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運動障害学会 Congress

The *Movement* Disorder Society's

10th International Congress
of Parkinson's Disease and Movement Disorders
October 28 ~ November 2, 2006 ~ Kyoto, Japan

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Welcome Letter

Dear Colleagues,

On behalf of The *Movement* Disorder Society (MDS), we are pleased to welcome you to Kyoto, Japan for the 10th International Congress of Parkinson's Disease and Movement Disorders. The 10th International Congress has been designed to provide an innovative and comprehensive overview of the latest perspectives and research developments in the field of Movement Disorders.

We encourage you to take every opportunity to participate in the Scientific Program which has drawn world renowned speakers and foremost experts in their respective fields. In the next days, the latest research regarding Movement Disorders will be presented and discussed in an open format, offering unique educational opportunities for all delegates.

The International Congress convenes with a series of Opening Seminars and then continues with an array of Plenary, Parallel, Poster and Video Sessions, as well as Lunch Seminars, Controversies and Skills Workshops. New to this year's International Congress, are Meet the Expert Sessions, Young Scientists Best Posters Presentations and Teaching Courses, which have been added to further provide a dynamic and versatile Scientific Program.

Please save time in your schedule to participate in the Opening Ceremony and Welcome Reception on Saturday evening, as well as the Gala Dinner on Wednesday evening. The Welcome Reception and Gala Dinner will celebrate the unique culture of Japan.

On behalf of The *Movement* Disorder Society, we would like to welcome you to Kyoto and thank you for your participation in this auspicious event.

With best regards,

Andrew J. Lees, MD, FRCP
President, The *Movement* Disorder Society, 2005-2006

Eduardo Tolosa, MD
Chair, 2005-2006 Congress Scientific Program Committee

Yoshikuni Mizuno, MD
Chair, 2006 Congress Local Organizing Committee

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Acknowledgements

The *Movement* Disorder Society wishes to acknowledge and thank the following companies for their support of the 10th International Congress of Parkinson's Disease and Movement Disorders:

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MIRAPEX® Tablets
brand of pramipexole dihydrochloride tablets

Brief Summary of Prescribing Information.

INDICATIONS AND USAGE
Treatment of the signs and symptoms of idiopathic Parkinson's disease.

CONTRAINDICATIONS
Demonstrated hypersensitivity to the drug or its ingredients.

WARNINGS
Falling Asleep During Activities of Daily Living: Patients treated with MIRAPEX have reported falling asleep while engaged in activities of daily living, including the operation of motor vehicles, which sometimes resulted in accidents. Although many of these patients reported somnolence while on MIRAPEX, some perceived that they had no warning signs, such as excessive drowsiness, and believed that they were alert immediately prior to the event. Some of these events have been reported as late as one year after the initiation of treatment. Somnolence is a common occurrence in patients receiving MIRAPEX at doses above 1.5 mg/day. Many clinical experts believe that falling asleep while engaged in activities of daily living always occurs in a setting of preexisting somnolence, although patients may not give such a history. For this reason, prescribers should continually reassess patients for drowsiness or sleepiness, especially since some of the events occur well after the start of treatment. Prescribers should also be aware that patients may not acknowledge drowsiness or sleepiness until directly questioned about drowsiness or sleepiness during specific activities. Before initiating treatment with MIRAPEX, patients should be advised of the potential to develop drowsiness and specifically asked about factors that may increase the risk with MIRAPEX, such as concomitant sedating medications, the presence of sleep disorders, and concomitant medications that increase pramipexole plasma levels (e.g., cimetidine—see PRECAUTIONS, Drug Interactions). If a patient develops significant daytime sleepiness or episodes of falling asleep during activities that require active participation (e.g., conversations, eating, etc.), MIRAPEX should ordinarily be discontinued. If a decision is made to continue MIRAPEX, patients should be advised to not drive and to avoid other potentially dangerous activities. While dose reduction clearly reduces the degree of somnolence, there is insufficient information to establish that dose reduction will eliminate episodes of falling asleep while engaged in activities of daily living.

Symptomatic hypotension: Carefully monitor Parkinson's disease patients treated with dopaminergic agonists for signs and symptoms of orthostatic hypotension, especially during dose escalation, and inform them of this risk (see **PRECAUTIONS**, *Information for Patients*). Despite dose orthostatic effects in normal volunteers, clinically significant orthostatic hypotension in clinical trials was not more frequent among those taking MIRAPEX Tablets than among those taking placebo. While this unexpected finding could reflect a unique property of pramipexole, it might also be due to study conditions and the nature of the clinical trial populations. Patients were carefully titrated, and those with active cardiovascular disease or significant orthostatic hypotension at baseline were excluded.

Hallucinations: In three double-blind, placebo-controlled trials in early Parkinson's disease, hallucinations were observed in 9% (35/388) of patients on MIRAPEX compared with 2.6% (6/235) of patients on placebo. In four double-blind, placebo-controlled trials in advanced Parkinson's disease where patients received MIRAPEX and concomitant levodopa, hallucinations were observed in 16.5% (43/260) of patients on MIRAPEX compared with 3.8% (10/264) of patients on placebo. Hallucinations caused treatment discontinuation in 3.1% of early Parkinson's disease patients and 2.7% of advanced Parkinson's disease patients compared with about 0.4% of placebo patients in both populations. Age appears to increase the risk of hallucinations attributable to pramipexole. In early Parkinson's disease patients, the risk of hallucinations was 1.9 times greater than placebo in patients <65 years and 6.8 times greater than placebo in patients >65 years. In advanced Parkinson's disease patients, the risk of hallucinations was 3.5 times greater than placebo in patients <65 years and 5.2 times greater than placebo in patients >65 years.

PRECAUTIONS
Rhabdomyolysis: A single case occurred in a 49-year-old man with advanced Parkinson's disease treated with MIRAPEX Tablets. The patient was hospitalized with an elevated CPK (10,631 IU/L). Symptoms resolved with medication discontinuation.

Renal: Exercise caution when prescribing MIRAPEX to patients with renal insufficiency (see full Prescribing Information, **DOSAGE AND ADMINISTRATION**).

Dyskinesia: MIRAPEX may potentiate the dopaminergic side effects of levodopa and may cause or exacerbate preexisting dyskinesia. Levodopa dose reduction may ameliorate this side effect.

Retinal pathology in albino rats: Pathologic changes (degeneration and loss of photoreceptor cells) were observed in the retina of albino rats in the 2-year carcinogenicity study. While retinal degeneration was not diagnosed in pigmented rats treated for 2 years, a thinning in the outer nuclear layer of the retina was slightly greater in rats given drug compared with controls. No similar changes were seen in albino mice, monkeys, and minipigs. The potential significance of this effect in humans has not been established but cannot be disregarded, because disruption of a mechanism that is universally present in vertebrates (i.e., disk shedding) may be involved (see full Prescribing Information, **ANIMAL TOXICOLOGY**).

Events Reported With Dopaminergic Therapy
Although the events listed below have not been reported in pramipexole clinical trials, they are associated with the use of other dopaminergic drugs. The expected incidence of these events, however, is so low that even if pramipexole caused these events at rates similar to those attributable to other dopaminergic therapies, it would be unlikely that even a single case would have occurred in a cohort of the size exposed to pramipexole in studies to date.

Withdrawal-emergent hyperpyrexia and confusion: A symptom complex resembling the neuroleptic malignant syndrome (characterized by elevated temperature, muscular rigidity, altered consciousness, and autonomic instability), with no other obvious etiology, has been reported with rapid dose reduction, withdrawal of, or changes in antiparkinsonian therapy.

Fibrotic complications: Cases of retroperitoneal fibrosis, pulmonary infiltrates, pleural effusion, and pleural thickening have been reported in some patients treated with ergot-derived dopaminergic agents. While these complications may resolve with drug discontinuation, complete resolution does not always occur.
Although these adverse events are believed to be related to the ergoline structure of these compounds, whether other, nonergot-derived dopamine agonists can cause them is unknown.

Information for patients: Instruct patients to take MIRAPEX only as prescribed. Alert patients to the potential sedating effects associated with MIRAPEX, including somnolence and the possibility of falling asleep while engaged in activities of daily living. Since somnolence is a frequent adverse event with potentially serious consequences, patients should neither drive a car nor engage in other potentially dangerous activities until they have gained sufficient experience with MIRAPEX to gauge whether or not it affects their mental and/or motor performance adversely. Advise patients that if increased somnolence or new episodes of falling asleep during activities of daily living (e.g., watching television, passenger in a car, etc.) are experienced at any time during treatment, they should not drive or participate in potentially dangerous activities until they have contacted their physician. Because of possible additive effects, caution should be advised when patients are taking other sedating medications or alcohol in combination with MIRAPEX and when taking concomitant medications that increase plasma levels of pramipexole (e.g., cimetidine). Inform patients that hallucinations can occur and that the elderly are at a higher risk than younger patients. Patients may develop postural (orthostatic) hypotension with or without symptoms such as dizziness, nausea, fainting or blackouts, and, sometimes, sweating. Hypotension may occur more frequently during initial therapy. Accordingly, caution patients against rising quickly after sitting or lying down, especially if they have been doing so for prolonged periods and especially at the initiation of treatment. Because the teratogenic potential of pramipexole is not completely established, and because experience in humans is limited, advise patients to notify their physicians if they become pregnant or intend to become pregnant during therapy (see **PRECAUTIONS**, Pregnancy). Because pramipexole may be excreted in breast milk, advise patients to notify their physicians if they intend to breast-feed or are breast-feeding an infant. Advise patients who develop nausea that taking MIRAPEX with food may reduce the occurrence of nausea.

Laboratory tests: During the development program, no systematic abnormalities on routine laboratory testing were noted. Therefore, no specific guidance is offered regarding routine monitoring; the practitioner retains responsibility for determining how best to monitor the patient.

Drug Interactions
Carbidopa/levodopa: Carbidopa/levodopa did not influence pramipexole pharmacokinetics in healthy volunteers. Pramipexole did not alter the extent of absorption (AUC) or the elimination of carbidopa/levodopa, although it caused an increase in levodopa C_{max} by about 40% and a decrease in T_{max} from 2.5 to 0.5 hours.

Selegiline: Selegiline did not influence pramipexole pharmacokinetics in healthy volunteers.

Amantadine: Population pharmacokinetic analysis suggests that amantadine is unlikely to alter oral pramipexole clearance.

Cimetidine: Cimetidine, a known inhibitor of renal tubular secretion of organic bases via the cationic transport system, caused a 50% increase in pramipexole AUC and a 40% increase in half-life.

Probenecid: Probenecid, a known inhibitor of renal tubular secretion of organic acids via the anionic transporter, did not noticeably influence pramipexole pharmacokinetics.

Other drugs eliminated via renal secretion: Population pharmacokinetic analysis suggests that coadministration of drugs secreted by cationic transport (e.g., cimetidine, ranitidine, diltiazem, triamterene, verapamil, quinidine, and quinine) decreases oral pramipexole clearance by about 20%, while those secreted by anionic transport (eg, cephalosporins, penicillins, indomethacin, hydrochlorothiazide, and chlorpropamide) are likely to have little effect on oral pramipexole clearance.

CYP interactions: Cytochrome P450 enzyme inhibitors are not expected to affect pramipexole elimination, because pramipexole is not appreciably metabolized by these enzymes in vivo or in vitro. Studies indicate that pramipexole will not inhibit CYP enzymes at plasma concentrations observed following the highest recommended clinical dose (1.5 mg tid).

Dopamine antagonists: Dopamine antagonists, such as the neuroleptics (phenothiazines, butyrophenones, thioxanthenes) or metoclopramide, may diminish the effectiveness of MIRAPEX.

Drug/laboratory test interactions: No known interactions.

Carcinogenesis, mutagenesis, fertility impairment: Two-year pramipexole carcinogenicity studies were conducted in mice and rats. Pramipexole was fed to CD-1 MRH mice at doses 0.3, 2.2, and 11 times the highest recommended human dose (1.5 mg tid) on a mg/m² basis and to Wistar rats at doses resulting in plasma AUCs equal to 0.3, 2.5, and 12.5 times the AUC in humans receiving 1.5 mg tid. No significant increases in tumors occurred in either species. Pramipexole was not mutagenic or clastogenic in the in vitro Ames assay, V79 gene mutation assay for HGPRT mutants, chromosomal aberration assay in Chinese hamster ovary cells, and in vivo mouse micronucleus assay. In rat fertility studies, a pramipexole dose 5.4 times the highest human dose on a mg/m² basis prolonged estrus cycles and inhibited implantation. These effects were associated with reduced serum prolactin levels, a hormone necessary for implantation and maintenance of early pregnancy in rats.

Pregnancy: Pregnancy Category C. Pramipexole given to female rats throughout pregnancy inhibited implantation at a dose 5.4 times the highest human dose on a mg/m² basis. Pregnant rats given pramipexole during the period of organogenesis (gestation days 7 through 16) at a dose resulting in a plasma AUC 4.3 times the AUC in humans receiving 1.5 mg tid resulted in a high incidence of total resorption of embryos. These findings are probably due to pramipexole's prolactin-lowering effect, since prolactin is necessary for implantation and maintenance of early pregnancy in rats (but not rabbits or humans). Because of pregnancy disruption and early embryonic loss in these studies, pramipexole's teratogenic potential could not be adequately evaluated. In pregnant rabbits given pramipexole during organogenesis, there was no evidence of adverse effects on embryo-fetal development following administration of doses resulting in a plasma AUC 71 times the AUC in humans receiving 1.5 mg tid. Postnatal growth was inhibited in the offspring of rats treated with a dose approximately equivalent to the highest human dose on a mg/m² basis or greater during latter pregnancy and throughout lactation. Pramipexole was not studied in human pregnancy. Because animal reproduction studies are not always predictive of human response, use pramipexole during pregnancy only if the potential benefit outweighs the potential risk to the fetus.

Nursing mothers: A single-dose, radio-labeled study showed that drug-related materials were excreted into breast milk of lactating rats. Radioactivity concentrations in milk were three to six times higher than plasma concentrations at equivalent time points. Other studies have shown that pramipexole inhibits prolactin secretion in humans and rats. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because pramipexole may cause potentially serious adverse reactions in nursing infants, a decision should be made to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric use: Safety and efficacy have not been established.

Geriatric use: Pramipexole total oral clearance was approximately 30% lower in subjects >65 years compared with younger subjects because of a decline in pramipexole renal clearance due to an age-related reduction in renal function. This resulted in an increase in elimination half-life from approximately 8.5 hours to 12 hours. In clinical studies, 38.7% of patients were >65 years. There were no apparent differences in efficacy or safety between older and younger patients, except that the relative risk of hallucination associated with MIRAPEX was increased in the elderly.

ADVERSE REACTIONS
Patients with either early or advanced Parkinson's disease were enrolled in clinical trials. Apart from disease severity and duration, the two populations differed in use of concomitant levodopa. Patients with early disease did not receive concomitant levodopa during treatment with pramipexole; those with advanced Parkinson's disease all received concomitant levodopa. Because these two populations may have differential risks for various adverse events, data are presented separately by population. Because all premarketing controlled trials used a titration design, confounding time and dose, it is impossible to adequately evaluate effects of dose on incidence of adverse events.

Early Parkinson's Disease
In three double-blind, placebo-controlled trials of patients with early Parkinson's disease, the most commonly observed adverse events (>5%) that were more frequent in the group treated with MIRAPEX Tablets were nausea, dizziness, somnolence, insomnia, constipation, asthenia, and hallucinations.

In double-blind, placebo-controlled trials, approximately 12% of 388 patients treated with MIRAPEX discontinued treatment due to adverse events compared with 11% of 235 patients who received placebo. Adverse events most commonly causing discontinuation for MIRAPEX and placebo, respectively, were hallucinations (3.1% vs 0.4%), dizziness (2.1% vs 1%), somnolence (1.6% vs 0%), extrapyramidal syndrome (1.6% vs 0.4%), headache (1.2% vs 0%), confusion (1.0% vs 0%), and nausea (2.1% vs 0.4%).

Adverse-event incidence in controlled clinical studies in early Parkinson's disease: Table 1 lists treatment-emergent adverse events in double-blind, placebo-controlled studies that were reported by ≥1% of patients treated with MIRAPEX and were more frequent than in the placebo group. Adverse-event intensity was usually mild or moderate. These figures cannot be used to predict adverse-event incidence in usual medical practice where patient characteristics and other factors differ from those in clinical studies. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations. However, the cited figures do provide some basis for estimating the relative contribution of drug and nondrug factors to the adverse-event incidence rate in the population studied.

Table 1.—Treatment-Emergent Adverse-Event* Incidence in Double-Blind, Placebo-Controlled Trials in Early Parkinson's Disease (Events ≥1% of Patients Treated With MIRAPEX and Numerically More Frequent Than in the Placebo Group)

Body System/ Adverse Event	MIRAPEX N=388	Placebo N=235
Body as a Whole		
Asthenia	14	12
General edema	5	3
Malaise	2	1
Reaction unevaluable	2	1
Fever	1	0
Digestive System		
Nausea	28	18
Constipation	14	6
Anorexia	4	2
Dysphagia	2	0
Metabolic & Nutritional System		
Peripheral edema	5	4
Decreased weight	2	0
Nervous System		
Dizziness	25	24
Somnolence	22	9
Insomnia	17	12
Hallucinations	9	3
Confusion	4	1
Amnesia	4	2
Hypesthesia	3	1
Dystonia	2	1
Akathisia	2	0
Thinking abnormalities	2	0
Decreased libido	1	0
Myoclonus	1	0
Special Senses		
Vision abnormalities	3	0
Urogenital System		
Impotence	2	1

*Patients may have reported multiple adverse experiences during the study or at discontinuation; thus, patients may be included in more than one category.

Other events reported by ≥1% of patients treated with MIRAPEX but reported equally or more frequently in the placebo group were infection, accidental injury, headache, pain, tremor, back pain, syncope, postural hypotension, hypertonia, depression, abdominal pain, anxiety, dyspepsia, flatulence, diarrhea, rash, ataxia, dry mouth, extrapyramidal syndrome, leg cramps, twitching, pharyngitis, sinusitis, sweating, rhinitis, urinary tract infection, vasodilation, flu syndrome, increased saliva, tooth disease, dyspnea, increased cough, gait abnormalities, urinary frequency, vomiting, allergic reaction, hypertension, pruritus, hypokinesia, increased creatine PK, nervousness, dream abnormalities, chest pain, neck pain, paresthesia, tachycardia, vertigo, voice alteration, conjunctivitis, paralysis, accommodation abnormalities, tinnitus, diplopia, and taste perversions. In a fixed-dose study in early Parkinson's disease, occurrence of the following events increased in frequency as the dose increased over the range from 1.5 mg/day to 6 mg/day: postural hypotension, nausea, constipation, somnolence, and amnesia. The frequency of these events was generally 2-fold greater than placebo for pramipexole doses greater than 3 mg/day. The incidence of somnolence with pramipexole at a dose of 1.5 mg/day was comparable to that reported for placebo.

Advanced Parkinson's Disease
In four double-blind, placebo-controlled trials of patients with advanced Parkinson's disease, the most commonly observed adverse events (>5%) that were more frequent in the group treated with MIRAPEX and concomitant levodopa were postural (orthostatic) hypotension, dyskinesia, extrapyramidal syndrome, insomnia, dizziness, hallucinations, accidental injury, dream abnormalities, confusion, constipation, asthenia, somnolence, dystonia, gait abnormality, hypertonia, dry mouth, amnesia, and urinary frequency. Approximately 12% of 260 patients with advanced Parkinson's disease who received MIRAPEX and concomitant levodopa in double-blind, placebo-controlled trials discontinued treatment due to adverse events compared with 18% of 264 patients who received placebo and concomitant levodopa. Events most commonly causing treatment discontinuation for MIRAPEX and placebo, respectively, were hallucinations (2.7% vs 0.4%), dyskinesia (1.9% vs 0.8%), extrapyramidal syndrome (1.5% vs 4.9%), dizziness (1.2% vs 1.5%), confusion (1.2% vs 2.3%), and postural (orthostatic) hypotension (2.3% vs 1.1%).

Adverse-event incidence in controlled clinical studies in advanced Parkinson's disease: Table 2 lists treatment-emergent adverse events that occurred in the double-blind, placebo-controlled studies that were reported by ≥1% of patients treated with MIRAPEX and were more frequent than in the placebo group. In these studies, MIRAPEX or placebo was administered to patients who were also receiving concomitant levodopa. Adverse-event intensity was usually mild or moderate. These figures cannot be used to predict adverse-event incidence in usual medical practice where patient characteristics and other factors differ from those in clinical studies. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations. However, the cited figures do provide some basis for estimating the relative contribution of drug and nondrug factors to the adverse-events incidence rate in the population studied.

Table 2.—Treatment-Emergent Adverse-Event* Incidence in Double-Blind, Placebo-Controlled Trials in Advanced Parkinson's Disease (Events ≥1% of Patients Treated With MIRAPEX and Numerically More Frequent Than in the Placebo Group)

Body System/ Adverse Event	MIRAPEX N=260	Placebo N=264
Body as a Whole		
Accidental injury	17	15
Asthenia	10	8
General edema	4	3
Chest pain	3	2
Malaise	3	2
Cardiovascular System		
Postural hypotension	53	49
Digestive System		
Constipation	10	9
Dry mouth	7	3
Metabolic & Nutritional System		
Peripheral edema	2	1
Increased creatine PK	1	0
Musculoskeletal System		
Arthritis	3	1
Twitching	2	0
Bursitis	2	0
Myasthenia	1	0
Nervous System		
Dyskinesia	47	31
Extrapyramidal syndrome	28	26
Insomnia	27	22
Dizziness	26	25
Hallucinations	17	4
Dream abnormalities	11	10
Confusion	10	7
Nervous System (cont)		
Somnolence	9	6
Dystonia	8	7
Gait abnormalities	7	5
Hypertonia	7	6
Amnesia	6	4
Akathisia	5	2
Thinking abnormalities	5	2
Paranoid reaction	2	0
Delusions	1	0
Sleep disorders	1	0
Respiratory System		
Dyspnea	4	3
Rhinitis	3	1
Pneumonia	2	0
Skin & Appendages		
Skin disorders	2	1
Special Senses		
Accommodation abnormalities	4	2
Vision abnormalities	3	1
Diplopia	1	0
Urogenital System		
Urinary frequency	6	3
Urinary tract infection	4	3
Urinary incontinence	2	1

*Patients may have reported multiple adverse experiences during the study or at discontinuation; thus, patients may be included in more than one category.
Patients received concomitant levodopa.

Other events reported by ≥1% of patients treated with MIRAPEX but reported equally or more frequently in the placebo group were nausea, pain, infection, headache, depression, tremor, hypokinesia, anorexia, back pain, dyspepsia, flatulence, ataxia, flu syndrome, sinusitis, diarrhea, myalgia, abdominal pain, anxiety, rash, paresthesia, hypertension, increased saliva, tooth disorder, apathy, hypotension, sweating, vasodilation, vomiting, increased cough, nervousness, pruritus, hypesthesia, neck pain, syncope, arthralgia, dysphagia, palpitations, pharyngitis, vertigo, leg cramps, conjunctivitis, and lacrimation disorders.

Adverse events—relationship to age, gender, and race: Among the treatment-emergent adverse events in patients treated with MIRAPEX, hallucination appeared to exhibit a positive relationship to age. No gender-related differences were observed. An evaluation of adverse events related to race was not possible (only 4% non-Caucasian enrollees).

Other adverse events observed during all phase 2 and 3 clinical trials: 1,408 individuals received MIRAPEX during all clinical trials (Parkinson's disease and other patient populations), 648 of whom were in seven double-blind, placebo-controlled Parkinson's disease trials. During these trials, all adverse events were recorded by the clinical investigators using their own terminology. Listed below are similar types of events, grouped into a smaller number of standardized categories using modified COSTART dictionary terminology. These events occurred in <1% of the 1,408 individuals exposed to MIRAPEX and occurred on at least two occasions (one if the event was serious). All reported events, except those already listed above, are included without regard to determination of a causal relationship to MIRAPEX. Events are listed within body-system categories in order of decreasing frequency.

Body as a Whole: enlarged abdomen, death, fever, and suicide attempt. ***Cardiovascular System:*** peripheral vascular disease, myocardial infarction, angina pectoris, atrial fibrillation, heart failure, arrhythmia, atrial arrhythmia, and pulmonary embolism. ***Digestive System:*** thirst.
Musculoskeletal System: joint disorder and myasthenia. ***Nervous System:*** agitation, CNS stimulation, hyperkinesia, psychosis, and convulsions. ***Respiratory System:*** pneumonia. ***Special Senses:*** cataract, eye disorder, and glaucoma. ***Urogenital System:*** dysuria, abnormal ejaculation, prostate cancer, hematuria, and prostate disorder. ***Falling Asleep During Activities of Daily Living:*** Patients treated with MIRAPEX have reported falling asleep while engaged in activities of daily living, including operation of a motor vehicle, which sometimes resulted in accidents (see boxed WARNING). ***Post-Marketing Experience:*** In addition to the adverse events reported during clinical trials, the following adverse reactions have been identified during post-approval use of MIRAPEX Tablets. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Decisions to include these reactions in labeling are typically based on one or more of the following factors: (1) seriousness of the reaction, (2) frequency of reporting, or (3) strength of causal connection to MIRAPEX Tablets. Similar types of events were grouped into a smaller number of standardized categories using the MedDRA dictionary: accidents (including fall), compulsive behaviors (including sexual and pathological gambling), fatigue, hallucinations (all kind), headache, hypotension (including postural hypotension), libido disorders, syncope, and tics/Tourette.

DRUG ABUSE AND DEPENDENCE
Pramipexole is not a controlled substance. Although not systematically studied for abuse, tolerance, or physical dependence potential, pramipexole had little or no effect in a rat model of cocaine self-administration.

OVERDOSAGE
There is no clinical experience with massive overdosage. No adverse events were reported when one patient took 11 mg/day of pramipexole for 2 days (two to three times the protocol-recommended daily dose). Blood pressure remained stable, although pulse rate increased to between 100 and 120 beats/minute. The patient withdrew from the study at the end of week 2 due to lack of efficacy. There is no known antidote for dopamine agonist overdosage. If signs of CNS stimulation are present, a phenothiazine or other butyrophenone neuroleptic agent may be indicated, but efficacy in reversing overdosage effects has not been assessed. General supportive measures along with gastric lavage, intravenous fluids, and electrocardiogram monitoring may be required.

DOSAGE AND ADMINISTRATION
In all clinical studies, dosage was initiated at a subtherapeutic level to avoid intolerable adverse effects and orthostatic hypotension. Gradually titrate dosage in all patients. Increase dosage to achieve a maximum therapeutic effect, balanced against the principal side effects of dyskinesia, hallucinations, somnolence, and dry mouth.

Dosing in Patients With Normal Renal Function
Initial treatment: Increase dosages gradually i.e., not more frequently than every 5 to 7 days, from a starting dose of 0.375 mg/day given in three divided doses. Refer to full Prescribing Information for the suggested ascending dosage schedule that was used in clinical studies.
Maintenance treatment: MIRAPEX Tablets were effective and well tolerated over a dosage range of 1.5 to 4.5 mg/day, administered in equally divided doses three times per day with or without concomitant levodopa (approximately 800 mg/day). In a fixed-dose study in early Parkinson's disease patients, doses of 3 mg, 4.5 mg, and 6 mg per day of MIRAPEX were not shown to provide any significant benefit beyond that achieved at a daily dose of 1.5 mg/day. However, in the same fixed-dose study, the following adverse events were dose related: postural hypotension, nausea, constipation, somnolence, and amnesia. The frequency of these events was generally 2-fold greater than placebo for pramipexole doses greater than 3 mg/day. The incidence of somnolence reported with pramipexole at a dose of 1.5 mg/day was comparable to placebo. Consider reducing levodopa dosage when MIRAPEX is used in combination. In a controlled study in advanced Parkinson's disease, levodopa dosage was reduced by an average of 27% from baseline.
Patients with renal impairment: Dosage adjustments are recommended for patients with moderate to severe impairment (see full Prescribing Information, **DOSAGE AND ADMINISTRATION**). The use of MIRAPEX has not been studied in patients with very severe impairment.
Treatment discontinuation: Discontinue MIRAPEX over a period of 1 week; in some studies, however, abrupt discontinuation was uneventful.

Store at 25°C (77°F); excursions permitted to 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature]. Protect from light.

Store in a safe place out of the reach of children.

Rx only

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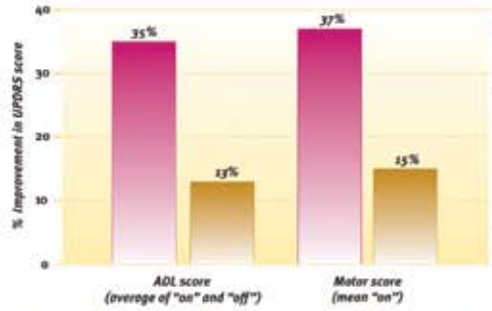
Boehringer Ingelheim

FOR THE INITIAL AND LONG-TERM TREATMENT OF PARKINSON'S DISEASE (PD)

Combination MIRAPEX improves functioning while saving levodopa

MIRAPEX significantly improved activities of daily living (UPDRS II)* and motor symptoms (UPDRS III) vs placebo[1]



levodopa + MIRAPEX

levodopa + placebo

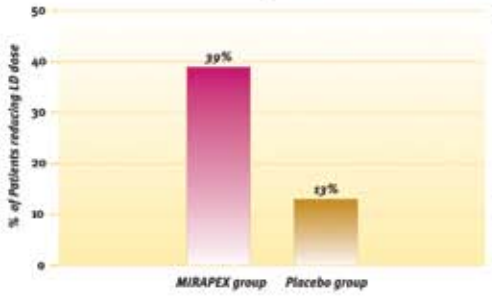
p= .0001 for each analysis

*ADL=activities of daily living;

UPDRS=Unified Parkinson's Disease Rating Scale.

Significantly more patients taking MIRAPEX needed less levodopa (LD)[1]

IN THE MIRAPEX GROUP, MEAN LD DOSE REDUCTION WAS 103 mg VS 18 mg IN THE PLACEBO GROUP



p=.001

Multicenter, double-blind, placebo-controlled, parallel-group, 31-week trial in 354 patients with PD on LD and experiencing motor fluctuations. **Dosing:** patients were titrated to a maximum dose of 4.5 mg/d MIRAPEX or placebo. **Analysis:** primary endpoints were the change from baseline to week 31 of the average UPDRS II score during "on" and "off" and the average UPDRS III score during "on."

MIRAPEX demonstrated the following additional significant benefits vs placebo:

- Reduction in **mean daily "off" time** of approximately 2.5 hours/day (p=.0001)
- Good global clinical **assessment of efficacy** (85% vs 33%; p<.001)

Reference: 1. Möller JC, Oertel WH, Köster J, Pezzoli G, Provinciali L. Long-term efficacy and safety of pramipexole in advanced Parkinson's disease: results from a European multicenter trial. *Mov Disord*. 2005;20:602-610.

IMPORTANT INFORMATION ABOUT MIRAPEX:

- MIRAPEX is indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease.
- Patients have reported falling asleep without perceived warning signs during activities of daily living, including operation of a motor vehicle, which sometimes resulted in accidents. Hallucinations and postural (orthostatic) hypotension may occur.
- The most commonly reported adverse events in early and late disease in clinical trials were dizziness, dyskinesia, extrapyramidal syndrome, hallucinations, headache, insomnia, somnolence, and nausea.

Please see accompanying Brief Summary of Prescribing Information. Prescription Information might differ by country. Please see the locally approved Prescription Information in each country.

Boehringer Ingelheim

ドパミン作動性パーキンソン病治療剤

ビ・シフロール® 錠 0.125mg 0.5mg

BI-Sifrol®Tablets 0.125mg·0.5mg (塩酸プラミペキソール水和物製剤)

Mirapex®

pramipexole dihydrochloride tablets

Managing movement and more

Organization

The *Movement* Disorder Society (MDS) is an international, professional society of clinicians, scientists, and other healthcare professionals who are interested in Parkinson's disease, related neurodegenerative and neurodevelopmental disorders, hyperkinetic Movement Disorders, and abnormalities in muscle tone and motor control. The spectrum of clinical disorders represented by the Society includes, but is not limited to:

Ataxia
Blepharospasm
Dysphonia
Dystonic disorders
Gait disorders
Huntington's disease
Myoclonus
Parkinson's disease
Restless legs syndrome
Spasticity
Tardive dyskinesia
Tics and Tourette syndrome
Tremor

The *Movement* Disorder Society (MDS) was founded in 1985 on the initiative of Professors Stanley Fahn and C. David Marsden, whose leadership and vision guided the expansion of clinical expertise and research in this field. The organization merged in 1988 with the International Medical Society for Motor Disturbances.

Created not only to further the goals and objectives of MDS International, The *Movement* Disorder Society's regional sections, the Asian and Oceanian Section and European Section, strive to increase the interest, education and participation of neurologists, Movement Disorder specialists, non-Movement Disorder specialists, trainees, allied health professionals and scientists in the Asian, Oceanic and European regions.

Purpose, Mission and Goals

Purpose:

The objective and mission of the Society shall be to advance the neurological sciences pertaining to Movement Disorders; to operate exclusively for scientific, scholarly and educational purposes; to encourage research; to provide forums, such as medical journals, scientific symposia and International Congresses, for sharing ideas and advancing the related clinical and scientific disciplines; to encourage interest and participation in the activities of the Society among healthcare and allied professionals and scientists; and to collaborate with other related professional and lay organizations.

Mission and Goals:

To disseminate knowledge about Movement Disorders by:

- Providing educational programs for clinicians, scientists and the general public designed to advance scientific and clinical knowledge about Movement Disorders;
- Sponsoring International Congresses and symposia on Movement Disorders;
- Collaborating with other international organizations and lay groups;
- Publishing journals, videotapes and other collateral materials committed to high scientific standards and peer review.

To promote research into causes, prevention and treatment of Movement Disorders by:

- Using the Society's influence and resources to enhance support for research;
- Facilitating the dissemination of information about research;
- Encouraging the training of basic and clinical scientists in Movement Disorders and related disorders.

To formulate and promote public policy that will favorably affect the care of patients with Movement Disorders by:

- Working with regulatory agencies to assist them in the approval process of safe and effective therapeutic interventions;
- Informing the public (media) and patient support groups of new research and therapeutic advances;
- Playing a proactive role in the development of policies that affect support of research and patient care;
- Developing standards of training in the specialty.

