Aktuelles zur Parkinsonkrankheit

Jens Schröder

22.02.2025

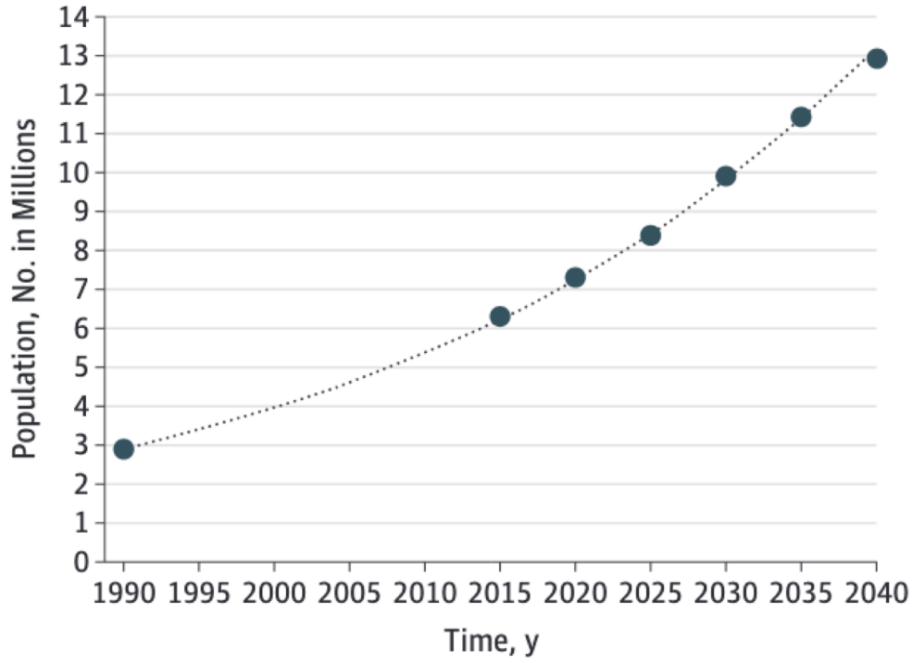
Interessenkonflikte

- Vortragshonorare: Abbvie, Lilly, RG Ärztefortbildung
- Beratungstätigkeit: Abbvie

Agenda

- Umweltfaktoren und die Parkinsonkrankheit – Ansatz zur Prävention ?
- Neues zur Verlaufsmodifikation
- Neues zur Behandlung motorischer Symptome
- Neues zur Behandlung nicht-motorischer Symptome
- Parkinsonnetzwerk Bremen (PNB +)

Figure. Estimated and Projected Number of Individuals With Parkinson Disease, 1990-2040



Sources: Global Burden of Disease Study (1990 and 2015) and projections based on published[2] and public[3] sources.

Dorsey et. al. 2017 JAMA Neurology

Figure. Estimated and Projected Number of Individuals With Parkinson Disease, 1990-2040

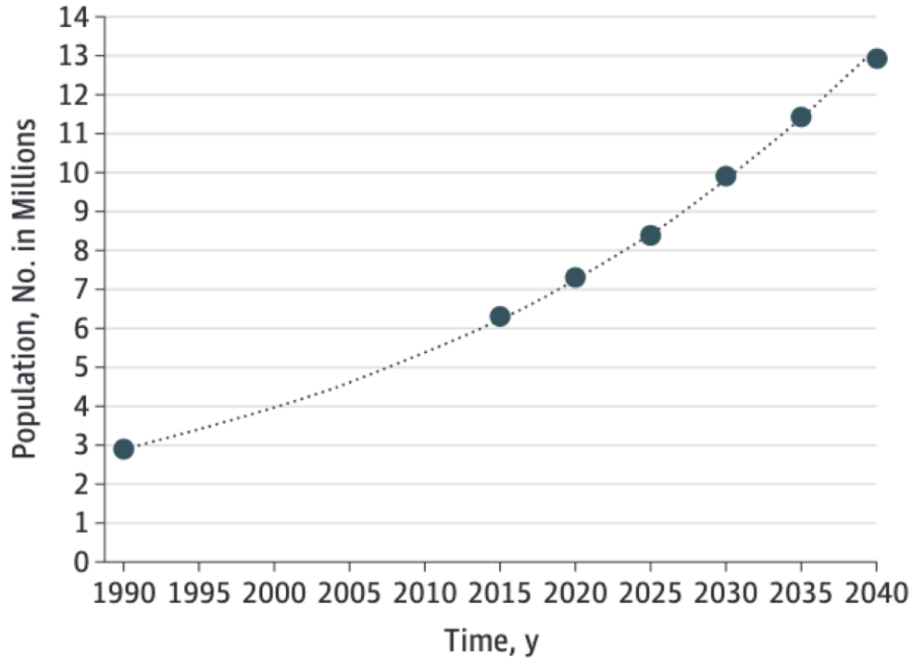


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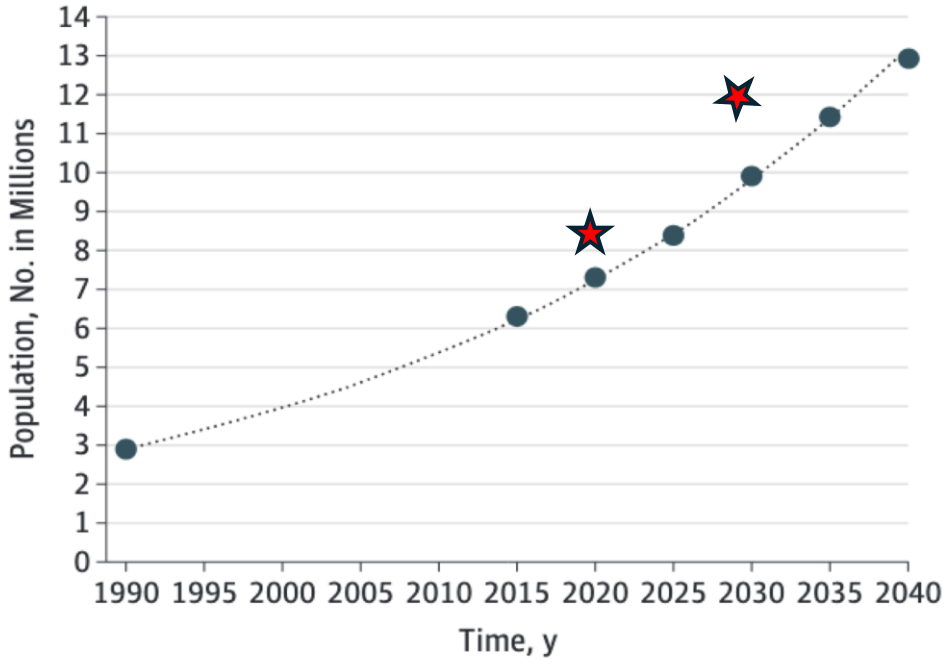
Figure. Estimated and Projected Number of Individuals With Parkinson Disease, 1990-2040



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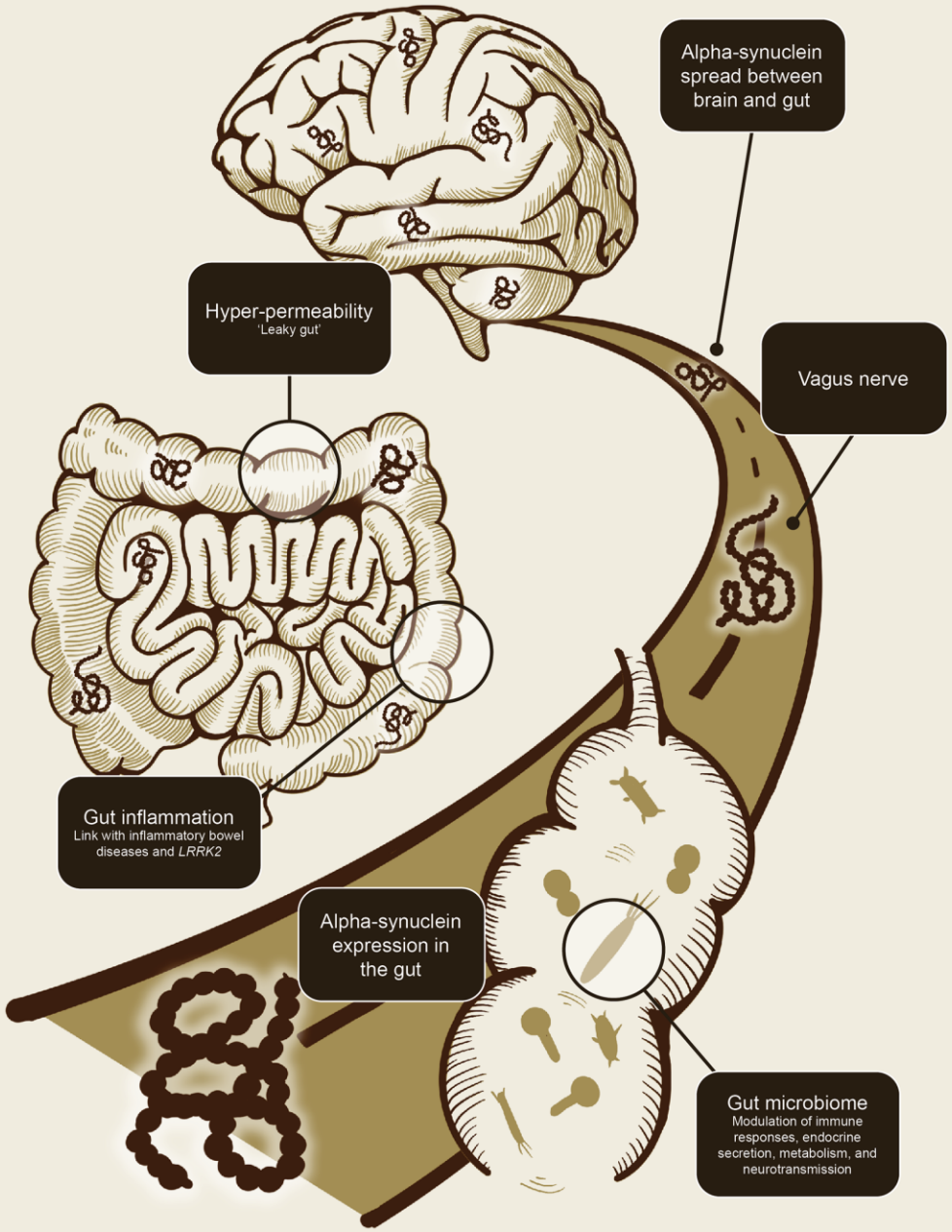
Dorsey et. al. 2017 JAMA Neurology



Die „Leaky Gut“ - Theorie

Die Darmschleimhaut wird durchlässiger für Toxine, Bakterien, unverdaute Nahrung

Gehirn-Darm Verbindung über N. vagus und N. olfactorius

Fehlgefaltetes Alpha-Synuclein ist vielen Geweben nachweisbar, u.a. im Darm von Parkinsonpatienten

Parkinsonpatienten haben eine andere Darmflora. Entzündungsprozesse könnten eine Rolle spielen.

Parkinson’s Disease, It Takes Guts: The Correlation between Intestinal Microbiome and Cytokine Network with Neurodegeneration

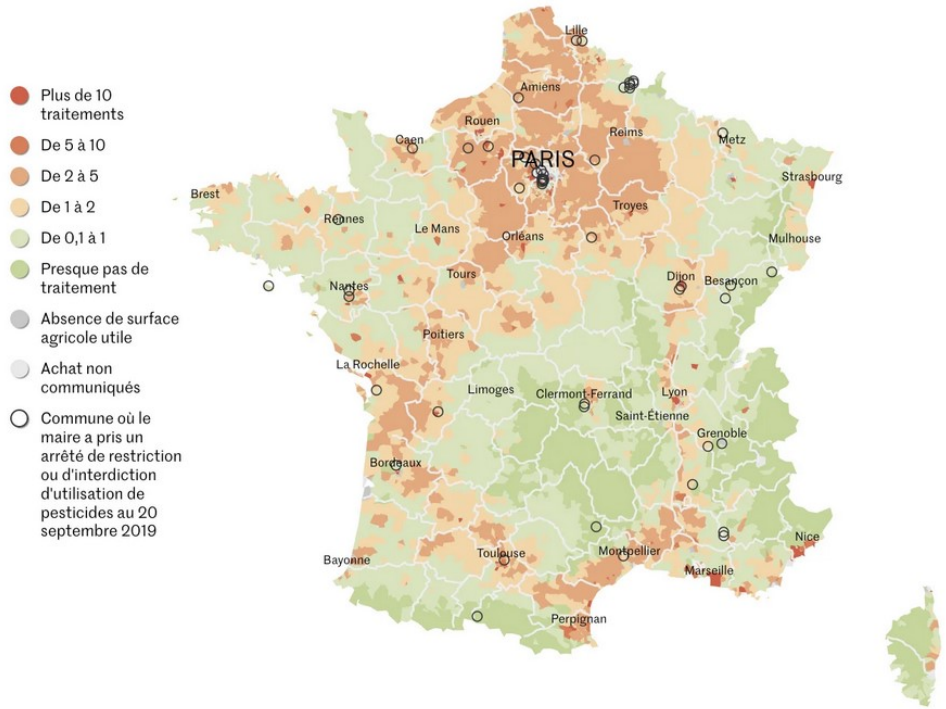
https://neurotorium.org/the-microbiome-gut-brain-axis-in-parkinsons-disease/

