



CONSENSUS STATEMENT

Advanced Parkinson's disease: Clinical characteristics and treatment (part 1)[☆]

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KEYWORDS

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Abstract

Introduction: A large percentage of patients with Parkinson's disease (PD) develop motor fluctuations, dyskinesias, and severe non-motor symptoms (NMS) within 3 to 5 years of starting dopaminergic therapy, and these motor complications are refractory to treatment. Several authors refer to this stage of the disease as advanced PD.

Objective: To define the clinical manifestations of advanced PD and the risk factors for reaching this stage of the disease.

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Non-motor scales;
Quality of life scales

PALABRAS CLAVE

Enfermedad de
Parkinson avanzada;
Factores de riesgo;
Fenotipo clínico;
Escala de valoración
motora;
Escala de valoración
no motora;
Escala de calidad de
vida

Development: This consensus document has been prepared by using an exhaustive literature search and by discussion of the contents by an expert group on movement disorders of the Sociedad Española de Neurología (Spanish Neurology Society), coordinated by two of the authors (JK and MRL).

Conclusions: Severe motor fluctuations and dyskinesias, axial motor symptoms resistant to levodopa, and cognitive decline are the main signs in the clinical phenotype of advanced PD.

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Enfermedad de Parkinson avanzada. Características clínicas y tratamiento (parte I)

Resumen

Introducción: Un porcentaje importante de pacientes con enfermedad de Parkinson (EP) desarrollan complicaciones motoras en forma de fluctuaciones motoras, discinesias y síntomas no motores al cabo de 3–5 años del inicio del tratamiento que resultan de difícil control terapéutico. Esta fase de la enfermedad ha sido definida por algunos autores como fase avanzada de la EP.

Objetivo: Definir las características clínicas y los factores de riesgo que condicionan que una EP evolucione a un estadio avanzado.

Desarrollo: Este documento de consenso se ha realizado mediante una búsqueda bibliográfica exhaustiva y discusión de los contenidos llevadas a cabo por un grupo de expertos en trastornos del movimiento de la Sociedad Española de Neurología coordinados por dos de los autores (JK y MRL).

Conclusiones: La presencia de fluctuaciones motoras y discinesias graves, síntomas motores axiales resistentes a la levodopa y síntomas no motores, como los trastornos cognitivos, representan las principales manifestaciones fenotípicas de una EP avanzada.

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Introduction

Parkinson's disease (PD) is a progressive degenerative disease for which no curative treatment currently exists. Most drugs used to treat PD are intended to re-establish striatal dopamine levels in these patients. This is done by administering the dopamine precursor levodopa. More recently, dopaminergic agonists have been employed for the same purpose. These treatments lessen patients' symptoms considerably in addition to improving quality of life parameters over 5 to 8 years. However, by the end of this period, most patients will develop neuropsychiatric and motor complications (fluctuations and dyskinesia). In some cases, they may also present significant cognitive impairment that can be difficult to manage. These complications probably reflect a combination of factors among which disease progression, i.e. the evolution of the degenerative process, is the most important variable. In order to provide appropriate treatment to patients in an advanced stage of PD, it is necessary to understand the clinical characteristics defining patients who are candidates for certain treatments. This article reviews clinical characteristics that define these patients, risk factors that have been linked to more rapid PD progression, and the motor and non-motor assessment scales used in these cases.

Clinical characteristics of advanced PD

Definition of advanced PD phenotype, motor signs, and non-motor signs

Definition of advanced PD

No regulated studies evaluating disease progression in the pre-levodopa period are currently available. Hoehn and Yahr established a mean time to disability onset of 7 years.¹ Subsequent studies have provided more complete information about the progression of motor symptoms and reduction in quality of life. In patients receiving no treatment, the yearly increase on the Unified Parkinson's Disease Rating Scale (UPDRS) total is estimated at between 8 and 10 points (5–6 on the motor subscale), with more marked progression in the first years after the onset of motor symptoms.^{2–4}

PD is said to be advanced when conventional treatment does not provide the patient with an adequate level of motor control. Patients generally experience alternating periods of good and deficient control over symptoms (motor fluctuations with delayed onset of response, end-of-dose deterioration, dose failures, and unpredictable responses). Furthermore, periods of poor motor control may be accompanied by NMS. NMS that are not related to 'off' periods may also appear; such symptoms depend on the patient's age and the disease's progression timeline. In addition to motor fluctuations, patients experience involuntary movements

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