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Organization

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President-Elect
Anthony Lang, Canada
Secretary
Philip Thompson, Australia
Secretary-Elect
Olivier Rascol, France
Treasurer
Daniel Tarsy, USA
Treasurer-Elect
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Santiago Giménez-Roldán, Spain
Shu-Leong Ho, People's Republic of China
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Marie Vidailhet, France

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2003-2004 C. Warren Olanow, USA
2001-2002 Werner Poewe, Austria
1999-2000 Mark Hallett, USA
1997-1998 Eduardo Tolosa, Spain
1995-1996 Joseph Jankovic, USA
1991-1994 C. David Marsden, United Kingdom
1988-1991 Stanley Fahn, USA

International Medical Society for Motor Disturbances

Past Presidents
1993-1994 C. Warren Olanow, USA
1991-1992 Bastian Conrad, Germany
1989-1990 Mark Hallett, USA
1987-1988 Mario Manfredi, Italy
1985-1986 C. David Marsden, United Kingdom

MDS International Secretariat

The Movement Disorder Society
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823 USA
Tel: +1 414-276-2145
Fax: +1 414-276-3349
E-mail: congress@movementdisorders.org
Web site: www.movementdisorders.org

International Congress Oversight Committee (2005-2006)

Chair: Werner Poewe, Austria
Mark Hallett, USA
Andrew Lees, United Kingdom
C. Warren Olanow, USA
Daniel Tarsy, USA

Congress Scientific Program Committee (2005-2006)

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Co-Chair: Nobuo Yanagisawa, Japan
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Ryuji Kaji, Japan
Ichiro Kanazawa, Japan
Yoichi Katayama, Japan
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Sadako Kuno, Japan
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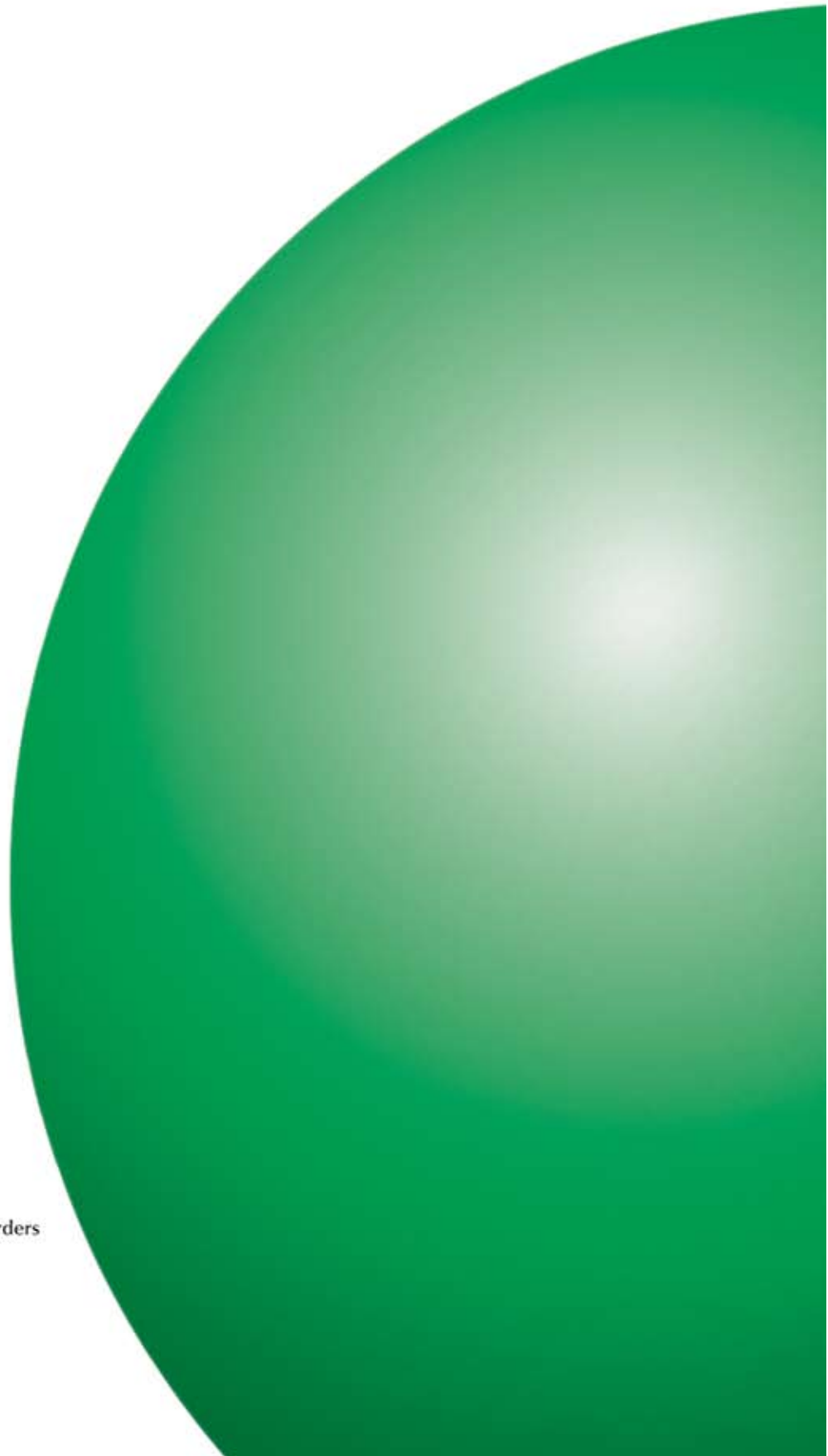
Making a World of Difference for You, Your Family, Your Community



Kyowa is proud to be a
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Kyoto, Japan

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Olivier Rascol
Cristina Sampaio
Anette Schrag (Chair, Project III)
Glenn T. Stebbins

Project Three
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William Mac Donald
Daniel Weintraub

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Webster Ross

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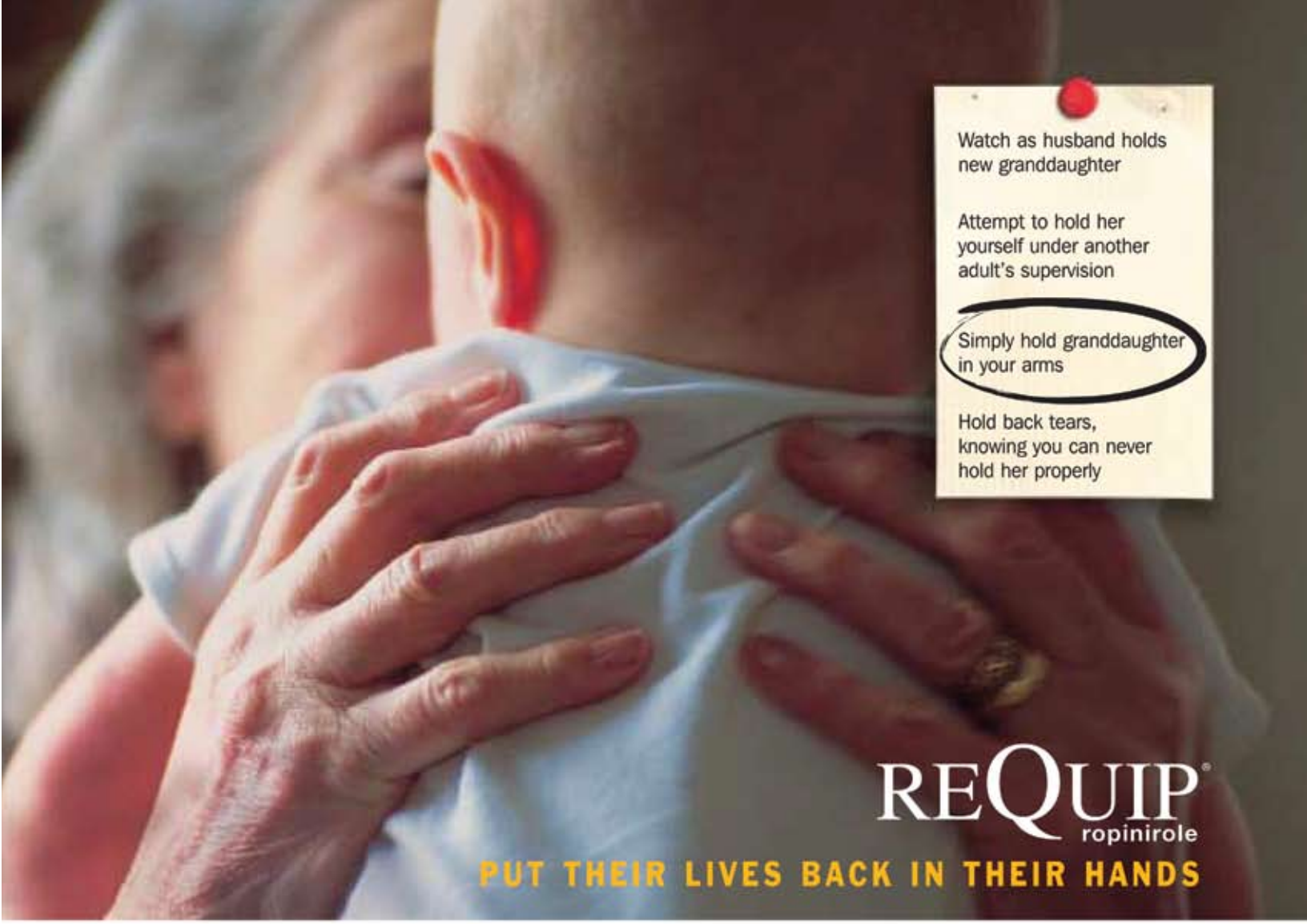
Jean Teresi



REQUIP (ropinirole) Prescribing Information

Presentation *ReQuip* Tablets, PL 10592/0085-0089, each containing ropinirole hydrochloride equivalent to either 0.25, 0.5, 1, 2 or 5 mg ropinirole. Starter Pack (105 tablets), £40.10. Follow On Pack (147 tablets), £74.40; 1 mg tablets - 84 tablets, £47.26; 2 mg tablets - 84 tablets, £94.53; 5 mg tablets - 84 tablets, £163.27. **Indications** Treatment of idiopathic Parkinson's disease. May be used alone (without L-dopa) or in addition to L-dopa to control "on-off" fluctuations and permit a reduction in the L-dopa dose. **Dosage** *Adults:* Three times a day, with meals. Titrate dose against efficacy and tolerability. Initial dose for 1st week should be 0.25 mg t.i.d., 2nd week 0.5 mg t.i.d., 3rd week 0.75 mg t.i.d., 4th week 1 mg t.i.d. After initial titration, dose may be increased in weekly increments of up to 3mg/day until acceptable therapeutic response established. If using Follow On Pack, the dose for 5th week is 1.5mg t.i.d., 6th week 2.0mg t.i.d., 7th week 2.5mg t.i.d., 8th week 3.0mg t.i.d. Do not exceed 24 mg/day. Concurrent L-dopa dose may be reduced gradually by around 20%. When switching from another dopamine agonist follow manufacturer's guidance on discontinuation. Discontinue ropinirole by reducing doses over one week. Renal or hepatic impairment: No change needed in mild to moderate renal impairment. Not studied in severe renal or hepatic impairment - administration not recommended. Elderly: Titrate dose in normal manner. Children: Parkinson's disease does not occur in children - do not give to children. **Contra-indications** Hypersensitivity to ropinirole, pregnancy, lactation and women of child-bearing potential unless using adequate contraception. **Precautions** Caution advised in patients with severe cardiovascular disease and when co-administering with anti-hypertensive and anti-arrhythmic agents. Patients with major psychotic disorders should be treated with dopamine agonists only if potential benefits outweigh the risks. Ropinirole has been associated with somnolence and episodes of sudden sleep onset. Patients must be informed of this and advised to exercise caution while driving or operating machines during treatment with ropinirole. Patients who have experienced somnolence and/or an episode of sudden sleep onset must refrain from driving or operating machines. Caution advised when taking other sedating medication or alcohol in combination with ropinirole. If sudden onset of sleep occurs in patients, consider dose reduction or drug withdrawal. **Drug interactions** Neuroleptics and other centrally active dopamine antagonists may diminish effectiveness of ropinirole - avoid concomitant use. No dosage adjustment needed when co-administering with L-dopa or domperidone. No interaction seen with other Parkinson's disease drugs but take care when adding ropinirole to treatment regimen. Other dopamine agonists may be used with caution. In a study with concurrent digoxin, no interaction seen which would require dosage adjustment. Metabolised by cytochrome P450 enzyme CYP1A2 therefore potential for interaction with substrates or inhibitors of this enzyme - ropinirole dose may need adjustment when these drugs are introduced or withdrawn. Increased plasma levels of ropinirole have been observed with high oestrogen doses. In patients on hormone replacement therapy (HRT) ropinirole treatment may be initiated in normal manner, however, if HRT is stopped or introduced during ropinirole treatment, dosage adjustment may be required. No information on interaction with alcohol - as with other centrally active medications, caution patients against taking ropinirole with alcohol. **Pregnancy and lactation** Do not use during pregnancy - based on results of animal studies. There have been no studies of ropinirole in human pregnancy. Do not use in nursing mothers as lactation may be inhibited. **Adverse reactions** In early therapy: nausea, somnolence, leg oedema, abdominal pain, vomiting and syncope. In adjunct therapy: dyskinesia, nausea, hallucinations and confusion. Postural hypotension, which is commonly associated with dopamine agonists, and decreases in systolic blood pressure have been noted; symptomatic hypotension and bradycardia, occasionally severe, may occur. As with another dopamine agonist, extreme somnolence and/or sudden onset of sleep have been reported rarely, occasionally when driving (see 'Precautions' and 'Effects on ability to drive and use machines'). **Effects on ability to drive and use machines** Patients being treated with ropinirole and presenting with somnolence and/or sudden sleep episodes must be informed to refrain from driving or engaging in activities where impaired alertness may put themselves or others at risk of serious injury or death (e.g. operating machines) until such recurrent episodes and somnolence have resolved. **Overdosage** No incidences reported. Symptoms of overdose likely to be related to dopaminergic activity.

POM

Marketing Authorisation Holder SmithKline Beecham plc t/a GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT.
Further information is available from: Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; customercontactuk@gsk.com;
Freephone 0800 221 441.
Prescribing Information last revised: November 2005.

In order to continually monitor and evaluate the safety of *ReQuip*, we encourage healthcare professionals to report adverse events, pregnancy, overdose and unexpected benefits toGlaxoSmithKline on 0800 221 441.
Please consult the Summary of Product Characteristics for full details on the safety profile of *ReQuip*. Information about adverse event reporting can also be found at www.yellowcard.gov.uk.

Date of preparation: August 2006
REQ/FPA/06/26985/1

GlaxoSmithKline

International Congress Registration and Venue

Badges

All International Congress attendees should have received a name badge with their registration materials. Badges should be worn at all times as they will be used to control access into all International Congress sessions and activities. Individuals will be identified as follows:

Red = Delegate
Yellow = Exhibitor
Orange = Exhibitor Delegate
Green = Guest
Purple = Press
Black = Staff

Dates

Saturday, October 28, through Thursday, November 2, 2006

Hotel Information

Kyoto Takaragaike Prince Hotel
Takaragaike
Sakyo-ku, Kyoto-shi, Kyoto 606-8505
Japan
Telephone: +81-75-712-1111
Fax: +81-75-712-7677
Internet: www.princehotelsjapan.com

The Kyoto Takaragaike Prince Hotel is the nearest hotel to the Kyoto International Conference Hall for the 10th International Congress. It is located just a stone throw's away from the Kyoto International Conference Hall, situated in the tranquil northern part of Kyoto near the pleasant scenery of Lake Takaragaike and stunning views of Mount Hiei. This hotel successfully blends old-world service with modern conveniences, such as an impressive range of ethnic dining facilities, business center, meeting rooms and currency exchange.

JTB Corp., Inc.

JTB Corp, Inc. is the 10th International Congress Housing Bureau. If you have any concerns regarding your hotel accommodations, please contact JTB:

Event & Convention Sales Dept.
Western Japan Regional Headquarters
JTB Bldg. (7F) 2-1-25
Kyutaro-Machi, Chuo-ku
Osaka 541-0056, Japan
Tel: +81 6-6260-5076
Fax: +81 6-6263-0717

Language

The official language of the International Congress is English.

Registration Desk

Location: Main Entrance, First Floor, Kyoto International Conference Hall

Name badges, session tickets, special event tickets and International Congress registration bags can be collected at the International Congress Registration Desk located in the Main Entrance of the Kyoto International Conference Hall.

Registration Desk Hours

Friday, October 27	4:00 p.m. to 8:00 p.m.
Saturday, October 28	7:00 a.m. to 8:30 p.m.
Sunday, October 29	7:00 a.m. to 8:00 p.m.
Monday, October 30	7:00 a.m. to 7:00 p.m.
Tuesday, October 31	7:00 a.m. to 9:00 p.m.
Wednesday, November 1	7:00 a.m. to 7:00 p.m.
Thursday, November 2	7:00 a.m. to 5:30 p.m.

Venue

Kyoto International Conference Hall (KICH)
Takaragaike, Sakyo-ku
Kyoto 606-0001
Japan
Telephone: +81 75-705-1234
Fax: +81 75-705-1100
www.kich.or.jp

International Congress Information

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Abstract Volume

All abstracts accepted for poster presentation have been published in an abstract supplement to the MDS Journal, *Movement* Disorders. Each delegate should have received one copy in their registration bag. MDS members should have received an additional copy with their September journal issue.

Abstracts-On-CD-ROM

All abstracts published in the supplement to the MDS Journal are available by Abstracts-On-CD-ROM sponsored by MDS and supported by an unrestricted educational grant from Medtronic. To obtain a copy, please visit the Medtronic Booth 104 and exchange the Medtronic flyer located in your registration bag.

Continuing Medical Education (CME)

Objectives

As a result of participating in this activity, the attendee should be better able to:

- Describe the pathophysiology and neurobiology of Parkinson's disease and other Movement Disorders;
- Discuss the diagnostic approaches and tools available for Parkinson's disease and other Movement Disorders;
- Discuss the pharmacological and non-pharmacological treatment options available for Parkinson's disease and other Movement Disorders.

Target Audience

The target audience of the 10th International Congress of Parkinson's Disease and Movement Disorders includes clinicians, researchers, post-doctoral fellows, medical residents, medical students and other healthcare professionals with an interest in the current research and approaches for the treatment of Movement Disorders.

Availability of CME Credit

The Scientific Program of the 10th International Congress of Parkinson's Disease and Movement Disorders has been reviewed and approved for Category 1 credit toward the American Medical Association (AMA) Physician's Recognition Award.

The *Movement* Disorder Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education to physicians.

The *Movement* Disorder Society designates this educational activity for a maximum of 45 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Requesting CME Credit Certificates

In order to receive a CME Certificate authenticating participation in this educational activity, International Congress participants must complete and submit a CME Request Form following their participation in the International Congress. CME Request Forms may be found on pages 133-134 of the International Congress Final Program as well as within each participant registration bag. Additional CME Request Forms can be obtained from all meeting room attendants or from the CME Desk near the Registration Desk.

Completed CME Request Forms may be returned to meeting room attendants or the CME Desk situated near the Registration Desk in the Main Entrance of the Kyoto International Conference Hall. This form may also be completed online at www.movementdisorders.org/congress/congress06/ following the International Congress.

Faculty Financial Disclosure Information

It is the policy of The *Movement* Disorder Society (MDS) to ensure balance, independence, objectivity and scientific rigor in all sponsored educational activities. All faculty participating in any MDS sponsored activities are required to disclose to the activity audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the Continuing Medical Education (CME) activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interest may reflect a possible bias in either the exposition or the conclusions presented.

Please see the program addendum in your International Congress registration bag for complete information regarding faculty disclosure of commercial relationships.

International Congress Information

Faculty Disclosure of Unlabeled Product Use Discussion

Presentations which provide information in whole or in part related to non-approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigative nature of their proposed uses to the audience. Speakers who plan to discuss non-approved uses for commercial products and/or devices must advise the International Congress audience of their intent. Please see the program addendum in your International Congress registration bag for complete information regarding faculty disclosure of unlabeled product use discussion.

Evaluations

Please take time to complete the evaluation forms provided for each session you attend. Your input and comments are essential in planning future educational programs for MDS. When completed, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes located throughout the Conference Center, or to the MDS Registration Desk.

Exhibition

Locations: Event Hall and Main Hall Foyer, First Floor, Kyoto International Conference Hall

Please allow adequate time in your daily schedule to visit the exhibits located in the Event Hall and the Main Hall Foyer of the Kyoto International Conference Hall. The exhibition is an integral component of your International Congress experience, offering you the opportunity to speak with representatives of companies that provide services and market products directly related to Movement Disorders. Representatives will be available to discuss these services and products during the following hours:

Monday, October 30	9:00 a.m. to 5:00 p.m.
Tuesday, October 31	9:00 a.m. to 5:00 p.m.
Wednesday, November 1	9:00 a.m. to 5:00 p.m.
Thursday, November 2	9:00 a.m. to 4:30 p.m.

Internet Café

Location: Event Hall, First Floor, Kyoto International Conference Hall

Supported through an unrestricted educational grant from Cambridge Laboratories. Internet access is available to meeting attendees in the Event Hall. Please limit your Internet use to 15 minutes to allow other attendees use of this service.

MDS Exhibit and Information Booth

Location: Main Hall Foyer, First Floor, Kyoto International Conference Hall

The *Movement* Disorder Society (MDS) is an international society of healthcare professionals committed to research and patient care in the fields of Parkinson's disease and other disorders of movement and motor control.

Created not only to further the goals and objectives of MDS International, The *Movement* Disorder Society's regional sections, the Asian and Oceanian Section and European Section, strive to increase the interest, education and participation of neurologists, Movement Disorder specialists, non-Movement Disorder specialists, trainees, allied health professionals and scientists in the Asian, Oceanic and European regions.

MDS supports and promotes a wide range of educational programming and other initiatives to advance scientific understanding and standards of care as they pertain to Movement Disorders. For this, MDS provides forums such as a high ranking journal, scientific symposia and International Congresses.

Attendees are invited to take advantage of MDS member benefits by applying to the Society. Learn more about MDS initiatives and speak with a representative at the MDS Exhibit and Information Booth located in the Main Hall Foyer of the Kyoto International Conference Hall during the following hours:

Saturday, October 28	12:00 p.m. to 6:00 p.m.
Sunday, October 29	8:00 a.m. to 6:00 p.m.
Monday, October 30	8:00 a.m. to 6:00 p.m.
Tuesday, October 31	8:00 a.m. to 6:00 p.m.
Wednesday, November 1	8:00 a.m. to 6:00 p.m.
Thursday, November 2	8:00 a.m. to 4:30 p.m.

No Cameras

Cameras are not permitted in any 10th International Congress educational session or in the poster areas.

Opening Ceremony and Welcome Reception

Location: Main Hall, First Floor, Kyoto International Conference Hall

The Opening Ceremony will take place on Saturday, October 28, at 7:30 p.m. A Welcome Reception will follow immediately after the Opening Ceremony. These events are open to all delegates and registered guests.

International Congress Information

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Tours and Hospitality Desk

Location: Main Entrance, First Floor, Kyoto International Conference Hall

Tours have been arranged by Sunrise Tours.

Please visit the Tours and Hospitality Desk in the Registration Area in the Main Entrance on the first floor of the Kyoto International Conference Hall to collect your tickets. Additional tour tickets may be purchased at the desk, based on availability.

Press Room

Location: Room 102, First Floor, Kyoto International Conference Hall

Members of the working media receive waived registration fees for the 10th International Congress. Journalists and writers should report to the Press Room with their credentials to register for the International Congress and wear their name badge for admittance into MDS sessions. The Press Room will be open during the following hours:

Saturday, October 28	8:00 a.m. to 5:00 p.m.
Sunday, October 29	8:00 a.m. to 5:00 p.m.
Monday, October 30	8:00 a.m. to 5:00 p.m.
Tuesday, October 31	8:00 a.m. to 5:00 p.m.
Wednesday, November 1	8:00 a.m. to 5:00 p.m.
Thursday, November 2	8:00 a.m. to 5:00 p.m.

Scientific Sessions

The 2006 Scientific Program incorporates Opening and Lunch Seminars, Plenary and Parallel Sessions, Skills Workshops, Video Sessions and Poster Sessions. New for 2006, are the Meet the Expert Sessions, Young Scientists Best Posters Presentations and Teaching Courses.

Although the ever popular Opening and Lunch Seminars and Plenary Sessions follow a style similar to the 2004 Rome and 2005 New Orleans International Congresses, Meet the Expert Sessions, Parallel Sessions and Skills Workshops are designed to meet the need for smaller, more focused sessions. These sessions are offered to an audience size of 50-200 participants resulting in greater opportunity for audience participation.

Tickets are required for admission into all Parallel Sessions, Video and Meet the Expert Sessions, and Skills Workshops. There is no additional fee for tickets to these sessions. Please check the Registration Desk for availability of these tickets.

Abstract Poster Sessions

Delegate feedback from past International Congresses has indicated great interest in Poster Sessions. Poster Sessions are featured each day based upon the following schedule:

Poster Session 1
Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
Monday, October 30
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P1-P350

Poster Session 2
Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
Tuesday, October 31
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P351-P693

Poster Session 3
Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
Wednesday, November 1
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P694-P1032

Poster Session 4
Locations: Event Hall, Room E, and Sakura Lounge: First Floor, Kyoto International Conference Hall
Thursday, November 2
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P1033-P1380

Speaker Ready Room

Location: Room 157, First Floor, Kyoto International Conference Hall

All speakers must check-in to the Speaker Ready Room with presentation materials on the day prior to their scheduled presentation. Equipment is available for faculty to review their presentations. Audiovisual personnel will be available for assistance. The Speaker Ready Room hours are as follows:

Friday, October 27	4:00 p.m. to 8:00 p.m.
Saturday, October 28	7:30 a.m. to 6:30 p.m.
Sunday, October 29	7:30 a.m. to 6:30 p.m.
Monday, October 30	7:30 a.m. to 6:30 p.m.
Tuesday, October 31	7:30 a.m. to 6:30 p.m.
Wednesday, November 1	7:30 a.m. to 6:30 p.m.
Thursday, November 2	7:30 a.m. to 4:30 p.m.

Novartis and Orion are proud to be Platinum Supporters of
The *Movement* Disorder Society's 10th International
Congress of Parkinson's Disease and Movement Disorders

As supporters of research for an Optimized Levodopa Therapy, Novartis and Orion invite you to join us in the exhibit hall

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8/06

10th International Congress Program-at-a-Glance

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	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	
7:00 AM		Committee Meetings	Committee Meetings	Committee Meetings	Committee Meetings	Committee Meetings	7:00 AM
8:00 AM		Opening Seminars	Plenary Sessions	Plenary Sessions	Plenary Sessions	Plenary Sessions	8:00 AM
9:00 AM			C. David Marsden Lecture	Junior Award Lecture	Stanley Fahn Lecture		9:00 AM
10:00 AM			Parallel Sessions	Parallel Sessions	Parallel Sessions	Parallel Sessions	10:00 AM
11:00 AM							11:00 AM
12:00 PM			Lunch and Poster Session and Exhibition	Lunch and Poster Session and Exhibition	Lunch and Poster Session and Exhibition	Lunch and Poster Session and Exhibition	12:00 PM
1:00 PM			Lunch Seminars	Lunch Seminars	Lunch Seminars	Lunch Seminars	1:00 PM
2:00 PM							2:00 PM
3:00 PM	Opening Seminars		Skills Workshops and Video Sessions	Skills Workshops and Meet the Expert Sessions	Video Sessions and Meet the Expert Sessions	Controversies	3:00 PM
4:00 PM							4:00 PM
5:00 PM			Young Scientists Best Posters Presentations	MDS Business Meeting	Highlights of Poster Sessions		5:00 PM
6:00 PM				Video Session - Lessons My Patients Taught Me			6:00 PM
7:00 PM							7:00 PM
8:00 PM	Opening Ceremony and Welcome Reception				Gala Dinner		8:00 PM
9:00 PM							9:00 PM
10:00 PM							10:00 PM

A new treatment for Parkinson's disease is taking shape.

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Scientific Session Definitions

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Opening/Lunch Seminars: These sessions will provide the latest information regarding research and treatment options for Parkinson's disease and other Movement Disorders. The sessions are supported through educational grants from Industry Supporters and are didactic in presentation format with time allotted for discussion.

Parallel Sessions: These concurrent sessions are designed to provide an in-depth report of the latest research findings, state-of-the-art treatment options, as well involve a discussion of future strategies. Sessions will have evidence-based components and incorporate the "hot" issues in Parkinson's disease and other Movement Disorders.

Plenary Sessions: Designed to bring together a large audience by incorporating all International Congress attendees, these sessions will provide a broad overview of the latest clinical and basic science research findings and state-of-the-art information.

Video Sessions: Designed to provide a broad overview of related Movement Disorders, the video sessions will focus on the phenomenology covering the many different kinds of Movement Disorders affecting the population today.

Lessons my patients taught me: This session will have experts in Movement Disorders present and discuss cases with a variety of Movement Disorders which have been particularly instructive to them. Most "lessons learned" from each case will be highlighted with video demonstrations. Designed to provide a personal point of view of what difficult, unusual or even average cases can teach to prominent Movement Disorder clinicians

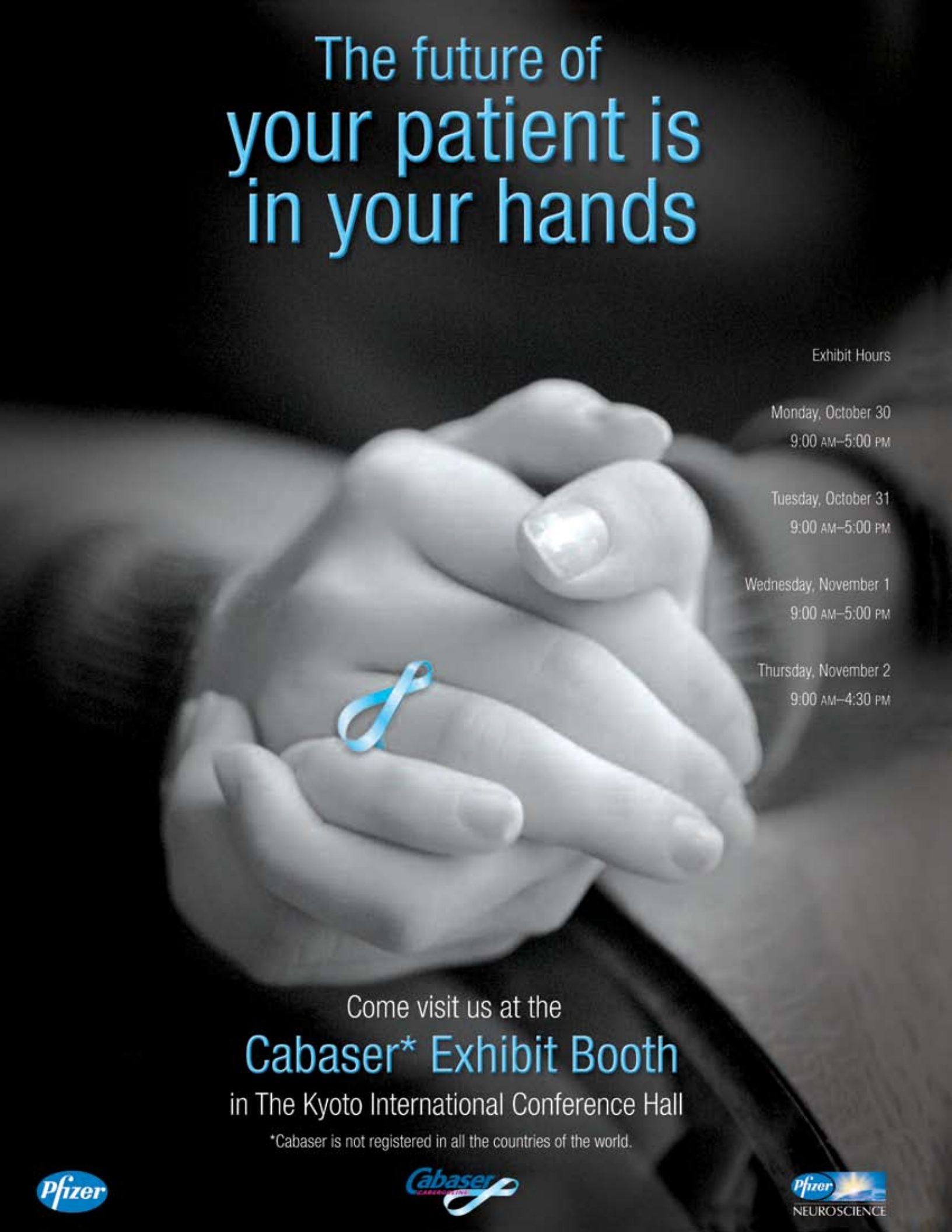
Meet the Expert Sessions: These interactive sessions provide attendees the opportunity to bring their case studies analysis and discussions in a smaller setting. These sessions are designed to cover treatment and management of Movement Disorders through the discussion of relevant real-life cases brought for peer review and recommendation. Attendees will be invited to share their cases at the session.

Skills Workshops: This clinic-based training session provides an educational illustration of treatment procedures through live demonstrations utilizing patients and proper equipment to further develop practitioners' skills and knowledge within the field of treatment of Movement Disorders.

Controversies: This Plenary Session is designed to bring together a larger audience by incorporating all International Congress attendees. Content is prepared to stimulate interest and debate among a panel of pre-selected experts. Views from several angles will be addressed as discussion of pre-selected "hot" topics will be open for debate among the panelists.

Young Scientists Best Posters Presentations: These sessions are designed to run in parallel and will offer young scientists an opportunity to showcase their research. Speakers will be selected from the abstract review and assigned to sessions by topic. In order to stimulate discussion, these sessions will be offered in small rooms.

Highlights of Poster Sessions: These sessions are designed to highlight the top-ranking abstracts of the International Congress. Session content will be divided into two categories for review of the abstracts: Clinical and Scientific. The Chair of each category will select several interesting abstracts and obtain one or more summary slides of their abstracts for use in this session.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in your hands
Exhibit Hours
Monday, October 30
9:00 AM–5:00 PM
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Wednesday, November 1
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Thursday, November 2
9:00 AM–4:30 PM
Come visit us at the
Cabaser* Exhibit Booth
in The Kyoto International Conference Hall
*Cabaser is not registered in all the countries of the world.
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Saturday, October 28, 2006

Opening Seminars
Admission to these sessions is by delegate name badge. No ticket is required for admission to Opening Seminars.

3:00 p.m. to 4:30 p.m.

1010 The role of botulinum toxin in the treatment of dystonia and spasticity

Supported by an educational grant from Allergan, Inc.
Location: Annex Hall, First Floor, Kyoto International Conference Hall

Chairs: Charles Adler
Scottsdale, AZ, USA
Lillian V. Lee
Quezon City, Philippines

Update on therapeutic neurotoxins
Dirk W. Dressler
Rostock, Germany

Treatment for dystonia
Joseph Jankovic
Houston, TX, USA

Treatment of spasticity
Ryuji Kaji
Tokushima City, Japan

Objective: At the conclusion of this session, participants should be able to: 1. Explain the differences in botulinum toxin mechanisms of action, preparations and dosing; 2. Discuss the methods for using botulinum toxins to treat dystonia; 3. Describe the methods for using botulinum toxins to treat spasticity.

5:00 p.m. to 7:00 p.m.

1011 Ergot dopamine agonists

Supported by an educational grant from Eli Lilly Japan
Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Shigenobu Nakamura
Hiroshima, Japan
Daniel Tarsy
Boston, MA, USA

Practical guidelines for the treatment of PD: Role of dopamine agonists
Olivier Rascol
Tolouse, France

Cardiac vulvulopathy from dopamine agonists: Current status
Anthony E. Lang
Toronto, Canada

Ergot dopamine agonists: Risk-benefit issue
Yoshikuni Mizuno
Tokyo, Japan

Role in RLS
Claudia M. Trenkwalder
Kassel, Germany

Objective: At the conclusion of this session, participants should be able to: 1. Understand the mechanism of action of the dopamine agonists; 2. Know the indications for the use of the dopamine agonists in treatment of Parkinson's disease; 3. Know the adverse effects associated with the dopamine agonists.

Evaluations

Please take time to complete the evaluation form provided for each session you attend. Your input and comments are essential in planning future educational programs for MDS.

When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.

Sunday, October 29, 2006

Opening Seminars
Admission to these sessions is by delegate name badge. No ticket is required for admission to Opening Seminars.

8:00 a.m. to 10:00 a.m.

2010 Dopamine agonists - Therapeutic role in PD and RLS

Supported by an educational grant from GlaxoSmithKline
Location: Annex Hall, First Floor, Kyoto International Conference Hall

Chairs: Wolfgang H. Oertel
Marburg, Germany
Ray L. Watts
Birmingham, AL, USA

Is drug compliance a problem in PD?
Christoph J. Scherfler
Innsbruck, Austria

Long term outcomes and new opportunities with dopamine agonist therapy in PD
Robert Hauser
Tampa, FL, USA

Causes and pathophysiology of RLS
Cynthia L. Comella
Chicago, IL, USA

Treatment of RLS with dopamine agonists
William Ondo
Houston, TX, USA

10:15 a.m. to 12:15 p.m.

2011 Levodopa: Restoration of dopamine in the PD state

Supported by an educational grant from Novartis Pharma AG/Orion Pharma
Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Neziha Gouider-Khouja
Tunis, Tunisia
C. Warren Olanow
New York, NY, USA

Levodopa: Facts and misconceptions
Matthew B. Stern
Philadelphia, PA, USA

How does levodopa cause motor complications?
John G. Nutt
Portland, OR, USA

Prevention of motor complications: CDS in practice
Fabrizio Stocchi
Rome, Italy

Objective: At the conclusion of this session, participants should be able to: 1. Understand current controversies on the role of levodopa in PD; 2. Identify the motor complications of levodopa and their mechanisms; 3. Understand the principles of therapies based on continuous dopamine stimulation.

Sunday, October 29, 2006

1:00 p.m. to 2:30 p.m.

2012 Role of dopamine agonists in RLS and related orders

Supported by an educational grant from Boehringer Ingelheim International GmbH

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: K. Ray Chaudhuri
Balham, United Kingdom
Matthew B. Stern
Philadelphia, PA, USA

Epidemiology and mechanism of RLS
Mark A. Stacy
Durham, NC, USA

Role of dopamine agonists in the acute and chronic therapy of RLS
Kapil D. Sethi
Augusta, GA, USA

Role of dopamine agonists in the treatment of depression in RLS and PD
Daniel Weintraub
Philadelphia, PA, USA

Objective: At the conclusion of this session, participants should be able to: 1. Recognize non-motor manifestations of PD; 2. Discuss treatment strategies for non-motor symptoms of PD; 3. Recognize unusual neurobehavioral complications of PD and PD treatment such as impulse control disorders.