Fitzgerald E, Murphy S, Martinson HA. Alpha-Synuclein Pathology and the Role of the Microbiota in Parkinson's Disease. *Front Neurosci* (2019) 13:369. doi: 10.3389/fnins.2019.00369

Hirayama M, Ohno K. Parkinson's Disease and Gut Microbiota. Ann Nutr Metab (2021) 77 Suppl 2:28–35. doi: 10.1159/000518147

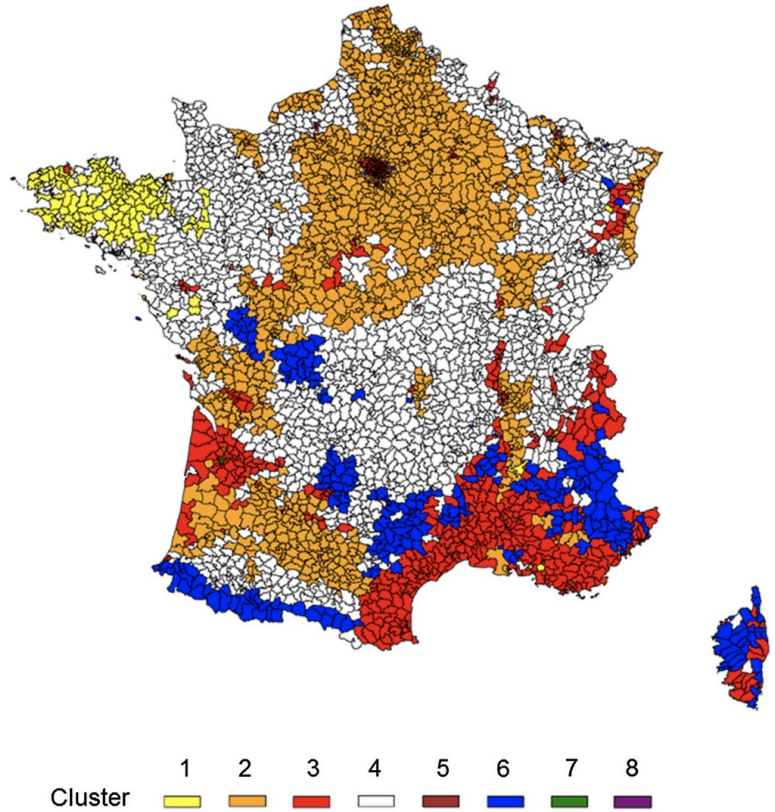
Anerkennung als Berufskrankheit 2024 bei > 100 nachweisbaren Tagen Kontakt zu Pestiziden

Bedeutung von Umwelt für unsere Gehirngesundheit



Le Monde 2019

Fig. 2 Spatial distribution of the clusters of cantons. Please see Table S6 for the description of the clusters. Clusters 7 and 8 were excluded from the analyses as they included one and two cantons respectively and represent outliers



Personen, die in dem Cluster mit der größten Weinbaudichte hatten eine um 8,5 % (4,4-12,6 %) höhere PD-Inzidenz (p \ 0,001).

Eur J Epidemiol
DOI 10.1007/s10654-017-0229-z

NEURO-EPIDEMIOLOGY

Agricultural activities and the incidence of Parkinson's disease in the general French population

Sofiane Kab[1,2] · Johan Spinosi[2,3] · Laura Chaperon[2,3] · Aline Dugravot[1] · Archana Singh-Manoux[1,4] · Frédéric Moisan[2] · Alexis Elbaz[1,2]

ARTICLE | June 8, 2017 |

Check for updates

Intake of dairy foods and risk of Parkinson disease

Katherine C. Hughes, ScD, Xiang Gao, MD, PhD, Iris Y. Kim, ScD, Molin Wang, PhD, Marc G. Weisskopf, PhD, ScD, Michael A. Schwarzschild, MD, PhD, and Alberto Ascherio, MD, DrPH | AUTHORS INFO & AFFILIATIONS

July 4, 2017 issue • 89 (1) 46-52 • https://doi.org/10.1212/WNL.0000000000004057

Letters to the Editor (2)

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RESEARCH ARTICLE | NEUROSCIENCE

Anionic nanoplastic contaminants promote Parkinson's disease–associated α-synuclein aggregation

ZHIYONG LIU, ARPINE SOKRATIAN, ADDISON M. DUDA, ENQUAN XU, CHRISTINA STANHOPE, AMBER FU, SAMUEL STRADER, HUIZHONG LI, YUAN YUAN, [...], AND ANDREW B. WEST +8 authors Authors Info & Affiliations

SCIENCE ADVANCES • 17 Nov 2023 • Vol 9, Issue 46 • DOI: 10.1126/sciadv.adi8716

JAMA Network | Open™

Original Investigation | Gastroenterology and Hepatology

Upper Gastrointestinal Mucosal Damage and Subsequent Risk of Parkinson Disease

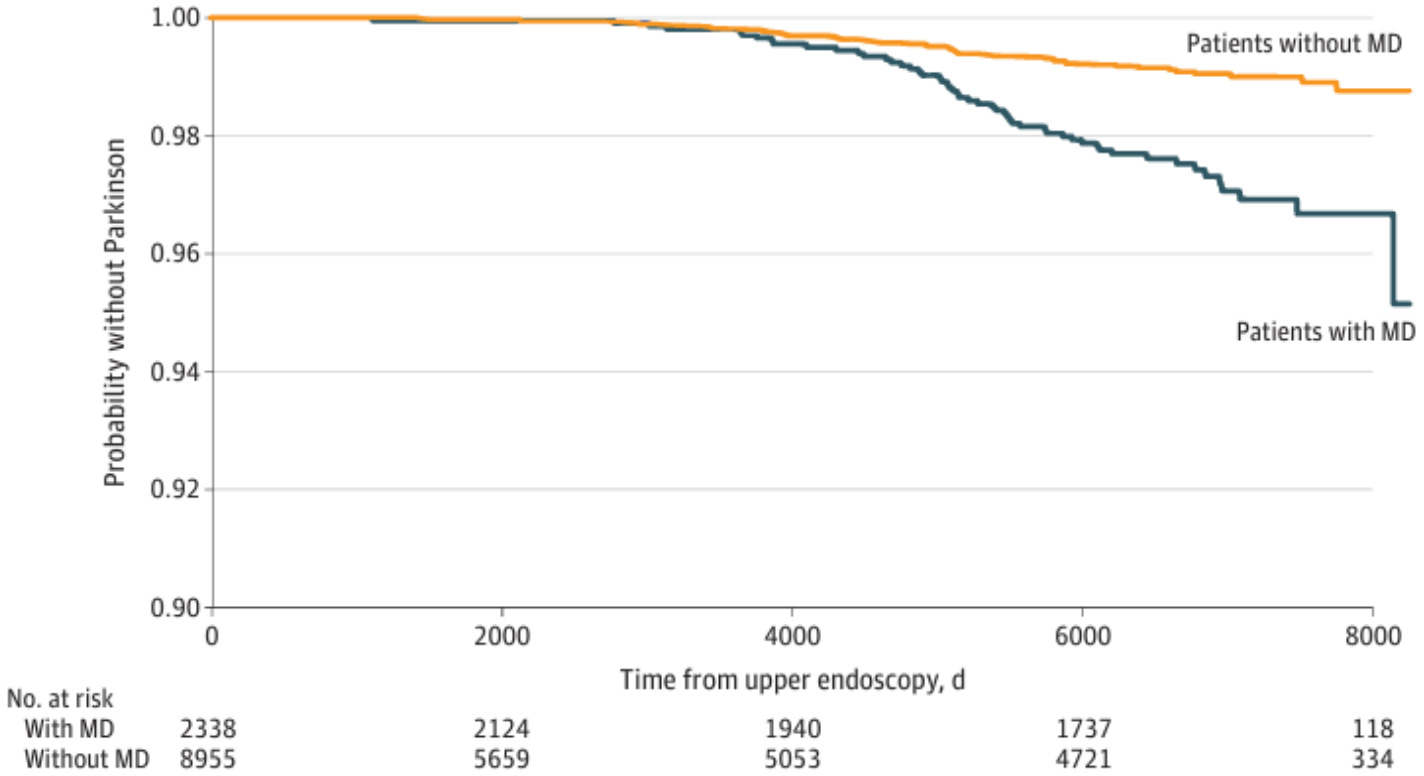
Jocelyn J. Chang, BS; Subhash Kulkarni, PhD; Trisha S. Pasricha, MD, MPH

Retrospektive Kohortenstudie in Boston, USA
ÖGD mit Biopsie zwischen 2000 und 2005
Follow-Up Assessment 07/2023
9350 Pat. wurden eingeschlossen
1:3 aufgeteilt (mit MD und ohne MD)

Ergebnisse

Multivariate Cox-Regressionsanalyse

Figure 2. Survival Curves for Time to Parkinson Disease Diagnosis



JAMA Network Open. 2024;7(9):e2431949. doi:10.1001/jamanetworkopen.2024.31949

Das Risiko zu erkranken ist deutlich erhöht, wenn Schleimhautläsionen mit oder ohne H. pylori nachgewiesen wurden.

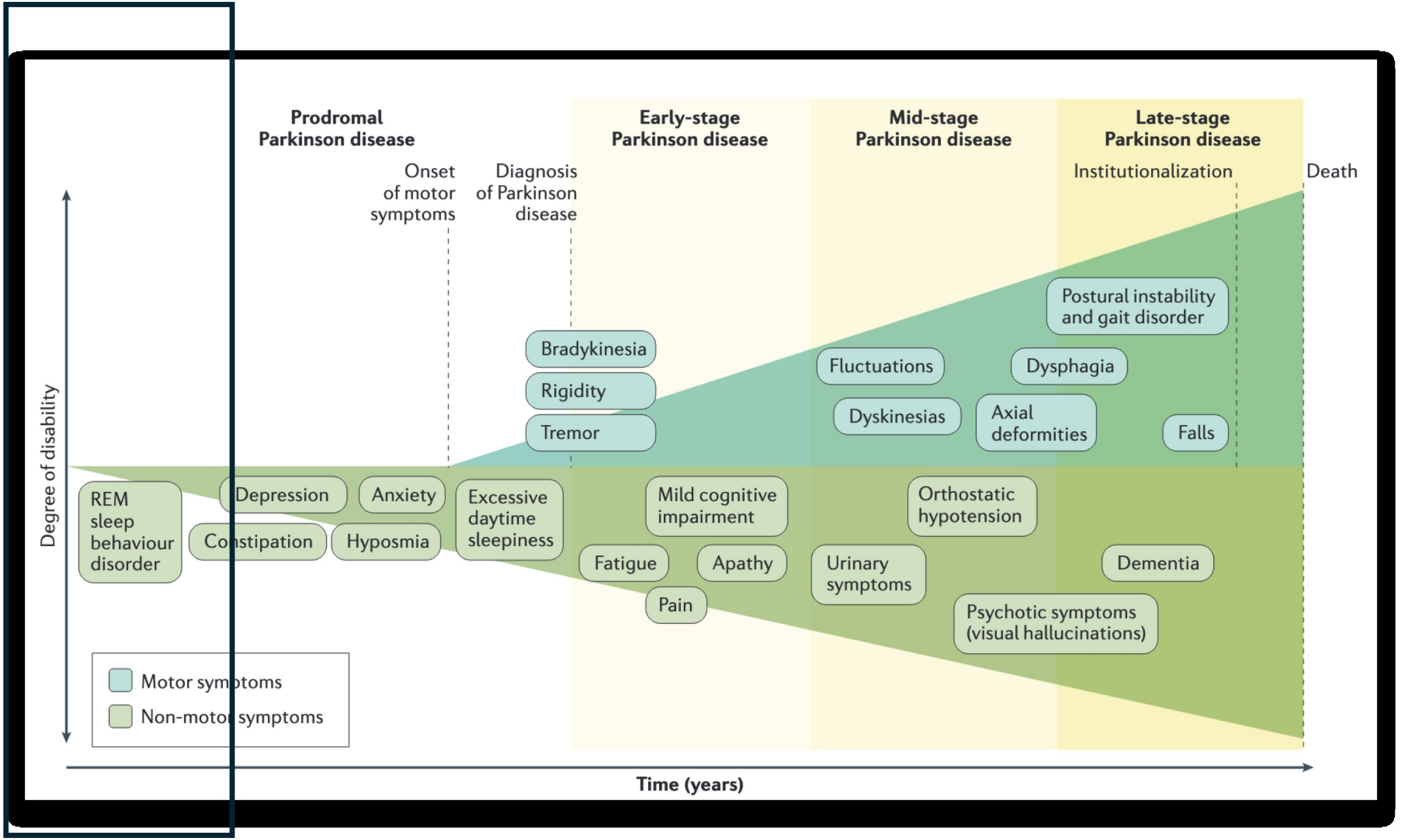
Nach Korrektur für etablierte Covariablen

(HR, 1.76;95%CI,1.11-2.51;P=.01)

