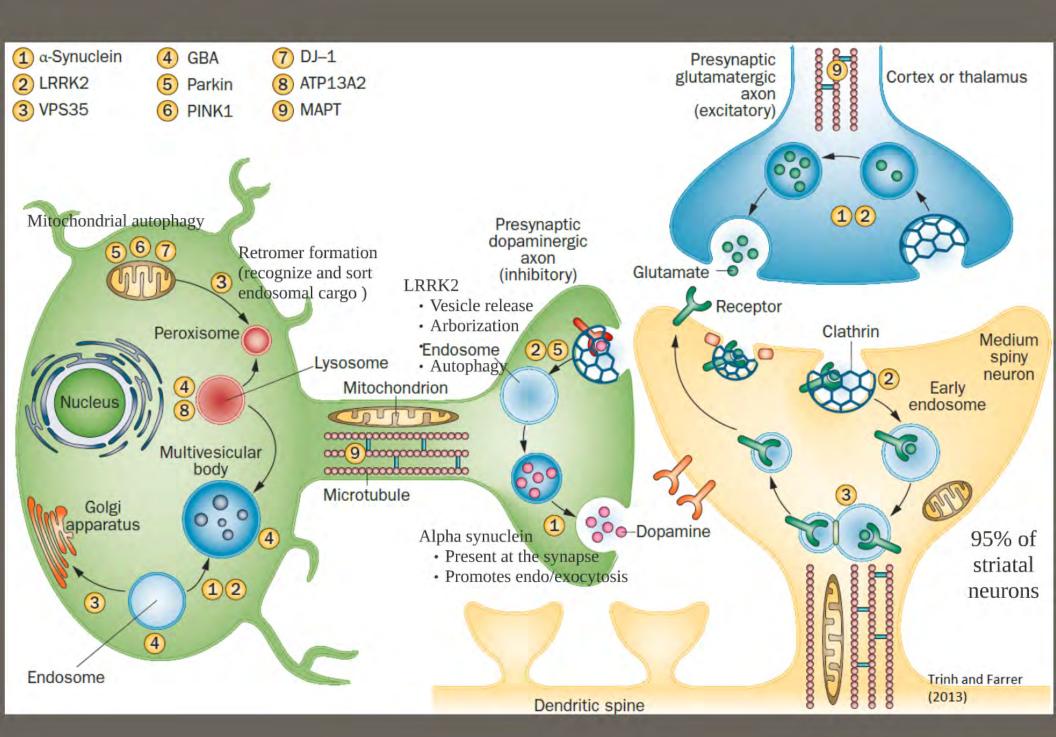
LeWitt PA. Levodopa for the Treatment of Parkinson's Disease. The New England Journal of Medicine, 359:2468-2476 (2008)