2:45 p.m. to 4:45 p.m.

2013 Dopamine agonists and disease modification

Supported by an educational grant from Boehringer Ingelheim International GmbH

Location: Annex Hall, First Floor, Kyoto International Conference Hall

Chairs: Karl D. Kieburtz
Rochester, NY, USA
Chin-Song Lu
Taipei, Taiwan

Clinical trials of neuroprotection in PD: Strengths and weaknesses?
Anthony H.V. Schapira
London, United Kingdom

Rationale for considering that dopamine agonists might be neuroprotective in PD
C. Warren Olanow
New York, NY, USA

Can we design a clinical trial that detects neuroprotection in PD?
Bernard M. Ravina
Rochester, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the methods for measuring disease progression in PD; 2. Identify the evidence that dopamine agonists may modify PD progression; 3. Recognize the difficulties in defining disease modifying therapies in PD.

5:00 p.m. to 7:00 p.m.

2014 Management of motor and cognitive features in PD

Supported by an educational grant from Pfizer, Inc.

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Madhuri Behari
New Delhi, India
Fabrizio Stocchi
Rome, Italy

Dopamine agonists in the treatment of the motor features and complications of PD
William J. Weiner
Baltimore, MD, USA

Long-acting dopamine agonists: Potential advantages
Heinz Reichmann
Dresden, Germany

Dementia in Parkinson's disease: Differential diagnosis and pathophysiology
David John Burn
Newcastle Upon Tyne, United Kingdom

The management of dementia in Lewy body diseases
Murat Emre
Capa Istanbul, Turkey

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the relative merits of using long acting dopamine agonist; 2. Identify cognitive impairment of PD and differentiate it from that of AD, and recognize the pathophysiology of cognitive impairment of PD; 3. Describe management of dementia in Lewy body diseases.

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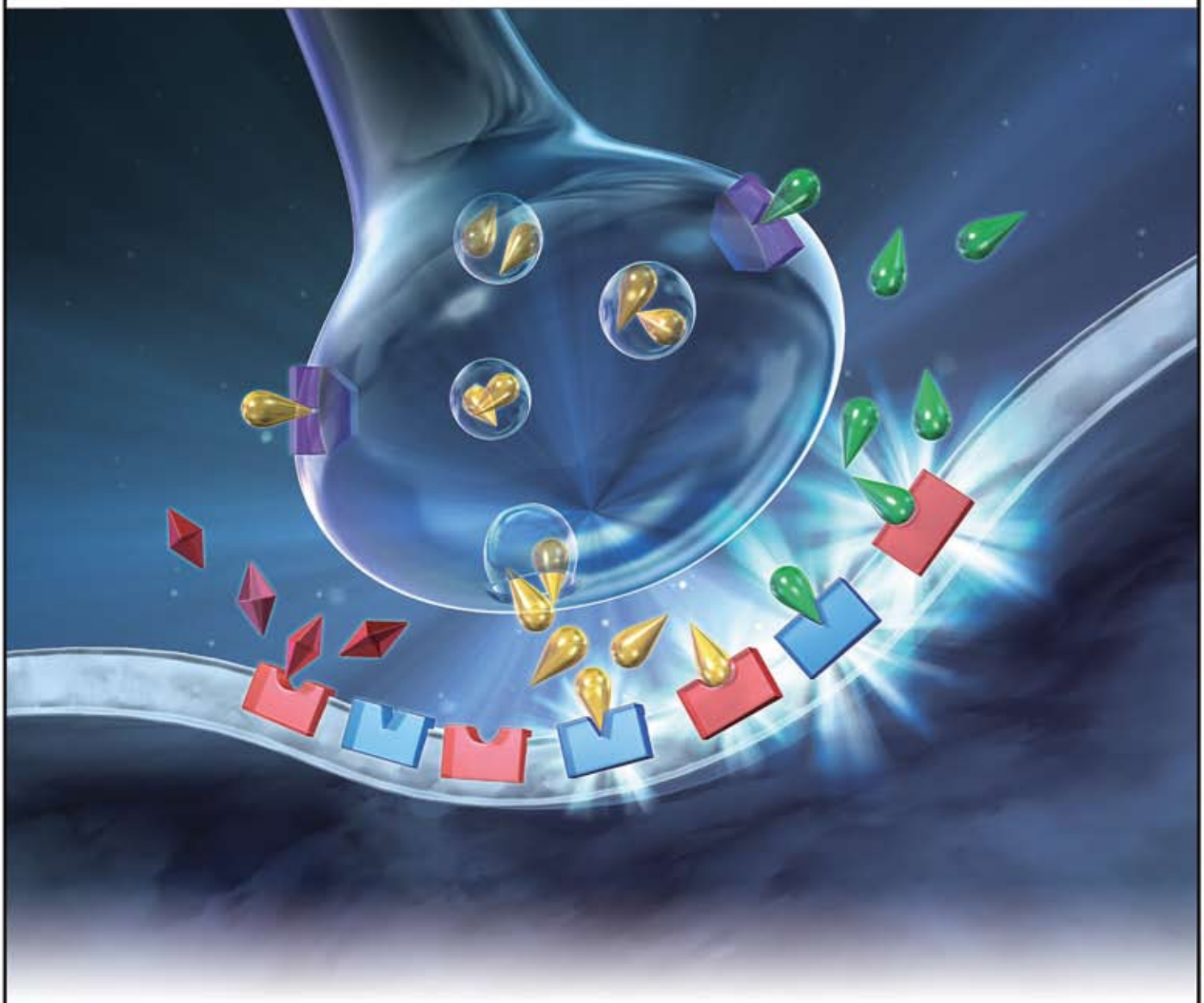

Dopaminergic (D_1, D_2) anti-Parkinson's disease agent

Permax® Tablets 50μg 250μg

ペルマックス® Pergolide mesilate tablet

Listed in the NHI reimbursement price

Powerful drug, Designated drug, Prescription drug

Caution-Use only pursuant to the prescription of a physician, etc.

*Please refer to the package insert for the indications, dosage and administration, precautions including contraindications and precautions related to dosage and administration.

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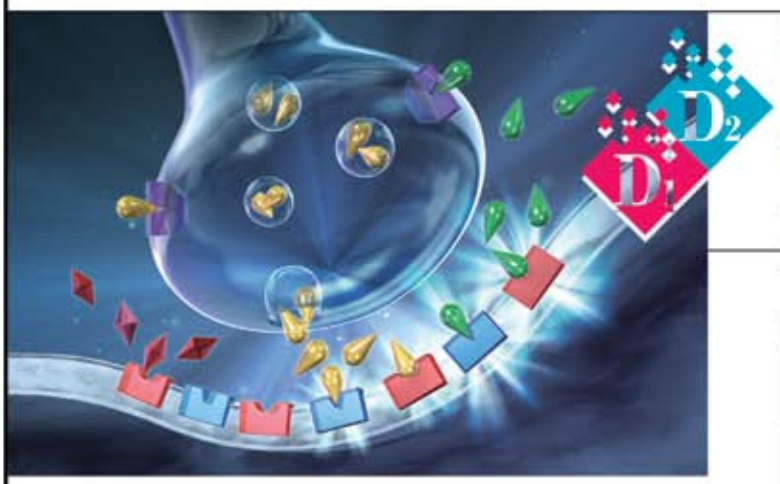

Dopaminergic (D_1, D_2) anti-Parkinson's disease agent

Permax® Tablets 50μg 250μg

ペルマックス® Pergolide mesilate tablet

Listed in the NHI reimbursement price

Powerful drug, Designated drug, Prescription drug

Caution-Use only pursuant to the prescription of a physician, etc.

CONTRAINDICATIONS (This product is contraindicated in the following patients.)

Patients with a history of hypersensitive reaction to ergot derivatives.

INDICATIONS

Parkinson's disease

DOSAGE AND ADMINISTRATION

Usually, this product is administered in combination with an L-dopa preparation.

Usually, this product is administered immediately after evening meal in a dose of 50μg as pergolide once a day for the first two days. Then the daily dose is increased by 50μg every 2 or 3 days, reaching a daily dose of 150μg on the last day of the first week of treatment. In the second week, administration begins with a daily dose of 300μg, and the daily dose is increased by 150μg every 2 or 3 days, reaching a daily dose of 600μg on the last day of the second week of treatment. A daily dose of 100μg is given immediately after morning and evening meals in two divided doses, while a daily dose of 150μg or larger is given in three divided doses, immediately after each of morning, noon and evening meals. In the third week, administration begins with a daily dose of 750μg, and the dose is appropriately increased taking into consideration the efficacy and safety of the regimen to determine a maintenance dose (standard daily dose: 750 to 1250μg). The rate of dose-increase described above is to be appropriately modified depending on accessory symptoms, age and other factors.

<Precautions>

(1) Administration of this product should begin with a low dose, and the dose is to be cautiously increased to a maintenance dose while closely monitoring the patient with respect to gastrointestinal symptoms (nausea, vomiting, etc.), blood pressure and others.

(2) Hallucination may occur during use of this product. There is also a fear of induction of hallucination when administration is suddenly discontinued in patients who have been on this product over a long period of time. Accordingly, dose should be reduced gradually when withdrawal of the drug is intended.

PRECAUTIONS **,*

1. Careful Administration (This product should be administered with care in the following patients.)

(1) Patients with psychosis or a history thereof. [Since this agent acts on the dopamine receptor, symptoms of schizophrenia, such as hallucination and delusion, may be aggravated.]

(2) Patients with arrhythmia or a history thereof. [In a placebo controlled study, patients on this product had more episodes of atrial extrasystoles and sinus tachycardia.]

(3) Patients with pleurisy, pleural effusion, pleural fibrosis, pulmonary fibrosis, pericarditis, pericardial effusion, cardiac valvulopathy, retroperitoneal fibrosis, or a history thereof. (Particularly those patients who experienced the events while taking ergot derivatives)[Symptoms of these events may be aggravated.]

(4) Patients with hepatic disorder or a history thereof. [In sufficient safety data have been accumulated.]

(5) Patients with renal disorder or a history thereof. [Symptoms of renal disorder, etc., may be aggravated.]

(6) Elderly patients. [Refer to "Administration to the Elderly."]

(7) Patient with Raynaud's disease [Peripheral vascular disorder may be aggravated.]

2. Important Precautions

(1) Because interstitial pneumonia may occur, closely monitor the patient's condition and instruct the patient to immediately discontinue taking the drug and contact a physician if fever, cough or dyspnea occurs during the treatment with this drug. [Refer to "Adverse Reactions."]

(2) Valvulopathy and/or fibrosis have been reported with substantially greater frequency during treatment with ergot derivatives, including pergolide compared to non-ergot dopamine agonists. Before initiating pergolide, the risk-benefit assessment of this drug should be taken into account.

(3) It is recommended that before initiating treatment all patients undergo a cardiovascular evaluation, including auscultation and an echocardiogram, to assess potential presence of an occult valvular disease.

(4) Valvulopathy or fibrosis may occur. Conducting clinical diagnostic monitoring (e.g., physical examination, X-ray, echocardiogram, CT scan), as appropriate, is recommended.

(5) As postural or continuous hypotension may occur, administration of the drug should start from small dose, and observation on blood pressures, etc. should be fully conducted, and administer cautiously.

(6) Because the drug may cause sudden onset of sleep without premonitory signs, or somnolence, patients should be paid attention not to engage in activities with potential danger, such as driving and work at a high place.

3. Drug Interactions

(1) Precautions for coadministration (This product should be administered with care when coadministered with the following drugs.)

Drugs	Clinical symptoms	Mechanism
Drugs with antihypertensive actions	Hypotension may occur.	Since Pergolide has antihypertensive action,[1] the effect of antihypertensive drugs may be enhanced.
Dopamine antagonists (phenothi-azines, butyrophenones, meto-clopramide, etc)	The action of Pergolide may be decreased.	Pergolide is a dopaminergic agent.
Drugs known to affect protein binding	The action of Pergolide may be increased.	Since over 90% of Pergolide binds with plasma protein[2], the concentration of non-binding form may increase.

4. Adverse Reactions

Major adverse reactions reported in 278 (46.7%) of a total of 595 patients included in the early and late Phase II clinical studies and the Phase III clinical study (double-blind study) conducted in Japan were as follows. Gastrointestinal system: nausea (17.8%), gastric discomfort/heartburn (14.3%), anorexia (9.6%), hallucination (5.9%), vomiting (5.4%), dyskinesia (5.4%), and dizziness/ light-headed feeling (4.9%).

In the long-term clinical study, in addition to those reported in the short-term clinical studies, the following adverse reactions were reported in 185 (49.2%) of a total of 376 patients: frozen gait (0.8%), micturition disorder (0.8%), oral numbness/strange feeling (0.5%), dyspnea/breath shortness (0.5%), anemia (0.5%), feeling of warmth (0.5%), abnormal eating habit (0.5%), lumbar pain/shoulder stiffness (0.5%), hepatic function disorder (0.5%) and others.

As abnormal laboratory test values, the following were reported in a total of 446 patients in the concomitant L-dopa administration groups in the early and late Phase II clinical studies and the Phase III clinical study (double-blind study): increased Al-P (3.3%), increased GOT (1.6%), increased GPT (2.7%), increased LDH (2.2%), decreased Hb (2.2%), leucopenia (2.2%), urinary occult blood (2.1%) and others.

In 3014 patients evaluated for the safety in the Drug Use Results Surveys (at the time of re-examination), adverse reactions were reported in 1082 patients (35.9%), which were nausea (15.0%), vomiting (5.6%), anorexia (4.2%), gastric discomfort (3.9%) and hallucination (3.3%). In the Special Surveys for the long time use (at the time of re-examination), adverse reactions were reported in 66 patients (41.8%) among 158 patients. The major adverse reactions were nausea (19.0%), hallucination (8.2%), anorexia (7.6%), gastric discomfort (6.3%), vomiting (5.7%) and edema (3.2%).

(1) Clinically significant adverse reactions

The following clinically significant adverse reactions may occur. Carefully monitor when administering the drug, and if any abnormalities appear, appropriate measures such as discontinuation of the drug should be taken. Since discontinuation of the drug may cause neuroleptic malignant syndrome (NMS), care should be exercised when the drug is discontinued.

1) **Neuroleptic malignant syndrome (Frequency is unknown)**: High fever, disturbed consciousness, severe muscle rigidity, involuntary movement, increased CPK, etc., may occur. If these symptoms appear in the early stage of administration, administration should be discontinued. If these adverse reactions occur in association with a change in dose or discontinuation of administration, the dose should be returned to the previous dose once, followed by cautious and gradual decrease in the dose. Then appropriate measures, such as cooling of the body and water replenishment, should be taken.

2) **Interstitial pneumonia (less than 0.1%)**: If such symptoms as fever, coughing, dyspnea or abnormal rale (crepitations) occur, the patient should be examined by chest X-ray immediately. If any abnormalities are detected, the drug should be discontinued and appropriate measures such as administration of adrenocortical hormone preparations taken.

3) **Pleurisy, pleural effusion, pleural fibrosis, pulmonary fibrosis, pericarditis, pericardial effusion (frequency unknown)**: If such symptoms as chest pain or respiratory symptoms occur, the patient should be examined by chest X-ray immediately. If any abnormalities are detected, the drug should be discontinued and appropriate measures taken.

4) **Cardiac valvulopathy (frequency unknown)**: If the appearance or aggravation of cardiac murmurs is noted, the patient should be examined by chest X-ray and echocardiogram immediately. If abnormalities in the valves are detected, the drug should be discontinued and appropriate measures taken.

5) **Retroperitoneal fibrosis (frequency unknown)**

6) **Sudden onset of sleep without premonitory signs (frequency unknown)**: There is a risk of sudden onset of sleep without premonitory signs. If this symptom occurs, the drug should be discontinued and appropriate measures taken.

7) **Hallucination and delusion (5% or higher), and delirium (0.1-5%)**

8) **Intestinal obstruction (0.1-5% or less)**

9) **Disturbed consciousness, syncope (less than 0.1%)**: Excessive drop in blood pressure may occur resulting in a transient consciousness disturbance or syncope.

10) **Hepatic function disorder, jaundice (less than 0.1%)**: Hepatic function disorder with increased AST(GOT), ALT(GPT), γ-GTP, and jaundice may occur.

11) **Thrombocytopenia (0.1-5% or less)**

** Revised: April 2005 (7th version)

* Revised: October 2004

Please refer to the package insert for other precautions. Also, please note the changes in precautions including contraindications.

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www.parkinsons.co.jp

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PMX-A010(R0)
2006.5

Monday, October 30, 2006

Plenary Sessions

Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.

3101 Plenary Session 1: Genetics of PD

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Andrew J. Lees
London, United Kingdom
Yoshikuni Mizuno
Tokyo, Japan
Thomas Gasser
Tübingen, Germany

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the specific aspects of monogenically inherited forms of Parkinson's disease; 2. Discuss the clinical relevance of genetic forms of PD in terms of diagnosis and treatment; 3. Discuss the role of genetic factors in the common sporadic form of PD.

8:30 a.m. to 9:00 a.m.

3102 Plenary Session 2: Protein degradation and neurodegeneration

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Andrew J. Lees
London, United Kingdom
Yoshikuni Mizuno
Tokyo, Japan
Ronald Kopito
Stanford, CA, USA

Objective: At the conclusion of this session, participants should be able to: 1. Understand the function of the ubiquitin proteasome system in cellular proteolysis; 2. Understand the role of protein aggregation in neurodegenerative disorders; 3. Understand the potential role of ubiquitin system dysfunction in neuropathogenesis.

9:00 a.m. to 9:30 a.m.

3103 C. David Marsden Lecture

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Andrew J. Lees
London, United Kingdom
Yoshikuni Mizuno
Tokyo, Japan

Myoclonus and Tulips
Mark Hallett
Bethesda, MD, USA

Objective: At the conclusion of this session, participants should be able to: 1. Explain the role of the long latency stretch reflex in normal movement and different movement disorders; 2. Explain different forms of myoclonus; 3. Explain the nature of increased tone.

Parallel Sessions

A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.

3201 Parallel Session 1: Autosomal dominant familial Parkinson's disease

Location: Room A, Second Floor, Kyoto International Conference Hall

Chairs: Eng-King Tan
Singapore, Singapore
Zbigniew K. Wszolek
Jacksonville, FL, USA

10:00 a.m. **Clinical features of autosomal dominant familial PD**
Jose Felix Marti Masso
San Sebastian, Spain

10:30 a.m. **Molecular mechanisms of nigral neuronal death in PARK1 and PARK4**
Andrew Singleton
Bethesda, MD, USA

11:00 a.m. **Molecular mechanisms of nigral neuronal death in PARK8**
Vincenzo Bonifati
Rotterdam, Netherlands

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Provide an overview of genetics and major clinical features of autosomal dominant Parkinson's disease; 2. Discuss the importance of molecular genetic discoveries for the understanding of pathophysiology and neurobiology of Parkinson's disease and neurodegeneration and highlight emerging potential therapeutic targets for Parkinson's disease based on recent genetic discoveries; 3. Discuss the practical issues related to the clinical genetic counseling and testing for Parkinson's disease.

Monday, October 30, 2006

3202 Parallel Session 2: Controversies in the pathogenesis of PD

Location: Room D, First Floor, Kyoto International Conference Hall

Chairs: Weidong Le
Houston, TX, USA
Serge Przedborski
New York, NY, USA

10:00 a.m. **Proteosomal inhibition**
Ryosuke Takahashi
Kyoto-Shi, Japan

10:30 a.m. **Mitochondrial inhibition**
Marie-Francoise Chesselet
Los Angeles, CA, USA

11:00 a.m. **Genetic models**
Tohru Kitada
Boston, MA, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Provide comprehensive evidence and different opinions toward the newly discovered pathogenetic factors in Parkinson's disease; 2. Fuel our future research in a wider angle and deeper level aimed at defining molecular mechanisms that cause Parkinson's disease; 3. Understand the validity, benefits, and limitation of the currently developed genetic animal models of Parkinson's disease.

3203 Parallel Session 3: Functional neuroanatomy of basal ganglia

Location: Room B-2, Second Floor, Kyoto International Conference Hall

Chairs: Jin-Soo Kim
Seoul, South Korea
Jonathan W. Mink
Rochester, NY, USA

10:00 a.m. **Models of basal ganglia function**
Ann M. Graybiel
Cambridge, MA, USA

10:30 a.m. **Interactions between basal ganglia and cortex**
John C. Rothwell
London, United Kingdom

11:00 a.m. **What does dopamine do in the striatum? Effects upon input/output signals**
Robert Edwards
San Francisco, CA, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Explain current models of basal ganglia function; 2. Discuss interactions between basal ganglia and cortex; 3. Discuss the effect of dopamine on input and output signals in the striatum.

3204 Parallel Session 4: Neuropsychiatric disturbances in PD

Teaching Course

Location: Room B-1, Second Floor, Kyoto International Conference Hall

Chairs: Tomoyoshi Kondo
Wakayama, Japan
Erik Ch. Wolters
Amsterdam, Netherlands

10:00 a.m. **Clinical features of gambling and other behavioral disturbance in PD**
Mark A. Stacy
Durham, NC, USA

10:30 a.m. **Neuropathology and pathophysiology of hallucination and delusion in PD**
Urs Peter Mosimann
New Castle Upon Tyne, United Kingdom

11:00 a.m. **Management of neuropsychiatric problems**
Valerie Voon
Bethesda, MD, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe and recognize the typical clinical presentation of impulse control disorders (gambling, spending, hypersexuality, binge eating and punding) in Parkinson's Disease; 2. Understand and describe the pathophysiology and neurobiology as well as the clinical risk factors associated with these phenomena; 3. Describe and recognize the typical clinical presentation of hallucinations and delusions in Parkinson's disease; 4. Understand and describe the pathophysiology and neurobiology as well as the clinical risk factors of hallucinations and delusions in Parkinson's disease; 5. Describe and recognize typical neuropsychiatric problems in Parkinson's disease; 6. Discuss the pharmacological and non-pharmacological treatment options of neuropsychiatric problems in Parkinson's Disease, based on their pathophysiology and neurobiology as well as their clinical risk factors.

Monday, October 30, 2006

3205 Parallel Session 5: Neuroimaging in Movement Disorders

Location: Annex 2, First Floor, Kyoto International Conference Hall

Chairs: David J. Brooks
London, United Kingdom
Kenneth Marek
New Haven, CT, USA

10:00 a.m. **MRI (including fMRI) in the evaluation of Movement Disorders**
Christoph J. Scherfler
Innsbruck, Austria

10:30 a.m. **SPECT in the evaluation of Movement Disorders**
Kenneth Marek
New Haven, CT, USA

11:00 a.m. **PET in the evaluation of Movement Disorders**
Joel S. Perlmutter
St. Louis, MO, USA

11:30 a.m. **Discussion**

3206 Parallel Session 6: Gene and cell therapy for PD

Location: Room C-1, First Floor, Kyoto International Conference Hall

Chairs: Patrick Aebischer
Lausanne, Switzerland
Shengdi Chen
Shanghai, People's Republic of China

10:00 a.m. **Gene therapy for human neurodegenerative disorders: How to make it work?**
Patrick Aebischer
Lausanne, Switzerland

10:30 a.m. **Stem cell therapy for human neurodegenerative disorders: How to make it work?**
Lorenz Studer
New York, NY, USA

11:00 a.m. **Gene therapy and cell therapy in PD: Where do we stand and where do we go?**
Hideki Mochizuki
Tokyo, Japan

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe various in vitro and in vivo gene therapy techniques in the context of PD; 2. Identify potentially protective genes and molecules for the treatment of PD, including their delivery methods; 3. Discuss the relevance of gene therapy for human neurodegenerative disorders.

3207 Parallel Session 7: Update on molecular biology of hereditary dystonias

Location: Room I, Second Floor, Kyoto International Conference Hall

Chairs: Thomas Gasser
Tübingen, Germany
Ryuji Kaji
Tokushima City, Japan

10:00 a.m. **Hereditary dystonias**
Laurie J. Ozelius
Bronx, NY, USA

10:30 a.m. **Paroxysmal dystonias**
Louis Ptacek
San Francisco, CA, USA

11:00 a.m. **Lubag dystonia and rapid onset dystonia-parkinsonism**
Ryuji Kaji
Tokushima City, Japan

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the present knowledge of the molecular biology of TorsinA; 2. Define the known molecular mechanisms underlying paroxysmal dystonias; 3. Recognize the main features of Lubag dystonia and rapid onset dystonia-parkinsonism.

3208 Parallel Session 8: MSA

Location: Room K, Second Floor, Kyoto International Conference Hall

Chairs: Mohit Bhatt
Mumbai, India
Gregor K. Wenning
Innsbruck, Austria

10:00 a.m. **Staging of MSA**
Gregor K. Wenning
Innsbruck, Austria

10:30 a.m. **Pathogenesis and animal models**
Nadia Stefanova
Innsbruck, Austria

11:00 a.m. **Management and new clinical trials of MSA**
Niall P. Quinn
London, United Kingdom

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Understand the progressive nature of MSA and its determinants; 2. Understand emergent pathogenetic mechanisms that need to be explored vigorously to generate targets for intervention; 3. Understand the current and future therapeutic strategies in MSA.

Monday, October 30, 2006

Poster Presentations

Admission to this session is by delegate name badge. No ticket is required for admission to Poster Presentations.

Poster Session 1

Locations: Event Hall, Room E, and Sakura Lounge, First Floor, Kyoto International Conference Hall
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P1-P350

Lunch Seminars

Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.

12:15 p.m. to 1:15 p.m.

3010 Levodopa treatment and dopamine dysregulation syndromes in PD

Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from FP Pharmaceutical Corp.

Chairs: Yoshikuni Mizuno
Tokyo, Japan
Daniel Truong
Fountain Valley, CA, USA

Dopamine dysregulation syndromes
Andrew J. Lees
London, United Kingdom

Levodopa treatment strategies in PD
Mitsutoshi Yamamoto
Takamatsu, Japan

Objective: At the conclusion of this session, participants should be able to: 1. Describe how to use levodopa in early and advanced stage PD; 2. List clinical features of dopamine dysregulation syndromes; 3. Describe how to treat dopamine dysregulation syndromes.

1:30 p.m. to 2:30 p.m.

3011 New strategies for treating dyskinesias in PD

Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from Merck KGaA

Chairs: Jonathan Brotchie
Toronto, Canada
Olivier Rascol
Toulouse, France

Clinical significance of dyskinesia in PD
Stanley Fahn
New York, NY, USA

Therapeutic approaches to treat dyskinesia
Christopher G. Goetz
Chicago, IL, USA

Skills Workshops and Video Sessions

A ticket is required for admission to these smaller, interactive sessions. Attendance for Skills Workshops and Video Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

3:00 p.m. to 4:30 p.m.

3301 Skills Workshop: Neurophysiological evaluation of complex Movement Disorders

Location: Room A, Second Floor, Kyoto International Conference Hall

Robert Chen
Toronto, Canada
Josep Valls-Sole
Barcelona, Spain

Objective: At the conclusion of this session, participants should be able to: 1. Identify the type of patients in whom electrophysiological study of Movement Disorder patients may be helpful in establishing the diagnosis or further understand the pathophysiology; 2. Describe the electrophysiological studies commonly used, the necessary equipment and the limitations of the tests; 3. Discuss the physiological findings in several movement disorders including dystonia, tremor, myoclonus, psychogenic Movement Disorders, Parkinsonism and muscle hyperactivity syndromes.

3302 Skills Workshop: Botulinum toxin injection: Face and neck

Location: Room B-2, Second Floor, Kyoto International Conference Hall

Dirk W. Dressler
Rostock, Germany
Raymond L. Rosales
Manila, Philippines

Objective: At the conclusion of this session, participants should be able to: 1. Describe specific Movement Disorders commonly found in the face and neck; 2. Identify specific muscles in spasm per disorder that are potential targets for botulinum toxin injections; 3. List the injection associated details in the process such as doses and dilution of botulinum toxin, manner of injection, useful parametric scales and adverse events.

Monday, October 30, 2006

3303 Skills Workshop: Adjusting DBS stimulation

Location: Room D, First Floor, Kyoto International Conference Hall

Paul Krack
Grenoble, France
Francesc Valldeoriola
Barcelona, Spain

Objective: At the conclusion of this session, participants should be able to: 1. Describe the programming hardware and initial programming parameters for DBS in different targets (STN, Gpi, Vim); 2. Recognize the most typical problems encountered in the follow up of patients with DBS for Parkinson's disease, dystonia and tremor; 3. Discuss the management of stimulation-induced side effects or medication-stimulation interactions.

3304 Skills Workshop: Planning clinical trials

Location: Room C-1, First Floor, Kyoto International Conference Hall

Olivier Rascol
Toulouse, France
Cristina Sampaio
Lisbon, Portugal

Objective: At the conclusion of this session, participants should be able to: 1. Identify the current main difficulties in designing successful trials in early PD, advanced PD and in trials targeting special goals (dyskinesias, psychosis); 2. Discuss the bottlenecks in disease-modifying trials; 3. Explain the potential interests of adaptive designs.

3401 Video Session: Dystonia

Location: Room C-2, First Floor, Kyoto International Conference Hall

Kailash P. Bhatia
London, United Kingdom
John G.L. Morris
Sydney, Australia

Objective: At the conclusion of this session, participants should be able to: 1. Recognize common and uncommon forms of dystonia; 2. Have some understanding of the underlying pathophysiology and genetic basis of dystonias; 3. Adopt a practical approach to the investigation and treatment of dystonia.

3402 Video Session: Tremor

Location: Room I, Second Floor, Kyoto International Conference Hall

Peter George Bain
London, United Kingdom
Philip D. Thompson
North Terrace, Adelaide, Australia

Objective: At the conclusion of this session, participants should be able to: 1. Describe tremors by their phenomenology and aetiology; 2. Recognize the more common tremors encountered in a Movement Disorders clinic; 3. Discuss approaches to the management of tremor.

3403 Video Session: Differential diagnosis of gait disorders

Location: Annex 2, First Floor, Kyoto International Conference Hall

Oscar S. Gershanik
Buenos Aires, Argentina
John G. Nutt
Portland, OR, USA

Objective: At the conclusion of this session, participants should be able to: 1. Describe the peculiar features of different gait disorders; 2. Discuss the diagnostic approaches necessary to differentiate between primary and secondary gait disorders; 3. Understand the mechanisms involved in the generation of gait disorders.

3404 Video Session: Levodopa-related complications in PD

Location: Room B-1, Second Floor, Kyoto International Conference Hall

Paolo Barone
Napoli, Italy
Eldad Melamed
Petah Tiqva, Israel

Objective: At the conclusion of this session, participants should be able to: 1. Become acquainted with the various manifestations of levodopa-related dyskinesias and dystonias; 2. Become acquainted with the features of various "off" states in patients with response fluctuations; 3. Gain knowledge on effects of pharmacological and surgical treatments on the motor complications.

3405 Video Session: Drug-induced Movement Disorders

Location: Room K, Second Floor, Kyoto International Conference Hall

Kapil D. Sethi
Augusta, GA, USA
Daniel Tarsy
Boston, MA, USA

Objective: At the conclusion of this session, participants should be able to: 1. Recognize drug-induced Movement Disorders; 2. Know the prevention and treatment of drug-induced Movement Disorders; 3. Understand the mechanisms of drug-induced Movement Disorders.

Monday, October 30, 2006

Young Scientists Best Posters Presentations
Admission to these sessions is by delegate name badge. No ticket is required for admission to Young Scientists Best Posters Presentations.

5:00 p.m. to 6:00 p.m.

3701 Young Scientists Best Posters Presentations
Location: Room A, Second Floor, Kyoto International Conference Hall
Chair: Heinz Reichmann
Dresden, Germany

3702 Young Scientists Best Posters Presentations
Location: Room B-1, Second Floor, Kyoto International Conference Hall
Chair: Marcelo Merello
Buenos Aires, Argentina

3703 Young Scientists Best Posters Presentations
Location: Room B-2, Second Floor, Kyoto International Conference Hall
Chair: Jose Martin Rabey
Zerifin, Israel

3704 Young Scientists Best Posters Presentations
Location: Room C-1, First Floor, Kyoto International Conference Hall
Chair: Marie Vidailhet
Paris, France

3705 Young Scientists Best Posters Presentations
Location: Room C-2, First Floor, Kyoto International Conference Hall
Chair: Susan B. Bressman
New York, NY, USA

3706 Young Scientists Best Posters Presentations
Location: Room D, First Floor, Kyoto International Conference Hall
Chair: Amos D. Korczyn
Ramat-Aviv, Israel

Tuesday, October 31, 2006

Plenary Sessions

Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.

4101 Plenary Session: Role of alpha-synuclein in the neurodegeneration in Parkinson's disease

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Stanley Fahn
New York, NY, USA
Nobuo Yanagisawa
Kawasaki-City, Japan
Michael G. Schlossmacher
Boston, MA, USA

8:30 a.m. to 9:00 a.m.

4102 Plenary Session: What is new in the molecular pathology of dystonia

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Stanley Fahn
New York, NY, USA
Nobuo Yanagisawa
Kawasaki-City, Japan
William T. Dauer
New York, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Explain the clinical differences between primary and secondary dystonia; 2. List the different forms of primary dystonia for which causative gene mutations have been identified; 3. Discuss the cellular mechanisms that have been identified for various forms of dystonia, and how these may or may not define a common molecular disturbance in the disease.

9:00 a.m. to 9:30 a.m.

4103 Junior Award Lectures

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Stanley Fahn
New York, NY, USA
Nobuo Yanagisawa
Kawasaki-City, Japan

Please refer to the Junior Awards Flyer in your registration bag for the Junior Award Recipients

Parallel Sessions

A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.

4201 Parallel Session 1: Autosomal recessive familial Parkinson's disease

Location: Room B-1, Second Floor, Kyoto International Conference Hall

Chairs: Christine Klein
Luebeck, Germany
Ruey-Meei Wu
Taipei, Taiwan

10:00 a.m. **Clinical features of autosomal recessive PD (including clinical features and implications of heterozygotes of mutations)**
Enza Maria Valente
Rome, Italy

10:30 a.m. **Molecular mechanisms of nigral neuronal death in PARK2**
Nobutaka Hattori
Tokyo, Japan

11:00 a.m. **Molecular mechanisms of nigral neuronal death in PARK6 and PARK7**
Mark Cookson
Bethesda, MD, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the clinical features of autosomal recessive Parkinson's disease (PD) and implications of heterozygotes of recessive genes mutations in the development of PD; 2. Discuss the molecular mechanisms of nigral neuronal death in parkinsonism with parkin (PARK2) mutation; 3. Discuss the molecular mechanisms of nigral neuronal death in parkinsonism with PINK1 (PARK6) and DJ1 (PARK7) mutations.

Tuesday, October 31, 2006

4202 Parallel Session 2: Pathophysiology of Movement Disorders

Location: Room A, Second Floor, Kyoto International Conference Hall

Chairs: Mark Hallett
Bethesda, MD, USA
Sadatoshi Tsuji
Fukuoka, Japan

10:00 a.m. **Rhythmic activity in STN and GPi: Implications in the pathogenesis of symptoms of Movement Disorders**
William D. Hutchison
Toronto, Canada

10:30 a.m. **Disorders of goal-directed motor behavior induced by fronto-striatal circuits damage**
Mandar S. Jog
London, Canada

11:00 a.m. **Abnormalities of sensory-motor integration in Movement Disorders**
Giovanni Abbruzzese
Genova, Italy

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the occurrence of sensori-motor integration abnormalities in patients with Movement Disorders (mainly dystonia and parkinsonism); 2. Critically evaluate the pathophysiological role of sensori-motor integration abnormalities in Movement Disorders; 3. Understand the neurophysiological basis for rhythmic oscillations in basal ganglia structures; 4. Critically evaluate models of basal ganglia function based on neuronal firing rates, firing patterns and oscillatory activity; 5. Understand the contributions of fronto-striatal circuits in movement control in normal and disordered states.

