
# PARKINSON'S DISEASE NEWS

http://www.viartis.net/parkinsons.disease/news.htm

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## DBS IS EFFECTIVE IN EARLIER PARKINSON'S DISEASE

New England Journal of Medicine [2013] 368 (7) : 610-622 (Schuepbach WM, Rau J, Knudsen K, Volkmann J, Krack P, Timmermann L, et al)

Researchers assessed whether it would be suitable to use Subthalamic stimulation at an earlier stage of Parkinson's Disease. Subthalamic stimulation, which is referred to as DBS (Deep Brain Stimulation), involves the use of electrodes that are implanted into the brain and connected to a small electrical device called a pulse generator that can be externally programmed. DBS can reduce the need for L-dopa and related drugs, which in turn decreases the involuntary movements called dyskinesias that are a common side effect of L-dopa. For more information go to Deep brain stimulation :

http://www.ninds.nih.gov/disorders/deep_brain_stimulation/deep_brain_stimulation.htm.

In a two year clinical trial people with Parkinson's Disease and early motor complications (with an average age of 52 and a mean duration of Parkinson's Disease of 7.5 years) underwent neurostimulation plus medical therapy or only medical therapy alone. The primary end point was quality of life, as assessed with the use of the Parkinson's Disease Questionnaire (PDQ-39) with scores ranging from 0 to 100 and higher scores indicating worse function.

For the primary outcome of quality of life, the mean score for the neurostimulation group improved by 7.8 points, and that for the medical-therapy group worsened by 0.2 points. Neurostimulation was superior to medical therapy with respect to motor disability, activities of daily living, L-dopa induced motor complications, and time with good mobility and no dyskinesia. Serious adverse events occurred in 54% of the people in the neurostimulation group and in 44% of those in the medical therapy group. Serious adverse events related to surgical implantation or the neurostimulation device occurred in 17% of people.


mail@viartis.net