Which is caused by MANUFACTURING FAILURE

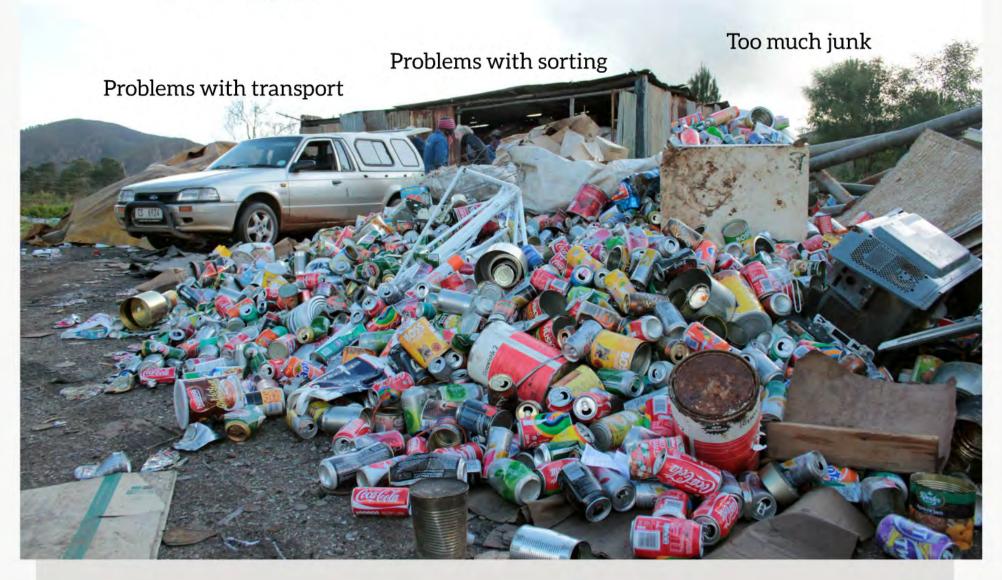


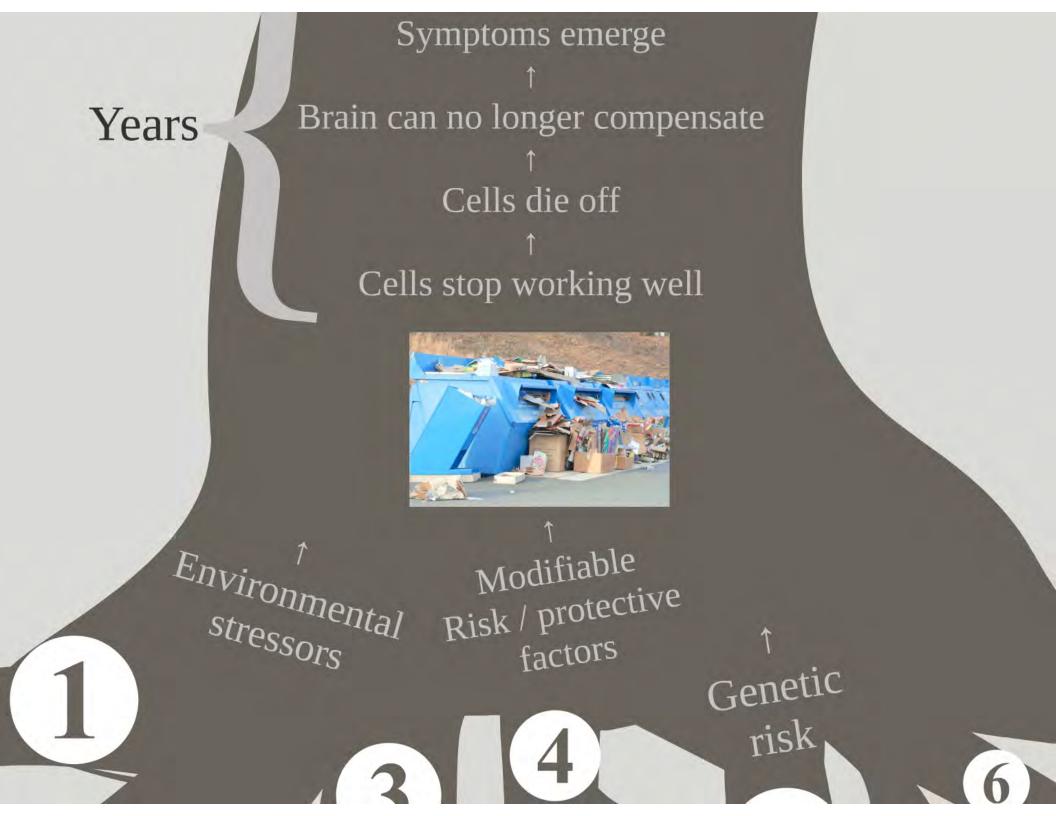
Parkinson's

Insights from Genetic Discoveries

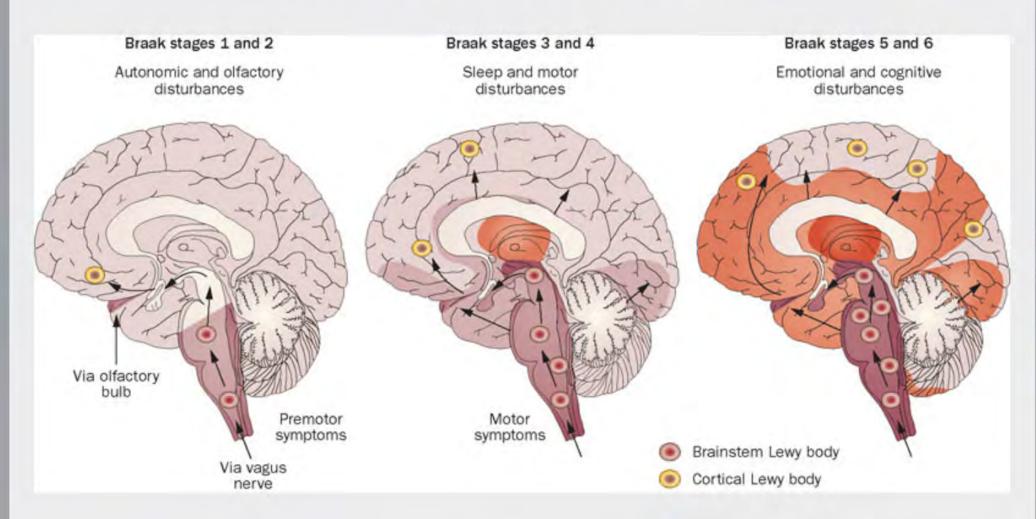


Broken down factory equipment



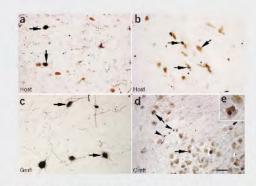


Nondopaminergic deficit



Doty RL. Olfactory dysfunction in Parkinson disease. Nature Reviews Neurology 8, 329–339 (2012)