4203 Parallel Session 3: L-Dopa-induced dyskinesia
Teaching Course

Location: Annex 2, First Floor, Kyoto International Conference Hall

Chairs: Christopher G. Goetz
Chicago, IL, USA
Masahiro Nomoto
Tohon, Japan

10:00 a.m. **Clinical features and classification of L-Dopa-induced dyskinesias**
Giovanni Fabbrini
Rome, Italy

10:30 a.m. **Pathophysiology and pathogenesis of L-Dopa-induced dyskinesias**
Jonathan M. Brotchie
Toronto, Canada

11:00 a.m. **Management of L-Dopa-induced dyskinesias**
Francisco Grandas
Madrid, Spain

11:30 a.m. **Discussion**

Evaluations

Please take time to complete the evaluation form provided for each session you attend. Your input and comments are essential in planning future educational programs for MDS.

When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.

Tuesday, October 31, 2006

4204 Parallel Session 4: Cognitive disturbance in non-demented PD patients

Location: Room D, First Floor, Kyoto International Conference Hall

Chairs: David John Burn
New Castle Upon Tyne, United Kingdom
Bruno Dubois
Paris, France

10:00 a.m. **Cognition in non-demented PD**
Dag Aarsland
Stavanger, Norway

10:30 a.m. **How to assess cognition in non-demented PD**
Bruno Dubois
Paris, France

11:00 a.m. **Neuroimaging correlates of cognitive decline PD**
John T. O'Brien
New Castle Upon Tyne, United Kingdom

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the prevalence and profile of cognitive impairment in non-demented PD patients; 2. Define a battery of tests appropriate to assess cognition in non-demented PD patients; 3. Identify potential structural and functional imaging changes associated with cognitive impairment in PD.

4205 Parallel Session 5: Neurosurgery in PD

Location: Room C-1, First Floor, Kyoto International Conference Hall

Chairs: Yoichi Katayama
Tokyo, Japan
Anthony E. Lang
Toronto, Canada

10:00 a.m. **Motor cortex stimulation in PD**
Andres M. Lozano
Toronto, Canada

10:30 a.m. **The effect of DBS on cognitive function, mood, and behavior in PD**
Alexander I. Tröster
Chapel Hill, NC, USA

11:00 a.m. **Surgical and hardware complications of DBS**
Robert E. Gross
Atlanta, GA, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Understand whether motor cortical stimulation has a potential role to play in the treatment of Parkinson's disease; 2. Recognize the spectrum of cognitive and behavioral effects of deep brain stimulation; 3. Understand the spectrum and frequency of surgical and hardware complications seen in patients undergoing deep brain stimulation procedures.

4206 Parallel Session 6: Heavy metals and neurodegeneration

Location: Room I, Second Floor, Kyoto International Conference Hall

Chairs: Piu Chan
Beijing, People's Republic of China
C. Warren Olanow
New York, NY, USA

10:00 a.m. **Neuroferritinopathy**
Patrick Chinnery
New Castle Upon Tyne, United Kingdom

10:30 a.m. **Copper in neurodegeneration**
Peter A. LeWitt
Southfield, MI, USA

11:00 a.m. **Manganese toxicity**
Caroline M. Tanner
Sunnyvale, CA, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe what role iron plays in the pathophysiology of Parkinson's disease; 2. Describe what role copper plays in the pathophysiology of movement diseases; 3. Explain the relationship between manganese exposure and parkinsonism and Parkinson's disease.

4207 Parallel Session 7: What is new in dystonia

Location: Room B-2, Second Floor, Kyoto International Conference Hall

Chairs: Alfredo Berardelli
Rome, Italy
Masaya Segawa
Tokyo, Japan

10:00 a.m. **Epidemiology and clinical features of primary dystonias**
Giovanni Defazio
Bari, Italy

10:30 a.m. **Pathophysiology of primary dystonias**
Alfredo Berardelli
Rome, Italy

11:00 a.m. **Pathogenesis, biology, and animal models of primary dystonia**
Thomas T. Warner
London, United Kingdom

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the pathophysiology and neurobiology of dystonia; 2. Describe diagnostic approaches and tools available for dystonia; 3. Discuss pharmacological and non-pharmacological treatment options available for dystonia.

Tuesday, October 31, 2006

4208 Parallel Session 8: Tourette syndrome
Location: Room C-2, First Floor, Kyoto International Conference Hall

Chairs: Paul Sandor
Toronto, Canada
Harvey S. Singer
Baltimore, MD, USA

10:00 a.m. **Etiology and pathogenesis of Tourette syndrome**
Harvey S. Singer
Baltimore, MD, USA

10:30 a.m. **Non-motor symptoms of Tourette syndrome**
Paul Sandor
Toronto, Canada

11:00 a.m. **Treatment of Tourette syndrome**
Joseph Jankovic
Houston, TX, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the etiology and pathogenesis of Tourette syndrome; 2. Describe and recognize the non-motor symptoms associated with Tourette syndrome; 3. Discuss the pharmacological and non-pharmacological treatment options available for Tourette syndrome.

Poster Presentations
Admission to this session is by delegate name badge. No ticket is required for admission to Poster Presentations.

Poster Session 2
Locations: Event Hall, Room E, and Sakura Lounge, First Floor, Kyoto International Conference Hall
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P351-P693

Please plan to attend the MDS Business Meeting from 5:00 p.m. - 6:00 p.m., Tuesday, October 31, 2006. Your presence at this important meeting contributes to the success of our Society.

Lunch Seminars
Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.

12:15 p.m. to 1:15 p.m.
4010 MAO-B inhibition and PD
Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from Teva Neuroscience, Teva Pharmaceutical Industries Ltd., and Lundbeck

Chairs: Murat Emre
Capa Istanbul, Turkey
Eldad Melamed
Petah Tiqva, Israel

Management issues in early PD: When to start treatment
C. Warren Olanow
New York, NY

Management issues when motor fluctuations begin
Olivier Rascol
Toulouse, France

Objective: At the conclusion of this session, participants should be able to: 1. Understand the role of MAO-B and its inhibition by agents such as rasagiline in the pathogenesis and treatment of Parkinson's disease; 2. Appreciate the various therapeutic approaches to the different disease stages; 3. Understand how to treat and prevent levodopa-related motor complications.

1:30 p.m. to 2:30 p.m.
4011 DBS in the treatment of PD and dystonia
Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from Medtronic

Chairs: Günther Deuschl
Kiel, Germany
Nobuo Yanagisawa
Kawasaki-City, Japan

Surgical therapy for PD
Alim L. Benabid
Grenoble, France

Surgical therapy for dystonia
Jens Volkmann
Kiel, Germany

Tuesday, October 31, 2006

Skills Workshops and Meet the Expert Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Skills Workshops and Meet the Expert Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

3:00 p.m. to 4:30 p.m.

4301 Skills Workshop: Transcranial magnetic stimulation

Location: Room B-2, Second Floor, Kyoto International Conference Hall

Angelo Quartarone
Messina, Italy
Yoshikazu Ugawa
Tokyo, Japan

Objective: At the conclusion of this session, participants should be able to: 1. Describe what transcranial cortical stimulation (TMS, TDCS) can show in the motor system pathophysiology in Movement Disorders. 2. Explain the possible mechanisms underlying abnormal plasticity observed at a regional level in humans (studied with transcranial cortex stimulation) based on the results obtained from animal models. 3. Discuss the potential of transcranial cortex stimulation (TMS, TDCS) in the research and treatment of Movement Disorders by inducing regional plasticity. New methods of inducing plasticity within the sensori-motor system and their underlying mechanisms will be shown.

4302 Skills Workshop: Botulinum toxin injection: Limb and trunk

Location: Room A, Second Floor, Kyoto International Conference Hall

Cynthia L. Comella
Chicago, IL, USA
Austen Peter Moore
Liverpool, United Kingdom

Objective: At the conclusion of this session, participants should be able to: 1. Evaluate a patient with trunk and neck dystonia for botulinum toxin injection; 2. Discuss the anatomy relevant to botulinum toxin injections into the trunk and neck; 3. Explain dosing and adverse effects of each serotype and brand of botulinum toxin.

4303 Skills Workshop: Intraoperative targeting

Location: Room K, Second Floor, Kyoto International Conference Hall

Steven Gill
Bristol, United Kingdom
William D. Hutchison
Toronto, Canada

Objective: At the conclusion of this session, participants should be able to: 1. Describe how to optimize target visualization on MRI; 2. Discuss how to optimize target and trajectory placement and verify accuracy of electrode placement; 3. Describe how intraoperative microelectrode recordings and microstimulation are used to localize and verify the target.

4304 Skills Workshop: Transcranial echosonography

Location: Room C-1, First Floor, Kyoto International Conference Hall

Daniela Berg
Tübingen, Germany
Uwe Walter
Rostock, Germany

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the scanning planes and the important landmarks for B-mode sonography in Movement Disorders; 2. Describe investigations indicating that TCS is valuable in the early and even premotor diagnosis of Parkinson's disease; 3. Assess the specificity of transcranial sonography in discrimination between idiopathic Parkinson's disease and atypical parkinsonian syndromes.

4305 Skills Workshop: Digitizing and editing your videotapes and creating a digital videotape library

Location: Room J, Second Floor, Kyoto International Conference Hall

Mandar S. Jog
London, Canada
Gregory F. Molnar
Minneapolis, MN, USA

Objective: At the conclusion of this session, participants should be able to: 1. Identify the need and many benefits of managing patient video in a digital video database/library; 2. Describe the basic steps, equipment and software needed to convert tape-based video recordings to digital video computer files and perform basic editing; 3. Describe the latest technologies for video capture including DVD and HDD (hard drive) format cameras.

Tuesday, October 31, 2006

4501 Meet the Expert in medical treatment of motor features in PD

Location: Annex 2, First Floor, Kyoto International Conference Hall

Christopher G. Goetz
Chicago, IL, USA
Fabrizio Stocchi
Rome, Italy

Objective: At the conclusion of this session, participants should be able to: 1. Describe the pathophysiologic and neurobiological basis of motor aspects of PD; 2. Discuss the diagnostic approaches and tools available for therapies of motor aspects of PD; 3. Understand the pharmacological, surgical and ancillary treatment options to manage motor aspects of PD.

4502 Meet the Expert on apraxia and related disorders

Location: Room C-2, First Floor, Kyoto International Conference Hall

Laurel Buxbaum
Philadelphia, PA, USA
Ramon Leiguarda
Buenos Aires, Argentina

Objective: At the conclusion of this session, participants should be able to: 1. Identify the presence of apraxia and correctly classify limb praxic errors; 2. Recognize limb praxic errors; 3. Understantd the physiopathology of most common types of limb apraxia.

4503 Meet the Expert in tics and Tourette syndrome

Location: Room I, Second Floor, Kyoto International Conference Hall

Jonathan W. Mink
Rochester, NY, USA
Paul Sandor
Toronto, Canada

Objective: At the conclusion of this session, participants should be able to: 1. Recognize key symptoms of Tourette Syndrome including common comorbidities; 2. List treatment options for Tourette Syndrome; 3. Describe non-medical treatment options for Tourette Syndrome and related disorders.

4504 Meet the Expert in atypical parkinsonism

Location: Room D, First Floor, Kyoto International Conference Hall

Carlo Colosimo
Rome, Italy
Andrew J. Lees
London, United Kingdom

Objective: At the conclusion of this session, participants should be able to: 1. Describe the different pathophysiology and neurobiology of Parkinson's disease and atypical parkinsonian syndromes; 2. Discuss the clinical diagnostic approach and laboratory tools available to identify patients affected by atypical parkinsonian syndromes; 3. Discuss the pharmacological and non-pharmacological treatment options available for atypical parkinsonian syndromes.

Lessons my patients taught me – Video Session

Admission is by delegate name badge. No ticket is required for admission to this session.

6:00 p.m. to 8:00 p.m.

4801 Lessons my patients taught me

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chair: Eduardo Tolosa
Barcelona, Spain
Stanley Fahn
New York, NY, USA
Christopher G. Goetz
Chicago, IL, USA
John G.L. Morris
Sydney, Australia
Anthony E. Lang
Toronto, Canada
Marie Vidailhet
Paris, France

Wednesday, November 1, 2006

Plenary Sessions

Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.

5101 Plenary Session 5: The role of trophic factors in neurodegeneration

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Ichiro Kanazawa
Kodaira, Japan
Anne B. Young
Boston, MA, USA
Robert E. Burke
New York, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Discuss evidence for endogenous neurotrophic factors for dopamine neurons of the substantia nigra; 2. Explain the current status of neurotrophic treatments of Parkinson's disease; 3. Identify alternative approaches for the neurotrophic treatment of Parkinson's.

8:30 a.m. to 9:00 a.m.

5102 Plenary Session 6: Who cares about stem cells?

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Ichiro Kanazawa
Kodaira, Japan
Anne B. Young
Boston, MA, USA
Ernesto Arenas
Stockholm, Sweden

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the state of the art of stem cell replacement strategies for Parkinson's disease; 2. Recognize the cells and factors involved in dopaminergic neurogenesis and regeneration; 3. Explain the importance of stem cells as tools for drug discovery.

9:00 a.m. to 9:30 a.m.

5103 Stanley Fahn Lecture

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Ichiro Kanazawa
Kodaira, Japan
Anne B. Young
Boston, MA, USA

Challenges and prospects for neuroprotection in Parkinson's disease
Ira Shoulson
Rochester, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Define "neuroprotection" as applied to the experimental therapeutics of Parkinson's disease (PD); 2. Identify the research and regulatory obstacles involved in confirming that an experimental treatment favorably modifies the clinical progression of PD; 3. Discuss investigative approaches that could be employed to surmount the obstacles involved in developing neuroprotective therapies for PD.

Parallel Sessions

A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.

5201 Parallel Session 1: Genomic studies Parkinson's disease vulnerability

Location: Room B-2, Second Floor, Kyoto International Conference Hall

Chairs: Matthew J. Farrer
Jacksonville, FL, USA
John A. Hardy
Bethesda, MD, USA

10:00 a.m. **Heritability of PD**
Andrew A. Hicks
Reykjavik, Iceland

10:30 a.m. **Linkage-derived susceptibility genes**
Matthew J. Farrer
Jacksonville, FL, USA

11:00 a.m. **Contribution of single gene defects to PD**
Alexis Brice
Paris, France

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the controversy underlying the heritability of Parkinson's disease; 2. List genes identified in familial parkinsonism; 3. Recognize that sporadic Parkinson's disease has a genetic contribution.

Wednesday, November 1, 2006

5202 Parallel Session 2: Proteasome, ubiquitin and protein aggregation

Location: Room B-1, Second Floor, Kyoto International Conference Hall

Chairs: Mark Cookson
Bethesda, MD, USA
Peter Riederer
Wuerzburg, Germany

10:00 a.m. **Ablation of autophagy causes**
Keiji Tanaka
Tokyo, Japan

10:30 a.m. **Cell biology of protein misfolding**
Leonard Petrucelli
Jacksonville, FL, USA

11:00 a.m. **Molecular mechanisms of Lewy body formation**
Simone Engelender
Haifa, Isreal

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Identify the major molecular pathways for protein degradation, including the ubiquitin-proteasome system and autophagy; 2. Discuss the contributions of protein misfolding to the neurodegenerative process; 3. Describe the major components of Lewy bodies and define some of the molecular pathways involved in their formation.

5203 Parallel Session 3: Gait and balance in parkinsonian disorders

Location: Room D, First Floor, Kyoto International Conference Hall

Chairs: Bastiaan R. Bloem
Nijmegen, Netherlands
Yasuyuki Okuma
Izunokuni, Japan

10:00 a.m. **Clinical features of gait and balance dysfunction**
Evzen Ruzicka
Praha, Czech Republic

10:30 a.m. **Pathogenesis of gait and balance dysfunction**
Nir Giladi
Tel Aviv, Israel

11:00 a.m. **Influence of drugs and surgery on gait disorders**
Bastiaan R. Bloem
Nijmegen, Netherlands

11:30 a.m. **Discussion**

5204 Parallel Session 4: Dementia in Parkinson's disease

Location: Annex 2, First Floor, Kyoto International Conference Hall

Chairs: Dag Aarsland
Stavanger, Norway
Murat Emre
Capa Istanbul, Turkey

10:00 a.m. **MDS task force on PDD: Diagnostic criteria**
Murat Emre
Capa Istanbul, Turkey

10:30 a.m. **Pathology and pathogenesis of dementia in PD**
Glenda M. Halliday
Randwick, Australia

11:00 a.m. **Management of dementia in PD**
David John Burn
Newcastle Upon Tyne, United Kingdom

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the findings and the hypothesis on the pathology and pathophysiology of dementia associated with Parkinson's disease; 2. Recognize the proposed clinical diagnostic criteria for dementia associated with PD; 3. Define the management approaches and treatment options for patients with dementia associated with PD.

5205 Parallel Session 5: Neurosurgery in dystonia and Tourette syndrome

Location: Room C-1, First Floor, Kyoto International Conference Hall

Chairs: Mahlon R. DeLong
Atlanta, GA, USA
Paul Krack
Grenoble, France

10:00 a.m. **Neurosurgery in generalized dystonia**
Takaomi Taira
Tokyo, Japan

10:30 a.m. **Neurosurgery in focal dystonia**
Elena Moro
Toronto, Canada

11:00 a.m. **Neurosurgery in Tourette syndrome**
Jean-Luc Houeto
Poitiers Cedex, France

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Identify patients with dystonia who are good candidates for surgery; 2. Discuss benefits and limitations of surgery for dystonia; 3. Discuss the potential of surgery in Tourette's disease.

Wednesday, November 1, 2006

5206 Parallel Session 6: Early detection and outcome measures in PD

Location: Room C-2, First Floor, Kyoto International Conference Hall

Chairs: Sadako Kuno
Kodaira Tokyo, Japan
Matthew B. Stern
Philadelphia, PA, USA

10:00 a.m. **Disease onset and early detection**
Matthew B. Stern
Philadelphia, PA, USA

10:30 a.m. **Progression and QOL**
Lisa M. Shulman
Baltimore, MD, USA

11:00 a.m. **Other clinical outcome measures**
Karl D. Kieburtz
Rochester, NY, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Identify potential preclinical markers of PD; 2. Discuss the potential relevance of early and preclinical detection; 3. Discuss clinical trials of PD prevention.

5207 Parallel Session 7: Restless legs syndrome
Teaching Course

Location: Room A, Second Floor, Kyoto International Conference Hall

Chairs: Wayne A. Hening
New York, NY, USA
Joan Santamaria
Barcelona, Spain

10:00 a.m. **Epidemiology and diagnosis of restless legs syndrome**
Claudia M. Trenkwalder
Kassel, Germany

10:30 a.m. **Pathophysiology of restless legs syndrome**
Richard P. Allen
Baltimore, MD, USA

11:00 a.m. **Treatment of restless legs syndrome**
Wayne A. Hening
New York, NY, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the epidemiological features of RLS - the chronic course with high prevalence in older adults, especially women, as well as some possible regional/ethnic variations; 2. Understand the key diagnostic criteria for RLS, based on clinical interview, which can be supplemented by certain laboratory evaluations and pharmacologic challenges; 3. Understand the range of possible pathologies in RLS; 4. Summarize the iron abnormalities in RLS and relation to brain function and, in particular, dopamine; 5. Understand and evaluate the usefulness of the different therapeutic modalities for RLS, both pharmacologic and non-pharmacologic; 6. Differentiate distinct clinical situations that require alternate management strategies - including intermittent, daily and refractory RLS, especially that with augmentation.

Evaluations

Please take time to complete the evaluation form provided for each session you attend. Your input and comments are essential in planning future educational programs for MDS.

When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.

Wednesday, November 1, 2006

5208 Parallel Session 8: Hereditary chorea other than Huntington's disease

Location: Room I, Second Floor, Kyoto International Conference Hall

Chairs: Ira Shoulson
Rochester, NY, USA
Oksana Suchowersky
Calgary, Canada

10:00 a.m. **Neuroacanthocytosis**
Akira Sano
Kagoshima, Japan

10:30 a.m. **Huntington's disease-like 2 (HDL2)**
Russell Margolis
Baltimore, MD, USA

11:00 a.m. **Benign hereditary chorea**
Michael Samuel
London, United Kingdom

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the diagnosis, biological/genetics basis and therapeutic approaches pertaining to neuroacanthocytosis; 2. Discuss the diagnosis, biological/genetics basis and therapeutic approaches pertaining to Huntington's disease-like 2 (HDL2); 3. Discuss the diagnosis, biological/genetics basis and therapeutic approaches pertaining to benign hereditary chorea.

Poster Presentations

Admission to this session is by delegate name badge. No ticket is required for admission to Poster Presentations.

Poster Session 3

Locations: Event Hall, Room E, and Sakura Lounge, First Floor, Kyoto International Conference Hall
Poster Viewing: 9:00 a.m. to 5:00 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P694-P1032

Lunch Seminars

Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.

12:15 p.m. to 1:15 p.m.

5010 Levodopa: The gold standard in the treatment of PD

Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from F. Hoffmann-La Roche Ltd.

Chairs: Andrew J. Lees
London, United Kingdom
Niphon Poungvarin
Bangkok, Thailand

Levodopa - The history
Stanley Fahn
New York, NY, USA

Levodopa - Strengths and weaknesses
Eduardo Tolosa
Barcelona, Spain

1:30 p.m. to 2:30 p.m.

5011 Neuroimaging opportunities in Movement Disorders

Location: Main Hall, First Floor, Kyoto International Conference Hall
Supported by an educational grant from GE Healthcare

Chairs: David J. Brooks
London, United Kingdom
Donald B. Calne
Vancouver, Canada

Imaging as a diagnostic tool in Movement Disorders
A. Jon Stoessl
Vancouver, Canada

Imaging: Its role in clinical trials
Kenneth Marek
New Haven, CT, USA

Objective: At the conclusion of this session, participants should be able to: 1. Understand the mechanisms of current brain imaging techniques; 2. Appreciate the pitfalls in using imaging for clinical trials, 3. Recognize the value and limitations of imaging in the diagnosis of diseases of the brain.

Wednesday, November 1, 2006

Video and Meet the Expert Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Video and Meet the Expert Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

3:00 p.m. to 4:30 p.m.

5401 Video Session: Chorea
Location: Room B-2, Second Floor, Kyoto International Conference Hall

Alberto Albanese
Milan, Italy
Francisco Eduardo C. Cardoso
Belo Horizonte, Brazil

Objective: At the conclusion of this session, participants should be able to: 1. Recognize the clinical features of chorea related to different etiological conditions; 2. Discuss the diagnostic approaches and tools available for the differential diagnosis of choreatic disorders; 3. Discuss current and future treatments and their outcome in choreatic disorders.

5402 Video Session: Myoclonus and tics
Location: Room A, Second Floor, Kyoto International Conference Hall

Santiago Giménez-Roldán
Madrid, Spain
Anthony E. Lang
Toronto, Canada

Objective: At the conclusion of this session, participants should be able to: 1. Characterize the phenomenological aspects of myoclonus or tics; 2. Recognize the spectrum of movements and other features occurring in patients with myoclonus and tic disorders; 3. Understand the approach to diagnosis and treatment of patients with myoclonus and tics.

5403 Video Session: Atypical parkinsonism
Location: Room D, First Floor, Kyoto International Conference Hall

Stephen G. Reich
Baltimore, MD, USA
Lene Werdelin
Copenhagen, Denmark

Objective: At the conclusion of this session, participants should be able to: 1. Apply the diagnostic criteria for the most common parkinsonian syndromes (PSP, MSA, CBD); 2. Recognize the "red flags" distinguishing typical from atypical parkinsonism; 3. Recognize the characteristic clinical features of parkinsonian syndromes (PSP, MSA, CBD).

5404 Video Session: Psychogenic Movement Disorders
Location: Annex 2, First Floor, Kyoto International Conference Hall

Kailash Bhatia
London, United Kingdom
David E. Riley
Cleveland Heights, OH, USA

5405 Video Session: Pediatric Movement Disorders
Location: Room C-1, First Floor, Kyoto International Conference Hall

Emilio Fernandez-Alvarez
Barcelona, Spain
Terence Sanger
Stanford, CA, USA

Objective: At the conclusion of this session, participants should be able to: 1. Describe the principal types of Movement Disorders that occur in children; 2. Determine the primary differences between the presentation of Movement Disorders in adults and children; 3. Understand the major categories of pathophysiology that are responsible for Movement Disorders in children.

5501 Meet the Expert in tremor
Location: Room C-2, First Floor, Kyoto International Conference Hall

Rodger J. Elble
Springfield, IL, USA
William Ondo
Houston, TX, USA

Objective: At the conclusion of this session, participants should be able to: 1. Describe the pathophysiology and neurobiology of tremor disorders; 2. Discuss the diagnostic approaches and tools available for tremor disorders; 3. Discuss the pharmacological and non-pharmacological treatment options available for tremor disorders.

5502 Meet the Expert in diagnosis, management and treatment of dystonia
Location: Room B-1, Second Floor, Kyoto International Conference Hall

Stanley Fahn
New York, NY, USA
Vladimir Kostic
Belgrade, Serbia and Montenegro

Objective: At the conclusion of this session, participants should be able to: 1. Describe the phenomenology of torsion dystonia in different body parts; 2. Examine patients with torsion dystonia and assess its severity; 3. Understand treatment options for torsion dystonia.

Wednesday, November 1, 2006

5503 Meet the Expert in surgical treatment of PD
Location: Room I, Second Floor, Kyoto International Conference Hall

Yoichi Katayama
Tokyo, Japan
Pierre Pollak
Grenoble, France

Highlights of Poster Sessions
Admission to this session is by delegate name badge. No ticket is required for admission to Highlights of Poster Sessions.

5:00 p.m. to 6:00 p.m.
5901 Highlights of Poster Sessions
Location: Main Hall, First Floor, Kyoto International Conference Hall

Clinical
Chairs: Shu-Leong Ho
Hong Kong, People's Republic of China
William J. Weiner
Baltimore, MD, USA

Scientific
Chairs: Justo J. García De Yébenes
Madrid, Spain
Etienne C. Hirsch
Paris, France

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References: 1. Based on a patient survey of 143 implanted patients. Data on file at Medtronic, Inc. 2. The Deep-Brain Stimulation for Parkinson's Disease Study Group. Deep-brain stimulation of the subthalamic nucleus or the pars interna of the globus pallidus in Parkinson's disease. *N Engl J Med.* 2001;345:956-963. 3. American Academy of Neurology. AAN Guideline Summary for Patients and Their Families: Medical and Surgical Treatment for Motor Fluctuations and Dyskinesia in Parkinson Disease; 2006.

Thursday, November 2, 2006

Plenary Sessions

Admission to these sessions is by delegate name badge. No ticket is required for admission to Plenary Sessions.

8:00 a.m. to 8:30 a.m.

6101 Plenary Session 7: Latest developments in trinucleotide repeat disorders

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Anthony E. Lang
Toronto, Canada
Eduardo Tolosa
Barcelona, Spain
Henry L. Paulson
Iowa City, IA, USA

Objective: At the conclusion of this session, participants should be able to: 1. Describe the genetic basis of Movement Disorders due to trinucleotide repeat expansions; 2. Understand current views of disease mechanisms for these disorders; 3. Appreciate new approaches to potential therapy for these disorders.

8:30 a.m. to 9:00 a.m.

6102 Plenary Session 8: Movement Disorder emergencies

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Anthony E. Lang
Toronto, Canada
Eduardo Tolosa
Barcelona, Spain
Steven Frucht
New York, NY, USA

Objective: At the conclusion of this session, participants should be able to: 1. Recognize unusual and clinically important Movement Disorder emergencies in adults and children; 2. Understand how to evaluate patients with acute parkinsonism, dystonia, severe tics and chorea; 3. Understand the treatment of these conditions.

9:00 a.m. to 9:30 a.m.

6103 Plenary Session 9: Treatment of PD: Present and future

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Anthony E. Lang
Toronto, Canada
Eduardo Tolosa
Barcelona, Spain
C. Warren Olanow
New York, NY, USA

Thursday, November 2, 2006

Parallel Sessions
A ticket is required for admission to these smaller, interactive sessions. Attendance for Parallel Sessions is limited. There are no additional fees for tickets. Delegates that do not have tickets to these sessions, but would like to attend, are asked to check at the Onsite Registration Desk for ticket availability.

10:00 a.m. to 12:00 p.m.

6201 Parallel Session 1: Update in pathology of PD

Location: Annex 2, First Floor, Kyoto International Conference Hall

Chairs: Glenda M. Halliday
Randwick, Australia
Hideo Mori
Tokyo, Japan

10:00 a.m. **Progression of Parkinson's disease: Critical review of Braak's staging**
Dennis Dickson
Jacksonville, FL, USA

10:30 a.m. **Neuropathology of non-motor symptoms of PD**
Glenda M. Halliday
Randwick, Australia

11:00 a.m. **Lewy body-related alpha-synucleinopathy in aging and PD**
Irina I. Alafuzoff
Kuopio, Finland

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe current theories and data on the progression of PD related pathologies leading to the clinical onset and increased severity of symptoms over time; 2. Describe the neuropathology underlying the non-motor symptoms of PD; 3. Understand the prevalence of PD related pathologies in the population and their association with clinical PD.

6202 Parallel Session 2: Familial PD-inducing proteins

Location: Room C-1, First Floor, Kyoto International Conference Hall

Chairs: Vincenzo Bonifati
Rotterdam, Netherlands
Toshiharu Nagatsu
Toyoake, Japan

10:00 a.m. **Alpha-synuclein and parkin: Are they interacting?**
Joseph Savitt
Baltimore, MD, USA

10:30 a.m. **LRRK2 and PINK1: What are the natural substrates?**
Nicholas Wood
London, United Kingdom

11:00 a.m. **Molecular biology of normal and mutant DJ-1: How is DJ-1 protecting nigral neurons?**
Hiroyoshi Ariga
Sapporo, Japan

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Identify familial PD-inducing proteins; 2. Discuss the diagnostic significance of familial PD-inducing proteins; 3. Discuss the possible pharmacological strategies for prevention of the onset, retardation of the progression and treatment of the symptoms of familial PD.

6203 Parallel Session 3: Autonomic and sensory dysfunction in PD

Location: Room B-2, Second Floor, Kyoto International Conference Hall

Chairs: Mitsutoshi Yamamoto
Takamatsu, Japan

10:00 a.m. **Olfactory dysfunction in PD**
John E. Duda
Philadelphia, PA, USA

10:30 a.m. **Autonomic dysfunction in PD**
Satoshi Orimo
Setagaya-ku, Japan

11:00 a.m. **Pain and sensory symptoms in PD**
Ruth Djaldetti
Petah Tiqva, Israel

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Understand the significance of olfactory dysfunction as a key sensory finding in PD. Participants will be able to critically discuss olfactory dysfunction as a potential preclinical sign of PD; 2. Describe the clinical spectrum of autonomic dysfunction of Parkinson's Disease, to understand underlying clinico-pathological correlations and principals of management; 3. Understand prevalence, clinical manifestations and pathophysiological mechanisms underlying pain in Parkinson's disease.

Thursday, November 2, 2006

6204 Parallel Session 4: Sleep disturbances in PD

Location: Room B-1, Second Floor, Kyoto International Conference Hall

Chairs: Mark A. Stacy
Durham, NC, USA
Claudia M. Trenkwalder
Kassel, Germany

10:00 a.m. **Neurobiology of sleep and sleep disturbances in PD**
Birgit Högl
Innsbruck, Austria

10:30 a.m. **Pathogenesis and management of RBD**
Joan Santamaria
Barcelona, Spain

11:00 a.m. **Excessive daytime sleepiness**
Isabelle Arnulf
Paris, France

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe different phenomena of sleep disorders in Parkinson's disease and identify symptoms of REM sleep behavior disorder; 2. Discuss the pathophysiology and possible mechanisms of sleep disorders in PD and their relation to the dopamine system; 3. Define daytime sleepiness and to explain the various factors contributing to sleepiness in PD.

6205 Parallel Session 5: Non-pharmacological and non-surgical management of PD

Location: Room I, Second Floor, Kyoto International Conference Hall

Chairs: Eldad Melamed
Petah Tiqva, Isreal
Bhim S. Singhal
Mumbai, India

10:00 a.m. **Multidisciplinary management of PD**
Robert Iansek
Cheltenham, Australia

10:30 a.m. **Physical and occupational therapies in PD**
Lynn Rochester
New Castle Upon Tyne, United Kingdom

11:00 a.m. **Management of speech and swallowing disturbances in PD**
Lorraine Ramig
Boulder, CO, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the non-pharmacological and non-surgical approaches to management of Parkinson's disease; 2. Recognize the need for a multidisciplinary approach to the management of motor symptoms of Parkinson's disease; 3. Define the role of physical, occupational and speech therapists in the management of Parkinson's disease.

6206 Parallel Session 6: Tremor **Teaching Course*

Location: Room D, First Floor, Kyoto International Conference Hall

Chairs: Mark Hallett
Bethesda, MD, USA
Hiroshi Shibasaki
Kyoto, Japan

10:00 a.m. **Epidemiology and clinical features of essential tremor**
Joaquim Ferreira
Torres Vedras, Portugal

10:30 a.m. **Neuropathology and pathophysiology of essential tremor**
Hiroshi Shibasaki
Kyoto, Japan

11:00 a.m. **Medical and surgical treatment of tremor**
Günther Deuschl
Kiel, Germany

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the clinical features of essential tremor in comparison with Parkinson's disease; 2. Describe the epidemiology of essential tremor; 3. Discuss the neuropathology of essential tremor; 4. Describe the pathophysiology of essential tremor in comparison with Parkinson tremor; 5. Describe the medical treatment of essential tremor and other tremors; 6. Discuss the current status of surgical treatment of essential tremor and other tremors.

6207 Parallel Session 7: Huntington's disease

Location: Room K, Second Floor, Kyoto International Conference Hall

Chairs: Ichiro Kanazawa
Kodaira, Japan
Anne B. Young
Boston, MA, USA

10:00 a.m. **Molecular pathogenesis of Huntington's disease**
Anne B. Young
Boston, MA, USA

10:30 a.m. **Cellular and animal models of Huntington's disease**
Marc Peschanski
Evry, France

11:00 a.m. **Treatment of Huntington's disease: Recent progress**
Ira Shoulson
Rochester, NY, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Describe the basic genetics of Huntington's disease; 2. Discuss the key mechanisms thought to play a role in Huntington's disease pathogenesis; 3. Discuss therapeutic strategies based on the basic mechanisms involved in the disease.

Thursday, November 2, 2006

6208 Parallel Session 8: PSP and CBD

Location: Room A, First Floor, Kyoto International Conference Hall

Chairs: Shigeki Kuzuhara
Mie-Ken, Japan
Irene Litvan
Louisville, KY, USA

10:00 a.m. **Clinical and pathological variants of PSP**
Lawrence I. Golbe
New Brunswick, NJ, USA

10:30 a.m. **Pathogenesis, genetics, and animal models of PSP**
Irene Litvan
Louisville, KY, USA

11:00 a.m. **What's new in CBD?**
Bradley F. Boeve
Rochester, MN, USA

11:30 a.m. **Discussion**

Objective: At the conclusion of this session, participants should be able to: 1. Discuss the clinical and pathological phenotypes of progressive supranuclear palsy (PSP); 2. Discuss the pathogenesis of PSP based on epidemiologic, neuropathological, and current animal models of this disorder; 3. Review the up-to-date pharmacologic and non-pharmacologic management strategies in corticobasal degeneration (CBD) and the potential for GSK-3beta inhibitors as treatment in CBD and other tauopathies.

Poster Presentations

Admission to this session is by delegate name badge. No ticket is required for admission to Poster Presentations.

Poster Session 4

Locations: Event Hall, Room E, and Sakura Lounge, First Floor, Kyoto International Conference Hall
Poster Viewing: 9:00 a.m. to 4:30 p.m.
Authors present even numbers: 12:00 p.m. to 1:30 p.m.
Authors present odd numbers: 1:30 p.m. to 3:00 p.m.
Posters: P1033-P1380

Thursday, November 2, 2006

Lunch Seminars

Admission to these sessions is by delegate name badge. No ticket is required for admission to Lunch Seminars.

12:15 p.m. to 1:15 p.m.

6010 Targeting A2A receptors in PD

Location: Main Hall, First Floor, Kyoto International Conference Hall

Supported by an educational grant from Kyowa Hakko Kogyo Co., Ltd.

Chairs: Anthony H.V. Schapira
London, United Kingdom
Louis CS Tan
Singapore, Singapore

The adenosine system in BG and alterations in PD
Peter Jenner
London, United Kingdom

Clinical trials testing A2A antagonists
Peter A. LeWitt
Southfield, MI, USA

Objective: At the conclusion of this session, participants should be able to: 1. Describe the role of adenosine system in the basal ganglia in relation to Parkinson's disease; 2. Define the potential role of adenosine antagonists in the management of Parkinson's disease; 3. Discuss the current evidence for the use of adenosine antagonists in PD.

