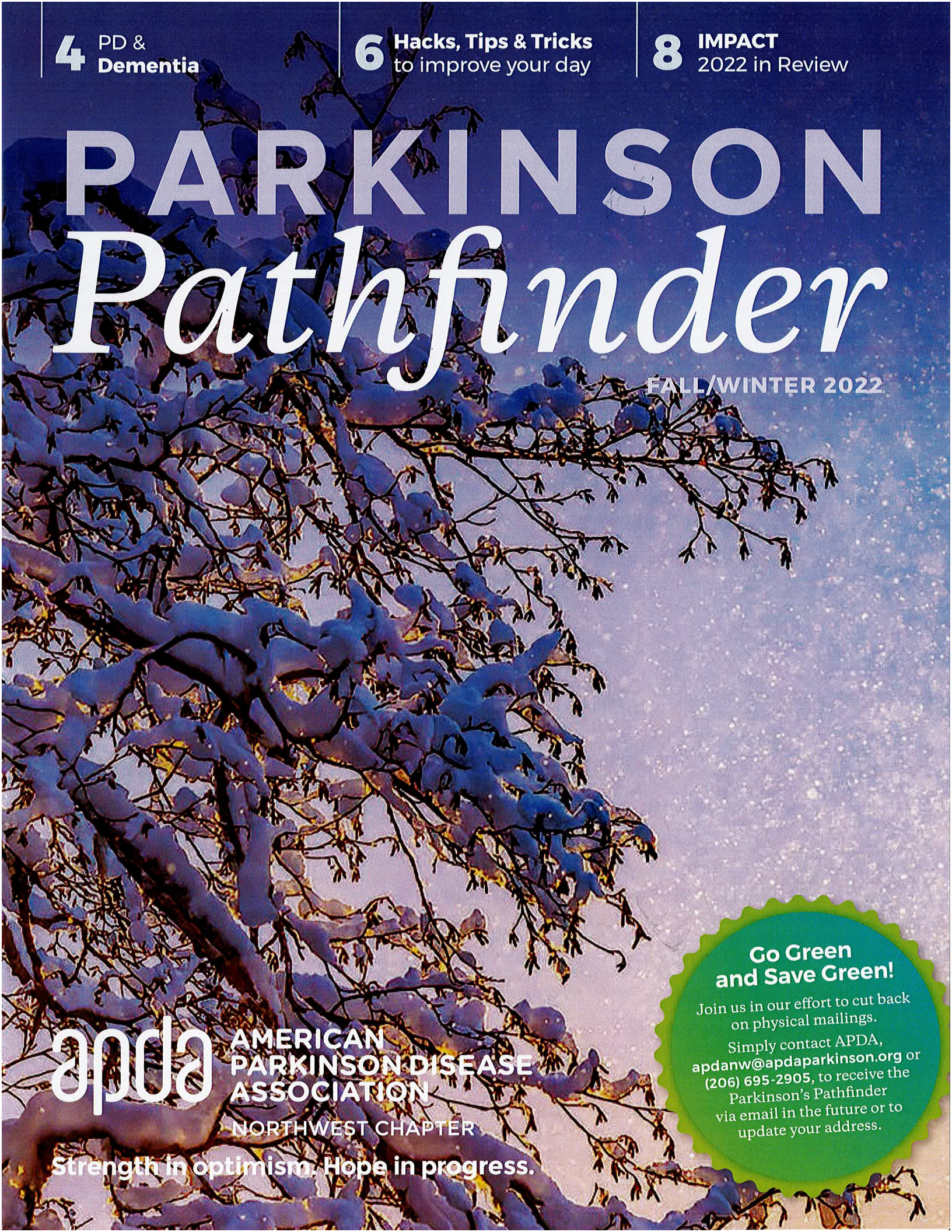
PARKINSON *Pathfinder*

FALL/WINTER 2022



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Simply contact APDA, **apdanw@apdaparkinson.org** or **(206) 695-2905**, to receive the Parkinson's Pathfinder via email in the future or to update your address.

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NORTHWEST CHAPTER

Strength in optimism. Hope in progress.

Parkinson's Disease *and* Dementia

By **Dr. Arif Khan, MD**

Within the Parkinson's disease (PD) community, much is understood about the physical distress caused by the disease. Tremor, muscle rigidity, balance impairment and slowness of movement are all common symptoms even though they impact everyone differently. A lesser known and not as widely understood symptom that can be a part of PD is cognitive decline.

As PD progresses, many individuals experience significant changes in their abilities to think and process, including difficulties with problem-solving, attention span, memory, as well as planning and following through on the steps needed to complete a small task. As such, new research is being conducted to better understand the link between PD and cognitive decline that may lead to dementia.