Teil 1

- Umweltfaktoren spielen eine bedeutende Rolle bei der Entstehung der Krankheit, Patienten sollten aufgeklärt werden
- Entzündliche Prozesse an den Schleimhäuten des Magen-Darm-Traktes erhöhen das Risiko ebenso wie rheumatoide Erkrankungen und hoher Konsum von Milchprodukten
- Mikroplastik könnte eine zusätzliche Rolle spielen

- Politische Maßnahmen zur Prävention stehen aus

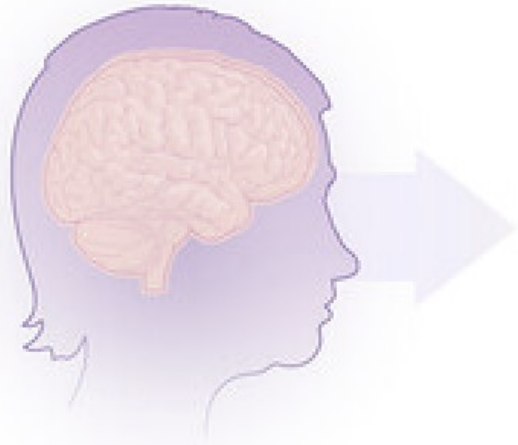

Prodromal Parkinson disease
Early-stage Parkinson disease
Mid-stage Parkinson disease
Late-stage Parkinson disease
Onset of motor symptoms
Diagnosis of Parkinson disease
Institutionalization
Death
Degree of disability
Time (years)
REM sleep behaviour disorder
Depression
Anxiety
Constipation
Hyposmia
Excessive daytime sleepiness
Bradykinesia
Rigidity
Tremor
Mild cognitive impairment
Fatigue
Apathy
Pain
Fluctuations
Dyskinesias
Dysphagia
Axial deformities
Falls
Postural instability and gait disorder
Orthostatic hypotension
Urinary symptoms
Dementia
Psychotic symptoms (visual hallucinations)
Motor symptoms
Non-motor symptoms

ORIGINAL ARTICLE

Trial of Lixisenatide in Early Parkinson's Disease

Authors: Wassilios G. Meissner, M.D., Ph.D., Philippe Remy, M.D., Ph.D., Caroline Giordana, M.D., David Maltête, M.D., Pascal Derkinderen, M.D., Ph.D., Jean-Luc Houéto, M.D., Mathieu Anheim, M.D., Ph.D., +37, for the LIXIPARK Study Group* Author Info & Affiliations

Published April 3, 2024 | N Engl J Med 2024;390:1176-1185 | DOI: 10.1056/NEJMoa2312323 | VOL. 390 NO. 13

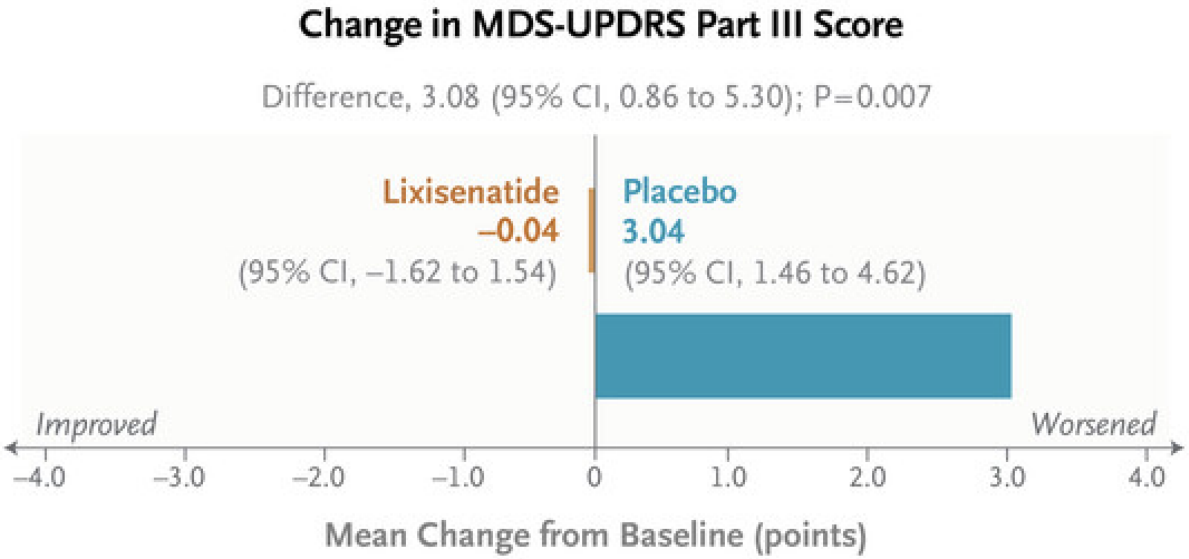


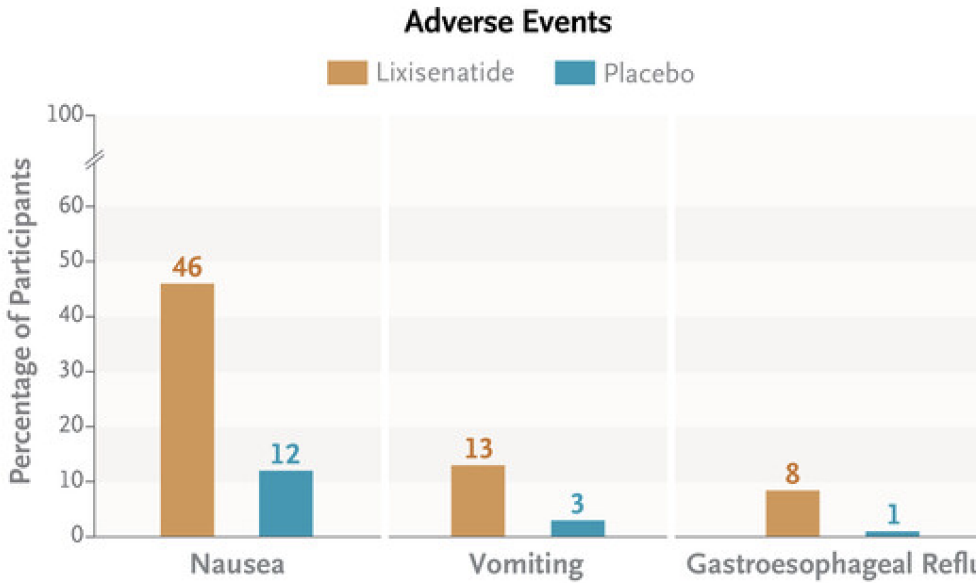
Participants with Parkinson's disease diagnosed <3 yr earlier

Lixisenatide (N = 78)

Placebo (N = 78)

Administered subcutaneously every day for 12 mo





CONCLUSIONS

In participants with early Parkinson's disease, add-on treatment with lixisenatide for 12 months limited motor disability progression but was associated with gastrointestinal side effects.

The Lancet, 04.02.2025

Exenatide once a week versus placebo as a potential disease-modifying treatment for people with Parkinson's disease in the UK: a phase 3, multicentre, double-blind, parallel-group, randomised, placebo-controlled trial

Nirosen Vijiaratnam, Christine Girges, Grace Auld, Rachel McComish, Alexa King, Simon S Skene, Steve Hibbert, Alan Wong, Sabina Melander, Rachel Gibson, Helen Matthews, John Dickson, Camille Carroll, Abigail Patrick, Jemma Inches, Monty Silverdale, Bethan Blackledge, Jessica Whiston, Michele Hu, Jessica Welch, Gordon Duncan, Katie Power, Sarah Gallen, Jacqueline Kerr, K Ray Chaudhuri, Lucia Batzu, Silvia Rota, Edwin Jabbari, Huw Morris, Patricia Limousin, Nigel Greig, Yazhou Li, Vincenzo Libri, Sonia Gandhi, Dilan Athauda, Kashfia Chowdhury, Tom Foltynie

	Exenatide group (n=97)	Placebo group (n=97)	Total (n=194)
Age, years	61·02 (9·05)	60·35 (9·26)	60·68 (9·14)
Age at diagnosis, years	56·37 (9·60)	56·30 (9·53)	56·33 (9·54)
Weight, kg	79·57 (14·73)	78·39 (13·55)	78·98 (14·13)
Sex			
Female	28 (29%)	28 (29%)	56 (29%)
Male	69 (71%)	69 (71%)	138 (71%)
Ethnicity			
White	92 (95%)	88 (91%)	180 (93%)
Mixed	1 (1%)	1 (1%)	2 (1%)
Black or Black British	1 (1%)	0	1 (1%)
Asian or Asian British	3 (3%)	5 (5%)	8 (4%)
Other or prefer not to say	0	3 (3%)	3 (2%)
Hoehn and Yahr stage at randomisation			
≤2·0	83 (86%)	82 (85%)	165 (85%)
2·5	14 (14%)	15 (15%)	29 (15%)
BMI, kg/m²	25·80 (23·50–28·60)	25·20 (23·10–28·00)	25·60 (23·40–28·10)
Levodopa equivalent daily dose	475 (340–615)	475 (300–700)	475 (300–90)

Data are mean (SD), n (%), or median (IQR). All 194 randomly assigned participants were on Parkinson's disease medication at baseline.

Table 1: **Baseline characteristics**

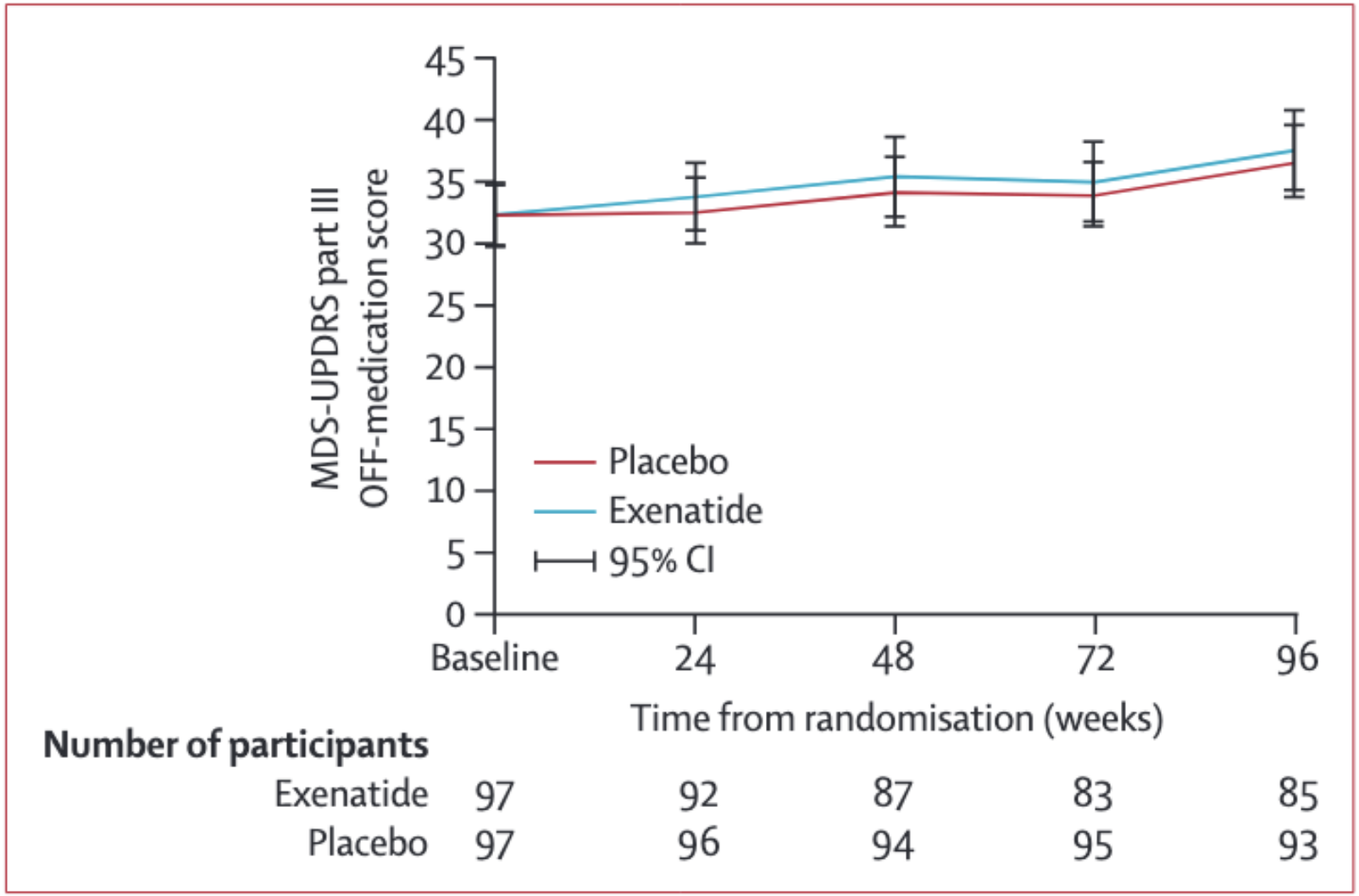


Figure 2: **Mean MDS-UPDRS part III OFF-medication score by group over 96 weeks**

MDS-UPDRS=Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale.