Evaluations

Please take time to complete the evaluation form provided for each session you attend. Your input and comments are essential in planning future educational programs for MDS.

When complete, evaluations may be returned to your meeting room attendants, the Evaluation and CME Forms drop boxes, the MDS Registration Desk or the CME Desk.

Controversies

Admission to this session is by delegate name badge. No ticket is required for admission to Controversies.

2:00 p.m. to 4:30 p.m.

6601 Controversies

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Donald B. Calne
Vancouver, Canada
Anthony E. Lang
Toronto, Canada

Dementia is an inevitable feature of PD

Yes Yves Agid
Paris, France

No Eduardo Tolosa
Barcelona, Spain

Dopaminergic infusions should be used before DBS

Yes Dag Nyholm
Uppsala, Sweden

No Jens Volkmann
Kiel, Germany

Heterozygous mutations cause autosomal recessive familial parkinsonism

Yes Christine Klein
Luebeck, Germany

No Yoshikuni Mizuno
Tokyo, Japan

Mitochondrial dysfunction is the primary problem in Parkinson's disease

Yes Anthony H.V. Schapira
London, United Kingdom

No Serge Przedborski
New York, NY, USA

Restless legs syndrome is over-diagnosed

Yes Wolfgang H. Oertel
Marburg, Germany

No Birgit Högl
Innsbruck, Austria

Objective: At the conclusion of this session, participants should be able to: 1. Address the pros and cons of dopaminergic infusions vs. DBS in later stage PD; 2. Understand the arguments for and against 1) a role of heterozygous mutations in causing familial PD and 2) mitochondrial dysfunction being the primary problem in the pathogenesis of PD; 3. Understand the controversies related to whether dementia is an inevitable feature of PD and whether restless legs syndrome is overdiagnosed.

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Dag Aarsland
Stavanger, Norway
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4011, 4101, 4102, 4103

Anne B. Young
Boston, MA, USA
5101, 5102, 5103, 6207

MDS Exhibit and Information Booth

Location: Main Hall Foyer, First Floor, Kyoto International Conference Hall

The *Movement* Disorder Society (MDS) is an international society of healthcare professionals committed to research and patient care in the fields of Parkinson's disease and other disorders of movement and motor control.

Created not only to further the goals and objectives of MDS International, The *Movement* Disorder Society's regional sections, the Asian and Oceanian Section and European Section, strive to increase the interest, education and participation of neurologists, Movement Disorder specialists, non-Movement Disorder specialists, trainees, allied health professionals and scientists in the Asian, Oceanic and European regions.

MDS supports and promotes a wide range of educational programming and other initiatives to advance scientific understanding and standards of care as they pertain to Movement Disorders. For this, MDS provides forums such as a high ranking journal, scientific symposia and International Congresses.

Attendees are invited to take advantage of MDS member benefits by applying to the Society. Learn more about MDS initiatives and speak with a representative at the MDS Exhibit and Information Booth located in the Main Hall Foyer of the Kyoto International Conference Hall during the following hours:

Saturday, October 28	12:00 p.m. to 6:00 p.m.
Sunday, October 29	8:00 a.m. to 6:00 p.m.
Monday, October 30	8:00 a.m. to 6:00 p.m.
Tuesday, October 31	8:00 a.m. to 6:00 p.m.
Wednesday, November 1	8:00 a.m. to 6:00 p.m.
Thursday, November 2	8:00 a.m. to 4:30 p.m.

Committee and Task Force Meetings

MDS Committee and Task Force Chairs and members will meet during the International Congress. A schedule of these meetings will be provided to the committee and task force members prior to the International Congress. The Committee and Task Force schedule of meetings will also be displayed on signage in the Society's Exhibit Booth #404, located in the Main Hall Foyer on the first floor of the Kyoto International Conference Hall. The listing of MDS Committee and Task Force members may be found on pages 9-10.

Exhibitor Information

General Information and Exhibit Hours

Please allow adequate time in your daily schedule to visit the Exhibit Hall, located in the Event Hall and the Main Hall Foyer on the first floor of the Kyoto International Conference Hall. The exhibition is an integral component of your International Congress experience, offering you the opportunity to speak with representatives of companies providing services or marketing products directly related to Movement Disorders. Delegates may enter the Exhibit Hall at the entrance to the Event Hall and the Main Hall Foyer during the following hours:

Monday, October 30	9:00 a.m. to 5:00 p.m.
Tuesday, October 31	9:00 a.m. to 5:00 p.m.
Wednesday, November 1	9:00 a.m. to 5:00 p.m.
Thursday, November 2	9:00 a.m. to 4:30 p.m.

Exhibitor Registration

Location: Event Hall Corridor

Exhibitors may register at the Exhibitor Registration Desk located at the Event Hall entrance on the first floor of the Kyoto International Conference Hall during the following hours:

Friday, October 27	4:00 p.m. to 8:00 p.m.
Saturday, October 28	7:00 a.m. to 8:30 p.m.
Sunday, October 29	7:00 a.m. to 8:00 p.m.
Monday, October 30	7:00 a.m. to 6:00 p.m.
Tuesday, October 31	7:00 a.m. to 6:00 p.m.
Wednesday, November 1	7:00 a.m. to 6:00 p.m.
Thursday, November 2	7:00 a.m. to 5:00 p.m.

Exhibitor Badge Policy

Admission to the Exhibit Hall will be by name badge only. Security guards will monitor Exhibit Hall entrances for proper identification. Exhibit stand personnel must show an official MDS exhibitor name badge in order to gain access to the Exhibit Hall during installation, show, or dismantlement hours. Independent contractor personnel, hired by an exhibitor to install and dismantle their display, should register onsite for a temporary name badge valid for only installation and dismantlement hours.

Exhibitor Badge (Yellow): Allows admittance to the exhibit hall area only.

Exhibitor Delegate Badge (Orange): Allows the delegate to enter the Exhibit Hall as an exhibitor and attend scientific sessions including poster presentations (access to Parallel Sessions, Skills Workshops and Video Sessions requires an additional ticket at no cost. Check with the Registration Desk in the Main Entrance for session availablity.)

Endorsement Disclaimer

Products and services displayed in the Exhibit Hall or advertised in the program occur by contractual business arrangements between MDS and participating companies and organizations. These arrangements do not constitute nor imply an endorsement by MDS of these products and services.

Exhibitor Directory

Allergan
2525 DuPont Drive
Irvine, CA 92612 USA
Telephone: +1 714-246-4500
Fax: +1 714-246-4214
Web site: www.allergan.com

Booth #: 112

Allergan, Inc., with headquarters in Irvine, California, is a technology-driven, global specialty pharmaceutical and medical device company that develops and commercializes innovative products for the ophthalmology, neurosciences, medical dermatology, medical aesthetics and other specialty markets. Allergan is dedicated to delivering value to its customers, satisfying unmet medical needs, and improving people's lives.

Boehringer Ingelheim International GmbH
Binger Str. 173
Ingelheim, 55216
Germany
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Web site: www.boehringer-ingelheim.com

Booth #: 108

Pramipexole (BI-Sifrol®, Sifrol®, Mirapexin® and Mirapex®) is a compound from Boehringer Ingelheim research first approved in 1997 for the symptomatic treatment of both early and advanced idiopathic Parkinson's disease, both for monotherapy or in combination with levodopa. In 2006, pramipexole was approved in Europe for the symptomatic treatment of moderate to severe idiopathic Restless Legs Syndrome (RLS) and is also approved in Australia, Brazil, Mexico and other countries. In Japan, Pramipexole is under development for RLS.

Cambridge Laboratories Ireland
Alexandra House, The sweepstakes
Ballsbridge, Dublin 4
Ireland
Telephone: +353 1-631-7895
Fax: +353 1-631-9452
Web site: www.camb-labs.com; www.xenazine.com

Booth #: 314

Cambridge Laboratories is a fast growing, dynamic and entrepreneurial pharmaceutical company with extensive product development and commercialization expertise focussed on innovative products in oncology and diseases of the central nervous system. Its leading product, Tetrabenazine, is commercialized globally by a number of marketing partners and is indicated for the treatment of a variety of hyperkinetic Movement Disorders.

Eisai Co., Ltd.

Koishikawa 4-6-10
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Web site: http://www.eisai.co.jp

Booth#: 216

Eisai specializes in the manufacturing and marketing of prescription pharmaceutical, over the counter drugs and diagnostics. We have positioned neurology, gastroenterology, and oncology/critical care as focused areas. Eisai has particular expertise in neurodegenerating diseases. In this regard, our product Aricept is widely used to treat Alzheimer's disease and we are currently developing a new compound for Parkinson's disease.

Eli Lilly Japan
7-1-5, Isogamidori, Chou-Ku
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Web site: www.lilly.com

Booth #: 114

Eli Lilly Japan is a wholly owned subsidiary of Eli Lilly and Company of the United States. Eli Lilly and Company is a leading, innovation-driven corporation committed to developing a growing portfolio of best-in-class pharmaceutical products that help people live longer, healthier and more active lives. We are committed to providing answers that matter.

FP Pharmaceutical Corp.
1-3-40 Nishiohtuka, Matsubara
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Telephone: +81-72-332-5155
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Web site: www.fp-pharm.co.jp

Booth #: 204

FP Pharmaceutical Corp. is the company with continuous success in distribution of selegiline (MAO-B inhibitor, FP Tablet®) in Japan, and with a focus on the CNS field, especially Parkinson's disease. Its current pipeline includes some compounds with potential to be the next generation of FP Tablet, but with distinctive pharmacological properties.

Exhibitor Directory

GE Healthcare
Pollards Wood, Nightingales Lane
Chalfont St. Giles, Bucks HP7 9NA
United Kingdom
Telephone: +44 1494-54-400
Fax: +44 1494-542-266
Web site: www.gehealthcare.com

Booth #: 116

GE is dedicated to helping you transform healthcare delivery by driving critical breakthroughs in biology and technology. Our expertise in medical imaging and information technologies, medical diagnostics, patient monitor systems, drug discovery, and biopharmaceutical manufacturing technologies is enabling healthcare professionals around the world discover new ways to predict, diagnose, and treat disease earlier. For additional information visit www.gehealthcare.com

GlaxoSmithKline
Web site:www.gsk.com

Booth #: 112

GlaxoSmithKline is a leading research based pharmaceutical company with a powerful combination of skills to discover and deliver innovative medicines. We offer a number of programs to support effective health management strategies and improve patient care. Please visit our exhibit booth to learn more about our products.

Ipsen
42 rue du Dr Blanche
Paris 75016
France
Telephone: +33 14430-43-09
Fax: +33 14430-42-00
Web site: www.ipsen.com

Booth #: 306

Ipsen is a European pharmaceutical group with over 20 products on the market and a total worldwide staff of nearly 4,000. The Company's development strategy is based on a combination of products in targeted therapeutic areas (oncology, endocrinology and neuromuscular disorders), which are growth drivers and primary care products which contribute significantly to its research financing. This strategy is also supported by an active policy of partnerships. The location of its four R&D centres (Paris, Boston, Barcelona, London) gives the Group a competitive edge in gaining access to leading university research teams and highly qualified personnel. In 2004, Research and Development expenditure reached €143.2 million, i.e. 18.7% of consolidated sales, which amounted to €767.8 million in the Group's pro forma accounts set up according to the IFRS. More than 650 people in R&D are dedicated to the discovery and development of innovative drugs for patient care.

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Booth#: 406

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Tokyo 100-8185
Japan
Telephone: +81 3-3282-0007
Fax: +81 3-3284-1968
Web site: www.kyowa.co.jp/eng/

Booth #: 212

Kyowa Hakko Kogyo Co., Ltd. (KHK) is one of Japan's foremost biotechnology companies. Kyowa is pursuing international development of a number of NCE drug candidates. Istradefylline (KW-6002) is an adenosine A2a receptor antagonist which is currently completing its Phase III program for Parkinson's disease. Please visit the Kyowa exhibit for further information on this research.

Medtronic, Inc.
710 Medtronic Parkway NE
Minneapolis, MN 55432-5604 USA
Telephone: +1 763-514-4000
Fax: +1 763-514-4879
Web site: www.medtronic.com

Booth #: 104

Medtronic is the global leader in medical technology – alleviating pain, restoring health and extending life for millions of people around the world. Activa Therapy, exhibited, has been used in more than 30,000 patients for the treatment of the three most common Movement Disorders: Parkinson's disease, essential tremor and dystonia.

Exhibitor Directory

Novartis International AG
Lichstr. 35
Basel CH-4002
Switzerland
Telephone: + 41 61-324-1111
Fax: + 41 61-324-6652
Web site: www.novartis.com

Booth #: 208

Novartis has been a leader in the neuroscience area for more than 50 years, having pioneered early breakthrough treatments for Alzheimer's disease, Parkinson's disease, attention deficit/hyperactivity disorder, epilepsy, schizophrenia and migraine. Novartis continues to be active in the research and development of new compounds, and is committed to addressing unmet medical needs and to supporting patients and their families affected by these disorders.

Novartis AG (NYSE: NVS) is a world leader in offering medicines to protect health, treat disease and improve well-being. Our goal is to discover, develop and successfully market innovative products to treat patients, ease suffering and enhance the quality of life. Novartis is the only company with leadership positions in both patented and generic pharmaceuticals. We are strengthening our medicine-based portfolio, which is focused on strategic growth platforms in innovation-driven pharmaceuticals, high-quality and low-cost generics, human vaccines and leading self-medication OTC brands. In 2005, the Group's businesses achieved net sales of USD 32.2 billion and net income of USD 6.1 billion. Approximately USD 4.8 billion was invested in R&D. Headquartered in Basel, Switzerland, Novartis Group companies employ approximately 97,000 people and operate in over 140 countries around the world. For more information, please visit http://www.novartis.com.

Stalevo® is a longer-lasting levodopa, that offers a more consistent, natural delivery of levodopa to the brain. Not only will patients taking Stalevo remain symptom-free longer throughout the day, but clinical studies show they will maintain this improved function, without the need to increase levodopa, over at least the next three years. This means that, over the long term, patients taking Stalevo are more likely to remain independent and better able to participate in life.

Orion Corporation Orion Pharma
Orionintie 1
FI-02101 Espoo
Finland
Tel: + 358 10 4261
Web site: www.orion.fi

Booth #: 208

Orion Corporation is a European, R&D-based, business-driven pharmaceuticals and diagnostics company with a special emphasis on developing innovative medicinal treatments and diagnostic tests for global markets.

Please feel invited to visit the combined exhibition of Novartis and Orion Pharma.

For further information please visit the companies' websites.

www.novartis.com
www.orion.fi

Pfizer, Inc.
235 East 42nd Street
New York, NY 10017 USA
Telephone: +1 212-733-1000
Fax: +1 212-573-2883
Web site: www.pfizer.com

Booth# 214

The focus of the Pfizer exhibit booth, "The Future of Your Patient is in Your Hands," affords the opportunity for International Congress delegates to review literature and discuss the treatment of Parkinson's disease with Pfizer representatives. Cabaser (cabergoline) provides potential management of Movement Disorder symptoms for patients using this treatment.

Schwarz Pharma AG
Alfred-Nobel-Strasse 10
Monheim 40789
Germany
Telephone: +49 2173-48-0
Fax: +49 2173-48-1608
Web site: www.schwarzpharma.com

Booth #: 218

SCHWARZ PHARMA AG (Monheim, Germany), develops and markets innovative drugs for unmet medical needs in neurology, urology and cardiology, e.g. development projects such as Parkinson's disease, restless legs syndrome, epilepsy, neuropathic pain and overactive bladder syndrome. The company has a strong international presence with subsidiaries in Europe, USA and Asia.

Exhibitor Directory

Sociedad Latinoamericana de Movimientos Anormales (SOLAMA)
PO Box 80207
Caracas 1080
Venezuela
Telephone: +58 212-991-5731
Fax: +58 212-991-5242
Web site: www.solama.org

Booth#: 408

SOLAMA is the Latin American Society focusing on Movement Disorders. We wish to promote our Society to the world and invite you to attend our next meeting in Maracaibo, Venezuela, November 8-10, 2007.

Solvay Pharmaceuticals
Solvay Pharmaceuticals GmbH
Hans-Böckler-Allee 20
Hannover 30173
Germany
Telephone: +49 511-857-0
Fax: +49 511-857-2294
E-mail: claudio.sandner@solvay.com
Web site: www.solvaypharmaceuticals.com

Booth #: 308

Solvay Pharmaceuticals is a global player in selected disease target areas. A strong focus concentrates research and development efforts into clinical indications where doctors and patients want new and better therapies to choose from. The same focus in sales and marketing teams gives us a strong presence in segments like neurology. Solvay Pharmaceuticals is spreading quickly from Europe, USA and Canada into other countries like Brazil, Australia, China and Mexico today.

The *Movement* Disorder Society
International Secretariat
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823 USA
Telephone: +1 414-276-2145
Fax: +1 414-276-3349
Web site: www.movementdisorders.org

Booth#: 404, 410, 412

The *Movement* Disorder Society is an international, professional society of clinicians, scientists, and other healthcare professionals, who are interested in Parkinson's disease, related neurodegenerative and neurodevelopmental disorders, hyperkinetic Movement Disorders, and abnormalities in muscle tone and motor control. Visit our International MDS, MDS-Asian and Oceanian and MDS-European section exhibit booths to learn more about MDS.

The National Spasmodic Torticollis Association
9920 Talbert Ave.
Fountain Valley, CA 92708 USA
Telephone: +1 714-378-7837
Fax: +1 714-378-7830
Web site: www.torticollis.org

Booth #: 310

The National Spasmodic Torticollis Association is a non-profit organization dedicated to: providing information and support to people with ST and their family, educating the public and the medical community, advocating for the rights of those with ST and promoting research.

Valeant Pharmaceuticals International
3300 Hyland Avenue
Costa Mesa, CA 92626 USA
Telephone: +1 714-545-0100
Fax: +1 714-668-3139
Web site: www.valeant.com

Booth #: 304

Valeant Pharmaceuticals International is a global, research-based specialty pharmaceutical company that discovers, develops, manufacturers and markets products primarily in the areas of neurology, infectious disease and dermatology.

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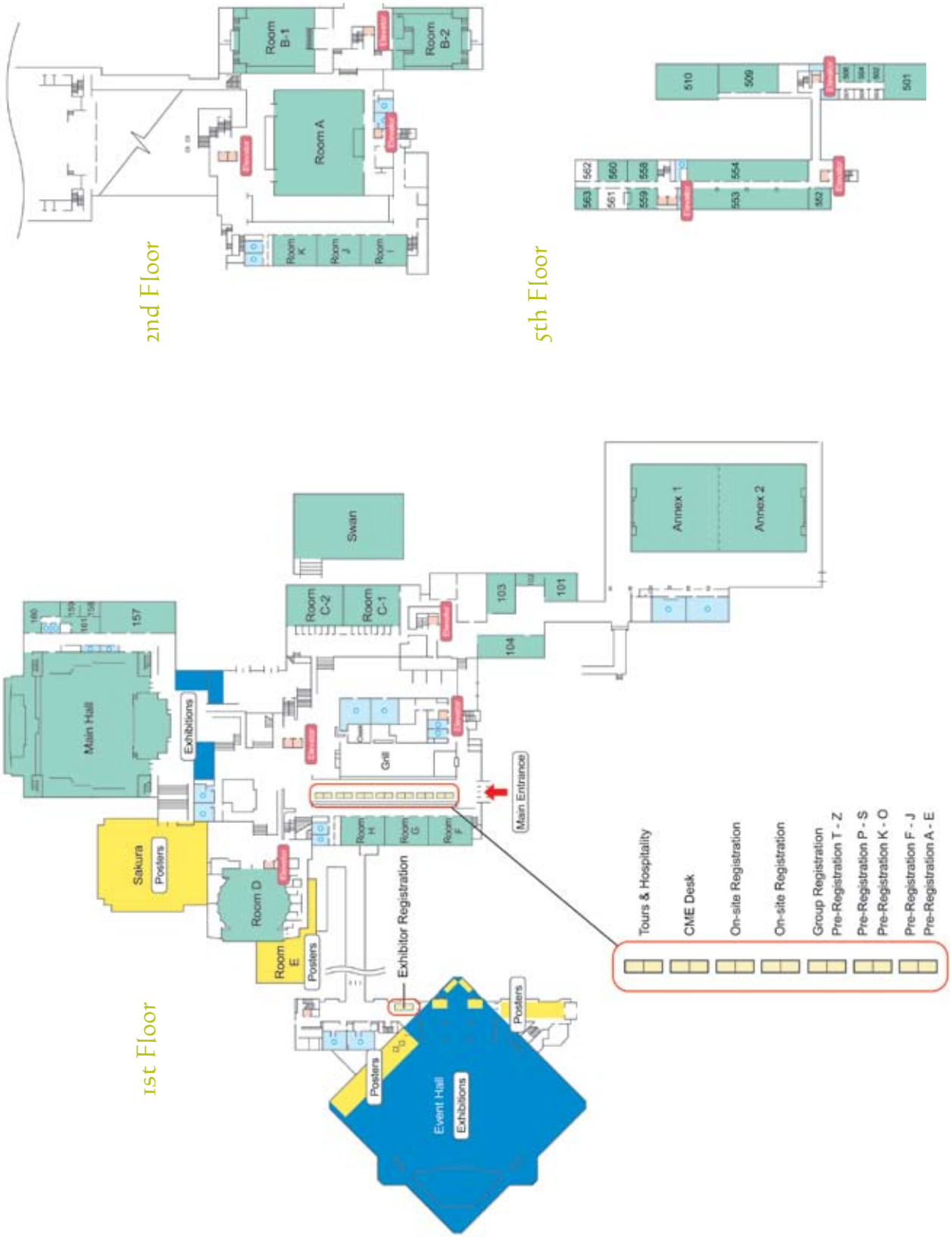
Kyoto International Conference Hall Floor Plan



Exhibitor Floor Plan ~ Event Hall

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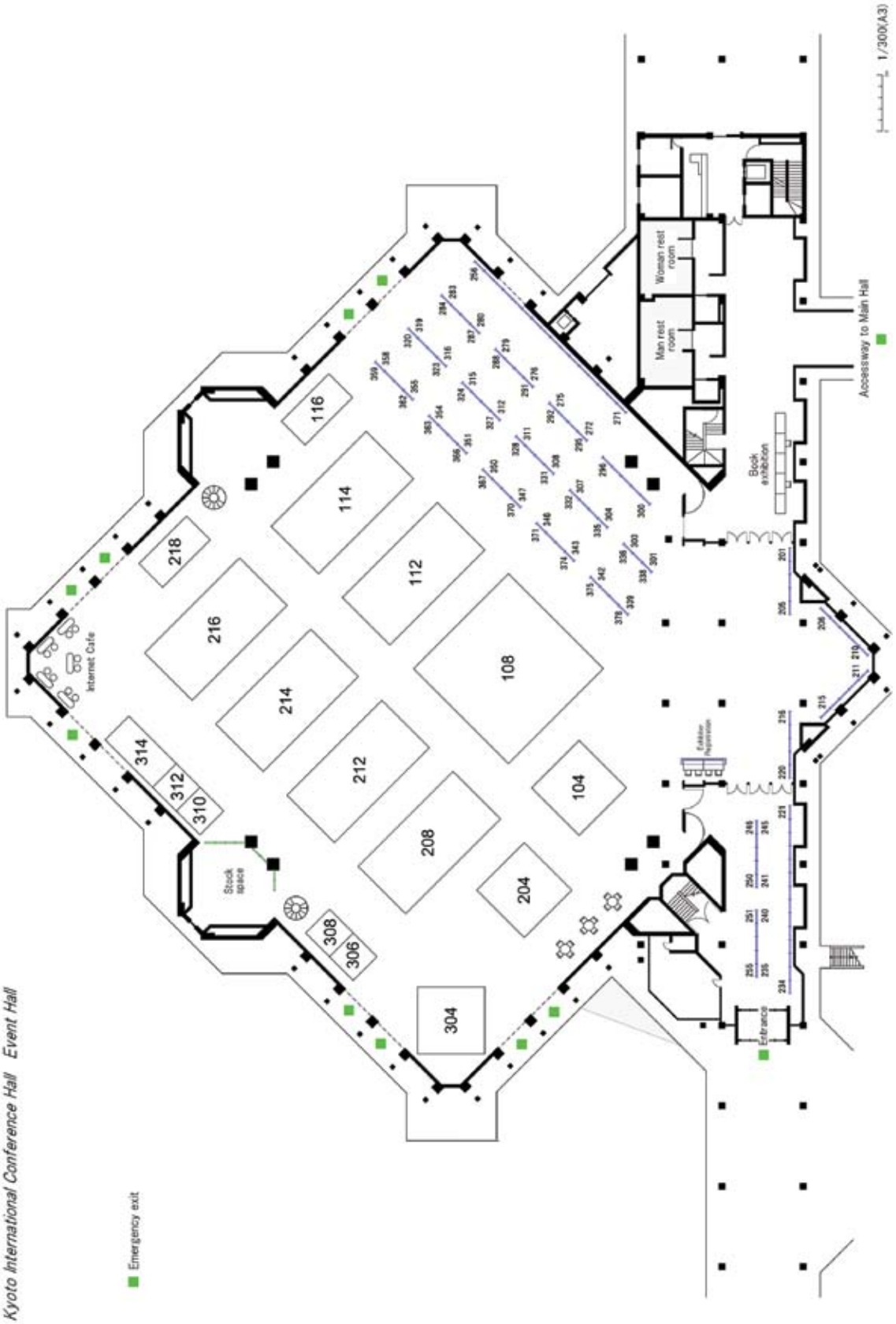
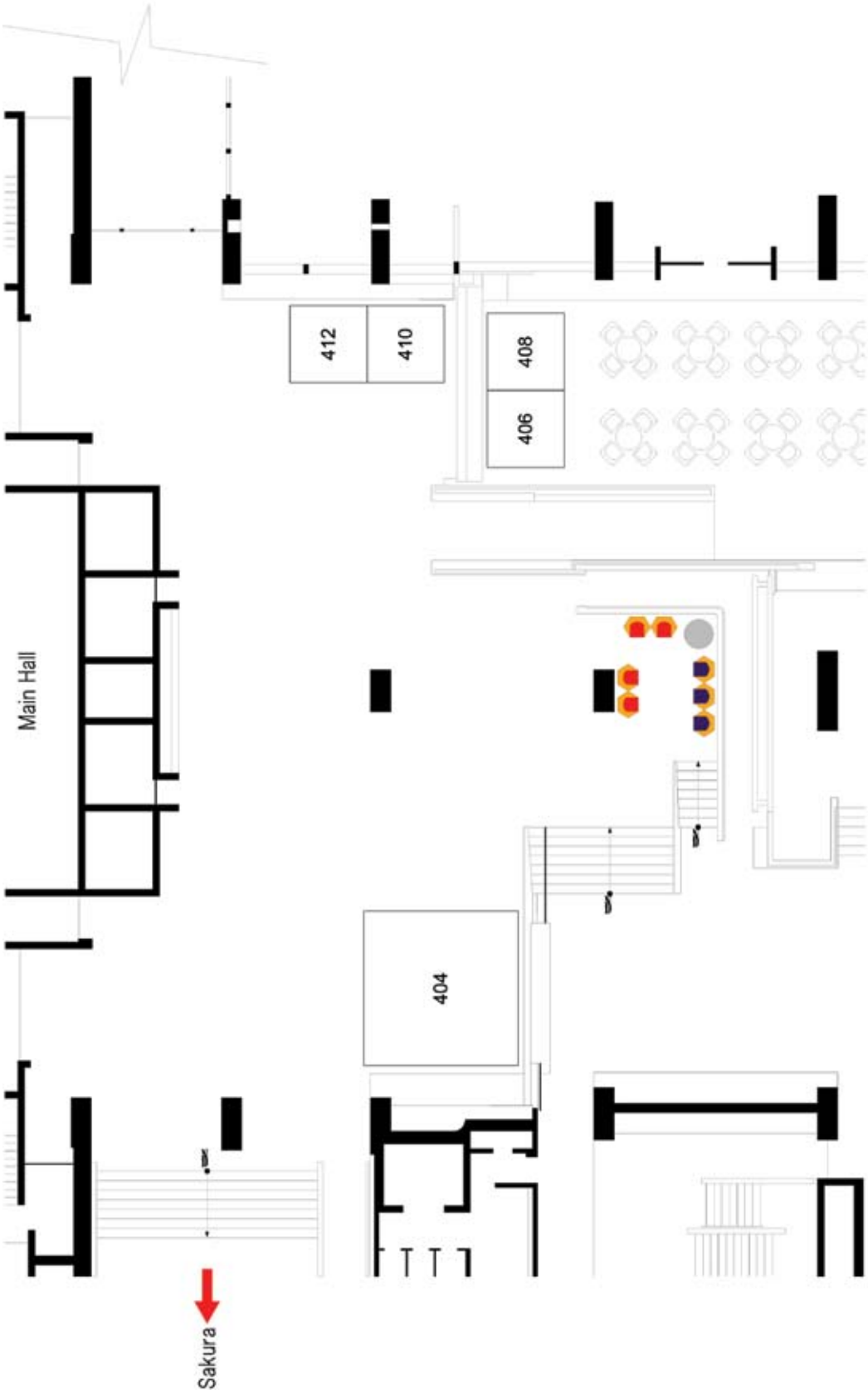


Exhibitor Floor Plan ~ Main Hall Foyer



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Junior Awards

Two Junior Awards will be presented for outstanding abstracts of The *Movement* Disorder Society's 10th International Congress of Parkinson's Disease and Movement Disorders. One award will be presented for excellence in clinical research, and another for excellence in basic research. Eligible individuals for the Junior Awards must be Forty (40) years of age or less, or within five years of completion of training and the first author on the abstract. The *Movement* Disorder Society's Awards Committee selects the two award recipients from those that applied. Please refer to the flyer highlighting the 2006 Junior Awards recipients and their topics, in your registration bag.

Tuesday, October 31

9:00 a.m. to 9:30 a.m.

4103 Junior Award Lectures

Location: Main Hall, First Floor, Kyoto International Conference Hall

Chairs: Stanley Fahn
New York, NY, USA
Nobuo Yanagisawa
Kawasaki-City, Japan

Map of Kyoto

Kyoto International Conference Hall

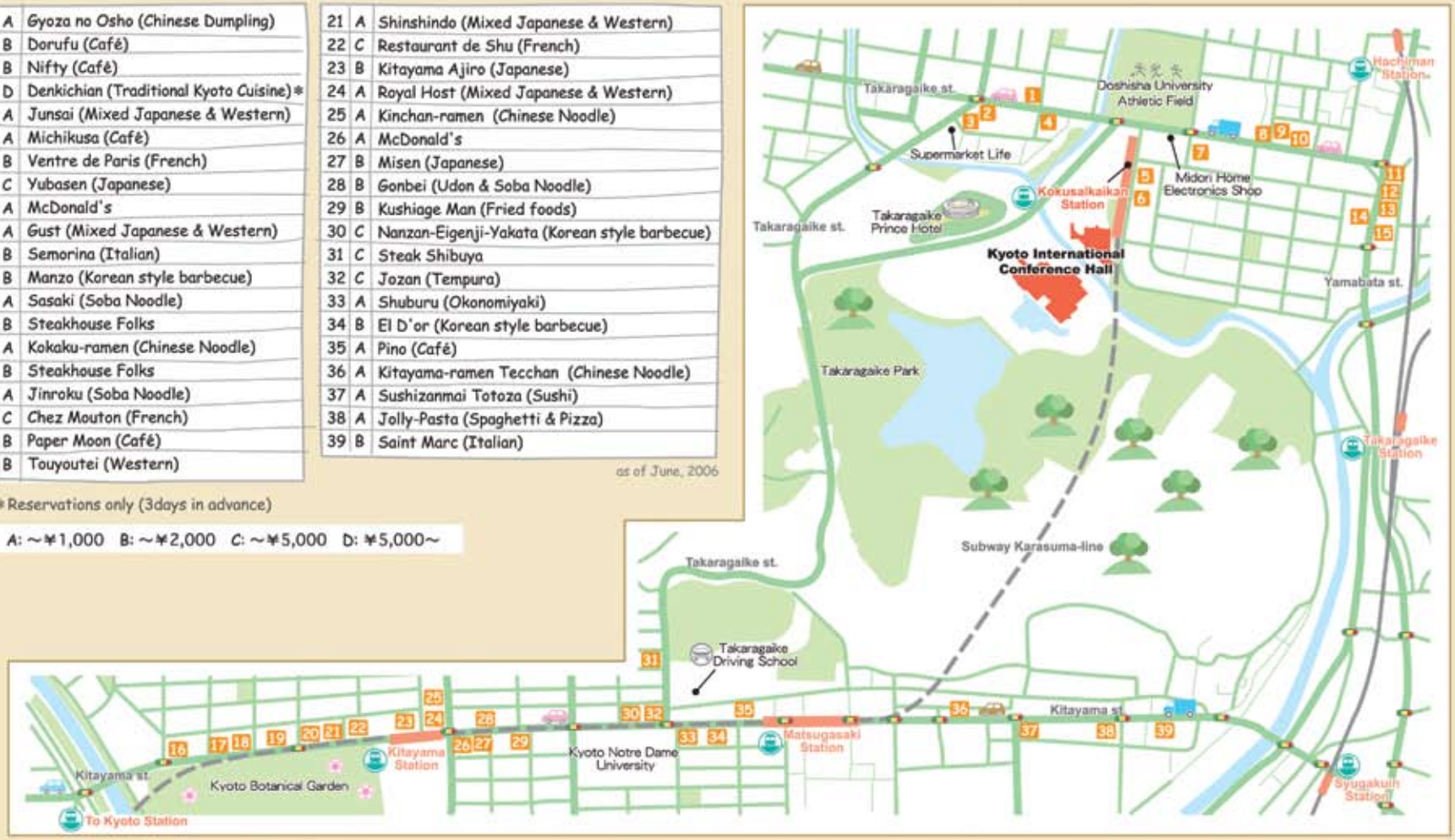
Lunch Spots
(Near International Conference Hall)

1	A	Gyoza no Osho (Chinese Dumpling)
2	B	Dorufu (Café)
3	B	Nifty (Café)
4	D	Denkichian (Traditional Kyoto Cuisine)*
5	A	Junsai (Mixed Japanese & Western)
6	A	Michikusa (Café)
7	B	Ventre de Paris (French)
8	C	Yubasen (Japanese)
9	A	McDonald's
10	A	Gust (Mixed Japanese & Western)
11	B	Semorina (Italian)
12	B	Manzo (Korean style barbecue)
13	A	Sasaki (Soba Noodle)
14	B	Steakhouse Folks
15	A	Kokaku-ramen (Chinese Noodle)
16	B	Steakhouse Folks
17	A	Jinroku (Soba Noodle)
18	C	Chez Mouton (French)
19	B	Paper Moon (Café)
20	B	Touyoutei (Western)
21	A	Shinshindo (Mixed Japanese & Western)
22	C	Restaurant de Shu (French)
23	B	Kitayama Ajiro (Japanese)
24	A	Royal Host (Mixed Japanese & Western)
25	A	Kinchan-ramen (Chinese Noodle)
26	A	McDonald's
27	B	Misen (Japanese)
28	B	Gonbei (Udon & Soba Noodle)
29	B	Kushiage Man (Fried foods)
30	C	Nanzan-Eigenji-Yakata (Korean style barbecue)
31	C	Steak Shibuya
32	C	Jozan (Tempura)
33	A	Shuburu (Okonomiyaki)
34	B	El D'or (Korean style barbecue)
35	A	Pino (Café)
36	A	Kitayama-ramen Tecchan (Chinese Noodle)
37	A	Sushizanmai Totoza (Sushi)
38	A	Jolly-Pasta (Spaghetti & Pizza)
39	B	Saint Marc (Italian)

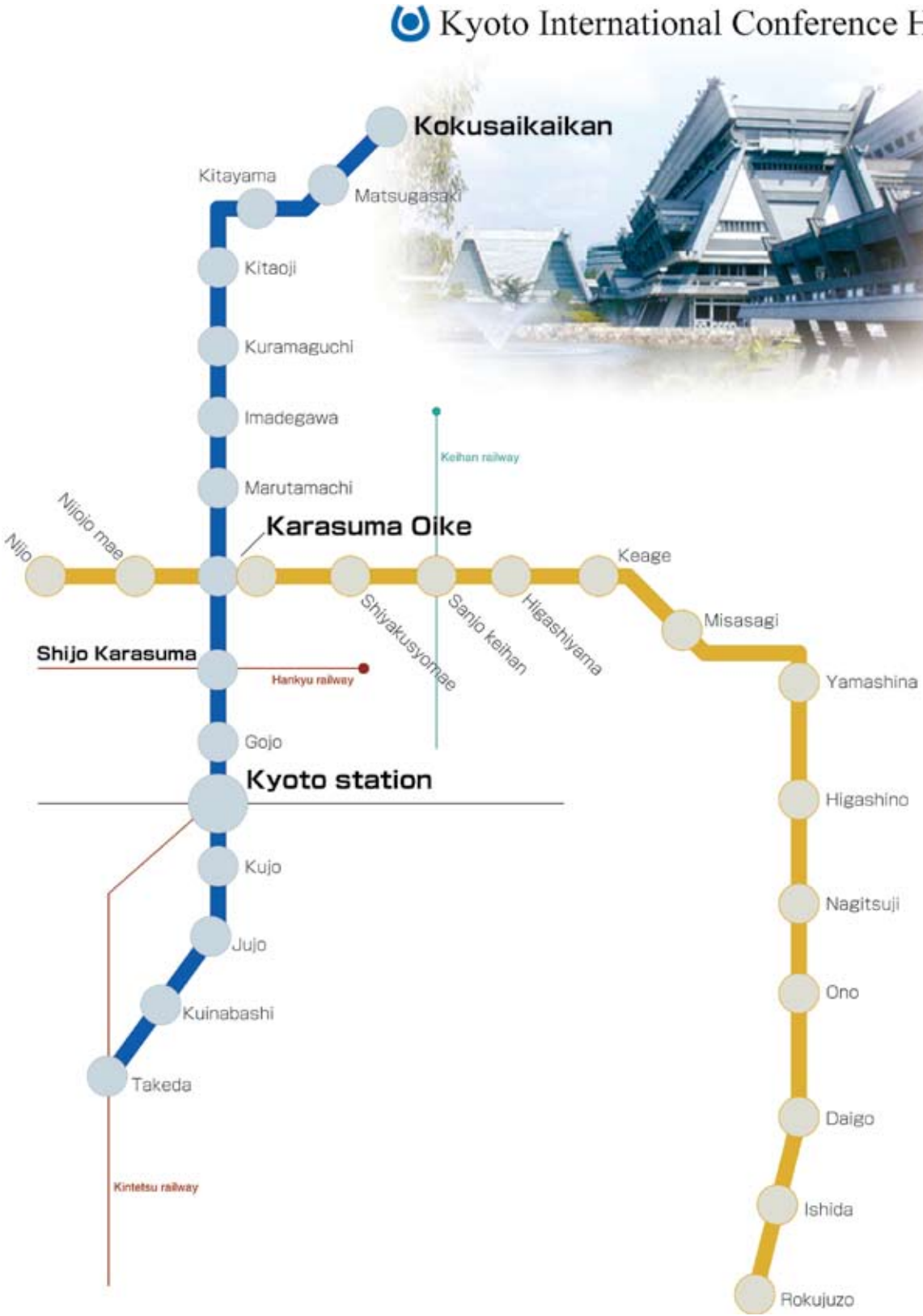
as of June, 2006

*Reservations only (3days in advance)

A: ~¥1,000 B: ~¥2,000 C: ~¥5,000 D: ¥5,000~



Subway Map


Kyoto International Conference Hall
Kokusaikaikan
Kitayama
Matsugasaki
Kitaoji
Kuramaguchi
Imadegawa
Marutamachi
Keihan railway
Nijojo mae
Karasuma Oike
Nijo
Keage
Misasagi
Shiyakusyomae
Sanjo keihan
Higashiyama
Shijo Karasuma
Hankyu railway
Yamashina
Gojo
Kyoto station
Higashino
Kujo
Nagitsuji
Jujo
Ono
Kuinabashi
Takeda
Daigo
Kintetsu railway
Ishida
Rokujuzo

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Social Events

Saturday, October 28, 2006

Opening Ceremony and Welcome Reception
7:30 p.m. to 10:30 p.m.
Location: Main Hall, First Floor, Kyoto International Conference Hall

All International Congress attendees are warmly invited to meet friends and colleagues during the traditional International Congress Opening Ceremony on Saturday evening, October 28, at the Kyoto International Conference Hall. A Welcome Reception, accompanied with food, beverage and entertainment, will directly follow the Opening Ceremony. A Koto Performance, a traditional Japanese instrument, will be the entertainment for the evening. The Welcome Reception is supported by an educational grant from Nippon Boehringer Ingelheim Co., Ltd.

