

Implications of Early Treatment for Parkinson's Disease

This supplement to *The American Journal of Managed Care* reviews the primary rationales for early diagnosis and treatment of Parkinson's disease as well as the importance of treating Parkinson's disease-related comorbidities to improve quality of life and delay functional impairment.

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Intended Audience

The audience for this supplement consists of medical directors, pharmacy directors, pharmacy and therapeutic committee members, and healthcare providers who oversee the care of patients with Parkinson's disease.

Statement of Educational Need/Program Overview

This educational activity will address knowledge and practice gaps that may prevent clinicians from achieving the best possible outcomes in the care of patients with Parkinson's disease (PD).

PD is a chronic neurodegenerative disease for which current standard treatment is generally limited to symptomatic therapies. Unfortunately, the most common symptomatic therapy, levodopa, is associated with significant side effects; therefore, its use is typically delayed until functional impairment emerges in the PD patient. Because of this delay, there are additional burdens set upon both the patient and the healthcare system.

There are existing and emerging treatments and strategies that have the potential to improve outcomes and delay disease progression. It is the goal of this program to provide practitioners with knowledge of the overall impact of PD and early treatment, methods for identification and diagnosis of patients with PD, and evidence-based strategies for early treatment of PD.

EDUCATIONAL OBJECTIVES

After completing this activity, the participant should be able to:

- Describe the primary rationales for early diagnosis and treatment of Parkinson's disease (PD).
- Discuss the appropriate role of levodopa, dopamine agonists, and monoamine oxidase type B inhibitors in the early treatment of PD.
- Explain the importance of treating PD-related comorbidities to improve quality of life and delay functional impairment.
- Describe how appropriate early treatment can delay symptoms and thereby lower long-term costs of treatment.
- Discuss PD risk factors and techniques for differential diagnosis.

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All educational materials are reviewed for fair balance, scientific objectivity of studies reported, and levels of evidence.

Physician Continuing Medical Education

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the University of Cincinnati. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The University of Cincinnati designates this educational activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacist Continuing Education

Accreditation Statement

 Pharmacy Times Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program is approved for 2.5 contact hours (0.25 CEUs) under the ACPE universal program number of 0290-9999-10-009-H01-P. This program is available for CE credit through March 31, 2011.