Medikamentöse Therapie der Morbus Parkinson

GESUNDHEIT NORD
KLINIKVERBUND BREMEN

Antikörpertherapie gegen α-synuclein

The NEW ENGLAND JOURNAL of MEDICINE

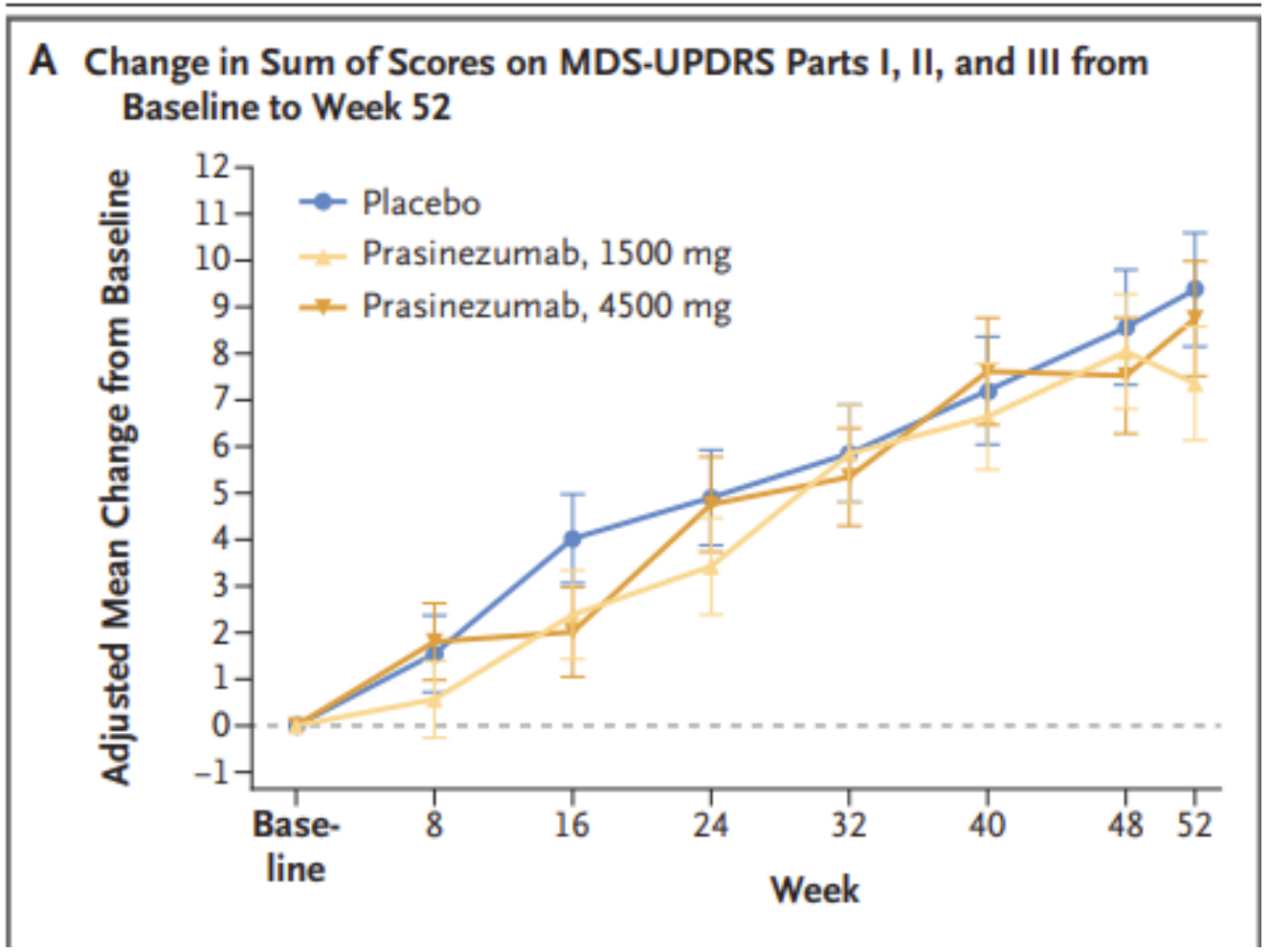
ORIGINAL ARTICLE

Trial of Prasinezumab in Early-Stage Parkinson's Disease

G. Pagano, K.I. Taylor, J. Anzures-Cabrera, M. Marchesi, T. Simuni, K. Marek, R.B. Postuma, N. Pavese, F. Stocchi, J.-P. Azulay, B. Mollenhauer, L. López-Manzanares, D.S. Russell, J.T. Boyd, A.P. Nicholas, M.R. Luquin, R.A. Hauser, T. Gasser, W. Poewe, B. Ricci, A. Boulay, A. Vogt, F.G. Boess, J. Dukart, G. D'Urso, R. Finch, S. Zanigni, A. Monnet, N. Pross, A. Hahn, H. Svoboda, M. Britschgi, F. Lipsmeier, E. Volkova-Volkmar, M. Lindemann, S. Dziadek, Š. Holiga, D. Rukina, T. Kustermann, G.A. Kerchner, P. Fontoura, D. Umbricht, R. Doody, T. Nikolcheva, and A. Bonni, for the PASADENA Investigators and Prasinezumab Study Group*

Table 1. Demographic and Clinical Characteristics of the Participants at Baseline.*

Characteristic	Placebo (N=105)	Prasinezumab, 1500 mg (N=105)	Prasinezumab, 4500 mg (N=106)†
Age — yr	59.9±8.7	60.3±8.8	59.4±9.8
Male sex — no. (%)	71 (67.6)	71 (67.6)	71 (67.0)
Time since diagnosis — mo	10.0±6.8	10.3±6.3	10.1±6.5
Hoehn and Yahr stage — no. (%)‡			
Stage 1	20 (19.0)	29 (27.6)	29 (27.4)
Stage 2	85 (81.0)	76 (72.4)	77 (72.6)
Treatment with MAO-B inhibitor — no. (%)	38 (36.2)	38 (36.2)	39 (36.8)
Sum of scores on MDS-UPDRS parts I, II, and III§	32.0±13.0	31.5±13.3	30.8±12.1
Score on MDS-UPDRS part I¶	4.9±3.7	4.6±4.2	4.3±3.6
Score on MDS-UPDRS part II¶	5.6±4.1	4.9±4.0	5.5±4.1
Score on MDS-UPDRS part III‖	21.5±9.1	21.9±9.1	21.0±8.8



nature medicine

Article

https://doi.org/10.1038/s41591-024-03270-6

Sustained effect of prasinezumab on Parkinson's disease motor progression in the open-label extension of the PASADENA trial

Received: 7 April 2024

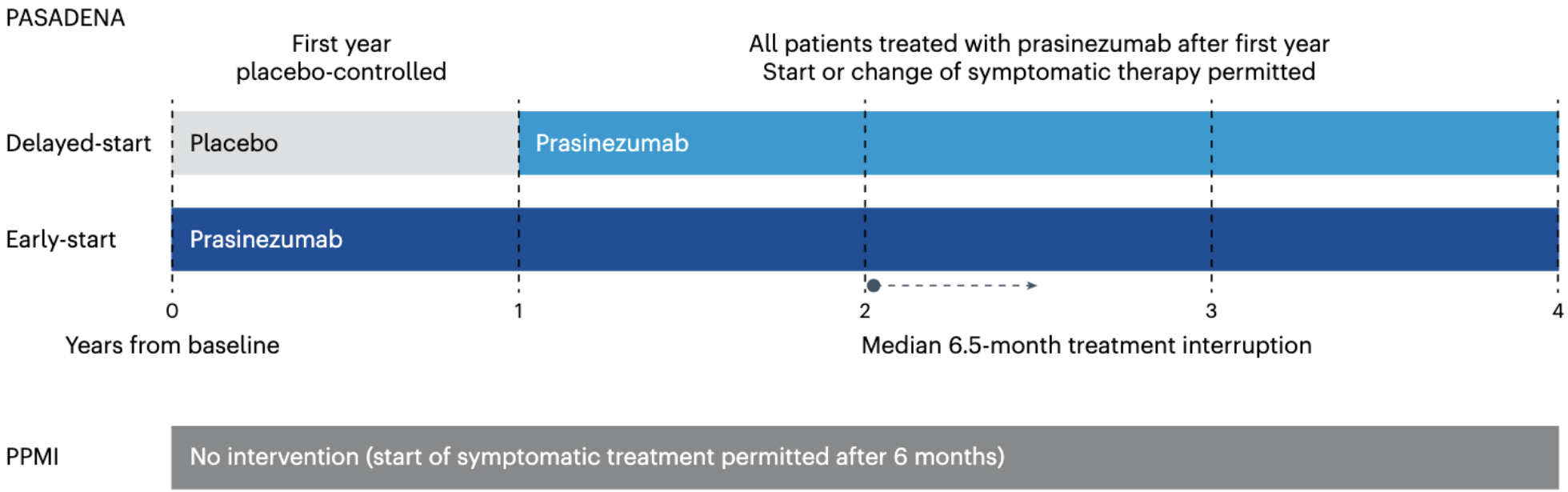
Accepted: 27 August 2024

Published online: 8 October 2024

Check for updates

A list of authors and their affiliations appears at the end of the paper

The Phase II trial of Anti-alpha-Synuclein Antibody in Early Parkinson's Disease (PASADENA) is an ongoing double-blind, placebo-controlled trial evaluating the safety and efficacy of prasinezumab in early-stage Parkinson's disease (PD). During the double-blind period, prasinezumab-treated


PASADENA
First year
placebo-controlled
All patients treated with prasinezumab after first year
Start or change of symptomatic therapy permitted
Delayed-start
Placebo
Prasinezumab
Early-start
Prasinezumab
0
1
2
3
4
Years from baseline
Median 6.5-month treatment interruption
PPMI
No intervention (start of symptomatic treatment permitted after 6 months)

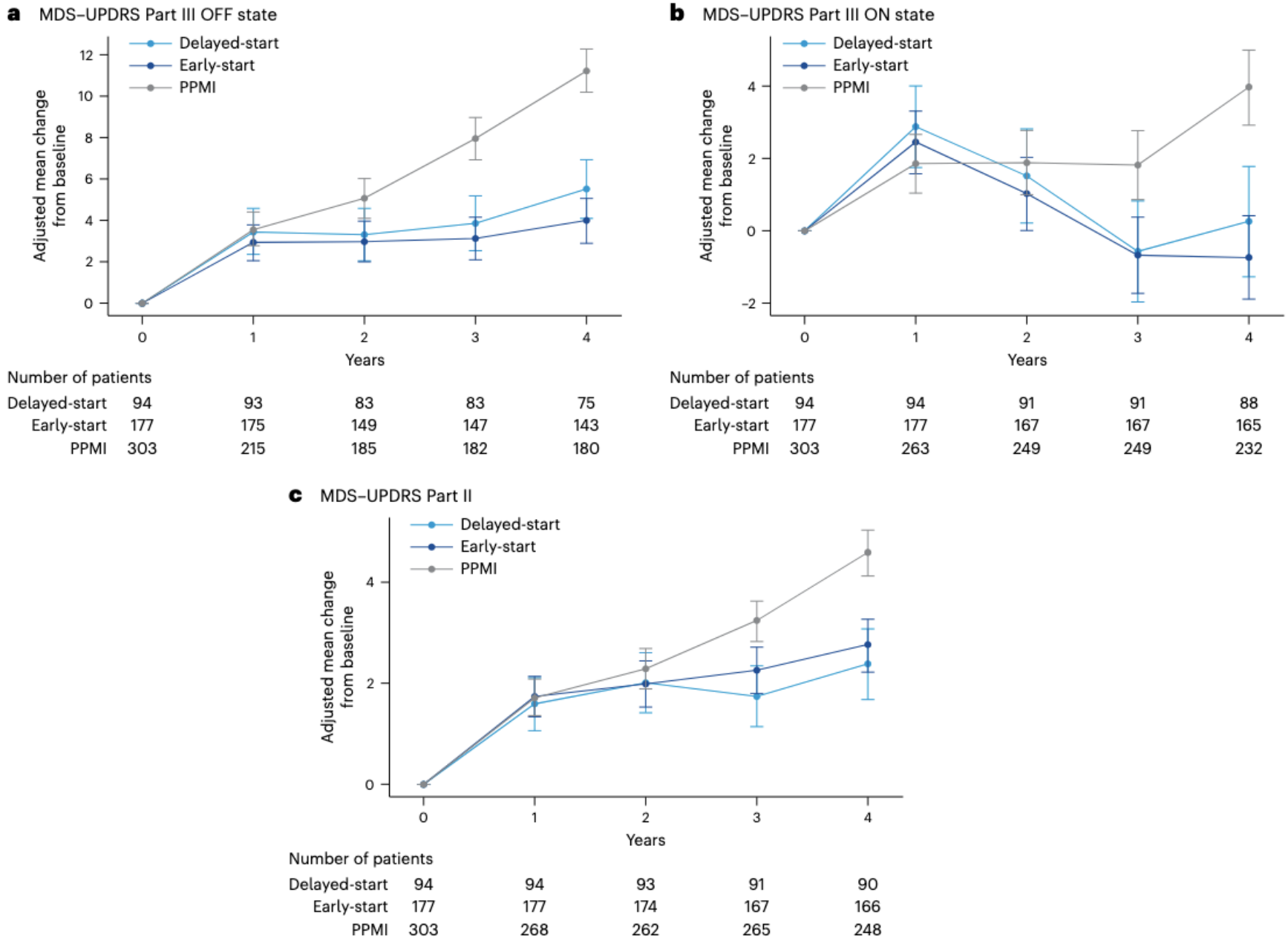


Fig. 2 | Adjusted mean change from baseline in MDS–UPDRS Part III in ON and OFF states and MDS–UPDRS Part II. a, MDS–UPDRS Part III in OFF state. **b**, MDS–UPDRS Part III in ON state. **c**, MDS–UPDRS Part II. Error bars represent 80% CI.