Lewy Bodies spread



Grafted cells "catch" PD / Lewy bodies (Kordower 2008)



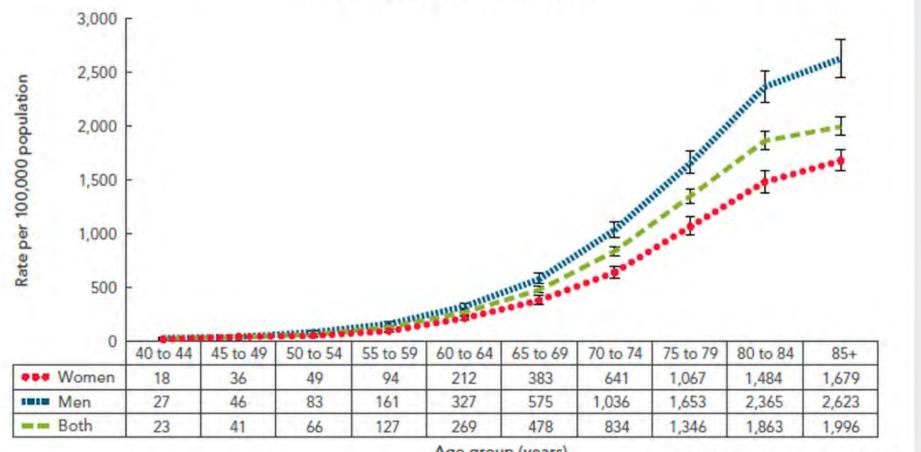
Danish 20 year study suggests the gut is an "entry point" to the brain (Svensson, 2015)

Kordower JH et al. Lewy body–like pathology in long-term embryonic nigral transplants in Parkinson's disease. Nature Medicine, 14(5):504-506 (2008) Svensson E et al. Vagotomy and subsequent risk of Parkinson's disease. Annals of Neurology, Online Ahead of Print (June 2015)

Prevalence in British Columbia

Figure 3-2: Prevalence of parkinsonism*, by sex and age group, British Columbia, 2009/2010, BC

Administrative Data Project [1]



Age group (years)

Public Health Agency of Canada

BC MOH estimate: \$112 million direct costs (2012/2013) BC prevalence ~12500 | BC Interior ~2300

Environmental Risk and Protective Factors

HIGHER RISK

- Pesticides
- Head injuries
- Rural living
- Well water drinking

LOWER RISK

- Nicotine
- Coffee
- Anti-inflammatories
- Exercise

CAREFULI THIS IS 1980S HAWAIIAN HEPATOCHLOR EPOXIDE CONTAMINATED MILK!

TIME

Drinking Milk Is Linked to Parkinson's Disease: Study

Alice Park @aliceparkny Dec. 9, 2015





A new study finds an intriguing link between contaminants found in milk and the risk of developing the brain disorder

Studies have found a connection between the consumption of dairy products and a higher risk of developing Parkinson disease, the neurodegenerative disorder that affects motor neurons in the brain. While researchers speculated that chemicals found in cows' milk might be responsible, there was little evidence to detail how dairy products like milk and cheese might be affecting people's risk of the disease.



Now, scientists may have uncovered a promising clue. Reporting in the journal Neurology, Robert Abbott, from Shiga University of Medical Science in Japan, and his colleagues took advantage of an environmental scandal in Hawaii in the 1980s to investigate the connection. At the time, an organochlorine pesticide used by pineapple farmers made its way into the milk supply when cows were fed a gruel made in part from the pineapple debris. Coincidentally, there was also a study of heart disease among Japanese-American men begun then that involved more than 8,000 men who were followed from mid-life to death. All provided detailed information about what they ate, including how much milk they drank, and some agreed to donate their brains for research upon death.

MORE: Diabetes Drugs May Offer Hope for Parkinson's Disease Treatment

Abbott and his team studied 449 brains and recorded the density of neurons in specific areas of the brain known to be affected by Parkinson's. They found that men who reported drinking more than two glasses of milk a day (16 oz) showed the thinnest nerve networks in these areas, suggesting compromised function of these nerves, compared to men who drank little or no milk. The milk drinkers also had residues of specific organochlorines called heptachlor epoxide.

