# Focus

June/July 2023



We are the only PARKINSON'S FOUNDATION CENTER OF EXCELLENCE in the region with comprehensive care including doctors specialized in the diagnostics, treatment, research, and education of Parkinson's disease. We have a large multi-disciplinary team including healthcare professionals specialized in Parkinson's disease in the areas of psychology, speech, physical therapy, occupational therapy, dietetics, social work, pharmacy, neuropsychology, and neurosurgery, including a large deep brain stimulation program.

### 15th Annual Parkinson's Disease Symposium, Saturday August 12, 2023!

We are excited to announce that our Parkinson's Disease Symposium will be at the Overland Park Marriott on August 12, 2023! Doors open at 8:00am for exhibits, and presentations will begin at 9:00am. The presentations include: Recognizing PD, Latest Diagnostic Techniques & Treatment Options, Andrea Lee, MD, KUMC; Surgical Treatment of PD: Deep Brain Stimulation, Focused Ultrasound & Infusion Therapies, Kelvin Au, MD, KUMC; Vision Problems in PD, Thomas J Whittaker, KUMC; Overcoming Challenges for PD Patients When Hospitalized, Muhammad Nashatizadeh, MD, KUMC; What Is Palliative Care? How Can it Help Someone With PD and Their Family?, Shauna Gibbons, MD, KUMC; Questions & Answers, Rajesh Pahwa, MD, KUMC The program is free but registration is requested. Light snacks, coffee, and water will be provided. Parking is free outside the Overland Park Marriott. To register email pdetcenter@kumc.edu or call 913-588-0013 or CLICK HERE



RAJESH PAHWA, MD

Laverne & Joyce Rider
Professor of Neurology
Director, Parkinson's
Disease and Movement



KELLY LYONS, PhD
Research Professor
of Neurology
Director, Research and
Education, Parkinson's Disease
and Movement Disorder Center

#### TREMOR CORNER

## ET Studies Ongoing!

**M21-471** - ET for at least 3 years, moderate to severe tremor of upper limbs. BOTOX injections for tremor. Can be taking tremor medications.

**SAGE-324** - ET for at least 3 years with at least moderate arm/hand tremor. Cannot be taking primidone.

JZP385 – Moderate to severe arm/ hand tremor. Cannot be taking primidone.

**FELIX** - Wrist-worn stimulation device to control moderate to severe ET

To participate in a research study or for more information, email pdetcenter@kumc.edu or call 913-588-7159.

The International Essential Tremor Foundation (IETF) provides education, support and resources for ET. Visit www.essentialtremor.org for more information.

#### PARKINSON'S STUDIES CURRENTLY RECRUITING

 Newly diagnosed - Possible disease slowing K0706 - diagnosed < 3 years, not taking any PD medications IkT-148009 - < 75 years of age, not taking PD medications</li>

Disorder Center

- Early PD Control of Symptoms
   CVL-751 diagnosed < 3 years, no PD medications except for an MAO-B</li>
- Non-Motor Symptoms (thinking, dizziness, fatigue, etc.)
   STEM-PD Headphone-like device to reduce non-motor symptoms
- 4. PD patients experiencing OFF time (poor symptom control) Diary Study - completing diaries to assess OFF time, diagnosed > 3 yrs & > 3 hours of OFF time
- PD patients experiencing troublesome dyskinesia
   BK-JM-201 > 1.5 hours of troublesome dyskinesia, not taking amantadine
- 6. PD Patients with memory issues
- PD patients with medication resistant tremor Suvecaltamide -tremor persists, other symptoms controlled FELIX - Wrist-worn stimulation device to control PD tremor
- 8. PD Generation: Mapping the Future of Parkinson's Disease
  Testing for 7 genes that may increase the risk of developing PD. Anyone
  diagnosed with PD in our region can participate in person or virtually
- 9. The Parkinson's Progression Markers Initiative (PPMI)
  - **a. Parkinson's Disease cohort** (PD diagnosed within the last 2 years, not on or expected to need PD medication for 6 months)
  - **b. Prodromal cohort** (1st degree relative with PD, REM sleep behavior disorder (RBD), or known genetic variants; 60+ years of age),
  - c. Healthy Controls (30+ years of age).

If you are interested or have patients who are interested in more information about any of these studies, please email PDETCenter@kumc.edu or call 913-588-7159.

# RESEARCH HIGHLIGHT Wearable Non-Invasive Stimulation Devices To Control ET and PD Tremor

Tremor difficult to control. Medications can he like propranolol and primidone can reduce tremor in about 50% of people with ET, but in 30-50% they are not tolerated due to side effects. PD medications often control other symptoms, but may not reduce tremor. Surgical treatments as deep brain stimulation (DBS) or such focused ultrasound (FUS) are beneficial treatments; not everyone is a good candidate for DBS or however, FUS and others may not be ready for surgical treatment option. Transcutaneous afferent patterned **TAPS** stimulation (TAPS) is another treatment option. therapy is currently available with the CalaTrio and new studies of TAPS non-invasive treatment options are currently underway for both ET and PD tremor. studies are for persons with moderate to severe hand/arm tremor making it difficult to perform daily activities such writing, typing, etc., eating, drinking, embarrassment leading to avoidance of personal or professional activities. The current study is one week in duration and requires 2 visits to KUMC.

If you have ET or PD tremor that is not currently controlled by your medications and are interested in participating in this study or would like more information please email pdetcenter@kumc.edu or call 913-588-7159.

Visit our website: KUMC.EDU/PARKINSON for more information about PD and ET