Neurodegenerative Diseases

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Introduction

Common neurodegenerative diseases
Alzheimer disease
Parkinson disease
Their incidence increases with age
They are major causes of disability and dependency in old age

Parkinson disease

Second commonest neurodegenerative disease
 Degeneration (Reduced dopamine release) in basal ganglia
 motor, oculo-motor, associative, limbic and orbitofrontal circuits

Atrophy of basal ganglia



x = -1, y = -36, z = -49

Lewy body (alpha-synuclein) in a neurone in substantia nigra



Clinical features

- Insidious onset in 6th -7th decade of life
- Genetic and environmental (pesticide, manganese, amphetamine, repeated head injury)
- Motor symptoms
 - Rigidity
 - Resting Tremor in limbs (asymmetrical)
 - Slow movement
 - Fall



Non-motor symptoms

- Sleep disturbance
- Unstable bladder
- Constipation
- Cognitive impairment
- Anxiety and depression

Treatment

Drugs

- L dopa and an inhibitor of conversion which cannot cross blood brain barrier
- Dopamine agonist
- Monoamine oxidase type B inhibitor
- Deep brain electrical stimulation
- Stem cell therapy

Limitations of current treatment

- Symptomatic only
- Gradual deterioration over ten years
- Side effects dyskinesia, confusion, hyperactivity (sex, shopping, gambling)
- On-off effect of L Dopa
- Not effective for non-motor symptoms or fall
- Dementia after ten years on average
- Atypical forms of Parkinsonism do not respond to treatment

Dementia (Alzheimer disease)

Symptoms of Dementia

Forgetfulness Getting lost in familiar settings Lose interest in family Deterioration of work performance Disorientation (time and place) Behavioral changes Slower walking/ falls

Diagnosis of Dementia

- Cognitive impairment affecting daily living short term memory, orientation, ADL function, mood
- Corroborated by caregivers
- Objective evidence of cognitive impairment

Early Stage

Loss of advanced ADL Insight Anxiety, Depression Social relationship problems Drug/ lifestyle nonadherence Nutritional problems Financial management Home safety

Moderate Stage

Loss of Basic ADL
Home safety
Caregiver support
Behavioral problems
Depression
Psychosis
Loss of insight

Late Stage

- Instability
- Physical dependency
- Somnolence
- Feeding problems
- Psychiatric problems
- End of life issues

Behavioural Problems

Emotional outburst Accusation of theft/ infidelity Wandering Refusal to bath Urinate outside toilet Sexual harassment Delusion/Hallucination Day night reversal



Alzheimer's Disease

Tangles

Atrophy

Plague

Discrepancy between amyloid deposit and brain hypoactivity



Functional and dysfunctional Tau protein



Alzheimer disease and cerebrovascular disease



Drug therapy for AD

Exelon[®] on cognition: greater benefits with earlier therapy



Adverse effects of chlolinesterase inhibitors

- Nausea (11%)
- Anorexia (10%)
- Vomiting (5%)
- Insomnia (9%)
- □ Dizziness (8%)
- Muscle cramps (5%)
- Nightmares (up to 10%)

Adverse effects of Chlolinesterase inhibitors

Most patients do not have adverse effects
Side effects are dose dependent
less frequent if dose is titrated up
Usually remit over time or if dose reduced
Exelon patch may have less GI upset

Ebixa (memantine)

An uncompetitive NMDA antagonist Effective for AD and VaD Well tolerated Proven efficacy and safety by FDA & EMEA (moderate/severe AD) Available in tablets (10mg b.d.)

Glutamate-glutamine cycle in AD



Major tranquillizer (dopamine antagonist) Commonly used to "control" behavioral problems in AD They reduce agitation and aggression, but most other behavioral problems do not respond There is evidence that they lead to dependency and increased mortality

Side effects include Parkinsonism, sedation, falls

Other drugs to stabilize mood

- Memantine
- Anti-depressantsSSRI
 - Trazodone
- Anti-convulsants
 - Sodium valproateCarbamazepine



Day Care Group & Individualized activities







ADCARER.COM



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短片:「小小花」 讓我們了解多一點腦退化症患者的世界

Short Film: "The Little Flower" "Understanding dementia: A different reality"







Conclusions

Neurodegenerative disease is a major challenge to health and quality of life in old age Current treatments have limited effectiveness Psychosocial interventions are important in the management of these incurable diseases Alternative medicine may have a significant role to play in symptom relief or prevention