Alice Park, "Drinking Milk Is Linked to Parkinson's Disease: Study", TIME magazine, Accessed online, http://time.com/4143358/milk-parkinsons-disease-pesticides/ (2015)





Per Inte

Min



2010

Pesticide Sales in British Columbia

Integrated Pest Management Program Ministry of Environment



Ministry of Environment

Active ingredient	Pesticide type	Primary sector(s) of use	Quantity sold in 2010 (kg)	Quantity sold in 2003 (kg)	% change since 2003
2,4-D	Herbicide	Turf, ind. vegetation	27,943	19,425	+44%
Acetamiprid	Insecticide	Agriculture	219	119	+84%
Aluminum phosphide	Fumigant	Fumigation	2,879	196	+1369%
Atrazine	Herbicide	Agriculture	43	11,535	-99%
Azinphos-methyl	Insecticide	Agriculture	2532	6,499	-61%
Brodifacoum	Rodenticide	Structural	0.57	0.42	+36%
Bromadiolone	Rodenticide	Structural	1.25	0.53	+136%
Carbaryl	Insecticide	Agriculture	18,677	12,363	+51%
Carbofuran	Insecticide	Agriculture	236	484	-51%
Chlorothalonil	Fungicide	Agriculture, turf	50,768	33,505	+52%
Chlorpyrifos	Insecticide	Agriculture	4,235	4,561	-7%
Cypermethrin	Insecticide	Agriculture	333	199	+67%
Deltamethrin	Insecticide	Agriculture	956	71	+1247%
Diazinon	Insecticide	Agriculture	28,518	27,074	+5%
Dichlobenil	Herbicide	Agriculture	6,338	6,645	-5%
Endosulfan	Insecticide	Agriculture	2,101	4,729	-56%
Glyphosate	Herbicide	Agriculture, ind. vegetation, forestry	260,326	126,269	+106%
Imidacloprid	Insecticide	Agriculture	1,297	425	+205%
MCPA	Herbicide	Agriculture	24,470	23,568	+4%
Metam-sodium	Soil fumigant	Agriculture	4,601	28,582	-84%
Methomyl	Insecticide	Agriculture	2,278	338	+574%
Methyl Bromide	Fumigant	Fumigation	3,296	9,948	-67%
Oxamyl	Soil fumigant	Agriculture	1,068	698	+53%
Paraquat	Herbicide	Agriculture	8,052	5,418	+49%
Permethrin	Insecticide	Agriculture	1,485	2,055	-28%
Quintozene	Fungicide	Turf, agriculture	9,873	8,848	+12%
Strychnine	Rodenticide	Agriculture	28.1	47.0	-40%

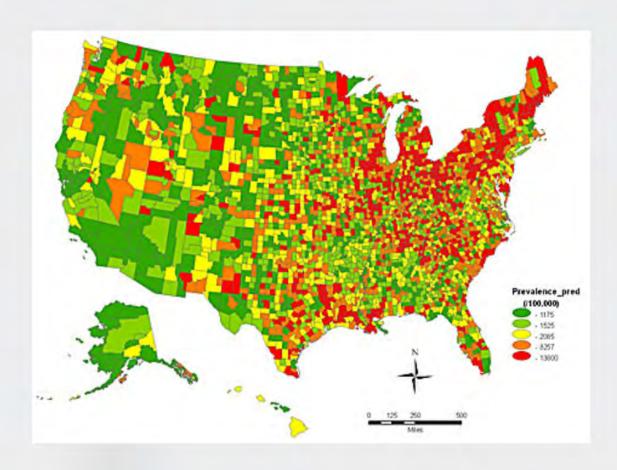
Thiacloprid

Insecticide

Agriculture

118

N\A



Parkinson's Disease Motor Symptoms

Tremor

Rigidity (Stiffness)

Akinesia (Slowness)

Postural instability (Falls)

Soft voice
Less expressive face
Poor handwriting
Trouble with everyday hand use
Trouble turning in bed
Trouble standing from low seats



"Parkinsonism"