nature communications

Article

https://doi.org/10.1038/s41467-024-51502-7

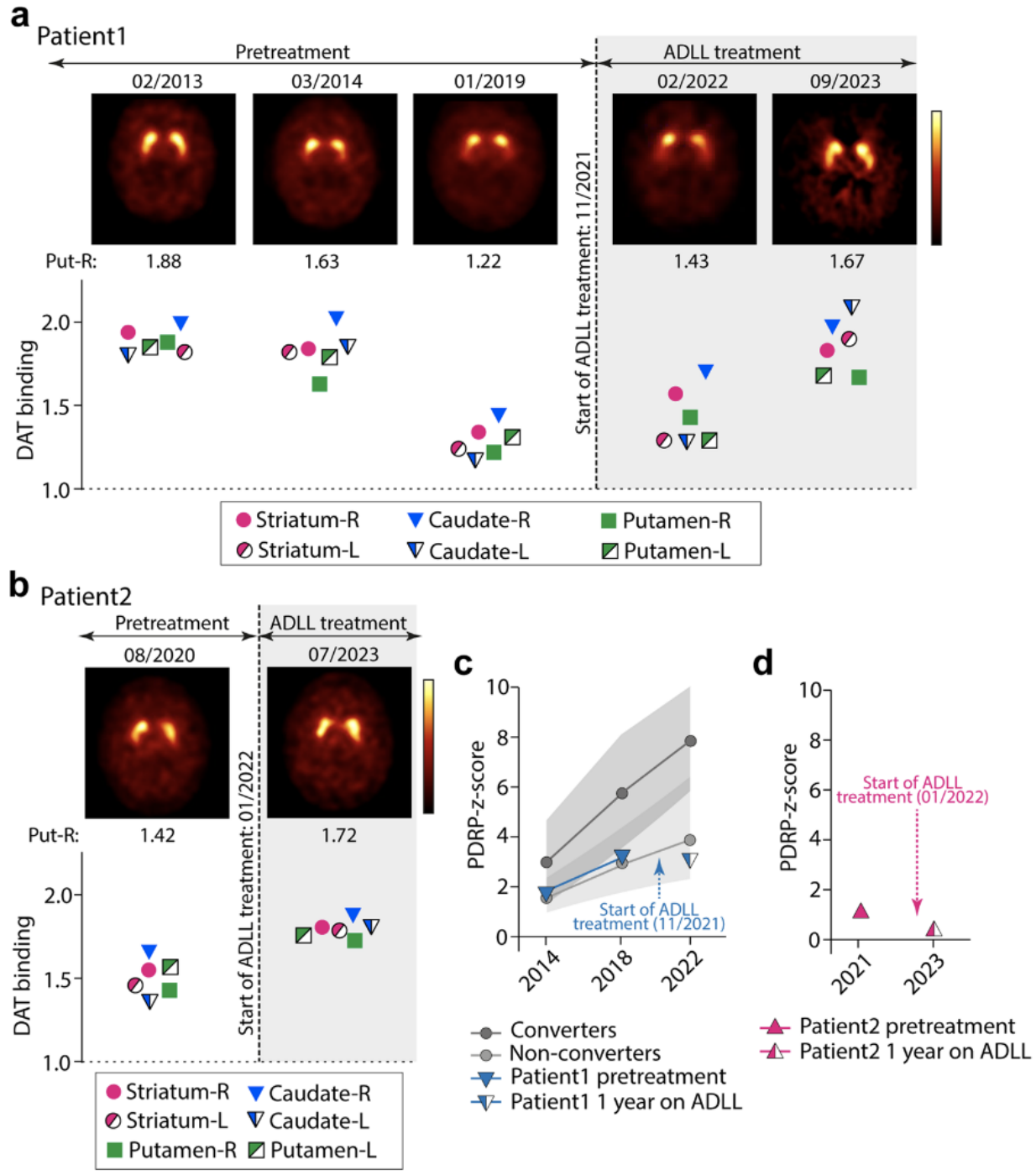
Acetyl-DL-leucine in two individuals with REM sleep behavior disorder improves symptoms, reverses loss of striatal dopamine-transporter binding and stabilizes pathological metabolic brain pattern—case reports

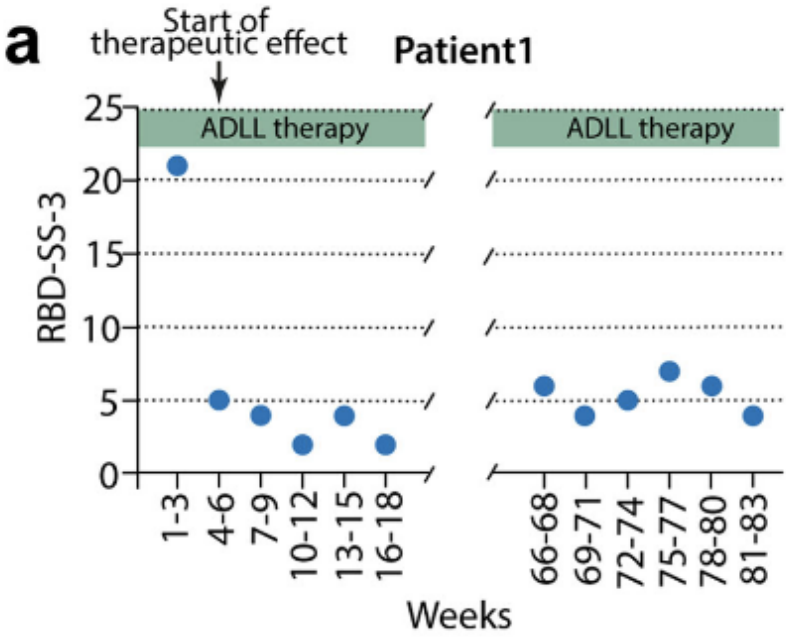
Received: 28 February 2024

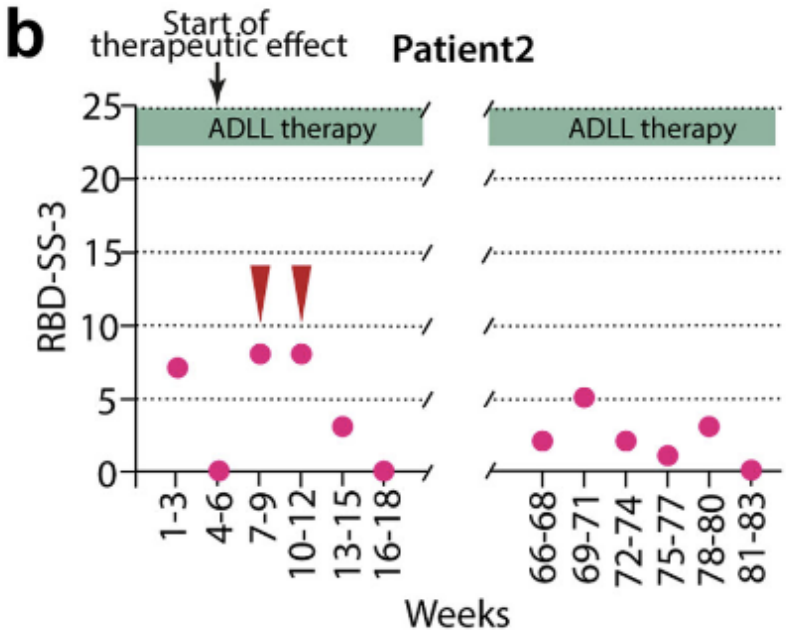
Accepted: 8 August 2024

Published online: 02 September 2024

Wolfgang H. Oertel[1,2] ✉, Annette Janzen[1], Martin T. Henrich[1,3,4], Fanni F. Geibl[1,3,4], Elisabeth Sittig[1], Sanne K. Meles[5], Giulia Carli[6], Klaus Leenders[6], Jan Booij[7], D. James Surmeier[4], Lars Timmermann[1] & Michael Strupp[8] ✉


a
Patient1
Pretreatment
ADLL treatment
02/2013
03/2014
01/2019
02/2022
09/2023
Put-R:
1.88
1.63
1.22
1.43
1.67
DAT binding
Start of ADLL treatment: 11/2021
Striatum-R
Striatum-L
Caudate-R
Caudate-L
Putamen-R
Putamen-L
b
Patient2
Pretreatment
ADLL treatment
08/2020
07/2023
Put-R:
1.42
1.72
DAT binding
Start of ADLL treatment: 01/2022
Striatum-R
Striatum-L
Caudate-R
Caudate-L
Putamen-R
Putamen-L
c
PDRP-z-score
Start of ADLL treatment (11/2021)
Converters
Non-converters
Patient1 pretreatment
Patient1 1 year on ADLL
d
PDRP-z-score
Start of ADLL treatment (01/2022)
Patient2 pretreatment
Patient2 1 year on ADLL


a
Start of therapeutic effect
Patient1
ADLL therapy
ADLL therapy
RBD-SS-3
Weeks


b
Start of therapeutic effect
Patient2
ADLL therapy
ADLL therapy
RBD-SS-3
Weeks

Randomized Controlled Trial > Lancet Neurol. 2019 Nov;18(11):998-1008.
doi: 10.1016/S1474-4422(19)30285-6. Epub 2019 Sep 11.

Effectiveness of home-based and remotely supervised aerobic exercise in Parkinson's disease: a double-blind, randomised controlled trial

Nicolien M van der Kolk [1], Nienke M de Vries [1], Roy P C Kessels [2], Hilde Joosten [3], Aeilko H Zwinderman [4], Bart Post [1], Bastiaan R Bloem [5]

Affiliations + expand
PMID: 31521532 DOI: 10.1016/S1474-4422(19)30285-6

npj | parkinson's disease

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Article | Open access | Published: 09 February 2024

Intense exercise increases dopamine transporter and neuromelanin concentrations in the substantia nigra in Parkinson's disease

Hart de Laat, Jocelyn Hoye, Gelsina Stanley, Michelle Hespeler, Jennifer Ligi, Varsha Mohan, Dustin W. Wooten, Xiaomeng Zhang, Thanh D. Nguyen, Jose Key, Giulia Colonna, Yiyun Huang, Nabeel Nabulsi, Umar Patel, David Matuskey, Evan D. Morris & Sule Tinaz

npj Parkinson's Disease 10, Article number: 34 (2024) | Cite this article

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Verlaufsmodifikation

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ARTICLES | March 12, 2014

Cognitive training in Parkinson disease

Cognition-specific vs nonspecific computer training

Ronan Zimmermann, PhD, Ute Gschwandtner, MD, Nina Benz, DiplBiol, Florian Hatz, MD, Christian Schindler, PhD, Ethan Taub, MD, and Peter Fuhr, MD | AUTHORS INFO & AFFILIATIONS

April 8, 2014 issue • 82 (14) 1219-1226 • https://doi.org/10.1212/WNL.0000000000000287

Letters to the Editor (2) GET ACCESS

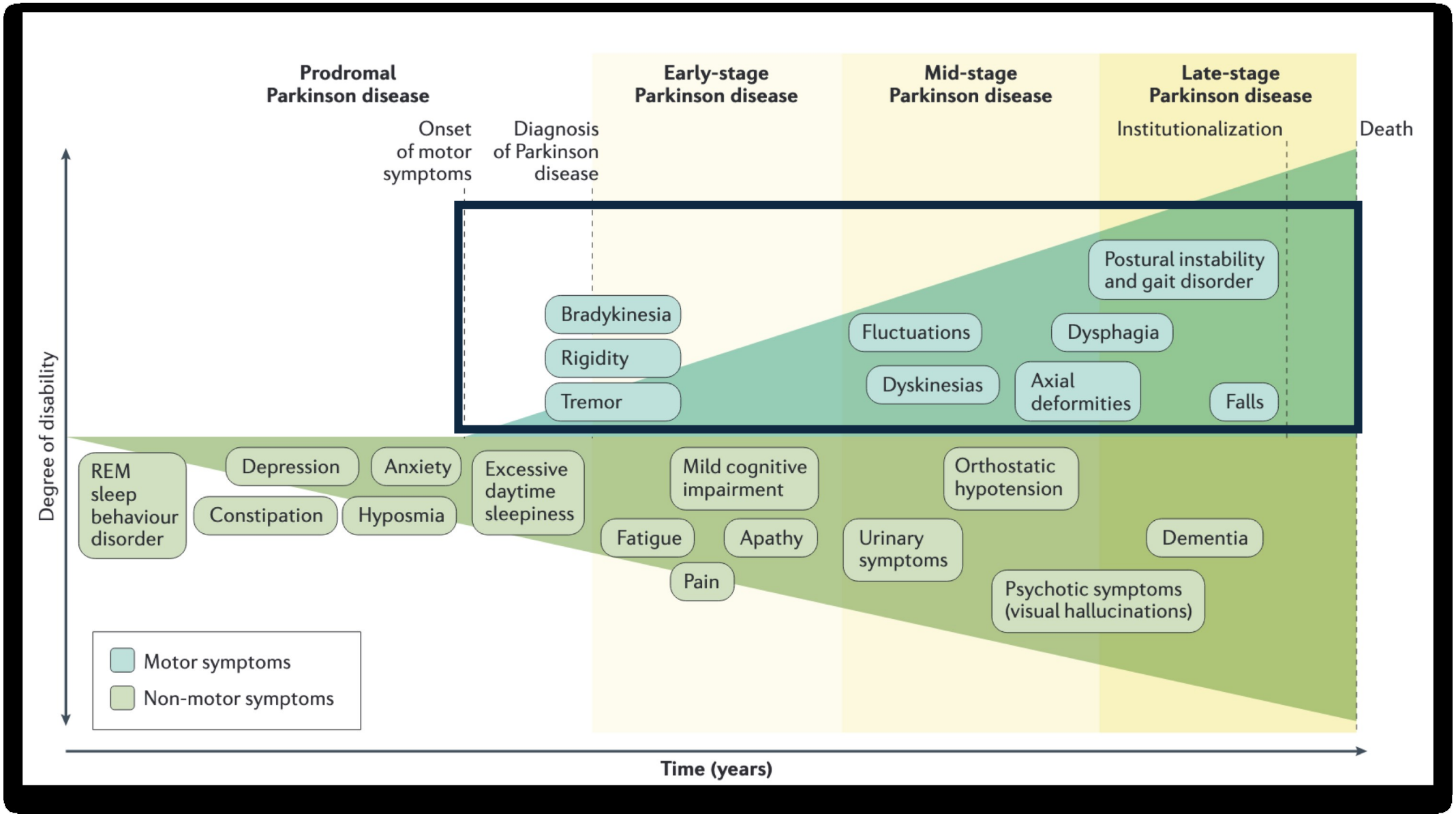
Kardiovaskuläre RF !!