What Is Dementia In Parkinson's Disease?

Dementia is an umbrella term for the decline in memory and thinking skills to a level that interferes with normal day-to-day function. There are congenital and hereditary forms of dementia, as well as acquired forms that are often the result of an accident causing head trauma or an infection of the brain. However, the most common are degenerative forms of dementia, including Alzheimer's Disease, Parkinson's Disease Dementia, and Dementia with Lewy Bodies.

In our PD patients, there is often particular concern of whether they have Parkinson's Disease Dementia (PDD) or Dementia with Lewy Bodies (DLB). They are similar diseases characterized by patients having difficulties with mobility and cognition. What is different between PDD and DLB is the timing of when these difficulties occur. DLB patients develop cognitive issues much sooner than PDD patients, sometimes before they even show signs of mobility issues. Both diseases are thought to be caused by the abnormal accumulation of a protein called alpha-synuclein in the brain causing clumps called Lewy bodies. The location of these Lewy bodies can differ between PDD and DLB, leading to earlier development of dementia (the rule of thumb is within one year of developing movement issues). Because of the similarities between PD, PDD, and DLB, current thinking in the medical community is that they should be viewed as related diseases that fall along a continuum of Lewy body disorders.

Symptoms of Dementia

It is important to note that the rate of dementia, just like the rate of motor decline, may vary between patients. In addition, the types of cognitive difficulties may also vary.

Some of these difficulties include the following:

- Orientation to time, date, and place
- Short and long-term memory issues
- Confusion
- Forgetfulness (leaving stove on, misplacing items)
- Keeping focused when carrying out a task
- Problem solving
- Multitasking
- Word finding difficulties
- Hallucinations (Seeing or hearing things that are not real)
- Delusions (Having strange, false beliefs that can lead to suspicion, distrust, paranoia)
- Visuospatial issues (Depth perception, locating objects, navigating when driving)

Over time, these difficulties can significantly impact a patient's happiness, quality of life and ability to live independently. They can also take a toll on the caregivers and surrounding loved ones.

Treating Dementia in PDD & DLB

Some of the problems caused by dementia are fortunately manageable by medication and behavioral strategies. Medications used to improve cognitive function in PDD and DLB are the same ones used for other dementias such as Alzheimer's disease, including donepezil, rivastigmine and memantine. While these medications can be helpful, they ultimately do not cure or slow down the progression of dementia. More research needs to be done to develop more effective treatments.

The SHAPE Trial is a clinical research study showing some promise in treating the cognitive decline. Currently in Phase 2, the study aims to determine whether the investigational drug fosgonimeton (ATH-1017) is safe and effective in improving cognitive symptoms of PDD and DLB. Fosgonimeton has been designed to help stimulate brain cells to function better, to form new connections to other cells, and to ideally prevent cell death in the brain leading to dementia. The drug, which is also being studied in Alzheimer's Disease, represents a new approach to treating dementia in PDD and DLB, by repairing brain cells and rebuilding brain networks.

Conclusion

Dementia impacts many patients with PD, leading to difficulties with managing the complexities of day-to-day life. Research studies, such as the SHAPE Trial, are being conducted in hopes of developing treatments that may repair the brain and improve cognitive function.

Arif Khan, MD is the Medical Director at Northwest Clinical Research Center in Bellevue, Washington. Dr. Khan is a Board-Certified Psychiatrist and an Adjunct Professor of Clinical Medicine at the Pacific Northwest University of Health Sciences. Dr. Khan has been conducting clinical trials in the greater Seattle area since 1984 and founded the Northwest Clinical Research Center in 1995. He has been the Principal Investigator in over 600 clinical trials. In addition, he has published more than 175 scientific papers in leading medical journals.

SHAPE TRIAL

The SHAPE Trial is a Phase 2 Study of an investigational drug for the treatment of Parkinson's Disease Dementia and Dementia with Lewy Bodies.

Successful clinical trials need volunteers! Participants are being recruited by the Northwest Clinical Research Center, Evergreen Healthcare Research, and Inland Northwest Research.

You or someone you know may be eligible if you:

- Are **between 40 and 85** years of age
- Have experienced **memory problems** and have been diagnosed with **Parkinson's Disease Dementia** or **Dementia with Lewy Bodies**
- Have a **reliable support person or caregiver** who is willing to participate in study visits, report on daily activities and oversee or help you with taking fosgonimeton

Additional info:

Study participation and study drug are free to all participants enrolled in the study.

You may receive a stipend to compensate for time and effort for study participation including meals, travel, etc.

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