These two events are open to all delegates and registered guests.

Wednesday, November 1, 2006

Gala Dinner
7:30 p.m. to 10:30 p.m.
Location: Westin-Miyako Hotel Sanjo-Keage, Higashiyama Ward Kyoto 605-0052

All participants of the 10th International Congress are invited to attend the Gala Dinner at a spectacular Kyoto venue for an evening of entertainment and regional cuisine. A ticket is required for entrance to the Gala Dinner. If you have not already purchased a Gala Dinner Ticket and would like to do so, please visit the Registration Desk to inquire regarding availability. The entertainment will entail a Marimba performance by Mr. Tetsuya Okudaira Ana Dance (A local traditional Japanese dance).Transportation will begin at 6:30 PM from the Kyoto International Conference Hall and suggested attire is smart casual.

Optional Tours

A wide selection of tours is available to all International Congress delegates by Sunrise Tours. For a complete list of available tours and pricing information, please visit the Tours and Hospitality Desk located in the Main Entrance.

Membership Information

Non-Members Applying for MDS Membership
Non-Members may apply for MDS membership – the International Congress registration fee includes MDS membership at a reduced rate ($50 USD savings) with all the benefits of regular membership, excluding the print journal. Full membership benefits including the print journal, will begin in 2007. New MDS Member applicants will be contacted by the MDS International Secretariat to provide more specific membership information. If interested, please register as a non-member applying for membership, as indicated on the registration form.

Membership Benefits as of 2006

- A subscription to the print, DVD, and online journal, *Movement* Disorders, including supplemental publications, such as *Management of Parkinson's Disease: An Evidence-Based Review* and *Pediatric Movement Disorders* CD-ROM.
- A unique selection of educational opportunities, including live and online CME/CPD activities and reference material on topics in Movement Disorders such as *The Movement Disorder Society's Guide to Botulinum Toxin Injections* CD-ROM.
- A reduction in fees charged for participation in the Society's educational programs. Among these are the annual International Congress of Parkinson's Disease and Movement Disorders, and regional programs, courses and workshops held each year.
- A print directory listing mailing addresses, telephone and fax numbers, and e-mail addresses for all members.
- A Members Only Section of the MDS Web site at www.movementdisorders.org, including a searchable Membership Directory.
- A quarterly newsletter entitled, *Moving Along*, highlighting current news and views in the field of Movement Disorders.
- Participation in the election of international and regional section leadership representatives.

2007 will be another exciting year for MDS and we look forward to bringing you news of these and other new initiatives through the *Movement* Disorders journal, *Moving Along* newsletter and the MDS Web site.

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Satellite Symposia

Saturday, October 28, 2006

Third International Symposium on Neuroacanthocytosis: The Asian Perspective

For further information please contact:
Dr. Shinji Saiki, ss644@cam.ac.uk
Dr. Ruth Walker, ruth.walker@mssm.edu
Glenn Irvine, glenn@naadvocacy.org
Tel: +44 20 7409 0092
Web: www.naadvocacy.org

Tackling the Mystery of Freezing of Gait in Parkinsonism

Kyoto International Conference Hall
8:00 a.m. - 12:00 p.m.
To register for this symposium or for further information please contact:
yeoditk@tasmc.health.gov.il
Fax: +972 3 6974911

Poster Session 1

Monday, October 30, 2006

Poster Viewing: 9:00 a.m. – 5:00 p.m.
Authors present even numbers 12:00- 1:30 p.m.
Authors present odd numbers 1:30- 3:00 p.m.

Ataxia
P1-P40

P1 Cortical excitability revealed by motor evoked potential, cortical silent period and conduction time in spinocerebellar ataxias type 1, type 2 and idiopathic sporadic cerebellar ataxia: A transcranial magnetic stimulation study
N. T. Dragasevic, S. Radovanovic, J. Maric, M. Svetel, I. Petrovic, V. S. Kostic

P2 Very late onset cerebellar ataxia
D. Genis, F. Márquez, J. Gich, J. Corral, L. Ramió Torrentà, V. Volpini

P3 Video analysis of motor signs in FMR1 premutation carriers
M. Leehey, E. Berry-Kravis, C. G. Goetz, L. Zhang, L. Li, D. Hall, F. Tassone, S. Jacquemont, R. Hagerman, P. Hagerman

P4 Large number analysis of subtype proportion to spinocerebellar ataxia in Japan
H. Morino, H. Maruyama, Y. Izumi, H. Terasawa, M. Oda, H. Toji, H. Kawakami

P5 Kuru - a first human transmissible spongiform encephalopathy
P. P. Liberski, D. Gajdusek, P. Brown

P6 Progressive ataxia and palatal tremor: A paraneoplastic syndrome?
D. Hall, P. Agarwal, M. Moon, J. Tsai

P7 Visual event related potentials in patients with autonomic dominant spinocerebellar ataxia type 2
A. Urban, J. Kremlacek, J. Masopust, M. Valis, Z. Rihova

P8 Clinical heterogeneity of recessive ataxia in the Mexican population
A. Rasmussen, E. Alonso, S. Bidichandani

P9 Study of the autonomic nervous system in spinocerebellar ataxia type 2
G. De Joanna, A. De Rosa, E. Salvatore, V. Rossi, A. Filla, G. De Michele

P10 Effects of transcranial magnetic stimulation of the cerebellum on performance of consecutive rapid movements in patients with idiopathic sporadic cerebellar ataxia and healthy subjects
S. Radovanovic, N. T. Dragasevic, J. Maric, S. Milanovic, M. Ljubisavljevic, V. S. Kostic

P11 Discordant impairment perceptions in FXTAS: Patients vs. experienced raters
D. Hall, J. Grigsby, R. Hagerman, E. Berry-Kravis, L. Zhang, C. G. Goetz, P. Hagerman, M. Leehey

P12 Ataxia and hyperthermia
D. Genis, F. Márquez, J. Corral, V. Volpini

P13 Anti-basal ganglia antibodies in cerebellar ataxias
F. Nahab, C. Morris, C. Gause, T. Hamer, M. Hallett, H. S. Singer

P14 Postural responses to multidirectional stance perturbations in cerebellar ataxia
B. R. Bloem, M. Bakker, J. E. Visser, C. Grüneberg, B. P. van de Warrenburg, B. H. Kremer, J. H. Allum

P15 CSF analysis differentiates multiple system atrophy from idiopathic late onset cerebellar ataxia
W. F. Abdo, B. P. van de Warrenburg, M. Munneke, W. J. van Geel, B. R. Bloem, B. H. Kremer, M. M. Verbeek

P16 Spinocerebellar ataxia type 2: Stages of sleep pathology
G. Auburger, I. Tuin, U. Voss, J. Kang, K. Kessler, D. Nolte, H. Lochmüller, S. Tinschert, D. Claus, K. Krakow, B. Pflug, H. Steinmetz

P17 Joubert syndrome presenting as a Movement Disorder in an adult
S. A. Gunzler, A. Stoessl, R. A. Egan, R. G. Weleber, P. Wang, J. G. Nutt

P18 Spinocerebellar ataxia type 2 with isolated levodopa-responsive leg tremor in the setting of typical ataxic syndrome
C. D. Esper, G. R. Wilmot, M. R. Delong

P19 Extrapyramidal signs in autosomal dominant spinocerebellar ataxais (SCA1, SCA2, and SCA3)
P. K. Pal, Y. BS, M. Puroshattam, S. Sinha, S. Jain

P20 Impaired predictive motor timing in patients with spinocerebellar ataxia 6 and 8 is based on the functional disconnection among the cerebellum, basal ganglia and cingulate gyrus.
M. Bares, O. V. Lungu, T. Liu, T. Waechter, C. M. Gomez, J. Ashe

P21 Coginitive impairment in spinocerebellar ataxia type 2
J. Masopust, Z. Ríhová, A. Urban, A. Zumrová, E. Urbanová, J. Kremláček, M. Vališ, A. Krepelová, K. Paděrová

P22 Differential effects of polyglutamine proteins on nuclear organization and splicing efficiency
S. H. Subramony, J. Sun, H. Xu, M. Hebert

Poster Session 1

P23 Natural history, phenotype, and genotype of a case of late-onset ataxia telangiectasia
C. Schrader, A. Cordes, M. Hahn, R. Dengler, T. Dörk

P24 Immature ovarian teratoma presenting as reversible ataxic paraneoplastic encephalomyelitis
R. Borgohain, B. Ashok, R. Rao, S. A. Jabeen, S. Sitajayalakshmi, A. K. Meena, C. Sundaram

P25 Short term blood pressure changes during orthostatic stress in spinocerebellar ataxia type 2 (SCA)
M. Stampfer-Kountchev, K. Seppi, G.K. Wenning, W. Poewe, S. Bösch, M. Stampfer-Kountchev

P26 Linkage analysis on the SCA11 locus
P. Giunti, D. A. Stephenson, J. Johnson, P. Abu-sleiman, M. B. Davis, H. Houlden, P. F. Worth, C. Gardner-Thorpe, N. W. Wood, C. And the members of the EuroSca

P27 Interrater reliability and internal consistency of the International Cooperative Ataxia Rating Scale (ICARS)
K. Kanai, K. Arai, S. Hirano, R. Sakakibara, M. Asahina, S. Kuwabara, T. Hattori

P28 Neurologic and psychiatric manifestations in SCA17 patients
N. Kock, J. Hagenah, A. Hiller, R. Lencer, K. Lasek, S. Steinlechner, C. Zühlke, M. Nitschke, F. Binkofski, C. Klein, A. Wolters, A. Rolfs

P29 International Cooperative Ataxia Rating Scale in spinocerebellar ataxia type 2
E. Martinez, L. Laguna, L. E. Almaguer, A. Rivas, G. Sanchez, N. Santos, I. Perez, J. C. Rodriguez, O. Guzman, D. C. Aguirre, F. Lopera, L. Velasquez

P30 Sporadic adult-onset ataxia: A follow-up study of 15 years
H. Teive, W. Arruda, R. Munhoz, N. Becker, S. Raskin, L. Werneck

P31 Early-onset and reduced penetrance in a Brazilian family with spinocerebellar ataxia type 10: Implications for pathogenesis, molecular diagnosis and genetic counseling of SCA type 10 families
H. Teive, T. Ashizawa, S. Raskin, W. Arruda, L. Werneck

P32 Neuropsychological deficits in individuals with SCA2 mutations may depend on the phenotype or homozygosity
S. A. Udupa, M. Ragothaman, S. T. Govindappa, T. B. Kuttappa, R. C. Juyal, S. L. Rao, U. B. Muthane

P33 Clinical characteristics in a British family with sensory-atactic neuropathy, dysarthria and ophthalmoplegia (SANDO) associated with heterozygous POLG1 mutations
T. P. Harrower, J. Stewart, G. Hudson, R. Taylor, L. Findley, G. Warner, D. O'Donovan, P. Chinnery, R. De Silva

P34 Mutation of the presenilin 1 gene revealed by an autosomal dominant ataxia
M. Anheim, C. Boulay, D. Campion, D. Hannequin, C. Tranchant

P35 The syndrome of (predominantly cervical) dystonia and cerebellar ataxia: new cases indicate a distinct but heterogeneous entity
B. P. van de Warrenburg, P. Giunti, S. A. Schneider, N. P. Quinn, N. W. Wood, K. P. Bhatia

P36 Progressive, age-dependent expansions of the GAA triplet-repeat sequence in dorsal root ganglia of Friedreich ataxia patients
S. Bidichandani, I. De Biase, S. Al-Mahdawi, M. Pook

P37 Aprataxin, the causative gene product for AOA1/EAOH, repairs damaged 3'-ends of DNA single strand breaks
M. Tada, T. Takahashi, S. Igarashi, A. Yokoseki, H. Date, S. Tsuji, M. Nishizawa, O. Onodera

P38 Recombinant human erythropoietin induces frataxin up-regulation in lymphocytes of Friedreich's ataxia patients
S. M. Boesch, B. Sturm, M. Reindl, B. Scheiber-Mojdehkar, W. Poewe

P39 Parkinsonism as a new phenotype in SCA10 mutation
N. C. Huang, J. W. Tetrud, J. Langston

P40 Spinocerebellar ataxia 12 found in an endogamous population in India
A. K. Srivastava, M. Mukerji, R. Kumar, M. B. Singh, M. Tripathi, M. Padma, K. Prasad, M. Behari

Basic Science
P41-P89

P41 Effect of electromagnetic pulse on cortex mitochondrial function in rats
J. Tian, J. Yang

P42 Paradoxical response to apomorphine in a chronic rotenone treated parkinsonian mice model
Y. Chang, M. Lan, C. Su, S. Lai, C. Chang, H. Wu, S. Chen, J. Liu

P43 Spinal cord dopamine receptor expression and function in mice with 6-OHDA lesion of the A11 nucleus and dietary iron deprivation
H. Zhao, W. Zhu, T. Pan, W. Xie, W. Ondo, W. Le

Poster Session 1

P44 Pramipexole (PPX) has protective effects against the homocysteine-toxicity on primary dopaminergic neurons in culture
K. Imamura, T. Takeshima, K. Nakaso, K. Nakashima

P45 Misincorporation of levodopa into proteins could contribute to levodopa toxicity
K. Rodgers, S. Wang

P46 Temporal congruence of motor imagery on the pointing task
A. Matsuo, S. Morioka, M. Hiyamizu, K. Shomoto, K. Seki, N. Motomura

P47 Dopamine metabolites in restless legs syndrome
P. Katschnig, P. Schwingenschuh, R. Saurugg, K. Wenzel, K. Vrecko, E. Ott

P48 Early inflammatory processes accompanying nigral dopaminergic neuronal death in a rat model of Parkinson's disease
V. Henry, V. Paille, R. Thinard, P. Damier

P49 Primate-specific gene expression in experimental Parkinson's disease
J. Nahon, A. Audegond, A. Cervantes, A. Corinus, C. Guigoni, Q. Li, B. Bioulac, E. Bezard

P50 Maternal separation exaggerates behavioral deficits induced by a unilateral injection of 6-OHDA into the striatum of juvenile rats
I. S. Pienaar, V. A. Russell, L. A. Kellaway, D. J. Stein, M. J. Zigmond, W. M. Daniels

P51 Iron as a possible cause of oxidative stress injury in progressive supranuclear palsy – preliminary results of a Mössbauer spectroscopy study
A. Friedman, J. Galazka-Friedman, E. R. Bauminger, Z. K. Wszolek, J. Slowinski, D. W. Dickson

P52 DJ-1 (PARK 7) immunoreactivity in the anterior olfactory nucleus and olfactory tract of Parkinson's disease, progressive supranuclear palsy and control cases
L. Silveira-Moriyama, R. Bandopadhyay, A. E. Kingsbury, A. J. Lees

P53 Determination of the role of striatal SAP97 in the molecular mechanisms underlying symptoms of Parkinson's disease
V. Chatalov, J. E. Nash

P54 Formation of insoluble aggregates of tyrosine hydroxylase mediated by tetrahydrobiopterin -A novel mechanism for regulating the amount of tyrosine hydroxylase protein and possible implication in idiopathic Parkinson's disease
H. Ichinose, F. Urano, N. Hayashi, F. Arisaka, S. Murata

P55 Localization and distribution of uncoupling protein 5 (UCP5) in rat brain
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P56 Phenotype of striatofugal medium spiny neurons in parkinsonian and dyskinetic non-human primates
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E. Elovic, A. Brashear, D. Kaelin, R. McIntosh, J. Liu, C. C. Turkel

P348 Short-term effects of muscle stretch for spasticity on tibial nerve F-waves in post-stroke patients
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P349 A novel kinesin mutation causes autosomal dominant spastic paraplegia in a German family
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P350 A novel locus for autosomal recessive complicated spastic parapalegia (SPG32) maps to chromosome 14q12-q21
G. Stevanin, C. Paternotte, P. Coutinho, S. Klebe, J. L. Loureiro, V. T. Cruz, A. Durr, J. Prud'homme, J. Weissenbach, J. Hazan, A. Brice

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Tuesday, October 31, 2006

Poster Viewing: 9:00 a.m. – 5:00 p.m.
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P352 Strategy changes in the control of balance during quiet stance in chronic low back pain patients
T. Popa, M. Bonifazi, R. della Volpe, A. Rossi, R. Mazzocchio

P353 Progressive dysarthria. A case study
L. Ramió-Torrentà, J. Gich-Fullà, F. Dieguez-Vide, J. Viñas-Xifra, D. Genís-Batlle, M. Ferrándiz-Mach, R. Meléndez-Plumed

P354 Neurophysiological and neuroradiological findings as more specific diagnostic tools in Amyotrophic Lateral Sclerosis (ALS)
D. Kountouris

P355 Botulinum toxin for the treatment of hipersalivation in Wilson disease
F. Tokucoglu, M. Celebisoy, T. Ozdemirkiran, B. Deniz

P356 Computer-aided patient database in Movement Disorders at Chulalongkorn Comprehensive Movement Disorders Center
R. Bhidayasiri, P. Piyasirinanun, N. Issarasena, K. Phanthumchinda

P357 A case with thalamic hemorrhage and spasmodic torticollis who can write and communicate himself by botulinum toxin treatment
K. Kegechika, H. Maeda, S. Nakamura, K. Tachino

P358 Sporadic encephalitis lethargica
S. Raghav, P. Kempster, J. Seneviratne, C. Chapman, T. Paul, P. McKelvie

P359 Postoperative confusion in Parkinson disease
M. Kapisyzi, D. Dobi, J. Kruja

P360 Massive striatal necrosis and spotty cerebral and cerebellar cortical lesion in acute encephalopathy with mushroom, Pleurocybella porrigens
I. Toyoshima, K. Obara, C. Wada, S. Yagishita

P361 Relationship between postural control and cognitive task in chronic stroke patients
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P362 Perspectives on Movement Disorders among medical students and residents
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P363 Stiff-person syndrome in a woman with breast cancer
L. Carluer

P364 Paroxysmal dyskinesia associated with mycoplasma pneumonia
S. Kim, S. Bae

P365 Piriformis-syndrome - Successful treatment with botulinum toxin A
A. Stenner, G. Reichel, W. Hermann

P366 Hemicranial Spasm - A new variant of hemifacial spasm
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P367 Mouthing in the elderly: Pathophysiologic issue and treatment with botulinum toxin
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P368 Relationship between essential tremor and cerebellar dysfunction according to age
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P369 Dopamine agonist responsive periodic head movements in sleep - an unusual adult-onset parasomnia
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P370 Freezing of repetitive movement in the upper limb in Parkinson's disease: a comparison of patients with and without freezing of gait
A. Nieuwboer, S. Swinnen, P. Feys, O. Levin, W. Anne Marie

P371 Rett syndrome: an overlooked diagnosis in women with stereotypic hand movements, psychomotor retardation, parkinsonism and dystonia?
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P372 An unusual case of cerebral Erdheim-Chester disease with progressive cerebellar syndrome
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P373 Six-month efficacy of pramipexole in restless legs syndrome: results from the run-in phase for a 12-week study
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P374 Pramipexole improves a broad range of facets of restless legs syndrome
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P375 Botulinum toxin for hemifacial spasm: Indian experience
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P377 Apraxia of eyelid opening associated with vascular dementia
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P378 Time of symptom onset, duration of symptoms, and perceived effect on sleep and quality of life in a population of patients with the diagnostic symptoms of restless legs syndrome (RLS)
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P381 Aceruloplasminemia with marked brain iron overload treated for nine years without neurological deficit
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P382 The long-term effect of botulinum-toxin for post-whiplash pain syndrome
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P383 Reversible multifocal neuro-radiological syndrome in acute on chronic porto-systemic encephalopathy
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P384 Factors associated with falling in patients with Parkinson's disease: an assessment using the Tinetti gait and balance scale
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P385 Movement Disorder in multiple sclerosis
K. Yokoyama

P386 Ropinirole reduces severity of restless legs syndrome (RLS) in patients with symptom onset in the late afternoon/early evening
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P387 Effect of ropinirole on sleep disturbance in patients with restless legs syndrome
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P388 Epidemiology of RLS in Poland
A. Bogucki, J. Slawek, G. Opala, A. Gajos, J. Szady, M. Boczarska-Jedynak, M. Slysz

P389 Specturm of Movement Disorders in mitochondrial cytopathies
S. V. Avathvadi, N. A. Allimuthu

P390 Sustained efficacy of pramipexole in restless legs syndrome: Results from a 6-month extension of a 3-week trial
M. Partinen, K. Hirvonen, L. Jama, A. Alakuijala, C. Hublin, I. Tamminen

P391 Amelioration of restless legs syndrome in pooled data from 3 double-blind pramipexole trials
J. Reess, J. Koester, J. Cappola, G. Davidai

P392 Safety and tolerability of pramipexole for restless legs syndrome: Findings in three double-blind trials
J. Reess, J. Koester, J. Cappola, G. Davidai

P393 Frontalis muscle test for MYOBLOC®/ NEUROBLOC®: Results from a double-blind, placebo-controlled, single treatment study in healthy subjects
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P394 How do general complications tend to occur during the natural course of different neurodegenerative Movement Disorders?
H. Nakazawa, M. Takahashi

P395 Prevalence of restless legs syndrome in Japanese elderly population
Y. Tsuboi, A. Imamura, M. Sugimura, S. Nakano, T. Yamada

P396 Botulinum toxin treatment in sssential head tremor; Small dose and short interval method.
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P397 Rotigotine transdermal patch improves daytime symptoms and activities of daily living in restless legs syndrome patients
P. Geisler, C. Trenkwalder, E. Schollmayer, W. Oertel

P398 Upper limb involvement occurs independent of augmentation in idiopathic restless legs syndrome: Observational study of 165 cases
S. Tluk, K. Ray Chaudhuri

P399 Subacute balance and gait disorder as presentation of anti-Hu paraneoplastic encephalomyelitis
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P400 Pramipexole is not affected by therapy for concomitant disease in patients with restless legs syndrome
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P401 Detection of periodic limb movements in sleep using the ambulatory leg activity monitoring device (PAM-RL)
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P403 Effects of pramipexole on sleep parameters during a randomized, controlled trial in Japanese patients with restless legs syndrome
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P404 Healthy lifestyle protects against restless legs syndrome
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P405 Six-month efficacy of pramipexole for restless legs syndrome: results from a 20-week extension of a 6-week study
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P406 Nature and variants of idiopathic restless legs syndrome in secondary care: observations in 152 patients in the UK
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P407 Restless legs syndrome -unrecognized cause for insomnia and irritability in children
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P408 Prevalence of restless legs syndrome in Ankara, Turkey
M. C. Akbostanci, A. Oto-Bozkurt, N. Aydin, N. Mutluer

P409 Characterization of patients with restless legs syndrome (RLS) by time of symptom onset and duration of symptoms
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P410 Gait disturbance in normal pressure hydrocephalus: A clinical study
P. Bugalho, J. Guimarães

P411 CSF biological markers in the central nervous system degeneration
H. Vranova, J. Mares, M. Nevrly, D. Stejskal, R. Herzig, P. Kanovsky

P412 A Case of 'Jumpy Stumps' responsive to zolpidem
W. L. Severt, M. Olarte, S. Fahn

P413 Syndrome of progressive ataxia and palatal tremor: A case report
R. Cilia, A. Righini, R. Marconi, I. U. Isaias, G. Pezzoli, A. Antonini

P414 Development of a rating scale for Wilson's disease
B. Leinweber, J. C. Möller, U. Reuner, P. Günther, C. Lang, H. Hefter, W. H. Oertel

P415 Perceived severity of the restless legs syndrome across women's life cycle
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P416 Sialidosis without cherry-red spot in Taiwan: Review of 17 patients
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P417 Movement Disorders in developmental stuttering
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P418 Efficacy and safety of pramipexole in Japanese patients with restless legs syndrome
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P419 Comparison of pramipexole (PPX) versus levodopa/benserazide (L/B) in the treatment of restless legs syndrome (RLS): A double blind, randomized, Swiss multi-centre crossover trial
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P421 Kava extract in Huntington's disease: A double-blind, placebo-controlled, dose-escalation crossover study
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P422 Restless legs syndrome in patients on hemodialysis
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P423 Validation of a single question screener question for the restless legs syndrome
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P424 XP13512/ASP8825 improves RLS symptoms: results of two phase II clinical studies
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P425 A novel Progressive 3 Tier (P3T) scale for Wilson's disease
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P426 Low Ferritin is associated with the development of augmentation in RLS: New insights from the first controlled trial comparing cabergoline and levodopa
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P427 CSF of RLS patients off treatment show abnormally increased 3-O-methyldopa related to increased dopamine and serotonin metabolites and decreased ferritin
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P429 Familial aggregation in the restless legs syndrome
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P430 Compulsive behaviors related to dopamine agonist therapy for restless legs syndrome
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P433 Deep brain stimulation of the subthalamic nucleus: a two-edged sword
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P434 Parkinson's disease is a primary disorder of olfactory and vagal function
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P435 Porphyria vs Parkinson's disease, a dilemma; deep brain stimulation, the solution
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P436 The effect of Pramipexole in the patients with Parkinson disease
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P437 A randomized, double-blind study to compare the effect on quality of life of levodopa/carbidopa/entacapone (Stalevo®) with levodopa/carbidopa in patients with Parkinson's disease with no or minimal, non-disabling motor fluctuations
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P438 Motor impairment associated with dopaminergic hyperstimulation, in patients with severe Parkinson disease
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P439 Parkinson's disease and caeruloplasmin deficiency – is there any connection?
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P440 Neuromelanin-associated isoprenoids in the pathophysiology of Parkinson's disease
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P441 Transient improvement of parkinsonism with zolpidem
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P442 Pre-motor features of Parkinson's disease: A review
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P444 Analysis of neurosphere derived from adult olfactory bulb in Parkinson's disease model
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P445 Synthesis and evaluation of dopamine conjugates as potent anti - Parkinson's agent
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P446 Direct comparison of efficacy of pramipexole versus pergolide or cabergoline on Parkinson's disease patients
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P447 Clinical features of gait and balance dysfunction in parkinsonian disorders
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P448 Cerebrospinal fluid activity of acetylcholinesterase (AChE) and utyrylcholinesterase (BuChE) in Parkinson disease- a pilot study
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P449 Fast voluntary blinking in patients with Parkinson's disease ON and OFF therapy
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P453 Role of alpha-synuclein in the neurodegeneration of Parkinson disease
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P454 The effect of the machine training to the Parkinson's disease patient and the evaluation by UPDRS
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P456 Does the name "Parkinson's disease" aggravate feelings of being stigmatized in affected patients?
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P457 A home environment test battery for status assessment in patients with motor fluctuations
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P459 L-dopa responsive parkinsonism related to brainstem encephalitis
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P460 Validation of the freezing of gait questionnaire in patients with Parkinson's disease
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P462 Interaction parkin and PINK1
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P463 Mood disturbance in Parkinson's disease (PD)
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P464 Depression and cognitive functions in Parkinson disease
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P465 Deep brain stimulation of the subthalamic nucleus with the aid of intraoperative microecordings under general anesthesia is possible - first reported series
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P466 Parkinson's disease and small bowel obstruction
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P467 In vivo 1H MRS study of STALEVO-treated and untreated patients with Parkinson's disease
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P468 Effects of light therapy on motor symptoms, sleep and depression in Parkinson's disease
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P470 Quality of life in Iranian patients with early Parkinson's disease
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P472 Cranial dystonic syndromes as a presenting symptom of Parkinson's disease
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P473 Internet portal for computer-assisted DBS programming
P. D'Haese, S. Pallavaram, H. Yu, J. Spooner, P. E. Konrad, B. M. Dawant

P474 Psychosocial palliative care needs of PD patents and their caregivers: A qualitative study
J. Miyasaki, S. Giles

P475 A web-based decision support system for Duodopa treatment in Parkinson
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P476 Analysis of aged DJ-1 knockout and DJ-1/ parkin double knockout mice
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P477 Singapore general practitioners' (GP) awareness of atypical features in early Parkinson's disease (PD)
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P478 Evaluation of actitrac (ambulatory activity monitor)in idiopathic parkinsonism
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P479 Evidence for bilateral pathways mediating rigidity in Parkinson disease
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P480 Quality of life in patients with Parkinson's disease
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P481 Implementation of the 2006 AAN Parkinson Disease Practice Guidelines as a teaching curriculum improves medical student and resident evidence-based knowledge
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P483 Ten steps to identify atypical parkinsonism
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P484 Cognitive change of patients with mild Parkinson's disease dementia; comparison with mild Alzheimer's disease and normal controls
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P485 Quantitative and qualitative analysis of parkinsonism by a wearable accelerator
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P486 What are the factors associated with depression in Parkinson's disease in Iranian patients?
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P487 Toxic substance exposure and characteristics of Parkinson's disease
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P488 The effectiveness of cabergoline in early and advanced Parkinson disease and comparision of the results with pergolide
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P489 The causative factors of hospital admissions in patients with Parkinson's disease.
B. Wood, Z. Ibrahim, C. Jones, R. Walker

P490 Effect of dopamine agonists on fatigue and somnolence in Parkinson's disease
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P491 The prevalence of Parkinson's disease in Hai, Tanzania
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P492 Restless legs syndrome in individuals with Parkinson's Disease: Symptoms, frequency and pattern.
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P493 The antiparkinsonian activity of L-propyl-L-leucyl-glycinamide (PLG) or melanocyte-inhibiting factor (MIF) in MPTP-treated common marmosets
R. Katzenschlager, M. J. Jackson, S. Rose, K. Stockwell, K. A. Tayarani-Binazir , M. Zubair, L. A. Smith, P. Jenner, A. J. Lees

P494 Quality of sleep in Parkinson's disease
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P495 Use of complementary and alternative medicine in Parkinson's disease
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P496 Efficacy and tolerability of entacapone versus cabergoline in elderly parkinsonian patients with wearing off
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P497 Effects of caffeine on the freezing of gait in Parkinson's disease
M. Kitagawa, K. Tahiro, H. Houzen

P498 Assessment of locomotor response to levodopa in fluctuating Parkinson's disease
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P499 Mutant alpha-synuclein exacerbates age-related decrease of neurogenesis
B. Winner, C. D. Lie, E. Rockenstein, E. Masliah, J. Winkler

P500 Assessing fear of falling: Can a short version of the activities-specific balance confidence scale be useful?
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P501 Characterization of multimetric variants related to Parkinson's disease of ubiquitin carboxyl-terminal hydrolase L1 in water by small-angle neutron scattering
S. Naito, S. Ikeda, H. M. Shimizu, M. Furusaka, H. Mochizuki, T. Yasuda, Y. Mizuno, T. Adachi, J. Suzuki, S. Fujiwara, T. Okada, K. Nishikawa, S. Aoki, K. Wada

P502 Lower back pain in Parkinson's disease: Successful treatment with botulinum toxin
M. Seo, L. Eui-Seong

P503 Investigation into the effect of sarizotan on the pharmacokinetics of probe drugs for major cytochrome P450 isoenzymes
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P504 An influence of treatment with L-Dopa on clinical signs of Parkinson's disease on the ground of three-dimensional analysis of Movement Disorders
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P505 A comparison of the pharmacokinetics of sarizotan in healthy Japanese and Caucasian subjects
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P506 The effectiveness of levodopa and dopamine agonists on optic nerve head in Parkinson disease
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P508 Assessment of HRQoL in PD and its impact on minimizing treatment complications
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P509 The effect of pramipexole in Parkinson disease model rats
A. Ogata, N. Hamaue, M. Terado, R. Kishimoto, S. Kikuchi, H. Sasaki, T. Aida

P510 Switching from cabergoline to pramipexole in Parkinson's disease: Effect on the motor complication and QOL
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P511 Trial of early start pramipexole in Parkinson's disease
A. Schapira, G. Davidai, J. Cappola, K. Marek

P512 The use of rhythmic auditory cues to influence gait and the occurrence of freezing and festination in the 'off-phase' of the medication cycle
A. Nieuwboer, A. Willems, L. Janssens, D. Kaat

P513 Protective effects of a novel anti-parkinsonian agent zonisamide on dopamine quinone-related neurotoxicity
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P514 Glial dysfunction in parkin null mice
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P515 Pramipexole improves tremor symptoms in Parkinson's disease (PD)
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P516 A dopamine agonist, pramipexole, and cognitive functions in Parkinson's disease
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P517 Five-year efficacy of levodopa/DDCI/ entacapone in Parkinson's disease patients
H. Nissinen, J. Ellmén, M. Leinonen