> Mov Disord. 2019 Jan;34(1):67-77. doi: 10.1002/mds.27492. Epub 2018 Nov 23.

Baseline predictors for progression 4 years after Parkinson's disease diagnosis in the De Novo Parkinson Cohort (DeNoPa)

Brit Mollenhauer [1 2], Johannes Zimmermann [3], Friederike Sixel-Döring [1], Niels K Focke [4], Tamara Wicke [1], Jens Ebentheuer [1], Martina Schaumburg [1], Elisabeth Lang [1], Tim Friede [5], Claudia Trenkwalder [1 6]; DeNoPa Study Group

Affiliations + expand
PMID: 30468694 DOI: 10.1002/mds.27492


Prodromal Parkinson disease
Early-stage Parkinson disease
Mid-stage Parkinson disease
Late-stage Parkinson disease
Onset of motor symptoms
Diagnosis of Parkinson disease
Institutionalization
Death
Degree of disability
Time (years)
Bradykinesia
Rigidity
Tremor
Postural instability and gait disorder
Fluctuations
Dysphagia
Dyskinesias
Axial deformities
Falls
REM sleep behaviour disorder
Depression
Anxiety
Excessive daytime sleepiness
Constipation
Hyposmia
Mild cognitive impairment
Orthostatic hypotension
Fatigue
Apathy
Urinary symptoms
Dementia
Pain
Psychotic symptoms (visual hallucinations)
Motor symptoms
Non-motor symptoms

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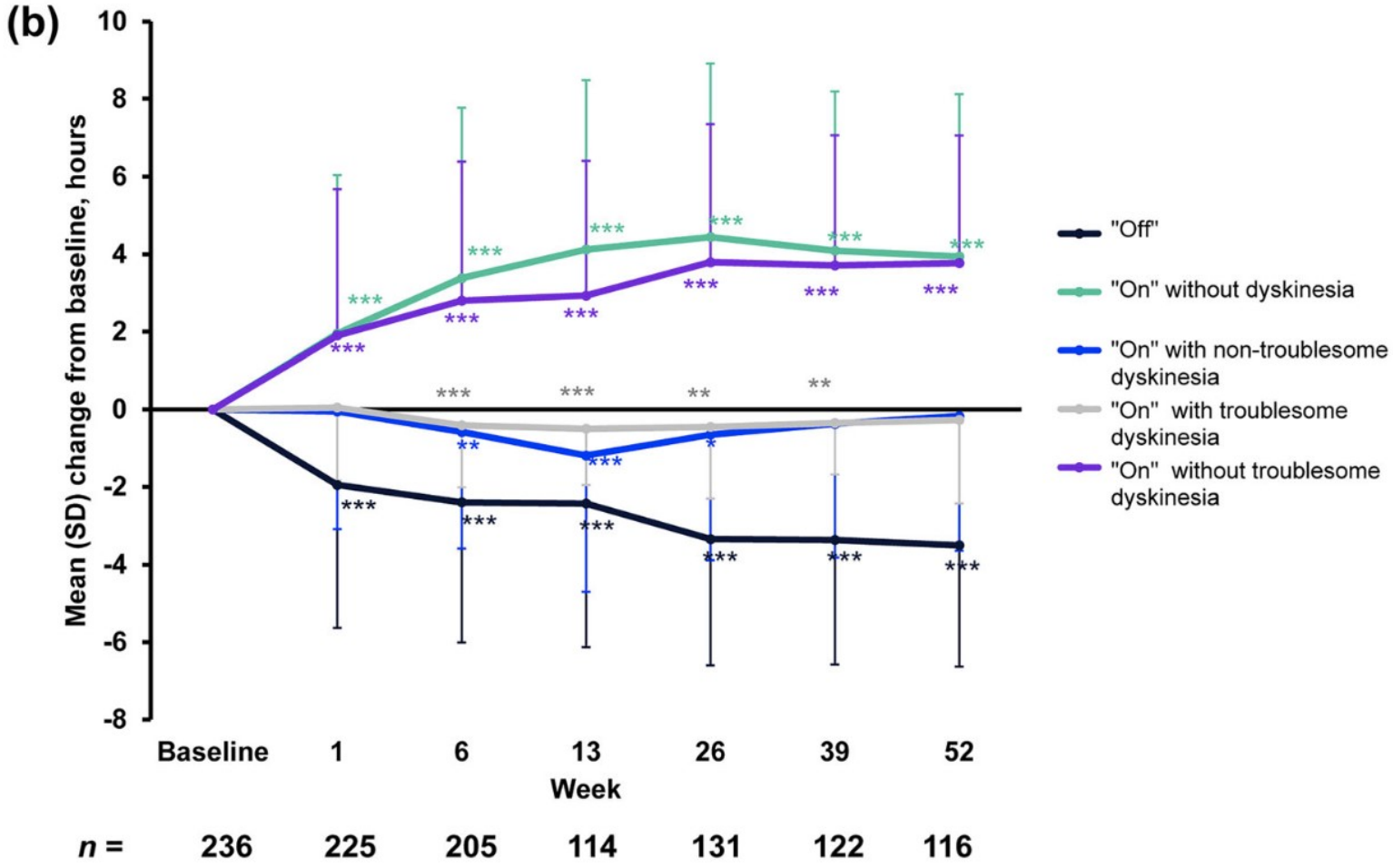
70mg/280mg · 87.5mg/350mg

Foslevodopa / Foscarbidopa



Movement Disorders
Official Journal of the International Parkinson and Movement Disorder Society

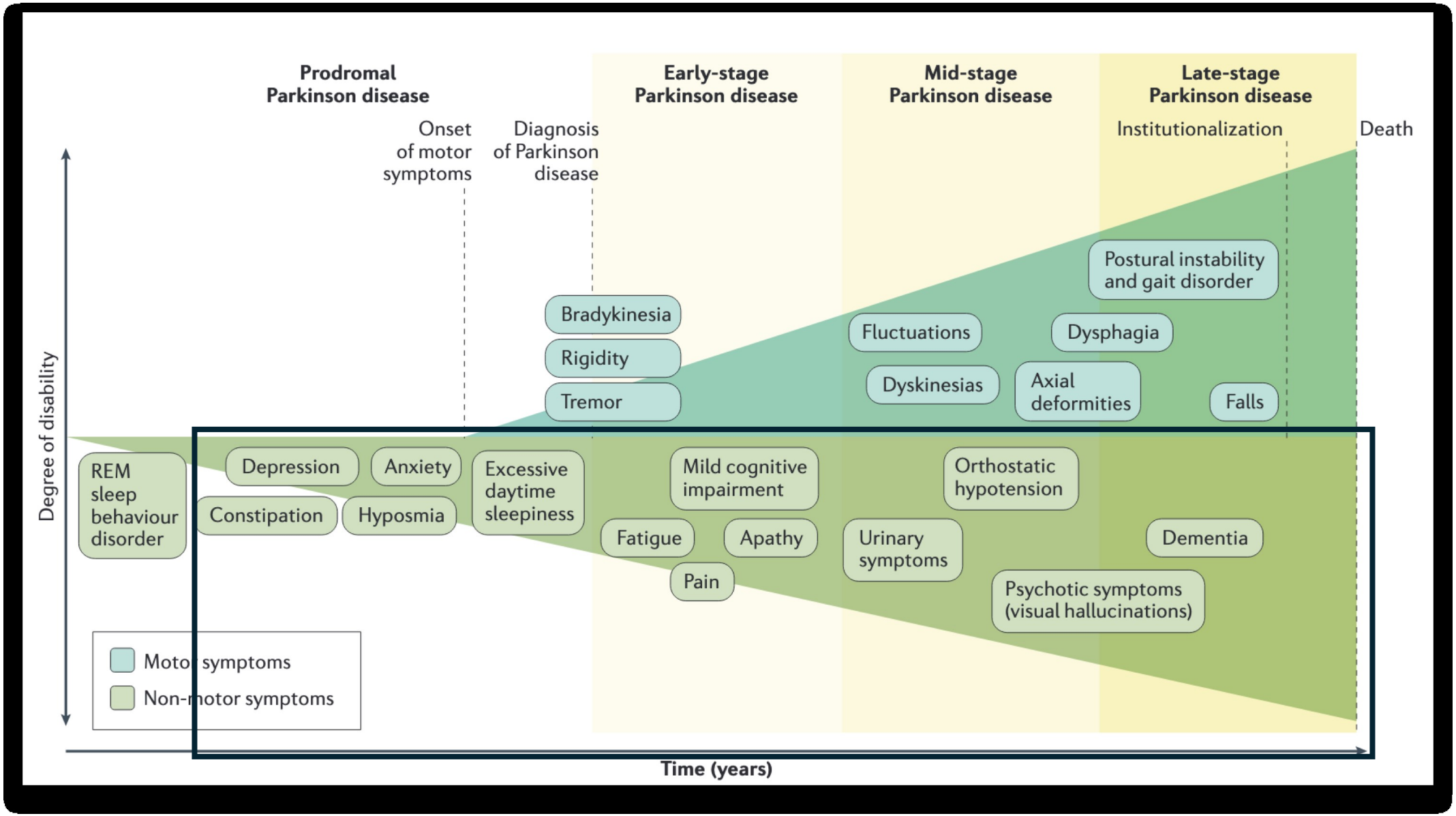
RESEARCH ARTICLE | Open Access

Long-Term Follow-Up of the LEAP Study: Early Versus Delayed Levodopa in Early Parkinson's Disease

Henrieke L. Frequin MD, Constant V.M. Verschuur MD, Sven R. Suwijn MD, PhD, Judith A. Boel PhD, Bart Post MD, PhD, Bastiaan R. Bloem MD, PhD, Johannes J. van Hilten MD, PhD ... See all authors

First published: 21 April 2024 | https://doi.org/10.1002/mds.29796 | Citations: 4

Outcomes	Unadjusted Change from Baseline		Estimated Difference (SE)	*P* Value
	Early-Start Group	Delayed-Start Group		
Levy A	0.6 ± 7.2	–0.4 ± 8.1	0.14 (0.11)	0.20
Levy B	0.7 ± 2.1	0.6 ± 2.2	0.02 (0.08)	0.83
LEDD	400 (300–600)	450 (300–600)	–0.61 (0.69)	0.38
5-Year follow-up				
UPDRS total (I + II + III)	11.5 ± 17.0	8.2 ± 16.2	0.24 (0.13)	0.07
UPDRS I	0.4 ± 2.2	0.2 ± 1.9	0.11 (0.08)	0.17
UPDRS II	3.7 ± 4.7	3.2 ± 5.3	0.09 (0.08)	0.25
UPDRS III	7.4 ± 13.7	4.7 ± 11.9	0.21 (0.12)	0.09
UPDRS IV	2.4 ± 2.9	2.2 ± 2.4	<0.01 (0.09)	0.97
Levy A	4.7 ± 10.9	2.9 ± 9.4	0.15 (0.12)	0.20
Levy B	2.1 ± 3.0	1.5 ± 2.4	0.11 (0.08)	0.16
LEDD	600 (400–800)	600 (450–800)	–0.16 (0.78)	0.84


