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EDITORIAL

Preface

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It is now 15 years that leading Parkinson Experts from German speaking countries assemble and discuss new developments in pathogenesis, diagnostic and treatment of Parkinson's disease (PD). To catch up with the latest developments, there are always some key note lectures that are followed by workshops in which lengthy discussions on important topics are possible and finally a consensus statement is formulated.

In this special issue of *Journal of Neural Transmission* the results of the 15th German Parkinson Expert Group are summarized. The topics span over the full range of modern approach to PD. While in former years, PD was considered to be based on the loss of dopaminergic neurons, nowadays it is generally accepted that PD is a multi-transmitter disease, although motor problems are still considered to stem mostly from the dopaminergic loss. In addition, it is known that PD patients also present with many internal medicine problems which is addressed in one article. These symptoms may partially result from the generalized alpha-synuclein pathology and Lewy bodies but may also result from drug treatment and other influences. Thus, these symptoms are an interplay of various contributing factors and it is demanding to decipher the most important factor that is causative for a given symptom. Besides disturbances of cognition and the autonomic nervous system motor complications are a major impairment of quality of life in PD patients. Thus, modern approaches to motor complications such as COMT-inhibitors, MAO-B-inhibitors, anti-glutamatergic drugs, long-acting dopamine agonists, pumps and deep brain stimulation offer new and rewarding options to take care of these problems. Experts are needed to depict the most promising option which have to be weighed according to their efficacy and tolerability. Besides an overview on these options, we also present a consensus paper from a workshop which dealt with the use of apomorphine and dopamine pumps in advanced PD patients. As mentioned cognition is a major problem in many PD patients. Sometimes associated with cognitive decline, but very often also initiated by dopamine agonists or other anti-PD drugs psychosis occurs. Modern treatment, including possible new options, is discussed and so is the escalation therapy in PD, which leads through the treatment of PD patients during the progression of the disease. In this article, basic questions such as: when should we start treatment, with which medication should we start treatment, when should we use invasive treatment and many more are discussed in length.

Whenever commissions formulate guidelines on how to diagnose PD they have to agree on necessary laboratory parameters that should be analyzed. We provide here a helpful scheme for what we trust is important and what is mandatory.

A very interesting and hands-on paper deals with the treatment with botulinum toxin in patients with therapy-refractory sialorrhea.

Finally, as outlined above, PD patients demand from their treating physician improvement in motor skills. Since we normally see the patient in out-clinics for only 10–30 min, we sometimes have problems to judge whether our treatment has improved motor complications. Many

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neurologists use diaries or interviews of both the patient and the caregiver but now a new tool has become available that may be more objective. This tool, a kinetographic device, may help to get a quantitative report on the movement during day and nighttime.

In summary, this meeting has resulted in new consensus and up-to-date reports on modern knowledge of various aspects in diagnosis and treatment in PD. We hope that it is helpful for daily practice and gives some hints on how to improve treatment.

We would like to thank AbbVie Germany for sponsoring this meeting and the staff of JNT for allowing us to summarize our results in this special issue. It is important to stress the fact that all papers were normally evaluated by independent reviewers and that our sponsor had no impact whatsoever on the formulations in the various manuscripts.