Patient concern

Careful history

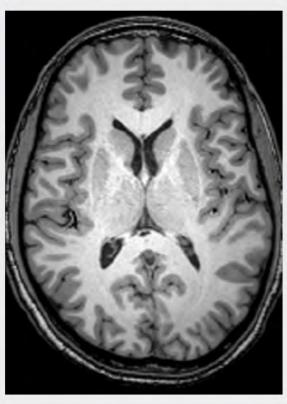
Detailed neurological exam

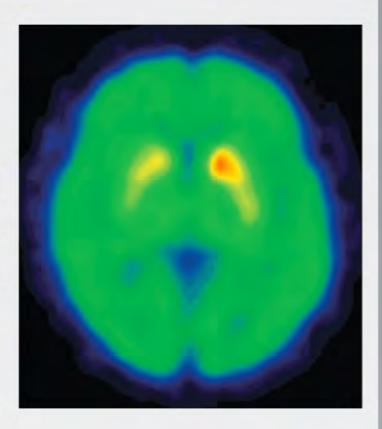
Treatment

Long-term observation

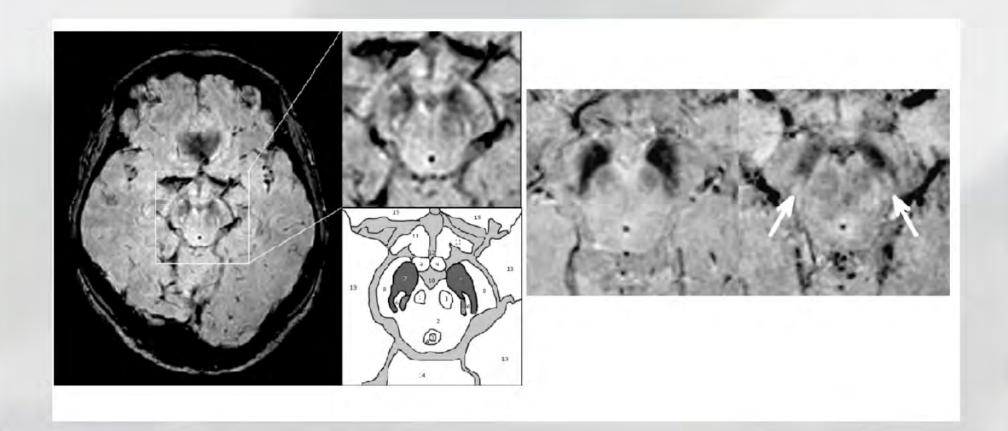
Cause of Parkinsonism	Texas 1995 Rochester 1967-1979		
Parkinson disease	72.4%	85.5%	
"Parkinson plus" syndromes PSP MSA CBD	13.5% 5.7% 5.0% 2%	1.4% 3.6%	
Secondary parkinsonism Vascular Drug-induced Other	11.4% 5.1% 4.1% 2.2%	1.4% 7.2%	



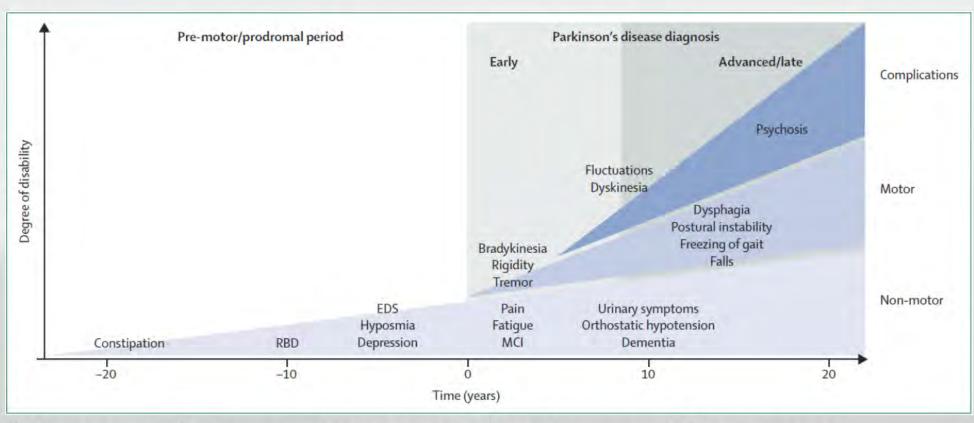




patterns of iron deposits might be visible on MRI



What will happen over time?



*Remember: no two patients are the same (different symptoms, different rates)













When to start treatment?

When Parkinson's Disease impairs...



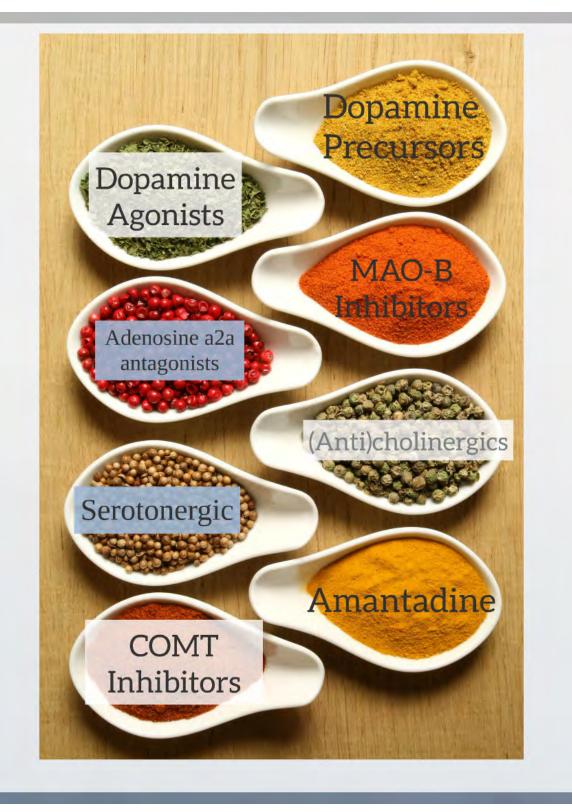






Treatment targets:

- Minimize functional impairment
- Maintain quality of life



Levodopaphobia

- · Levodopa is not toxic and does not cause disease to progress
- What matters is not how long it has been taken, it's how long someone has had Parkinson's





AMANTADINE

Dopamine release

Glutamate

Dopamine activity

GLUTAMATERGIC AFFERENT Levodopa Conversion Amantadine^b Dopamine co Binds to and blocks Binds to and activates NMDA glutamate dopamine receptors receptors NIGROSTRIATAL DOPAMINERGIC Anticholinergics AFFERENT Bind to and block acetylcholine receptors MAOBIs

Where are those capsules?