Prodromal Parkinson disease
Early-stage Parkinson disease
Mid-stage Parkinson disease
Late-stage Parkinson disease
Onset of motor symptoms
Diagnosis of Parkinson disease
Institutionalization
Death
Degree of disability
Bradykinesia
Rigidity
Tremor
Postural instability and gait disorder
Fluctuations
Dysphagia
Dyskinesias
Axial deformities
Falls
REM sleep behaviour disorder
Depression
Anxiety
Excessive daytime sleepiness
Constipation
Hyposmia
Mild cognitive impairment
Orthostatic hypotension
Fatigue
Apathy
Urinary symptoms
Dementia
Pain
Psychotic symptoms (visual hallucinations)
Motor symptoms
Non-motor symptoms
Time (years)

Neurology®

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RESEARCH ARTICLE | August 7, 2024 |

Check for updates

Long-Term Dementia Risk in Parkinson Disease

Julia Gallagher, BS, Caroline Gochanour, MS, Chelsea Caspell-Garcia, MS, Roseanne D. Dobkin, PhD, Dag Aarsland, MD, PhD, Roy N. Alcalay, MD, Matthew J. Barrett, MD, MSc, ... SHOW ALL ... for the Parkinson's Progression Markers Initiative | AUTHORS INFO & AFFILIATIONS

September 10, 2024 issue • 103 (5) • https://doi.org/10.1212/WNL.0000000000209699

- **Parkinson und Demenz: Ergebnisse aus der PPMI- und Penn-Kohorte**
- **PPMI Kohorte**:
  - 417 Teilnehmende, international, viele neu diagnostizierte Parkinson-Patienten
  - Kognitive Leistung alle 2 Jahre mit **MOCA** und **UPDRS Part I**
  - Initial: Keine Demenz
  - Nach 10 Jahren: 7% dement
  - Über die gesamte Follow-up-Periode: 8,5% dement

- **Penn Kohorte**:
  - 389 Parkinson-Patienten, betreut an der **University of Pennsylvania**
  - Jährliche kognitive Untersuchung mit **MOCA** und **UPDRS Part I**
  - Initial: 10% dement
  - Während der Studie: 47% entwickelten Demenz
  - **Mittelwert** zwischen Parkinson-Diagnose und Demenz: **15 Jahre**

- **Geschlechterunterschiede**:
  - Männer: Demenz früher (13,3 Jahre nach Parkinson-Diagnose)
  - Frauen: Später (19,4 Jahre)

- **Einfluss des Bildungsstands**:
  - Niedriger Bildungsstand: **59%** Demenz
  - Hoher Bildungsstand: **46%** Demenz

Demenz tritt seltener und später auf als bisher angenommen !

Suizid bei Parkinson

GESUNDHEIT NORD
KLINIKVERBUND BREMEN

Original Investigation

November 13, 2023

Risk of Suicidal Ideation and Behavior in Individuals With Parkinson Disease

A Systematic Review and Meta Analysis

Aaron Shengting Mai, MS[1]; Yinxia Chao, MD, PhD[2]; Bin Xiao, MD, PhD[2]; et a

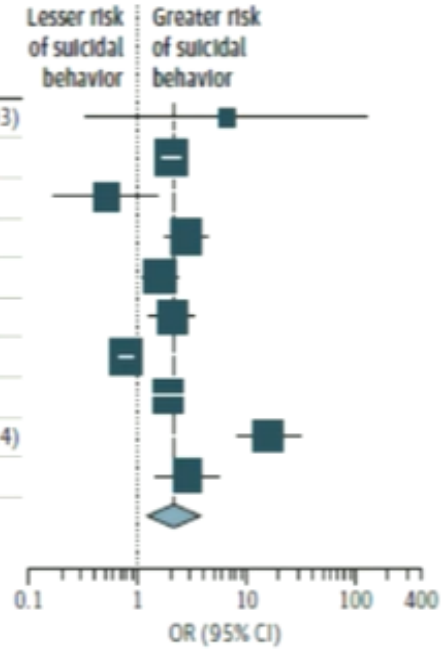
JAMA Network
JAMA Neurology

Meta-Analyse
505.955 Parkinson-Patienten

Selbstmordabsichten: **22%**
Durchgeführte Suizide: **1,25%**

Figure 3. Forest Plot of Odds Ratio (OR) of Suicidal Behavior in Parkinson Disease vs Controls Following Outlier Removal

Study	Experimental No. of events	Experimental Total, No.	Control No. of events	Control Total, No.	OR (95% CI)	Weight, %
Berardelli et al,[34] 2018	3	100	0	91	6.57 (0.33-128.93)	2.8
Chen et al,[35] 2021	151	35891	300	143557	2.02 (1.66-2.45)	11.8
Elfil et al,[38] 2020	5	186	9	177	0.52 (0.17-1.57)	8.1
Eliasen et al,[39] 2018	23	105	8951	98609	2.81 (1.77-4.46)	11.1
Erlangsen et al,[40] 2015 (men)	27	4657	2994	834406	1.62 (1.11-2.37)	11.3
Erlangsen et al,[40] 2015 (women)	17	4685	1754	1005362	2.08 (1.29-3.36)	11.0
Erlangsen et al,[41] 2020	192	50262	35291	7250133	0.78 (0.68-0.90)	11.9
Jeong et al,[44] 2022	121	17143	64	17143	1.90 (1.40-2.57)	11.5
Lee et al,[49] 2018	9	245	716	299987	15.94 (8.16-31.14)	10.2
Roberts et al,[57] 2018 (England sample)	9	15997	1772	8954814	2.84 (1.48-5.48)	10.3
Random-effects model Heterogeneity: $I^2 = 94\%$, $\tau^2 = 0.6911$, $P < .01$		129271		18604279	2.15 (1.22-3.78)	100.0



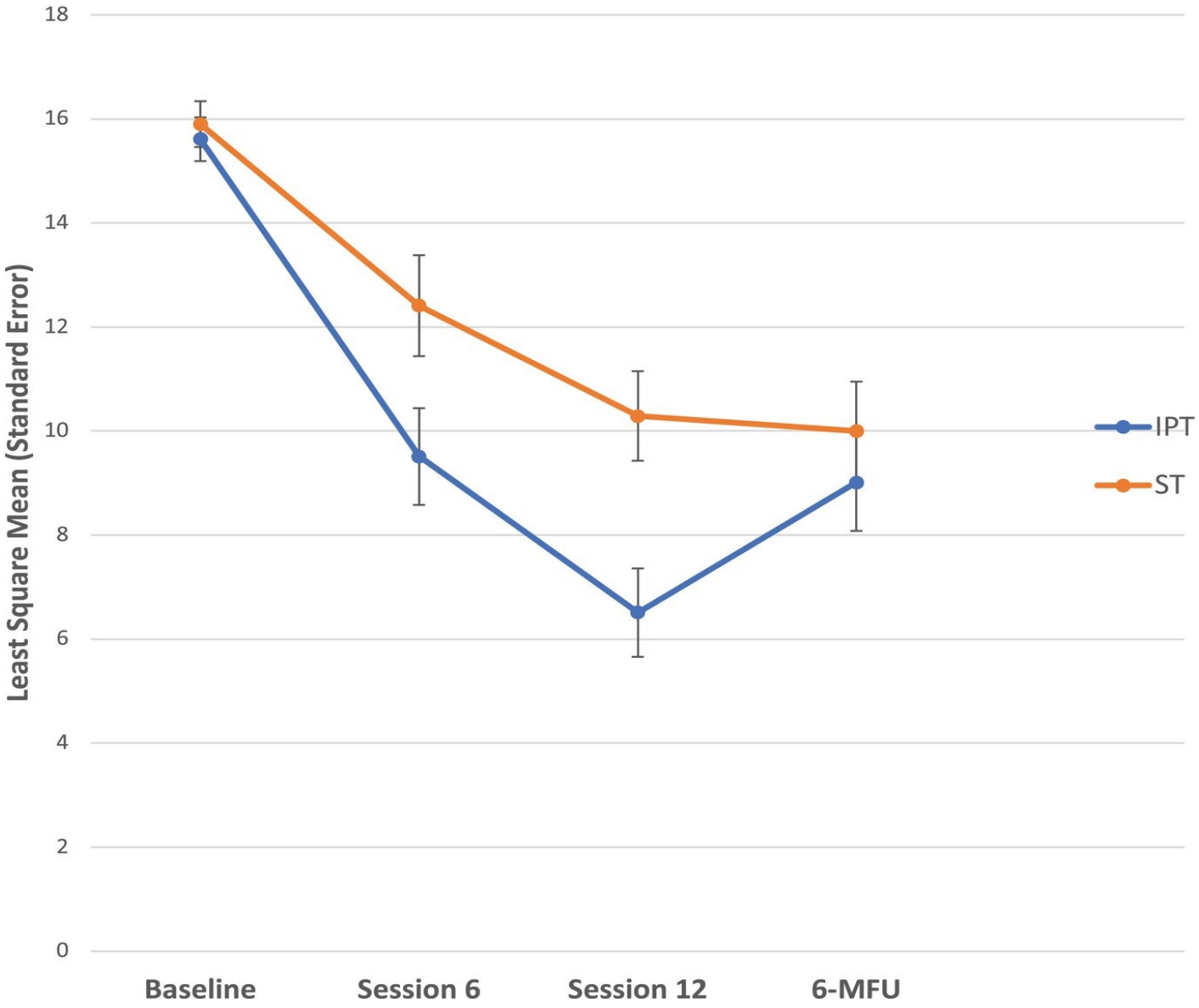
Movement Disorders
Official Journal of the International Parkinson and Movement Disorder Society

RESEARCH ARTICLE | Open Access

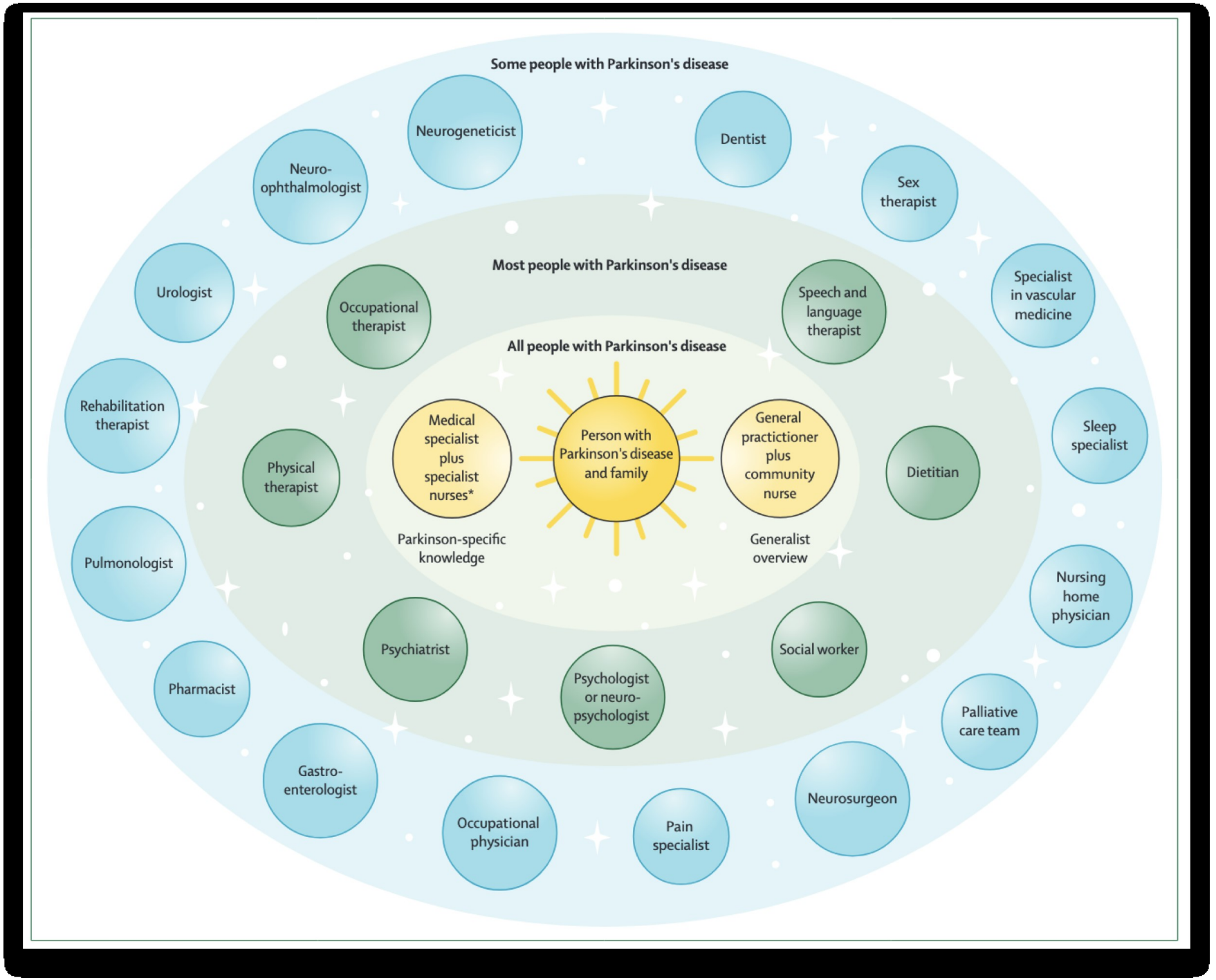
Interpersonal Psychotherapy for the Treatment of Depression in Parkinson's Disease: Results of a Randomized Controlled Trial