P518 Maternal separation exaggerates 6-OHDA-induced behavioral changes
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P662 The long-acting dopamine agonist, cabergoline, prevents L-DOPA-induced dyskinesia in a rat model of Parkinson's disease
T. Kimura, M. Tomiyama, A. Arai, C. Suzuki, Y. Seino, M. Baba, F. Mori, K. Wakabayashi, M. Shoji

P663 Treatment of drooling in Parkinson's disease with botulinum toxin A
B. R. Bloem, J. G. Kalf, A. M. Smit, M. J. Zwarts, W. Mulleners, M. Munneke

P664 Safety and tolerability of istradefylline (KW-6002) in Parkinson's disease with motor response complications: Results of the KW-6002-US-018 study
E. Pourcher, (. and the 6002-US-018 Clinical Investigator Group

P665 Levodopa effect on the nociceptive flexion reflex (RIII) in Parkinson's disease
A. Gerdelat, M. Simonetta-Moreau, F. Ory-Magne, T. Slaoui, C. Thalamas, O. Rascol, C. Brefel-Courbon

P666 Multiregion, high-throughput gene expression profiling identifies novel candidate genes for Parkinson's disease
S. Papapetropoulos, J. M. French-Mullen, D. McCorquondale, Y. Qin, N. C. Adi, J. Pablo, D. C. Mash

P667 Disease-specific or co-morbid factors- Which has the greatest impact on disability in Parkinson's disease?
L. M. Shulman, K. E. Anderson, A. L. Gruber-Baldini, S. G. Reich, P. S. Fishman, W. J. Weiner

P668 The human subthalamic nucleus is differentially involved in controlling internally generated and visually cued movements in Parkinson's disease
B. R. Aravamuthan, S. Wang, A. Green, J. Stein, T. Aziz, X. Liu

P669 Nurr1 is essential for maintenance of the dopaminergic phenotype in the nigro-striatal dopaminergic neurons
T. Ito, S. Muramatsu, K. Ozawa, D. Metzger, P. Chambon, H. Ichinose

P670 The effects of motor and cognitive tasks on gait in Parkinson's disease
M. Demirkiran, G. Almak, Y. Sarica

P671 Smell testing versus DaTScan imaging in predicting an accurate diagnosis of Parkinson's disease
J. Deeb, M. Shah, N. Muhammed , L. J. Findley, C. H. Hawkes

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P672 Assessment of executive functioning in non-demented patients with Parkinson's disease (PD)
N. Fisher, R. M. Camicioli

P673 Efficacy of istradefylline (KW-6002) in levodopa-treated Parkinson's disease patients with motor response complications: Secondary efficacy results of the KW-6002-US-013 study
R. A. Hauser

P674 Multidisciplinary team provides better outcomes in Parkinson's disease (PD) patients compared to standard of care
M. Guttman, J. Takahashi, M. Torti

P675 Analysis of parkin co-regulated gene (PACRG) in early onset Parkinson's disease
J. M. Taylor, R. Wu, M. J. Farrer, M. Delatycki, P. J. Lockhart

P676 Thalamotomy alleviates parkinsonian rigidity in a degree depending on excess thalamic beta-band activities
T. Oshima, Y. Narabayashi

P677 Abnormal yellow/blue balance as an early symptom of Parkinson's disease
S. Koyama, Y. Horibe, H. Hibino, M. Kawamura

P678 Nocturnal sodium oxybate for daytime sedation and fatigue in Parkinson's disease, a polysomnogram trial
W. G. Ondo, T. Perkins, T. Swick, K. Hull, E. Jimenez

P679 Efficacy of tolcapone in patients switched from entacapone for treatment failure
R. Iansek, M. Makutonina, C. DeSilva

P680 Synuclein overexpression and microglial activation in transgenic mouse model of Parkinson's disease
X. Su, K. Maguire-Zeiss, H. Federoff

P681 Identification of genes influencing α-Synuclein toxicity and torsinA function by hypothesis-based RNA interference
S. Hamamichi, R. N. Rivas, K. A. Caldwell, G. A. Caldwell

P682 Efficacy of istradefylline (KW-6002) in levodopa-treated Parkinson's disease patients with motor response complications: Primary efficacy results of the KW-6002-US-013 Study
J. M. Trugman, S. Clinical Investigator Group

P683 Immediate effects of rehabilitation on gait parameters and frontal lobe dysfunction in Parkinson's disease
M. Sohmiya, N. Wada, M. Tazawa, T. Shimizu, K. Okamoto, K. Shirakura

P684 Effect of L-dopa medication on postural control in Parkinson's disease - a posturographic study
G. Lee, C. Lee, Y. Song

P685 Study of Urokinase receptor in cerebrospinal fluid in patients with Parkinson's disease
M. Thomas

P686 A prospective cost-assessment study (direct and indirect costs) of bilateral STN DBS for advanced Parkinson's disease in India
A. Kishore, G. Sarma, R. Rao, B. Rajesh, S. Sarma

P687 Prevalence of mtDNA haplogroups J & K in patients with Parkinson's disease in the Australian community
P. Mehta, G. Mellick, J. Wang, P. Mitchell, C. Sue

P688 Effects of strategy training compared to exercises for gait rehabilitation in Parkinson disease: A randomized controlled trial
M. E. Morris, R. Iansek

P689 Mitochondrial DNA haplogroup U increases risk of motor impairment in Parkinson's disease patients
W. Tiangyou, A. Pyle, S. M. Keers, J. Davison, L. M. Allcock, D. J. Burn, P. F. Chinnery

P690 NS 2330, a DA reuptake inhibitor, in levodopa-treated patients with Parkinson's disease and motor fluctuations: the Phase II ADVANS study
O. Rascol, A.J. Lees, W. Poewe, L. Salin, On behalf of the ADVANS

P691 Memories for public events and contextual/emotional detail in Parkinson's disease
C. Thomas, H. Vioux, A. Pujois, C. Borg

P692 Changes in regional brain glucose metabolism in Parkinson's disease
A. Kikuchi, A. Takeda, N. Sugeno, M. Kobayashi, T. Hasegawa, K. Suzuki, Y. Hosokai, K. Hirayama, T. Ishioka, Y. Sawada, K. Okada, E. Mori, T. Kaneta, S. Takahashi, H. Fukuda, Y. Itoyama

P693 Interlaboratory comparison of assessment of alpha-synuclein pathology: A study of the BrainNet Europe Consortium
I. Alafuzoff, L. Parkkinen, K. Hans

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P694 Clinically observed patients with psychogenic disturbances of the movement
I. Petrov

P695 Expression pattern of NogoA in MSA brains
M. Takanashi, H. Mochizuki, H. Ohizumi, H. Mori, Y. Mizuno

P696 Parkinsonism complicating acute organophosphate insecticide poisoning
E. Bidabadi, M. Mashouf

P697 Are some ghost tales vivid hallucinations in normal people? - A case of progressive posterior cortical atrophy and analysis of reliable tales of ghost
H. Furuya, K. Ikezoe, N. Fujii

P698 Dropped head: differential diagnosis
A. Callén, O. Lladó, B. Robles, S. Pérez, M. Veciana

P699 Causes of parkinsonism in a general neurology outpatient clinic of a local hospital
M. Bozi, S. Baharaki, D. Dragoumi, I. Moukas, E. Kokkalis, M. Lignos, V. Hadjigeorgiou, I. Hadjigeorgiou, A. Georgali

P700 Heart valvular disease in patients with Parkinson's disease treated with Pergolide and/or Levodopa
F. Ozer, R. Tiras, S. Cetin, O. Ozturk, T. Aydemir, S. Ozben, H. Meral, S. Kizkin, H. Bader

P701 Liver transplantion in a patient with rapid onset parkinsonism - Dementia complex induced by manganism secondary to liver failure
G. Fabiani, E. Rogacheski, J. Wiederkehr, A. Cianfarano

P702 Tropical CNS infection and parkinsonism
S. Suwatcharangkoon, P. Boonkongchuen, T. Pulkes

P703 Levodopa responsiveness in parkinsonian disorders: A review of the literature
R. Constantinescu, I. Richard, R. Kurlan

P704 Diagnostic difficulties in differentiating multiple system atrophy from Parkinson's disease dementia
S. Kamath, N. Bajaj

P705 Parkinsonism related to progressive encephalomyelitis with rigidity and myoclonus
G. Rodier, C. Boulay, M. Anheim, S. Courtois, C. Tranchant

P706 Parkinson's secondary to cortical venous sinus thrombosis
V. Puente, A. Rodriguez Campello, S. Nuria, O. Carlos, P. Claustre, C. Gracia

P707 Screening for cognitive dysfunction in multiple system atrophy (MSA): A cross-sectional analysis of 98 European MSA patients
F. Geser, K. Seppi, M. Stampfer-Kountchev, J. Ndayisaba, W. Poewe, G. Wenning

P708 A retrospective long term follow-up of Parkinson's disease with autonomic failure
T. Kuwahara, Y. Osaki, Y. Morita, C. Mori, Y. Doi

P709 Multiple system atrophy with predominant lower motor neuron signs: A case report
D. Kaneda, T. Kato, M. Shintaku

P710 Cerebral glucose metabolism, cognition and MR imaging in corticobasal degeneration (CBD)
R. Borgohain, T. Suryaprabha, S. Shanmukhi, S. A. Jabeen, S. Sitajayalakshmi, A. K. Meena, N. Lath, N. Kavitha

P711 Quantitative analyses of normalized movement patterns - a tool for objective evaluations of motor performance in Movement Disorders
E. Nordh, H. Zafar, P. Eriksson

P712 Quantitative analysis of levo-dopa responsiveness in the patients with vascular parkinsonism.
S. Choi, G. Kim, J. Cho, J. Lee, S. Song

P713 Levels of various cerebrospinal fluid biomarkers do not differ between the different clinical variants of multiple system atrophy
W. F. Abdo, B. P. Van de Warrenburg, B. H. Kremer, B. R. Bloem, M. M. Verbeek

P714 Effects of coenzyme Q10 in MSA, a randomized, placebo-controlled, double-blind pilot study
D. Apetauerova, S. Lamont, J. Kakullavarapu, S. Scala

P715 Do PSP patients have a "vertical plane neglect"? A pilot study
A. Magherini, P. F. Nichelli, R. Pentore, C. M. Stucchi, F. Valzania, E. Ghidoni, P. Martinelli, I. Litvan

P716 Acute reversible hemi-parkinsonism in a diabetic uremic patient: Findings of MRI, MRS, FDG-PET, 99m Tc-Trodat-1 SPECT, and TMS studies
S. Cheng

P717 Transcranial magnetic cerebellar stimulation in progressive supranuclear palsy
Y. Shirota, M. Hamada, R. Hanajima, Y. Terao, S. Tsuji, Y. Ugawa

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P718 Corticobasal degeneration with focal, massive tau accumulation in the subcortical white matter astrocytes
K. Sakai, Y. Piao, K. Kikugawa, S. Ohara, M. Hasegawa, H. Takano, M. Fukase, M. Nishizawa, A. Kakita, H. Takahashi

P719 Pure freezing of gait evolving into progressive supranuclear palsy: A clinicopathological study
Y. Compta, F. Valldeoriola, E. Tolosa, M. Rey

P720 Shunt responsive progressive supranuclear palsy
J. M. Schott, D. R. Williams, R. Butterworth, J. C. Janssen, A. J. Larner, J. L. Holton, M. N. Rossor

P721 Differentials in vascular parkinsonism and Parkinson's disease: A comparison of clinical findings, course and response to treatment
H. A. Teive, R. P. Munhoz, T. V. Oliveira, N. Becker, V. P. Guedes

P722 Determining 3-repeat tau pathology in PSP
C. Strand, D. Williams, R. De Silva, J. Holton, T. Revesz

P723 Psychiatric manifestations in patients with Wilson's disease
M. Svetel, I. Petrović, V. Kostić, N. T. Dragasevic

P724 Superficial siderosis with supranuclear gaze palsy, parkinsonism and falls
O. S. Klepitskaya, D. A. Hall, N. J. Fischbein, H. M. Bronte-Stewart

P725 Does procedural learning and motor control differentiate between Parkinson's disease and other forms of parkinsonism?
D. Apetauerova, S. Levy-Tzedek, S. Scala, S. Lamont, J. Arle, J. Shils, H. Igo Krebs

P726 Post-encephalitic bilateral nigral necrosis with motor complications
A. Aggarwal, V. Udani, S. Shah, M. Bhatt

P727 Effects of coenzyme Q10 in PSP and CBD, a randomized, placebo-controlled, double-blind crossover pilot study
D. Apetauerova, S. Lamont, J. Kakullavarapu, S. Scala

P728 Clinicopathological features of patients with multiple system atrophy with a family history of Parkinson's disease
T. Ozawa, D. G. Healy, N. P. Quinn, M. Bozi, D. Paviour, K. A. Josephs, A. J. Lees, N. W. Wood, J. L. Holton, T. Revesz

P729 Cyclogram analysis of frozen gait in parkinsonism
Y. Naito, H. Kajikawa, S. Kuzuhara

P730 Specific features of secondary parkinsonism in neuroborreliosis
T. I. Muravina, I. A. Ivanova-Smolenskaya, S. Serkov, I. A. Zavalishin, P. A. Fedin

P731 Survival and prognosis factors in 86 multiple system atrophy (MSA) French patients
F. Tison, E. Krim, F. Yekhlef, V. Chrysostome

P732 Putaminal hyperintensity on T1-weighted MRI is useful for diagnosis of parkinsonian variant of multiple system atrophy: receiver operating characteristic analysis
W. Shirai, S. Ito, T. Hattori

P733 Corticospinal and intracortical excitability in patients and asymptomatic carriers with parkin gene mutations: A TMS study
P. Talelli, S. A. Schneider, B.J. Cheeran, N.N. Kahn, N.W. Wood, J. Rothwell, K. P. Bhatia

P734 Usefulness of transcranial magnetic stimulation for the differential diagnosis of parkinsonism
Y. Morita, Y. Osaki, T. Kuwahara, C. Mori, Y. Doi

P735 Frontotemporal lobar degeneration with motor neuron disease presenting as a rapidly progressive form of progressive supranuclear palsy
A. J. Espay, F. J. Revilla, A. Kendler, G. M. de Courten-Myers

P736 A new case of hereditary diffuse leukoencephalopathy with spheroids (HDLS)
L. A. Brown, J. Slowinski, R. J. Uitti, D. D. Dewey, D. W. Dickson, Z. K. Wszolek

P737 Alleviating pain in progressive supranuclear palsy
I. Schlesinger, A. Kleiser, D. Yarnitsky

P738 New insights into the ALS/parkinson/dementia-complex (ALS/PDC) of Guam
T. H. Bak, J. C. Steele

P739 Freezing of gait in patients with undiagnosed parkinsonism
T. Lee, S. Chung, S. Kim, M. Lee

P740 Multiple system atrophy (MSA) presenting as dementia with Lewy bodies (DLB)
A. Cardozo, M. Pujol, E. Tolosa, M. Rey

P741 Self perceived sleep disturbances in multiple system atrophy (MSA): A longitudinal study
F. Geser, M. Koellensperger, K. Seppi, M. Stampfer-Kountchev, W. Poewe, G. Wenning, B. Hoegl

P742 Movement Disorders of autoimmune origin
M. Altable, I. Alonso, J. Fernadez-Torre

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P743 Progressive supranuclear palsy with Lewy bodies exacerbates nigrostriatal degeneration
A. DelleDonne, H. Uchikado, Z. Ahmed, Y. Tsuboi, D. W. Dickson

P744 Does the severity of parkinsonism affect neuropsychological functions in progressive supranuclear palsy, multiple system atrophy and Parkinson's disease?
A. Kishore, S. Krishnan, P. Mathuranath, S. Sarma

P745 Visual hallucinations and REM sleep behavior disorder in tauopathies with parkinsonism: A questionnaire-based study
N. J. Diederich, S. Leurgans, W. Fan, T. Chmura, C. G. Goetz

P746 Clinical, pathologic and genetic analysis on three Japanese families with tau N279K mutation
H. Mori, T. Kobayashi, M. Takanashi, N. Hattori, Y. Komatuzaki, M. Hasegawa, Y. Mizuno

P747 Clinical, neuropsychological and neuroimaging features of atypical parkinsonism-dementia syndromes in Guadeloupe
S. E. Verhaeghe, G. Höglinger, S. Belson, L. Gire, P. Poullain, M. Ruberg, A. Lannuzel

P748 Altanserin-PET demonstrates serotoninergic deficit in Progressive Supranuclear Palsy
M. Stamelou, A. Matusch, K. M. Eggert, W. Oertel, K. Zilles, G. Hoeglinger, A. Bauer

P749 Cerebral perfusion SPECT correlates of cognitive dysfunction in nondemented Parkinson's disease
R. Kuriakose, C. Das, A. Bhattacharya, R. Nehra, S. Prabhakar

P750 How vascular disease affects parkinsonism: the VADO study
A. Antonini, P. Barone, G. Abbruzzese, U. Bonuccelli, A. Righini, S. Vado

P751 Feasibility of autologous mesenchymal stem cell therapy in patients with multiple system atrophy
P. Lee, J. Kim, O. Bang, Y. Ahn, G. Lee, I. Joo, K. Huh

P752 Epidemiology of dementia with Lewy bodies and Parkinson's disease dementia in a Japanese rural town
M. Kusumi, M. Yamawaki, Y. Wakutani, K. Nakashima

P753 The triple stimulation technique differentiates multiple system atrophy from Parkinson's disease
A. Eusebio, S. Attarian, T. Witjas, A. Rico, J. Azulay

P754 Loss of dopaminergic responsivity in the double lesion SND/MSA-P rat model
G. K. Wenning, M. Köllensperger, N. Stefanova, M. Hainzer, M. Reindl, W. Poewe

P755 Multiple system atrophy: morphometric evaluation of the CNS autonomic nuclei in patients with sudden deaths
M. Tada, A. Kakita, O. Onodera, M. Nishizawa, H. Takahashi

P756 Fragile-X associated tremor/ataxia syndrome (FXTAS): Should parkinsonism be considered as a major diagnostic criterion?
L. A. Wilson, L. Zhang, M. A. Leehey, D. Hall, J. P. Grigsby, F. Tassone, P. J. Hagerman, R. J. Hagerman

P757 Clinical phenotypes and neuropathological findings of amyotrophic lateral sclerosis / parkinsonism-dementia complex (ALS/PDC) of the Kii peninsula of Japan: an analysis of 12 autopsy cases
S. Kuzuhara

P758 Muscarinic receptors in the frontal cortex in progessive supranuclear plasy
N. M. Warren, M. A. Piggott, A. J. Lees, D. J. Burn

P759 Glucose metabolism on [^{18}F]-fluorodeoxyglucose PET study and levodopa responsiveness in multiple system atrophy
S. Oh, C. Lyoo, Y. Yoo, M. Lee

P760 MSA is distinguished from idiopathic PD by the arginine GH stimulation test
M. Pellecchia, U. Bonuccelli, G. Abbruzzese, R. Marconi, E. Donati, L. Morgante, R. Eleopra, F. Bracco, M. Zappia, A. Colao, P. Barone

P761 Nigrostriatal dysfunction in *parkin*-linked parkinsonism and asymptomatic heterozygous carriers. A progression study with ^{18}F-dopa PET
N. Pavese, N. L. Khan, C. Scherfler, L. Cohen, N. W. Wood, N. P. Quinn, A. J. Lees, D. J. Brooks, P. Piccini

P762 Microglial activation in a transgenic MSA mouse model: a therapeutic target
N. Stefanova, M. Reindl, P. J. Kahle, W. Poewe, G. K. Wenning

P763 Primary lateral sclerosis mimicking atypical parkinsonian syndrome: a challenging early diagnosis
N. Ibrahim, K. P. Bhatia, K. Østergaard, G. Arabia, N. P. Quinn

P764 Pure akinesia with gait freezing: a 3rd PSP phenotype
D. R. Williams, T. Revesz, A. J. Lees

P765 Mutation of the linker-region of POLG1 can cause PEO with parkinsonism
W. Tiangyou, G. Hudson, A. M. Schaefer, R. W. Taylor, A. Gibson, G. Venables, P. Griffiths, D. J. Burn, D. M. Turnbull, P. F. Chinnery

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P766 Motor progression of multiple system atrophy (MSA): 2 years follow-up data of the EMSA-SG natural history study
G. K. Wenning, M. Köllensperger, M. Sawires, F. Geser, M. Stampfer-Kountchev, K. Seppi, W. Poewe

P767 REM sleep behavior disorders in patients with Guadeloupian parkinsonism, a tauopathy
V. Cochen De Cock, A. Lannuzel, S. Verhaeghe, M. Vidailhet, E. Roze, I. Arnulf

P768 Hemiparkinsonism-hemiatrophy syndrome
S. Wijemanne, J. Jankovic

P769 Measures of postural instability in atypical parkinsonian syndromes
C. L. Wielinski, C. Erickson-Davis, R. Wichmann, M. Walde-Douglas, S. A. Parashos

P770 The importance of cognitive symptoms for the diagnosis of atypical parkinsonian syndromes
T. H. Bak, J. H. Xuereb, J. R. Hodges

P771 Anti-parkinsonism and gene regulation of pramipexole in Nurr1 gene knock-out animal model
W. Xie, E. Buerger, W. Le

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P772 Comparison of cardiac 123I-MIBG scintigraphy in patients with vascular parkinsonism, drug induced parkinsonism, and Parkinson's disease
H. Kim, H. Kim, D. Shin, W. Jang, K. Lee, Y. Lee, S. Kim, J. Kim, M. Kim

P773 Postural instability and gait disability after bilateral subthalamic nucleus stimulation in Parkinson's disease
B. van Nuenen, R. Esselink, M. Munneke, H. Speelman, T. van de Laar, B. Bloem

P774 Levodopa treatment induces changes in the expression of pleiotrophin receptors in a rat model of Parkinson's disease
J. E. Ferrario, M. Saldaña Ortega, I. R. Taravini, G. Murer, S. Hunot, O. S. Gershanik, R. Raisman-Vozari

P775 Evaluation of daily functioning in Parkinson's disease: development of a new Patient Specific Index (PSI-Parkinson)
B. R. Bloem, S. Keus, G. Quist, M. Nijkrake, M. Munneke

P776 Blood-brain barrier P-glycoprotein function: a pathogenetic mechanism in Parkinson's disease?
A. Bartels, K. L. Leenders

P777 Late stage Parkinson`s disease(PD): clinical manifestations and treatment
M. Coelho, M. J. Marti, E. Tolosa, J. Ferreira, F. Valldeoriola, M. Rosa, C. Sampaio

P778 Valvular heart disease in Japanese patients with Parkinson's disease
M. Nagai, H. Yabe, N. Nishikawa, H. Moritoyo, T. Moritoyo, Y. Shigematsu, M. Nomoto

P779 Prediction of aspiration risk in patients with Parkinson's disease evaluated with videofluorography
T. Yamamoto, Y. Aoki, T. Okamoto, Y. Oya, M. Ogawa, M. Murata, S. Kuno

P780 Proteome analysis of cerebrospinal fluid by mass spectrometry: A platform for marker development in synucleinopathies
B. Mollenhauer, B. Krastins, C. Trenkwalder, M. G. Schlossmacher, D. A. Sarracino

P781 Electronic diaries to assess motor fluctuations and dyskinesias in Parkinson's disease patients
L. Correia Guedes, J. Ferreira, M. Rosa, B. Marino, C. Sampaio

P782 A nationwide survey of excessive daytime sleepiness in ambulatory patients with Parkinson's disease in France
I. Ghorayeb, A. Loundou, P. Auquier, B. Bioulac, F. Tison

P783 Safety and efficacy of quick conversion from conventional ergot dopamine agonists to the non-ergot dopamine agonist, pramipexole: Two-year follow up
H. Takahashi, F. Yoshii, S. Kobori, R. Kumazawa, S. Takagi

P784 Normal learning and lack of consolidation in early Parkinson's disease
M. Ghilardi, F. Battaglia, L. Marinelli, M. Bove, G. Abbruzzese, A. Dirocco

P785 Late stage Parkinson`s disease(PD): patients handicap, impact on caregivers and use of health resources
M. Coelho, M. J. Marti, E. Tolosa, J. Ferreira, F. Valldeoriola, M. Rosa, C. Sampaio

P786 Cardiac sympathetic nerve fiber loss is closely related to Lewy body pathology in PARK8 Sagamihara family
S. Ujiie, Y. Ogino, M. Ogino, S. Orimo, F. Sakai

P787 Identification and characterization of a novel Pyk2/related adhesion focal tyrosine kinase-associated protein that inhibits alpha-synuclein phosphorylation
T. Takahashi, H. Yamashita, Y. Nagano, T. Nakamura, M. Matsumoto

P788 Sleep disorders in PARK8 Sagamihara family (I2020T)
Y. Ogino, M. Ogino, S. Ujiie, F. Sakai

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P789 Quality of life in Parkinson's disease: the relative importance of motor and non-motor symptoms
M. Jahanshahi, S. Rahman, N. Quinn

P790 Impact of ischemic cerebral lesions on motor and cognitive performance in idiopathic Parkinson disease
T. Vogt, S. Haegele

P791 Spiralometry – a new simple telemedical test for quantification of Movement Disorders
P. H. Kraus, H. Brecht, A. Hoffmann

P792 Effect of levodopa and entacapone treatment on plasma homocysteine level in Parkinson disease. A pilot study
M. Nevrlý, H. Vranova, P. Ressner, I. Nestrasil, P. Kanovsky

P793 A model inducible system to examine the toxic effects of α-synuclein on human neuronal cells
K. Vekrellis, M. Pavlaki, E. Emmanouilidou, M. Maniati, L. Stefanis

P794 Patterns of acute hospitalization of Parkinson's disease patients in the USA
M. H. Niethammer, H. Schumacher, B. T. Bateman, E. D. Louis, C. Henchcliffe

P795 The factors that induce or overcome freezing in Parkinson's disease
M. Jahanshahi, S. Rahman, N. Quinn

P796 Generation of a cellular model of PINK1 parkinsonism in primary human dopaminergic neurons
A. Wood-Kaczmar, S. Gandhi, P. Jat, E. A. Miljan, J. Sinden, G. J. Keen, J. Taylor, D. S. Latchman, N. W. Wood, S. J. Tabrizi

P797 Dopamine transporter immunoreactivity in peripheral blood lymphocytes in Parkinson's disease and essential tremor
F. Buttarelli, C. Pellicano, D. Tiple, M. Giovannelli, D. Benincasa, F. Pontieri, C. Colosimo

P798 Effect of visual cue on gait parameters in patients with Parkinson's disease after subthalamic nucleus deep brain stimulation
V. Goyal, F. Ahmad, L. Dhawan, P. Wasan, M. Maurya, G. Shukla, S. Singh, M. Behari

P799 Investigation of PINK1 dysfunction in Parkinson's disease
S. Gandhi, A. Wood-Kaczmar, P. Jat, D. S. Latchman, S. J. Tabrizi, N. W. Wood

P800 Continuous subthalamic high frequency stimulation attenuates the degeneration of dopaminergic nigral neurons in the 6-OHDA rat model of Parkinson's disease
D. Harnack, J. Jira, W. Meissner, C. Winter, R. Morgenstern, A. Kupsch

P801 Elective total hip replacement in patients with Parkinson's disease: In-hospital morbidity and mortality
H. Schumacher, B. T. Bateman, E. D. Louis, C. Henchcliffe

P802 Pharmacokinetics, safety and tolerability of rotigotine after trandermal patch administration in Japanese and Caucasian healthy subjects
W. Cawello, M. Braun, R. Horstmann, T. Funaki, Y. Tadayasu

P803 Asymptomatic postural hypotension in Parkinson's disease and implications for practice
J. M. Budden, M. Ragothaman, S. Koshy, D. Subbakrishna, C. J. Mathias, U. B. Muthane

P804 Identifying genetic risk factors for idiopathic Parkinson's disease by combining genome-wide copy number variation data and published data from genome-wide sib-pair linkage studies
P. Abou-Sleiman, C. Vilariño-Güell, N. P. Quinn, K. Bhatia, A. J. Lees, M. Martinez, N. Pankratz, T. Foroud, J. Sebat, N. W. Wood

P805 From medical to biological informatics: Searching for diagnostic markers in Parkinson's disease patients' lymphocytes using transcriptomics
S. Bostantjopoulou, A. D. Spathis, A. Luchini, L. Dolcetti, O. Chatzizisi, G. Gerasimou, S. Mandruzzato, S. Bicciato, M. I. Klapa, M. Margarity

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P954 Daytime sleepiness in untreated and treated Parkinson's disease
S. Muzerengi, A. Bharkhada, A. Forbes, A. Williams, K. Ray Chaudhuri

P955 Evaluation of G2019S-LRRK2 mutation's penetrance: relevance for genetic counselling in Parkinson disease
S. Goldwurm, M. Zini, S. Tesei, F. Sironi, L. Mariani, R. Miceli, M. Clementi, V. Bonifati, G. Pezzoli

P956 Transcranial sonography of substantia nigra and MIBG myocardial scintigraphy in patients with early Parkinson's disease
Y. Kajimoto, M. Hironishi, H. Miwa, T. Kondo

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P957 Behavioral and psychiatric manifestations following deep brain stimulation of the subthalamic nucleus in Parkinson's disease: Are they really rare?
O. Porat, S. Hassin-Baer, R. Schwartz, O. S. Cohen

P958 Synchronization of right-left stepping while walking is compromised in patients with Parkinson's disease during mental loading
M. Plotnik, R. Bartsch, G. Yogev, J. Hausdorff, S. Havlin, N. Giladi

P959 High frequency stimulation of the subthalamic nucleus differently affects D1 and D2 dopaminergic receptor densities within basal ganglia nuclei in intact and hemiparkinsonian rats
M. Savasta, S. Boulet, E. Lacombe, C. Carcenac

P960 Automated selection of programming parameters for deep brain stimulators based on a probabilistic atlas
P. D'Haese, H. Yu, S. Pallavaram, J. Spooner, P. E. Konrad, B. M. Dawant

P961 10Hz subthreshold rTMS to motor cortex does not induce LTP in Parkinson's (PD) patients
S. Kaakkola, D. Kičić, R. Bikmullina, P. Lioumis, J. P. Mäkelä, E. Pekkonen

P962 Early vs. delayed initiation of levodopa/DDCI/entacapone leads to superior 5-year efficacy in Parkinson's disease patients initially receiving traditional levodopa/DDCI therapy
H. Nissinen, M. Kuoppamäki, M. Leinonen

P963 Assessment of the potential for pharmacodynamic interaction between rasagiline and oral tyramine in healthy subjects
M. Guillaume, J. J. Thebault, S. Cohen

P964 Comparative motor, cognitive and quality of life long term follow up of subcutaneous continuous infusion of apomorphine or subthalamic nucleus deep brain stimulation in patients with advanced Parkinson's disease
A. Gillioz, J. Peron, E. Leray, S. Drapier, P. Sauleau, D. Drapier, C. Stefani, M. Verin

P965 Motor cortical excitability in de novo Parkinson's disease
L. Barbin, P. Sauleau, C. Meyniel, Y. Pereon, P. Damier

P966 Correlation between cardiac 123I-MIBG and odor identification in patients with Parkinson's disease and multiple system atrophy
P. Lee, S. Yeo, H. Kim, W. Kim

P967 The right rostral SMA shows hyperactivity during right-hand sequential finger movements in asymptomatic carriers of a single mutant Parkin allele
B. van Nuenen, M. Weiss, K. Lasek, T. van Eimeren, K. Hedrich, B. Bloem, J. Hagenah, F. Binkofski, C. Klein, H. Siebner

P968 Ropinirole 24-hour prolonged release provides efficacy as early as Week 2 when used as adjunctive therapy to L-dopa in patients with advanced Parkinson's disease
R. Pahwa, M. A. Stacy, L. W. Elmer, S. H. Isaacson

P969 Is substantia nigra implicated in manic behaviour induced by deep brain stimulation?
M. Ulla, S. Thobois, J. Lemaire, A. Schmitt, P. Derost, E. Broussolle, P. Llorca, F. Durif

P970 Sarizotan reduces dyskinesia and maintains antiparkinsonian efficacy of levodopa in MPTP monkeys
G. D. Bartoszyk, P. J. Bedard, L. Gregoire, P. Samadi, T. Di Paolo

P971 Pramipexole (PPX) improves grades of tremor in Parkinson's disease(PD)
D. T. Shephard, J. Koester, B. Fruh, J. Houben

P972 Ropinirole 24-hour prolonged release reduces "off" time and the dose of L-dopa needed when used as adjunctive therapy in patients with advanced Parkinson's disease
M. A. Stacy, R. Pahwa, N. L. Earl

P973 Surface electromyography shows increased mirroring in Parkinson's disease patients without overt mirror movements
M. Cincotta, F. Giovannelli, A. Borgheresi, F. Balestrieri, P. Vanni, A. Ragazzoni, G. Zaccara, U. Ziemann

P974 Association of mitochondrial polymorphisms and risk of PD in Spanish patients
C. Huerta, I. Mata, M. Blázquez, L. Guisasola, C. Salvador, R. Ribacoba, C. Lahoz, C. Martínez, V. Álvarez

P975 Prevalence and clinical features of mirror movements in patients with Parkinson's disease
D. Tiple, D. Ottaviani, C. Aurilia, C. Colosimo, G. Fabbrini, M. Cincotta, G. Defazio, A. Berardelli

P976 Dopaminergic therapy in the follow-up of PD patients treated with STN DBS
M. Zibetti, M. Pesare, A. Cinquepalmi, M. Rosso, M. Lanotte, B. Bergamasco, L. Lopiano

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P977 Distribution of putamenal dopamine transporter availability in Parkinson's disease: A [^{123}I]β-CIT SPECT study in a clinic-based setting
C. Scherfler, M. Braunias, K. Mair, K. Seppi, E. Donnemiller, I. Virgolini, G. K. Wenning, W. Poewe

P978 Targeting the subthalamic nucleus for deep brain stimulation by utilizing multiple simultaneous tracts for microelectrode recordings.
M. S. Themistocleous, E. J. Boviatsis, A. T. Kouyialis, P. Stathis, G. Tagaris, T. I. Bouras, D. E. Sakas

P979 Gait improvement with unilateral subthalamic stimulation in Parkinson's disease
H. Toda, H. Ito, H. Saiki, S. Kaneko, T. Hamano, S. Kosaka, M. Ishikawa, S. Matsumoto

P980 Cortical, hippocampal and amygdaloid α-synuclein pathology in Parkinson's disease: Correlation with neuropsychiatric signs
M. E. Kalaitzakis, L. M. Christian, M. B. Graeber, R. K. Pearce, S. M. Gentleman

P981 Modafinil reduces drooling in Parkinson's disease
M. Kushnir, A. Eilam, E. Heldman

P982 LRRK2 binds cellular membranes.
T. Hatano, S. Kubo, M. Funayama, T. Arai, K. Shiba, S. Imai, Y. Chikaoka, N. Hattori, Y. Mizuno

P983 Aversive off-symptoms in parkinson patients compulsively using dopaminergic drugs: drug reward can be punishing
A. H. Evans, A. D. Lawrence, S. Appel, A. J. Lees

P984 Craving sweets in Parkinson's disease
J. Shahed, T. Davidson, J. Jankovic

P985 Mechanisms of cognitive dysfunction in PD with dementia are different from those in PD without dementia: Evidence from the CANTAB RTI test
Y. Sung, S. Chung, J. Lee, T. Lee, M. Lee, A. Blackwell, T. Robbins, B. Sahakian, C. Lee

P986 An approach to the generation of AR-JP mouse model: Crossbreeding of Pael-R/GPR37 transgenic mice with parkin knockout mice
H. Wang, Y. Yimai, H. Inoue, A. Kataoka, S. Iita, N. Nukina, R. Takahashi

P987 Cardiac valvulopathy in Parkinson's disease: echocardiogram study
M. Yamamoto

P988 Hyposmia, cognitive dysfunction and the future risk of Parkinson's disease: a five-year prospective study
M. Ponsen, D. Stoffers, J. Booij, J. W. Twisk, E. C. Wolters, H. W. Berendse

P989 Amyloid load in Parkinson's disease dementia (PDD) and Lewy body dementia (LBD) measured with 11C-PIB PET
P. Edison, C. C. Rowe, I. Ahmed, V. L. Villemagne, R. K. Chaudhuri, S. Ng, J. Rinne, D. J. Brooks