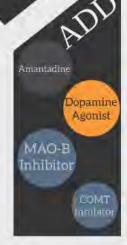


Some effect on tremor, fatigue, possibly on gait

Extended release form in phase III (ALLAY)

TI JUNE TO NE

OSE OR FORMU.



DEEP BRAIN STIM DUODOPA



TREMOR

NOT ALL PARKINSONIAN TREMOR RESPONDS TO LEVODOPA OTHER OPTIONS

- Anticholinergics
- · AMANTADINE
- · MIRTAZAPINE
- · GLOZAPINE

HIGH INTENSITY FOCUSED ULTRASOUND

- · WORKS
- · IS HARD TO ACCESS
- IS COMING (?)

FALLS

31% have a fall within 12 months of diagnosis

Cochrane review: Physiotherapy, exercise

- · 33 trials, 1518 participants
- Improved
 - · gait
 - functional mobility
 - UPDRS scores

Evidence for

- Tai Chi
- Tango
- Cycling
- Yoga

...

Rivastigmine for gait stability in patients with Parkinson's disease (ReSPonD): a randomised, double-blind, placebo-controlled, phase 2 trial

Dr Emily J Henderson, MRCP Prof Stephen R Lord, DSc, Matthew A Brodie, PhD, Daisy M Gaunt, MSc, Prof Andrew D Lawrence, PhD, Prof Jacqueline CT Close, MD, A L Whone, FRCP, Prof Y Ben-Shlomo, FFPH

[†] Joint senior authors

Published Online: 12 January 2016

Findings

Between Oct 4, 2012 and March 28, 2013, we enrolled 130 patients and randomly assigned 65 to the rivastigmine group and 65 to the placebo group. At week 32, compared with patients assigned to placebo (59 assessed), those assigned to rivastigmine (55 assessed) had improved step time variability for normal walking (ratio of geometric means 0.72, 95% CI 0.58-0.88; p=0.002) and the simple dual task (0.79; 0.62-0.99; p=0.045). Improvements in step time variability for the complex dual task did not differ between groups (0.81, 0.60-1.09; p=0.17). Gastrointestinal side-effects were more common in the rivastigmine group than in the placebo group (p<0.0001); 20 (31%) patients in the rivastigmine group versus three (5%) in the placebo group had nausea and 15 (17%) versus three (5%) had vomiting.

Interpretation

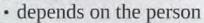
Rivastigmine can improve gait stability and might reduce the frequency of falls. A phase 3 study is needed to confirm these findings and show cost-effectiveness of rivastigmine treatment.

Cannabis



- There is currently no good quality evidence to show it helps patients with Parkinson's
- Some patients find it helpful for sleep, anxiety, nausea, appetite, pain
- Be alert for potential side effects (blood pressure, falls, confusion)

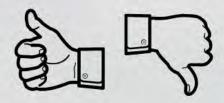
Can there be side effects?



- depends on the illness
- · depends on the product



How do you know what you're getting?



How will you decide if it works?









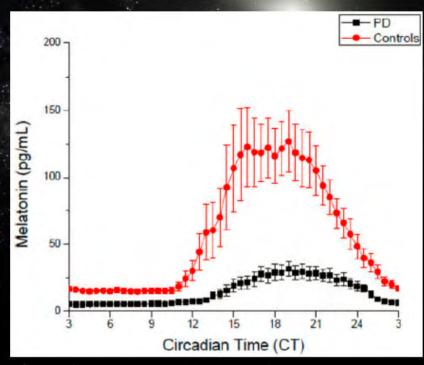






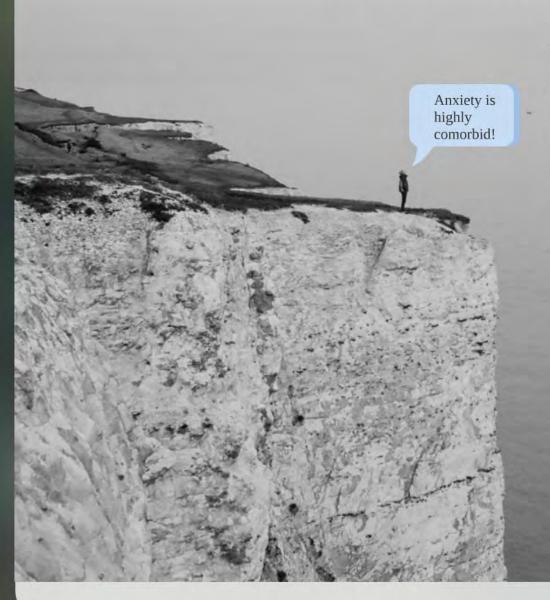
SLEEP

Restless legs
Insomnia
Nighttime mobility
Frequent urination
Somnolence
Fatigue
Dream behavior



Videvonic A et al. Circadian melatonin rhythm and excessive daytime sleepiness in Parkinson's disease. JAMA Neurol. 2014 April; 71(4): 463–469.