Diana Koszycki PhD, Monica Taljaard PhD, Jacques Bradwejn MD, FRCPC, Caroline Lee MSc, Giorgio A. Tasca PhD, David A. Grimes MD, FRCPC

First published: 20 November 2024 | https://doi.org/10.1002/mds.30061

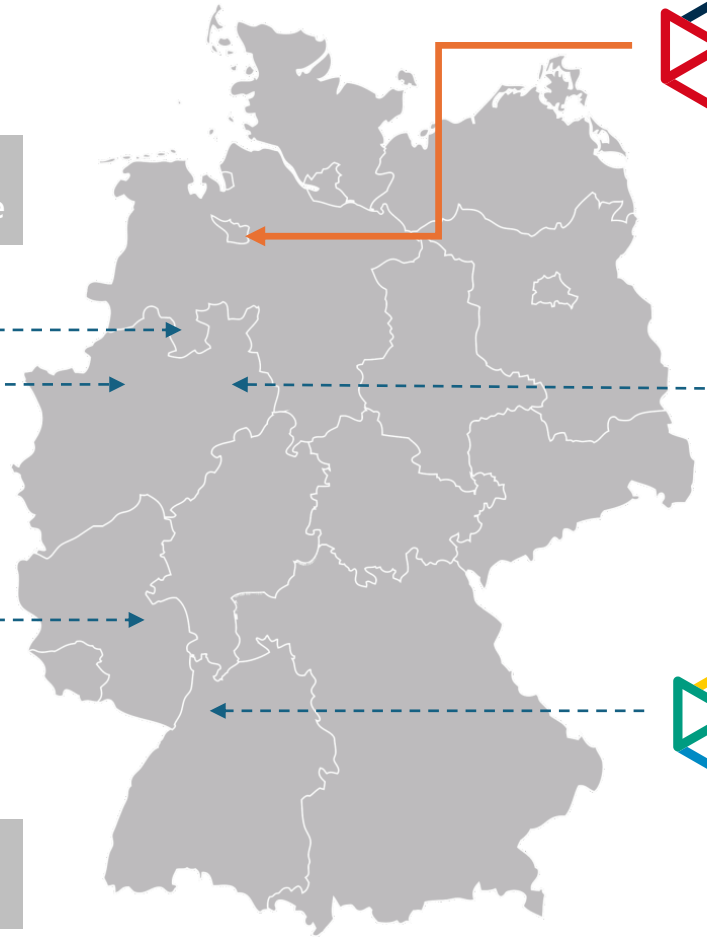


Movement Disorders, First published: 20 November 2024, DOI: (10.1002/mds.30061)



Bastiaan R Bloem;Michael S Okun;Christine Klein;. (2021). Parkinson's disease . The Lancet, (), –. doi:10.1016/s0140-6736(21)00218-x

Parkinsonnetze in Deutschland



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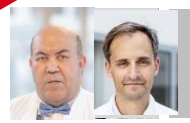

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K. Dheghani, J.Schröder

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Prof. Dr. med.
Christoph Redecker

PARKINSONNETZ RheinMain+
Für eine optimierte Versorgung von Patienten

Gründung: 2020
Prof. Dr. med. Sergiu Groppa

PARKINSONNETZ RheinNeckar+
Gemeinsam in Bewegung

Gründung: 2022
Dr. med. Andreas Becker

THE LANCET
Neurology

ARTICLES · Volume 17, Issue 2, P153-161, February 2018

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Effectiveness and costs of specialised physiotherapy given via ParkinsonNet: a retrospective analysis of medical claims data

Jan H L Ypinga, MSc [a] · Nienke M de Vries, PhD [b] · Lieke H H M Boonen, PhD [a,c] · Xander Koolman, PhD [d] · Marten Munneke, PhD [b] · Prof Aeilko H Zwinderman, PhD [e] · Prof Bastiaan R Bloem, MD [b] Show less

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	Specialised physiotherapy (n=2129)	Usual physiotherapy (n=2252)	Difference (95% CI)	p value
Any Parkinson's disease-related complications (hospital admissions for fractures, other orthopaedic injuries, or pneumonia)‡	368 (17%)	480 (21%)	4·0% (1·7 to 6·4)	0·001
Patients receiving care by the same physiotherapist during the entire study period	1204 (57%)	736 (33%)	−24% (−27 to −21)	<0·0001
Percentage of treatment sessions given by the same physiotherapist*	93% (11·59)	81% (18·95)	−12% (−13 to −11)	<0·0001
Patients with Parkinson's disease per therapist	3·89 (3·91)	1·48 (1·24)	−2·4 (−2·5 to −2·3)	<0·0001
Physiotherapy sessions per patient per year	33·72 (26·70)	47·97 (32·11)	14·2 (13·1 to 15·4)	<0·0001
Cost of physiotherapy (in €)†‡	933 (843)	1329 (1021)	395 (358 to 432)	<0·0001
Medical expenses (physiotherapy and hospital costs; in €)†‡	2056 (3272)	2586 (3756)	530 (391 to 669)	<0·0001
Mortality§	134 (6%)	205 (9%)	2·8 (1·2 to 4·4)	0·001

Data are n (%), % (SD), mean (SD), difference (95% CI), or p value. *Mean percentage per group, calculated from the number of sessions with the therapist seen most often by each patient, as a percentage of the total number of sessions received by each patient per year. †The difference is significant after controlling for background characteristics including age, sex, socioeconomic status, and proxies for Parkinson's disease-specific health status. ‡Costs are discounted at 4%, and effects (mortality and percentage of complications) were in line with Dutch guidelines for cost-effectiveness studies. §Raw percentages are shown; analyses with discounted percentages at 1·5%, in line with Dutch guidelines for cost-effectiveness studies, yielded identical results (data not shown).

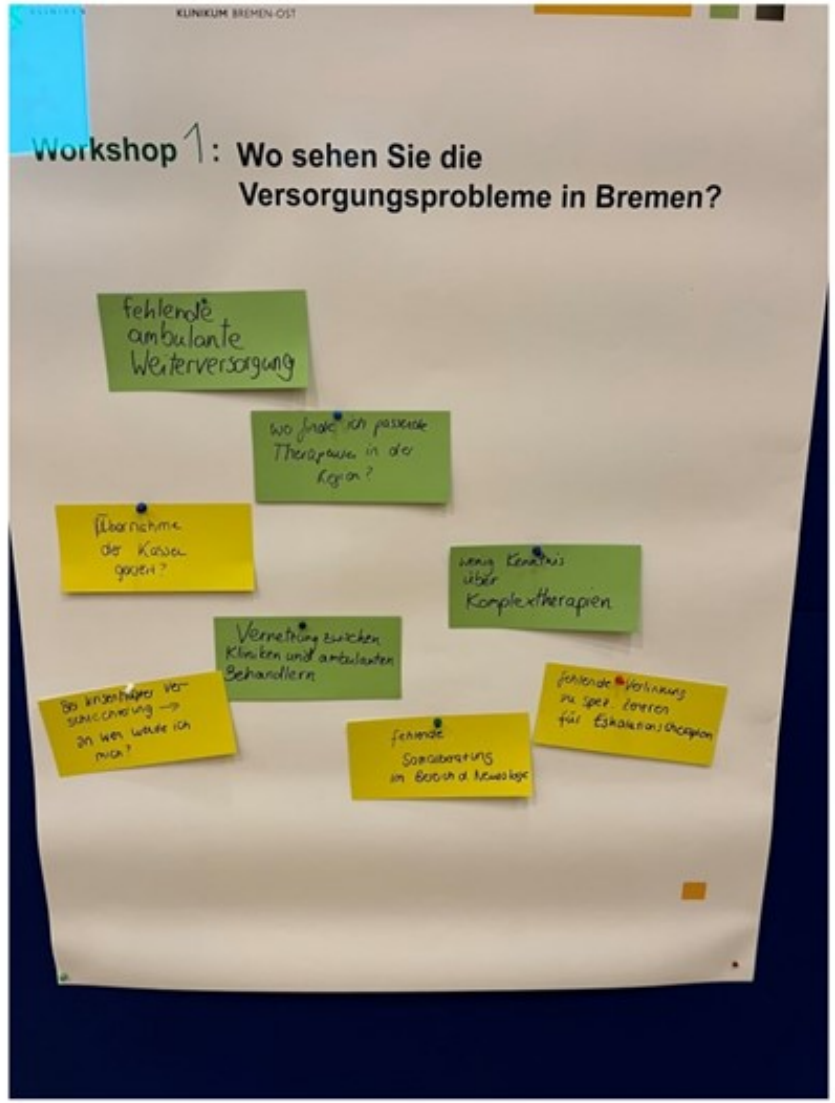
Table 2: **Health-care use and Parkinson's disease-related complications**

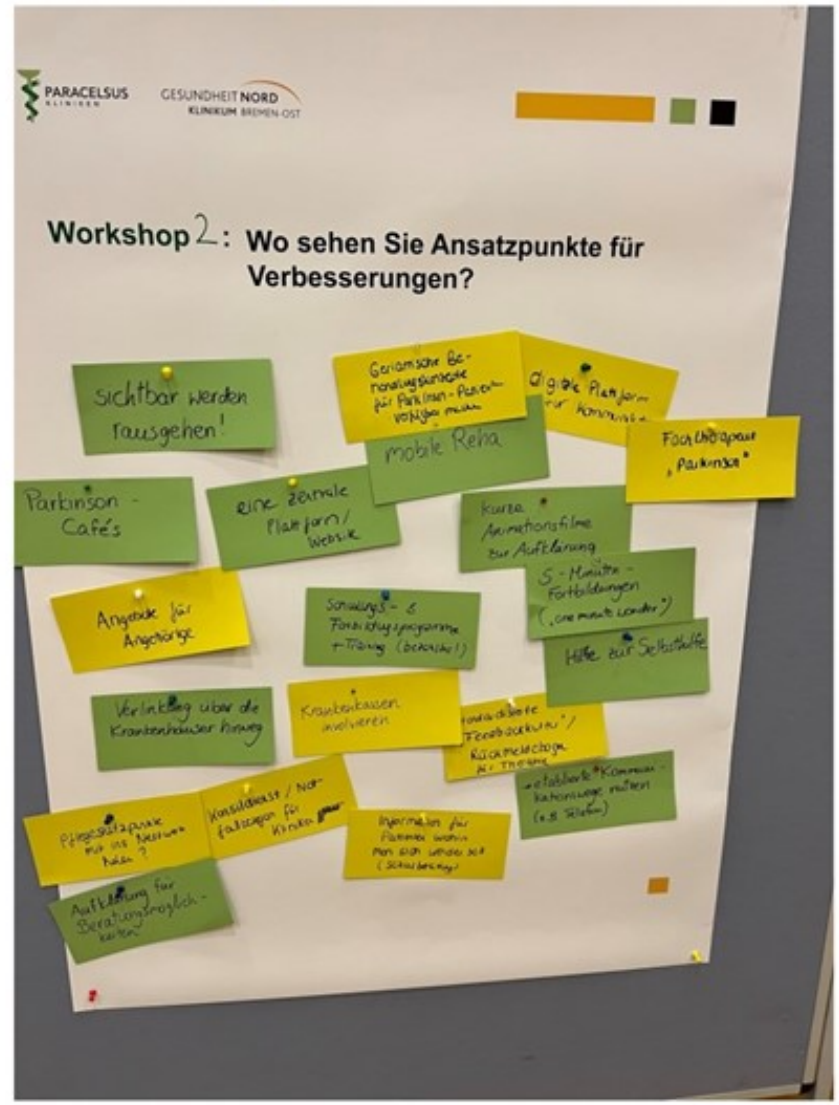
WILLKOMMEN BREMEN!

Erfolgreicher Auftakt und Workshop im neuen Parkinsonnetz+ Bremen!

- 5.12.2024 **Gründungsveranstaltung**mit 2 Kliniken (Klinikum Bremen -Ost und Paracelsus Klinik Bremen)
- Multiprofessionelles Zusammenkommen (Neurologie, Neuropsychologie, Parkinson Nurses, Aktivierende Therapien, Selbsthilfe)
- **Begrüßung, Impulsvortrag** von Dr. Schröder zur Parkinson-Krankheit (Prävalenz / Komplexität der Erkrankung / Vorreiter Niederlande ParkinsonNet / Nutzen von Parkinsonnetzen), **Gemeinsames Kennenlernen**
- **Workshop** zu Herausforderungen in der regionalen Versorgung in Bremen und Entwicklung erster Ideen & Lösungsansätze

Fehlende Vernetzung zwischen ambulanten und stationären Versorgern





Next steps PNB+

- **Nächstes Netzwerktreffen am 27.03.2025**
  - **<u>Vorläufige Agenda:</u>**
  - Netzwerkbewegung & Parkinsonnetze Deutschland e. V. Dr. Becker
  - Update Parkinson Vortrag Dr. Dehghani
  - Pause & Kennenlernen
  - Workshops zur Weiterentwicklung der Lösungsansätze:
    - Standardisierte Feedbackstruktur / Rückmeldebogen für Therapie (AbbVie)
    - „Fachtherapeut Parkinson“ (Bereich Physiotherapie)
    - Aufklärung von Patient*innen

Wir freuen sehr über Mitarbeit im Netzwerk !

Vielen Dank für Ihre Aufmerksamkeit

PARKINSONNETZ
Bremen+