P990 ParkScreen: a linkage marker panel for Parkinson's disease (PD)
C. Béu Volpato, A. De Grandi, E. Bedin, I. Pichler, S. Pedrotti, G. Casari, P. Pramstaller

P991 REM behavior disorder, hallucinations and cognitive symptoms in Parkinson's disease: 2 years follow-up
R. Zangaglia, E. Sinforiani, M. Ossola, C. Pasotti, E. Marchioni, R. Manni, G. Nappi, C. Pacchetti

P992 Extradural motor cortex stimulation in Parkinson's disease
R. Cilia, A. Landi, G. Marotta, F. Vergani, I. U. Isaias, G. Pezzoli, A. Antonini

P993 Frontal lobe functional correlates during effective long term STN-DBS in Parkinson's disease
R. Cilia, C. Siri, G. Marotta, D. De Gaspari, A. Landi, I. U. Isaias, G. Pezzoli, A. Antonini

P994 Characterization of mice expressing human wild type *LRRK2*
H. L. Melrose, J. P. Taylor, S. J. Lincoln, G. M. Tyndall, J. C. Dachsel, C. B. Kent, K. M. Hinkle, X. Yu, D. W. Dickson, M. J. Farrer

P995 Effects of naturally secreted α-synuclein species on neuronal survival
M. Pavlaki, E. Emmanouilidou, L. Stefanis, K. Vekrellis

P996 Kinase activity and inhibition of leucine-rich repeat kinase 2 (LRRK2), a common genetic cause of Parkinson's disease
E. Greggio, P. A. Lewis, S. Jain, A. Kaganovich, R. Ahmad, A. Baker, A. Beilina, M. R. Cookson

P997 Steady L-DOPA blood levels via transdermal delivery of L-DOPA prodrugs; a novel skin patch for the treatment of Parkinson's disease
A. Reichman, A. Yaar, M. Kushnir, E. Heldman

P998 Evaluation of electrical stimulation cues on gait and postural control in Parkinson's disease
R. Chong, P. Gesotti, J. Morgan

P999 SNCA multiplication in a new mouse model of Parkinson's disease
H. L. Melrose, S. J. Lincoln, G. M. Tyndall, J. P. Taylor, J. C. Dachsel, X. Yu, D. Bass, M. J. Farrer

P1000 Phactr2, genomewide association and Parkinson's disease
J. T. Stone, O. A. Ross, K. Haugarvoll, J. O. Aasly, J. Gibson, T. Lynch, H. L. Melrose, J. P. Taylor, M. J. Farrer

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P1001 A randomized, double-blind, futility clinical trial of creatine and minocycline in early Parkinson's disease – 18 month results
W. R. Galpern, N. NET-PD Investigators, The NINDS

P1002 Insights on LRRK2 expression and dopaminergic dysfunction
J. P. Taylor, H. Melrose, K. Hinkle, J. Dachsel, C. Kent, S. Mok, M. Farrer

P1003 Protection of dopaminergic neurons by serofendic acid, an endogenous serum-derived compound, in hemiparkinsonian rats
T. Kazuyuki, K. Yoshihisa, I. Masatoshi, T. Takashi, S. Hachiro, A. Akinori

P1004 Parkinson's disease at-home testing battery: Reliability of data collection and transmission of objective motor data from home to a central study center
C. G. Goetz, K. Kubota, G. T. Stebbins, W. DeLeeuw, H. Bronte-Stewart, R. Elble, M. Hallett, J. Nutt, L. Ramig, T. Sanger, A. Wu, P. Kraus, L. M. Blasucci, E. A. Shamim, C. Taylor

P1005 Long-term safety and efficacy of the rotigotine transdermal patch in early-stage Parkinson's disease
R. L. Watts, R. Pahwa, K. E. Lyons, B. Boroojerdi

P1006 Selective activation of T cells in Parkinson's disease
D. Rowe, M. Morel-Kopp, C. F. Orr, T. Russell, M. Ranola, Y. Huang, C. M. Ward, G. M. Halliday

P1007 Complications of STN surgery for PD in 300 patients operated over 13 years
A. L. Benabid, S. Chabardes, E. Seigneuret, N. Torres, V. Fraix, P. Krack, P. Pollack

P1008 Sarizotan as a treatment for dyskinesias in Parkinson's disease: A double-blind placebo controlled trial
C. G. Goetz, P. Damier, C. Hicking, E. Laska, T. Muller, C. W. Olanow, O. Rascol, H. Russ

P1009 GPI 1485, a neuroimmunophilin ligand, fails to alter disease progression in mild to moderate Parkinson's disease
I. The GPI 1485

P1010 Protective effects of the S18Y polymorphism in ubiquitin carboxy-terminal hydrolase L1 (UCH-L1) in a Swedish parkinson material
A. Carmine Belin, M. Westerlund, O. Bergman, H. Nissbrandt, C. Lind, O. Sydow, D. Galter

P1011 Pathological background of clinical Parkinson's disease (PD) in the 1970's
R. Sengoku, Y. Saito, M. Ikemura, K. Kanemaru, M. Sawabe, K. Inoue, S. Murayama

P1012 Neurturin gene transfer for Parkinson's disease: motor outcomes from the initial CERE-120 clinical trial
W. Marks, L. Verhagen Metman, P. Starr, P. Larson, R. Bakay, R. Taylor, D. Lee, R. Bartus, J. Ostrem

P1013 Role of the cannabinoid CB1 receptor in the development and treatment of dyskinesias induced by L-dopa in mice lesioned with 6-hydroxydopamine
S. Pérez-Rial, J. A. Molina, J. Manzanares

P1014 Tau pathology and α-synuclein-positive glia cells are common in familial Parkinson disease
A. Imamura, H. Uchikado, H. Fujishiro, M. Mark, L. I. Golbe, K. Markopoulou, K. Gwinn-Hardy, Z. K. Wszolek, D. W. Dickson

P1015 Dopaminergic agents delay complex behavioral responses in Parkinson's disease
T. D. Hälbig, J. C. Borod, J. Gracies, H. Kaufmann, A. Voustianiouk, S. Assuras, J. Godbold, E. Moshier, D. Weisz, K. Fung, J. Barry, W. Tse, C.W. Olanow

P1016 Relationship of MRI localization and cognition in DBS
M. K. York, E. Wilde, J. Jankovic, R. Simpson

P1017 Multiple candidate gene analysis identifies *α-synuclein* as a susceptibility gene for sporadic Parkinson's disease
I. Mizuta, W. Satake, Y. Saito, S. Murayama, M. Yamamoto, N. Hattori, M. Murata, T. Toda

P1018 Improvement of gait by chronic high doses of methylphenidate in advanced parkinsonian patients under deep brain stimulation
D. Devos, P. Krystkowiak, K. Dujardin, F. Clement, O. Cottencin, N. Waucquier, M. Kroumova, R. Bordet, A. Destée, L. Defebvre

P1019 Epidemiologic association of Parkinson's disease and melanoma
J. M. Bertoni, J. P. Arlette, H. H. Fernandez, K. Frei, M. F. Gordon, M. N. Hassan, S. H. Isaacson, M. F. Lew, E. Molho, W. G. Ondo, T. J. Phillips, C. Singer, J. P. Sutton, J. E. Wolf Jr.

P1020 The prevalence of valvular heart disease in patients with Parkinson's disease
K. Yamashiro, M. Komine-Kobayashi, T. Urabe, Y. Mizuno

P1021 Familial Parkinson's disease: The first pathoanatomical study on a carrier of the A30P mutation in the alpha-synuclein gene
R. Krueger, L. Schoels, K. Del Tredici, K. Seidel, H. Braak, T. Deller, U. Rueb

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P1022 Assessment of valvular heart disease in patients with Parkinson's disease on ergot dopamine agonists
G. Kenangil, S. Ozekmekci, L. Koldas, T. Sahin, E. Erginoz

P1023 Accumulation of phosphorylated alpha-synuclein in the striatum of dementia with Lewy bodies
K. Obi, H. Mochizuki, T. Arai, T. Nonaka, M. Hasegawa, Y. Shimomura, H. Akiyama, Y. Mizuno

P1024 Rapid eye movement sleep behavior disorder in Park 2 patients
A. Yoritaka, Y. Inoue, Y. Shimo, Y. Mizuno, N. Hattori

P1025 Inflammation and Parkinson disease: no evidence for a causal relation. Results from a large prospective cohort study
L. de Lau, J. Witteman, A. Uitterlinden, A. Hofman, B. Stricker, P. Koudstaal, M. Breteler

P1026 Amygdala α-synuclein pathology and cardiovascular dysautonomia in Parkinson's disease
M. E. Kalaitzakis, M. B. Graeber, S. M. Gentleman, R. K. Pearce

P1027 Direct effect of subthalamic nucleus stimulation on levodopa-induced peak-dose dyskinesia in patients with Parkinson's disease
H. Oshima, K. Sumi, T. Otaka, T. Obuchi, T. Kano, K. Kobayashi, C. Fukaya, T. Yamamoto, Y. Katayama

P1028 DJ-1's role in the neural defense mechanism against oxidative stress and proteasomal dysfunction
N. Lev, D. Ickowicz, D. Offen, E. Melamed

P1029 A novel function of anti-epileptic drug, Zonisamide on Parkinson's disease
Y. Machida, N. Hattori, Y. Mizuno, M. Murata

P1030 Subthalamic stimulation-induced dyskinesias are linked to an increase in glutamate levels in the Ssubstantia nigra Pars Reticulata
M. Savasta, S. Boulet, E. Lacombe, C. Carcenac, A. Poupard

P1031 International validation study of the first comprehensive unified non-motor symptoms scale (NMSS) for Parkinson's disease (PD)
Y. Naidu, A. H. Schapira, P. Martinez-Martin, K. Sethi, P. Odin, F. Stocchi, W. Ondo, C.W. Olanow, P. Barone, D. MacMahon, G. MacPhee, A. Forbes, M. Rabey, K. Breen, A. Bowron, S. Tluk, S. Thomas, K. Abe, A. Williams, D. Rye, K. Ray Chaudhuri

P1032 A randomized, double-blind, futility clinical trial of creatine and minocycline in early Parkinson disease
B. C. Tilley, N. The NINDS

Poster Session 4

Thursday, November 2, 2006

Poster Viewing: 9:00 a.m. – 5:00 p.m.
Authors present even numbers 12:00- 1:30 p.m.
Authors present odd numbers 1:30- 3:00 p.m.

Neuroimaging
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P1033 Role of dopamine transporter imaging in elderly patients with parkinsonism
C. Geny, F. Comte, A. Gabelle, M. Zanca, J. Touchon

P1034 Cerebral atrophy in multiple system atrophy
K. Arai, Y. Yoshiyama, K. Ito, C. Ishikawa, K. Ogawara

P1035 In vivo assessment of intrasynaptic dopamine in Parkinson disease patients using [123I] 1BZM SPECT
K. Marek, D. Jennings, G. Tamagnan, J. Seibyl

P1036 Ultrasonography of the substantia nigra in Parkinson's disease
P. Ressner, D. Skoloudik, P. Kanovsky

P1037 Topography of dopamine transporter availability in PSP: Voxel wise analysis of [123I]β-CIT SPECT
K. Seppi, C. Scherfler, E. Donnemiller, M. F. Schocke, K. J. Mair, S. Boesch, G. K. Wenning, W. Poewe

P1038 Echogenicity and area measurement of substantia nigra in Parkinson's disease and atypical parkinsonian syndromes
P. Bartova, D. Skoloudik, T. Fadrna

P1039 Functional MRI during combined hand movement and speech production in Parkinson's disease
S. Pinto, L. Mancini, R. Brehmer, J. Thornton, M. Jahanshahi, T. Yousry, J. Rothwell, P. Limousin-Dowsey

P1040 Quantification of iron deposition in patients with Wilson's disease using magnetic resonance imaging
T. Hikita, K. Abe, H. Tanaka, N. Fujita, S. Sakoda

P1041 Usefulness of IBZM-SPECT in differential diagnosis of parkisnonism and pattern of distribution of postsinaptic D2-Receptors
H. V. Jorge, F. Miquel-Rodriguez, P. Pifarrè-Montaner, G. Cuberas-Borròs, C. Lorenzo-Bosquet, J. Castell-Conesa

P1042 Levodopa effect on motor activity in Parkinsonism: A PET study
C. Brefel-Courbon, P. Payoux, C. Thalamas, F. Ory, F. Durif, J. Azulay, O. Blin, F. Tison, O. Rascol

P1043 Neuroimaging findings and VIM stimulation in a case of Holmes tremor
E. Guedj, T. Witjas, J. Azulay, J. Péragut, O. Mundler

P1044 Postural control adaptability during floor oscillation and MRI diagnosis in the elderly
K. Fujiwara, H. Asai, M. Suzuki

P1045 [123I]Ioflupane-striatal binding in drug-naïve early PD patients with tremor vs. akinetic-rigid onset: A comparative SPECT study
I. U. Isaias, R. Benti, G. Pezzoli, A. Antonini

P1046 Differences between collimetors in low H/M ratio with MIBG scintigraphy
T. Ieda, T. Yamawaki, S. Noda, M. Itoh, M. Shinoki, I. Furuichi, S. Iwasa, H. Sugano, Y. Kayama

P1047 FP-CIT SPECT as an aid in the differential diagnosis between amiodarone-induced secondary parkinsonism and idiopathic Parkinson disease
S. Dethy, A. Hambye

P1048 Patterns of degeneration in parkinsonism determined by MRI based diffusion tensor imaging and tractography
H. Widner, C. F. Nilsson, S. Brockstedt, J. Lätt, K. Markenroth Bloch , E. Larsson

P1049 Magnetic resonance spectroscopy in untreated Parkinson's disease
W. Martin, M. Wieler, M. Gee, C. Hanstock

P1050 Longitudinal study of three-dimensional stereotactic surface projection SPECT analysis in Parkinson's disease
Y. Osaki, Y. Morita, M. Fukumoto, N. Akagi, T. Kuwahara, C. Mori, Y. Doi

P1051 Functional magnetic resonance imaging (fMRI) in synkinesias related to alteration of the dopamine system
M. S. Eisa, T. Constable, J. Arora, R. Bajwa, B. Jabbari

P1052 Does striatal dopamine transporter SPECT (DTS) help for diagnosis between essential tremor and parkinsonian tremor?
P. Payoux, F. Ory-Magne, C. Brefel-Courbon, O. Rascol, M. Simonetta-Moreau

P1053 Neural network of Wisconsin card sorting task: An fMRI study with phenylalanine/tyrosine depletion
A. Nagano, A. Dagher, M. Leyton, O. Monchi

P1054 Evaluation of substantia nigra for Japanese patients with Parkinson's disease by the transcranial sonography
N. Kawashima, E. Horiuchi, Y. Kawase, K. Hasegawa

P1055 Presynaptic dopaminergic dysfunction in patients with restless legs syndrome
J. Kim, I. Yoon, Y. Kim, S. Kim, M. Han, B. Jeon

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P1056 Longitudinal study of three-dimensional stereotactic surface projection SPECT analysis in progressive supranuclear palsy and multiple system atrophy
Y. Osaki, Y. Morita, M. Fukumoto, N. Akagi, T. Kuwahara, C. Mori, Y. Doi

P1057 How useful is functional dopamine transporter (DaT) imaging in helping to diagnose Parkinson's disease (IPD) and allied disorders?
R. de Silva, W. Vallat, J. Deeb, R. Gunasekera

P1058 Illusionary response on overlapping figure identification test in patients with Parkinson's disease without dementia
T. Ishioka, K. Hirayama, T. Atsushi, K. Suzuki, Y. Hosokai, Y. Nishio, Y. Sawada, K. Okada, M. Shinohara, Y. Itoyama, H. Fukuda, S. Takahashi, E. Mori

P1059 Idiopathic REM "sleep behaviour disorder", nigro-striatal denervation (dat scan) and risk of parkinsonism: A longitudinal study
C. Pacchetti, M. Terzaghi, R. Zangaglia, M. Ossola, M. Glorioso, C. Tassorelli, R. Manni, G. Nappi

P1060 Working memory in newly diagnosed patients with Parkinson's disease: A fMRI study using a mixed design
E. Lindmark, M. Duchek, L. Forsgren, A. Larsson, J. Linder, L. Nyberg, P. Marklund, K. Riklund

P1061 Bilateral STN stimulation affects network activity in associative and limbic basal ganglia projections in advanced Parkinson's disease
W. Liu, T. Weber, J. Voges, C. Eggers, L. Burghaus, W. Haupt, S. Volker, R. Hilker

P1062 Disruption of thalamo-cortical loops predicts executive dysfunction in PSP
C. Blain, R. G. Brown, G. J. Barker, X. Chitnis, S. Landau, S. Williams, N. Leigh

P1063 Relationship between dopamine D_2 and adenosine A_{2A} receptors in drug naive Parkinson's disease using TMSX PET
M. Mishina, K. Ishii, S. Kitamura, Y. Kimura, M. Naganawa, M. Hashimoto, M. Suzuki, K. Oda, M. Hamamoto, S. Kobayashi, Y. Katayama, K. Ishiwata

P1064 Phenotypic variability in PSP: Unbiased analysis of serial MRI
D. Paviour, S. L. Price, A. J. Lees, N. C. Fox

P1065 Reduction of cardiac ^{123}I-MIBG uptake in pure autonomic failure
K. Kashihara, M. Ohno, S. Kawada, T. Imamura, Y. Okumura

P1066 Role of the cerebellum in paradoxical kinesia: a PET study
S. Thobois, B. Ballanger, P. Baraduc, E. Broussolle, M. Desmurget

P1067 Cross-sectional study to evaluate the predictive value of SN hyperechogenicity and other potential risk factors for Parkinson's disease
K. J. Schweitzer, B. Wolf, I. Liepelt, C. Grosser, F. Abel, A. Müller, T. Brüssel, A. Wendt, J. Godau, S. Behnke, D. Berg

P1068 Photophobia in benign essential blepharospasm is associated with relative hypermetabolism in the dorsal midbrain -A PET study-
H. Emoto, Y. Suzuki, C. Horie, Y. Osaki, M. Kiyosawa, M. Wakakura, K. Ishiwata, K. Ishikawa

P1069 Usefulness of brain parenchyma songraphy in diagnosis of Parkinson disease. A comparative study using 123I-FP-CIT SPECT
H. V. Jorge, M. Rubiera-del Fueyo, C. Lorenzo-Bosquet, G. Cuberas-Borros, J. Castell-Conesa, C. Molina-Cateriano, F. Miquel-Rodríguez

P1070 Patterns of abnormal cerebral metabolism in late-infantile NBIA-1
J. Lin, L. J. Reed, R. Selway, H. Sethi, M. Samuel, K. Mills, J. Dunn, E. Somer, N. Sibtain, W. Jan, M. O'Doherty

P1071 [99mTC]TRODAT-1 SPECT finding in a dopa responsive patient with Hallervorden-Spatz syndrome
Y. Chen, M. Lan, J. Liu, S. Huang, C. Chang, C. Su, Y. Chang

P1072 Imaging of the dopaminergic system in Lewy body disease with PET
M. Suzuki, M. Hashimoto, M. Mishina, K. Kawasaki, K. Inoue, K. Ishii

P1073 High resolution positron emission tomography detects abnormal basal ganglia activity in early Parkinson's disease
R. Hilker, C. Eggers, L. Burghaus, J. Roggendorf, S. Birgit, W. Haupt, W. Heiss

P1074 Microglial activation and Huntington's disease progression
Y. F. Tai, N. Pavese, A. Gerhard, D. J. Brooks, P. Piccini

P1075 Isolated bilateral substantia nigra lesions in two patients with transient encephalitis lethargica syndrome
V. V. Kamath, G. Sarma, T. Mathew, A. Roy

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P1076 Fluorine-18-Fluorodeoxyglucose Positron Emission Tomography (FDG-PET) brain imaging findings in symptomatic and asymptomatic carriers of X-linked dystonia-parkinsonism ('Lubag')
V. H. Evidente, J. Santiago, L. Fugoso, F. F. Natividad

P1077 Cerebral glucose metabolism in each patient with Parkinson's disease and its correlation to cognitive impairment
Y. Hosokai, K. Suzuki, T. Atsushi, K. Hirayama, T. Ishioka, Y. Nishio, Y. Sawada, K. Okada, S. Kinomura, T. Kaneta, Y. Itoyama, S. Takahashi, H. Fukuda, E. Mori

P1078 Voxel based morphometry study in the Parkinson variant of multiple system atrophy and Parkinson's disease
M. Tir, C. Delmaire, V. Le Thuc, A. Destée, J. Pruvo, L. Defebvre

P1079 123I-MIBG myocardiac scintigraphy uptake decline is irrelevant to duration of illness in Parkinson disease
T. Nagao, M. Ishikawa, K. Kanazawa, M. Ida, M. Yokochi

P1080 Transcranial sonography in patients with essential tremor
H. Stockner, C. Schmidauer, M. Sojer, K. Seppi, J. Müller, G. K. Wenning, W. Poewe

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M. Ulla, M. Houa, J. Lemaire, S. Kampouridis, P. Derost, F. Durif

P1358 Tremor-correlated spike activity in Parkinson's disease in a subthalamic network
C. Lücking, F. Amtage, K. Henschel, B. Schelter, M. Winterhalder, B. Guschlbauer, J. Vesper, J. Timmer, C. Weiller, B. Hellwig

P1359 Patients with liver cirrhosis without hepatic encephalopathy and with subclinical hepatic encephalopathy show ataxia and tremor
L. Timmermann, S. Groiss, M. Butz, M. Braun, M. Südmeyer, M. Ploner, L. Wojtecki, G. Kircheis, D. Häussinger, A. Schnitzler

P1360 Train stimulation has identical efficacy as continuous stimulation in VIM DBS: a strategy to prolong battery life
C. C. Kao, H. Yu, J. Spooner, P. Hedera, P. Konrad

P1361 Potent anti-tremor effects of lacosamide in a rat model for essential tremor
T. Stoehr

P1362 Tremor in hemifacial spasm patients
M. Rudzinska, M. Wójcik, A. Szczudlik

P1363 Effect of candesartan on essential tremor
T. Kobayashi, T. Yamada

P1364 Orthostatic tremor: a review of 158 patients
J. R. Wilkinson, J. Ahlskog, J. Y. Matsumoto

P1365 Examination of LRRK2 I2012T, G2019S, and I2020T mutations in patients with essential tremor
H. Deng, W. Le, A. L. Davidson, W. Xie, J. Jankovic

P1366 Cognitive deficits in patients with essential tremor
H. Demir, N. Tuncer, A. Akbay-Ozsahin, A. Akpinar, A. Mollahasanoglu, D. Gunal

P1367 Dopamine transporter imaging of tremulous disorders
D. J. Hensman, J. W. Frank, P. G. Bain

P1368 Zonisamide for essential tremor
W. G. Ondo, F. Khan

P1369 Dopamine transporter imaging of patients with essential tremor and features of parkinsonism
D. J. Hensman, J. W. Frank, D. J. Towey, J. Deeb, P. G. Bain

P1370 DAT imaging and MR evolution in fragile X-associated tremor/ataxia syndrome associated with a 53 CGG repeat expansion
D. J. Hensman, R. Nicholas, F. Khawaja, J. Deeb, D. J. Towey, J. W. Frank, I. R. Colquhoun, P. G. Bain

P1371 Clinical features that distinguish psychogenic and essential tremor
C. Kenney, A. Diamond, N. Mejia, J. Jankovic

P1372 Symptomatic palatal tremor time-locked with ear click associated with olivary hypertrophy
J. C. Martinez-Castrillo, R. Toledano, S. Estévez, B. Pilo de la Fuente, M. Alonso de Leciñana

P1373 Relationship between isolated mixed tremor and Parkinson's disease: results from a [123I]FP-CIT SPECT and clinical follow-up study
R. Ceravolo, D. Volterrani, C. Rossi, C. Logi, L. Kiferle, D. Frosini, G. Manca, C. Berti, A. Antonini, U. Bonuccelli

Poster Session 4

P1374 Cortical representation of voluntary and non-voluntary motor rhythms
J. Raethjen, K. Arning, M. Muthuraman, R. Govindan, G. Deuschl

P1375 Psychosocial burden of essential tremor
D. Lorenz, G. Deuschl

P1376 Olfaction in tremor diagnosis. Enhanced identification and age resistance in familial essential tremor
M. Shah, L. Findley, N. Muhammed, C. H. Hawkes

P1377 Reaction time in patients with psychogenic tremor
H. Kumru, M. Begeman, M. J. Marti, J. Valls-Sole, K. Leenders, E. Tolosa

P1378 Adult onset dystonic tremor with similarities to Parkinsonian tremor may be one cause of SWEDDs
K. P. Bhatia, S. A. Schneider, M. J. Edwards, J. Hooker, P. Mir, J. Dickson, P. J. Ell, N. P. Quinn

P1379 Microglia activation in non-Parkinson's disease tremor
R. K. Pearce, T. Choudry, M. Farrar, F. E. Turkheimer, F. Roncaroli

P1380 Identification of a novel locus for autosomal dominant essential tremor on chromosome 5q.
P. Hedera, M. A. Blair, S. Ma, Y. Bradford , J. Y. Fang, J. L. Haines, T. L. Davis

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Surname: (please print) _____ First Name: _____

Signature: _____

Date of Birth: _____ / _____ / _____ (month / day / year) ☐ MD ☐ DO ☐ Other: _____

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☐ By mail to the address indicated on my Congress Registration Form
☐ By mail to the address indicated below:

Address 1: _____ Address 2: _____

City: _____ Province/State: _____

Postal/Zip: _____ Country: _____

Saturday, October 28, 2006

Opening Seminars ~ 3:00 PM to 4:30 PM
1010: The role of botulinum toxin in the treatment of dystonia and spasticity ☐ _____

Opening Seminars ~ 5:00 PM to 7:00 PM
1011: Ergot dopamine agonists ☐ _____

DAILY TOTAL: _____
(Maximum Credits available for Saturday: 3 ½)

Sunday, October 29, 2006

Opening Seminars ~ 8:00 AM to 10:00 AM
2010: Dopamine agonists - Therapeutic role in PD and RLS ☐ _____

Opening Seminars ~ 10:15 AM to 12:15 PM
2011: Levodopa: Restoration of dopamine in the PD state ☐ _____

Opening Seminars ~ 1:00 PM to 2:30 PM
2012: Role of dopamine agonists in RLS and related orders ☐ _____

Opening Seminars ~ 2:45 PM to 4:45 PM
2013: Dopamine agonists and disease modification ☐ _____

Opening Seminars ~ 5:00 PM to 7:00 PM
2014: Management of motor and cognitive features in PD ☐ _____

DAILY TOTAL: _____
(Maximum Credits available for Sunday: 9 ½)

Monday, October 30, 2006

Plenary Sessions ~ 8:00 AM to 8:30 AM
3101: Genetics of PD ☐ _____

Plenary Sessions ~ 8:30 AM to 9:00 AM
3102: Protein degradation and neurodegeneration ☐ _____

Plenary Sessions ~ 9:00 AM to 9:30 AM
3103: C. David Marsden Lecture: Myoclonus and Tulips ☐ _____

Parallel Sessions ~ 10:00 AM to 12:00 PM
3201: Autosomal dominant familial Parkinson's disease ☐ _____
3202: Controversies in the pathogenesis of PD ☐ _____
3203: Functional neuroanatomy of basal ganglia ☐ _____
3204: Neuropsychiatric disturbances in PD ☐ _____
3205: Neuroimaging in Movement Disorders ☐ _____
3206: Gene and cell therapy for PD ☐ _____
3207: Update on molecular biology of hereditary dystonias ☐ _____
3208: MSA ☐ _____

Lunch Seminars ~ 12:15 PM to 1:15 PM
3010: Levodopa treatment and dopamine dysregulation syndromes in PD ☐ _____

Lunch Seminars ~ 1:30 PM to 2:30 PM
3011: New strategies for treating dyskinesias in PD ☐ _____

Skills Workshops/Video Sessions ~ 3:00 PM to 4:30 PM
3301: Skills Workshop Session 1: Neurophysiological evaluation of complex Movement Disorders ☐ _____
3302: Skills Workshop Session 2: Botulinum toxin injection: Face and neck ☐ _____
3303: Skills Workshop Session 3: Adjusting DBS stimulation ☐ _____
3304: Skills Workshop Session 4: Planning clinical trials ☐ _____
3401: Video Session 1: Dystonia ☐ _____
3402: Video Session 2: Tremor ☐ _____
3403: Video Session 3: Differential diagnosis of gait disorders ☐ _____
3404: Video Session 4: Levodopa-related complications in PD ☐ _____
3405: Video Session 5: Drug-induced Movement Disorders ☐ _____

Young Scientists Best Poster Presentations ~ 5:00 PM to 6:00 PM
3701: Young Scientists Best Posters ☐ _____
3702: Young Scientists Best Posters ☐ _____
3703: Young Scientists Best Posters ☐ _____
3704: Young Scientists Best Posters ☐ _____
3705: Young Scientists Best Posters ☐ _____
3706: Young Scientists Best Posters ☐ _____

DAILY TOTAL: _____
(Maximum Credits available for Monday: 8)

Tuesday, October 31, 2006

Plenary Sessions ~ 8:00 AM to 8:30 AM
4101: Role of alpha-synuclein in the neurodegeneration in PD ☐ _____

Plenary Sessions ~ 8:30 AM to 9:00 AM
4102: What is new in the molecular pathology of dystonia ☐ _____

Plenary Sessions ~ 9:00 AM to 9:30 AM
4103: Junior Award Lectures ☐ _____

Parallel Sessions ~ 10:00 AM to 12:00 PM
4201: Autosomal recessive familial Parkinson's disease ☐ _____
4202: Pathophysiology of Movement Disorders ☐ _____
4203: L-Dopa-induced dyskinesia ☐ _____
4204: Cognitive disturbance in non-demented PD patients ☐ _____
4205: Neurosurgery in PD ☐ _____
4206: Heavy metals and neurodegeneration ☐ _____
4207: What is new in dystonia ☐ _____
4208: Tourette syndrome ☐ _____

Lunch Seminars ~ 12:15 PM to 1:15 PM
4010: MAO-B Inhibition and PD ☐ _____

Lunch Seminars ~ 1:30 PM to 2:30 PM
4011: DBS in the treatment of PD and dystonia ☐ _____

Skills Workshops/Meet the Expert Sessions ~ 3:00 PM to 4:30 PM
4301: Skills Workshop Session 5: Transcranial magnetic stimulation ☐ _____
4302: Skills Workshop Session 6: Botulinum toxin injection: Limb and trunk ☐ _____
4303: Skills Workshop Session 7: Intraoperative targeting ☐ _____
4304: Skills Workshop Session 8: Transcranial echosonography ☐ _____
4305: Skills Workshop Session 9: Digitizing and editing your videotapes and creating a digital videotape library ☐ _____
4501: Meet the Expert in medical treatment of motor features in PD ☐ _____
4502: Meet the Expert on apraxia and related disorders ☐ _____
4503: Meet the Expert in tics and Tourette syndrome ☐ _____
4504: Meet the Expert in atypical parkinsonism ☐ _____

Lessons my Patients Taught Me ~ 6:00 PM to 8:00 PM
4801: Lessons my patients taught me ☐ _____

DAILY TOTAL: _____
(Maximum Credits available for Tuesday: 9)

Wednesday, November 1, 2006

Plenary Sessions ~ 8:00 AM to 8:30 AM
5101: The role of trophic factors in neurodegeneration ☐ _____

Plenary Sessions ~ 8:30 AM to 9:00 AM
5102: Who cares about stem cells? ☐ _____

Plenary Sessions ~ 9:00 AM to 9:30 AM
5103: Stanley Fahn Lecture: Challenges and prospects for neuroprotection in Parkinson's disease ☐ _____

Parallel Sessions ~ 10:00 AM to 12:00 PM
5201: Genomic studies Parkinson's disease vulnerability ☐ _____
5202: Proteasome, ubiquitin and protein aggregation ☐ _____
5203: Gait and balance in parkinsonian disorders ☐ _____
5204: Dementia in Parkinson's disease ☐ _____
5205: Neurosurgery in dystonia and Tourette syndrome ☐ _____
5206: Early detection and outcome measures in PD ☐ _____
5207: Restless legs syndrome ☐ _____
5208: Hereditary chorea other than Huntington's disease ☐ _____

Lunch Seminars ~ 12:15 PM to 1:15 PM
5010: Levodopa: The gold standard in the treatment of PD ☐ _____

Lunch Seminars ~ 1:30 PM to 2:30 PM
5011: Neuroimaging opportunities in Movement Disorders ☐ _____

Video/Meet the Expert Sessions ~ 3:00 PM to 4:30 PM
5401: Video Session 6: Chorea ☐ _____
5402: Video Session 7: Myoclonus and tics ☐ _____
5403: Video Session 8: Atypical parkinsonism ☐ _____
5404: Video Session 9: Psychogenic Movement Disorders ☐ _____
5405: Video Session 10: Pediatric Movement Disorders ☐ _____
5501: Meet the Expert in tremor ☐ _____
5502: Meet the Expert in diagnosis, management and treatment of dystonia ☐ _____
5503: Meet the Expert in surgical treatment of PD ☐ _____

5:00 PM to 6:00 PM
5901: Highlights of Poster Sessions: Clinical and Scientific Highlights ☐ _____

DAILY TOTAL: _____
(Maximum Credits available for Wednesday: 8)

Thursday, November 2, 2006

8:00 AM to 8:30 AM
6101: Latest developments in trinucleotide repeat disorders ☐ _____

8:30 AM to 9:00 AM
6102: Movement Disorder emergencies ☐ _____

9:00 AM to 9:30 AM
6103: Treatment of PD: Present and future ☐ _____

Parallel Sessions ~ 10:00 AM to 12:00 PM
6201: Update in pathology of PD ☐ _____
6202: Familial PD-inducing proteins ☐ _____
6203: Autonomic and sensory dysfunction in PD ☐ _____
6204: Sleep disturbances in PD ☐ _____
6205: Non-pharmacological and non-surgical management of PD ☐ _____
6206: Tremor ☐ _____
6207: Huntington's disease ☐ _____
6208: PSP and CBD ☐ _____

Lunch Seminar ~ 12:15 PM to 1:15 PM
6010: Targeting A2A receptors in PD ☐ _____

2:00 PM to 4:30 PM
6601: Controversies ☐ _____

DAILY TOTAL: _____
(Maximum Credits available for Saturday: 7)

TOTAL CREDITS EARNED: _____
(Maximum Credits Available: 45)

Notes

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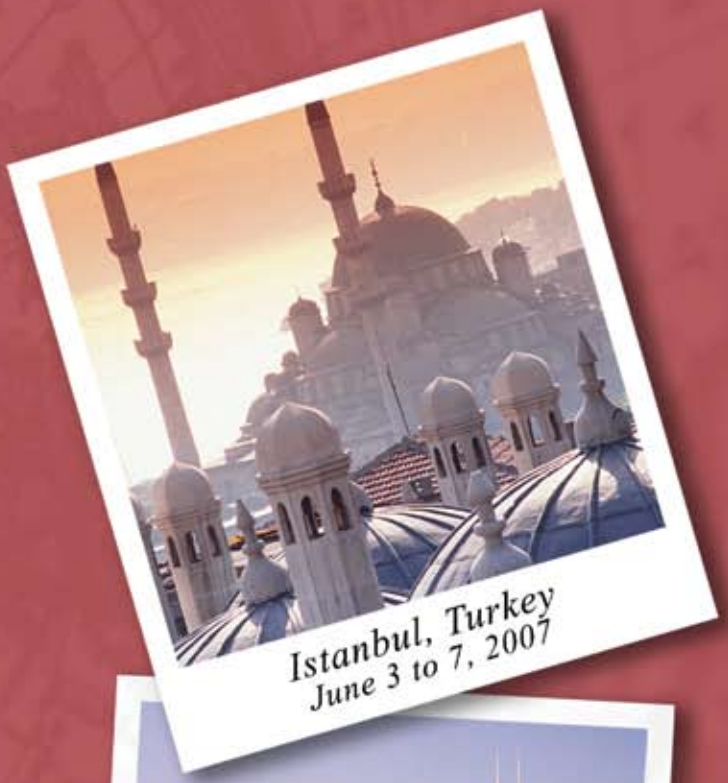
Notes

Future International Congresses of Parkinson's Disease and Movement Disorders

Istanbul, Turkey
June 3 to 7, 2007

Chicago, IL USA
June 22 to 26, 2008



For updated information on International Congresses, please visit our Web site at www.movementdisorders.org or contact the International Secretariat at:

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