- Support & Counseling
- Standard antidepressants
- SNRI antidepressants
- Tricyclic antidepressants
- *the risk of serotonin syndrome with rasagiline (Azilect) is very low

COGNITIVE IMPAIRMENT

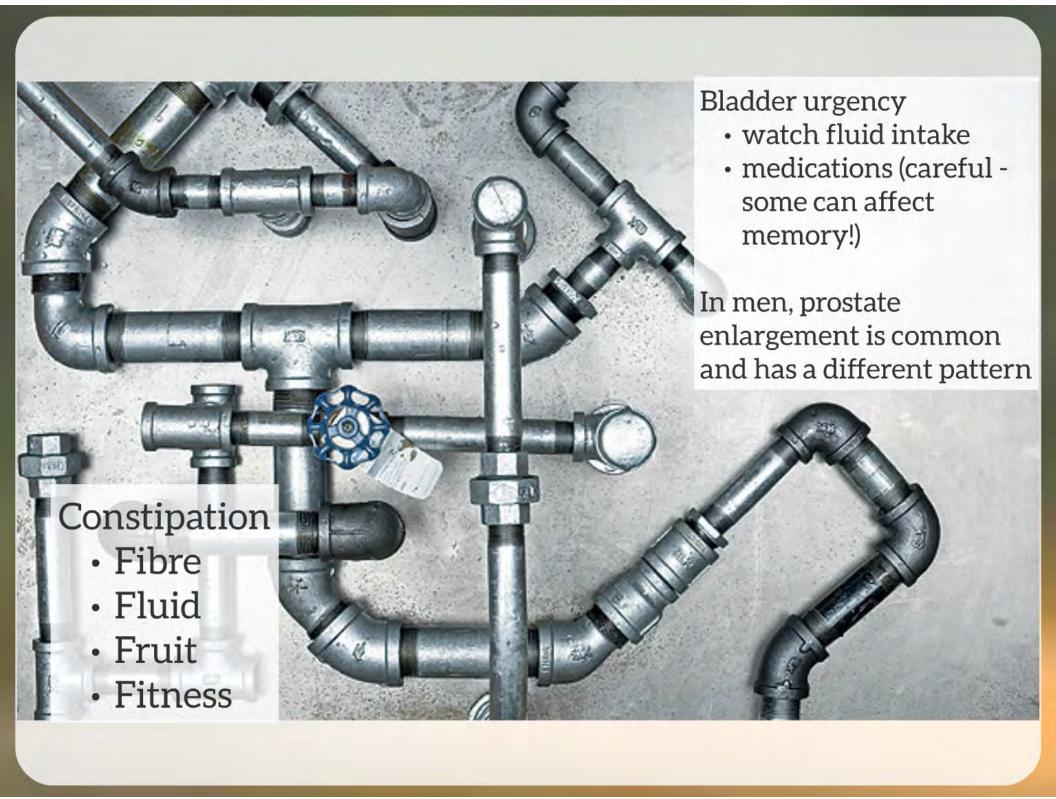
- Check for medication problems
- Dopamine can help or hinder
- Other Medications can help memory

Hallucinations or delusions sense of presence...

• 8-40%



Any treatments that work in the brain should be run by a neurologist



Dizziness

- Precautions are the most important!
- Keep an eye on blood pressure
- Careful when standing suddenly
- Smaller, more frequent meals, no giant carb loads
- Some medications can help, sometimes levodopa needs to be reduced

NEUROPROTECTION & NEURORESTORATION



Major Unrost Needs

- Neuropeotective / realarative treatments
THAT WORK

- Researchers confer diagnost and
tracking effectivenes
- Starting EARLY

- Cetting overgone EXENCENCI autoly













Major Unmet Needs

 Neuroprotective / restorative treatments THAT WORK

- Biomarkers: earlier diagnosis and tracking effectiveness
- Starting EARLY
- Getting everyone EXERCISING safely

Neuroprotection - Practice parameter 2006

- Levodopa does not accelerate PD
- No treatment has been shown to be neuroprotective
- No evidence for vitamin or food additives to improve function
- Exercise may be helpful to improve function



n - Practice parameter 2006

celerate PD

shown to be

in or food unction

ul to improve







 QE2 study (80 patients, 2002) and QE3 study (600 patients, 2012): stopped due to futility



· NET-PD study (2013) stopped due to futility



- · May not get to CNS adequately
- · IV open label 9 patients 1996: 2-4 month benefit
 - 20 person double blind (2009): safe, tolerated, possible benefit
- · intranasal study underway



Vitamin E

- · Worked in MPTP mouse model
- · Lower levels observed among PD patients
- DATATOP study randomized 800 patients for 1 year - no benefit



- Deficiency and insufficiency associated with
- · Commonly deficient in Canadian population



DNA variants in CACNAIC modify Parkinson disease risk only when vitamin D level is deficient

Lipse (the p d) Lipset Valore SERI Lipse demonstration Education (Lipset)

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DISEAS

TABLE 1. Failed clinical trials of disease-modifying

Stanly	Drug	Mechanism of Action	That Design	Skite
Dianow of al., 2015 ⁸	AAVZ Neuturin Grijazilori ota brateral Stype and pulameni	Reportrophic feets	Wald center, maconicid, distrip- tund, stem samply- centrolled, phase 2 trail	Advanced F subjects in = 50
PSG of al. 2014 (083) ⁶	Coerzyme G10 (1200 mg/c er 2400 mg/c i vitamin E (1200 tips)	Bresergelic Antonomi	Multi center, micromical, descu- tilies, pieces- centrolles, phase 3 trail	Early PD so not may departed therapy is — Af
2012 (F21)2 5012 (F21)3	Consider (10 g/l)	Boarergelic	Multi-center, randomized, dautre- bind, placebo- controlled, phase 3 trail	Early PD as receiver departi- therapy (n = 1)
Schume et et , 2013 (PAGUS) ¹²	Premijenski (1.5 mg/bay)	Contractor receptor against	Multi-context double- tentionized double- blind, placeco- controlled, delayed- etart trial	Burly PD so not required departer therapy in = 50
NET-PD, 2015 (FS-ZOME) ¹²	Plogitizarie (15 mg/d or 45 mg/d)	PPAH-y agarist	Multi-center, randomized, dauloi- blind, placebo-on- trailed funity trail	Early PD so on resea sologilin (a = 20



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- Lower levels observed among PD patients
- DATATOP study randomized 800 patients for 1 year - no benefit



- Deficiency and insufficiency associated with
- Commonly deficient in Canadian population

DNA variants in CACNA1C modify Parkinson disease risk only when vitamin D level is deficient

Liyong Wang, PhD

MSPH Gary W. Beecham, PhD Eden R. Martin, PhD Marian L. Evart, MD James C. Rirchie, PhD Jonathan L. Haines, PhD Cyrus P. Zabetian, MS,

Lizmarie Maldonado.

Haydeh Payami, PhD Margaret A. Pericak-Vance, PhD Jeffery M. Vance, MD,

William K. Scott, PhD

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OPEN

Objective: To evaluate the association between the genetic variants in CACNA1C, which encodes the a1 subunit of the L-type voltage-sensitive calcium channel (LVSCC) and Parkinson disease (PD) while accounting for interactions with vitamin D concentration.

Methods: Two independent case-control data sets (478 cases and 431 controls; 482 cases and 412 controls) were used. Joint effects of single nucleotide polymorphisms (SNPs) and SNP vitamin D interaction were analyzed by comparing models containing vitamin D deficiency, SNP genotypes, SNP-vitamin D interaction, and covariates to a restricted model with only vitamin D deficiency and covariates. Meta-analysis was used to combine the joint effects in the 2 data sets. Analysis was stratified by vitamin D deficiency to demonstrate the pattern of SNP-vitamin D

Results: Vitamin D deficiency was associated with PD in both data sets (odds ratio [OR] = 1.9-2.7, p = 0.009). SNP rs34621387 demonstrated a significant joint effect (meta-analysis, p = 7.5×10^{-5} ; Bonferroni corrected, p = 0.02). The G allele at rs34621387 is associated with PD in vitamin D-deficient individuals in both data sets (OR = 2.0-2.1, confidence interval = 1.3-3.5, p = 0.002) but is not associated with PD in vitamin D-nondeficient individuals (p > 0.8 in

Conclusions: Previous studies suggest that vitamin D deficiency is associated with PD and sustained opening of LVSCC contributes to the selective vulnerability of dopaminergic neurons in PD. Our data demonstrate that the association between genetic variations in CACNA1C and PD depends on vitamin D deficiency, providing one potential mechanism underlying the association between vitamin D deficiency and PD. Neurol Genet 2016;2:e72; doi: 10.1212/ NXG.0000000000000072

Antioxidants

- · Sirtuin 3
- Exenatide
- Inosine / uric acid
- Deferiprone*

Protein accumulation

- Phenylbutyrate
- Sirolimus
- Affitope (antibody)

Multiple mechanisms

- Safinamide
- Isradipine (Ca++)
- Nicotine patch
- Istradefylline (A2A)

Regenerative

- GDNF
- Neurturin