Parkinson's Disease (PD) I, PD II

THURSDAY, MARCH 20th , 2025		
08:00-09:40	**Parkinson's Disease (PD) I**	**HALL C**
Chairs:	**Leontino Battistin**, Italy; **Nestor Galvez-Jimenez**, USA	
08:00-08:50	**Are we ready to classify PD based on biological information?**	
	***Capsule**: Jean-Martin Charcot refined the original description of James Parkinson as disorder with characteristic motor features that form the basis of the current clinical definition of Parkinson's disease (PD). However, we have evolved tremendously in terms of our understanding of genetic factors, pathogenic mechanisms, imaging modalities, and biomarkers, supporting the vast heterogeneity observed in disease manifestation and progression. While it will be essential to continue to investigate the biological underpinnings of PD, and to develop better biomarkers and imaging approaches, we are now in a position to debate whether the existing knowledge is ready for aiding researchers classify patients in order to aid patient selection for clinical trials, in the hope that this will increase our chance of success in developing novel therapeutic strategies for a disease that is actually a syndrome and not a single homogeneous entity*.	
08:00-08:10	Moderator: **Michael Okun, USA** **Introduction** and Pre-Debate Voting	
08:10-08:25	Yes: **Tiago Outeiro**, Germany	
08:25-08:40	No: **Matej Skorvanek,** Slovakia	
08:40-08:50	Discussion, Rebuttals and Post-Debate Voting	
08:50-09:40	**The first treatment of Restless legs syndrome (RLS) should be dopamine agonists vs gabapentin and pregabalin**	
	***Capsule**: RLS is a common neurological disorder among adult patients that often disrupts sleep and can impact activities of daily living. Diagnostic criteria include an urge to move the legs or other body parts that begins or worsens during rest or inactivity. The urge to move is typically worse in the evening or nighttime hours and is relieved by movement. RLS remains under-diagnosed, and many patients are not treated appropriately. The first treatment of RLS is debated*.	
08:50-09:00	Moderator: **Michal Minar**, Slovakia Introduction and Pre-Debate Voting	
09:00:09:15	**Dopamine agonists**: **Vladimira Vuletic**, Croatia	
09:15-09:30	**Gabapentin / pregabalin**: **Jarosław Slawek**, Poland	

09:30-09:40	Discussion, Rebuttals and Post-Debate Voting

14:10-15:50	**Parkinson's Disease (PD) I (continued)** **HALL C**
Chairs:	**Cristian Falup-Pecurariu,** Romania**; Magdalena Kwasniak-Butowska,** Poland
14:10-15:00	**The MRI will replace molecular imaging to support the diagnosis of PD**
	Capsule*: Modern MRI technology with 3T allows detection of the so-called swallow tail sign. So far, the specificity and the sensitivity seem to be lower than using molecular imaging with PET or SPECT technology which are propagated in the new biological definitions of Parkinson's disease. The debate will discuss whether this can be changed*
14:10-14:20	Moderator: **Heinz Reichmann**, Germany Introduction and Pre-Debate Voting
14:20-14:35	Yes: **Irena Rektorova**, Czech Republic
14:35-14:50	No: **Nicola Pavese**, UK
14:50-15:00	Discussion, Rebuttals and Post-Debate Voting
15:00-15:50	**GLP-1 agonists are disease modifying for PD and should be used in all patients**
	Capsule*: The recent New England Journal of Medicine paper showed that GLP-1 agonists may possibly be disease modifying and this has sparked a debate in the field. Should we be giving them? What is the risk benefit ratio? Will weight loss or GI symptoms impact the decision? What other studies are needed*
15:00-15:10	Moderator: **Michael Okun,** USA Introduction and Pre-Debate Voting
15:10-15:25	Yes: **Sharon Hassin-Baer**, Israel
15:25:15:40	No: **Peter LeWitt**, USA
15:40-15:50	Discussion, Rebuttals and Post-Debate Voting

Parkinson's Disease (PD) I, PD II

16:20-18:00	Parkinson's Disease (PD) I (continued)	HALL C
Chairs:	**Weidong Le,** China**; Nana Kvirkvelia,** Georgia	
16:20-17:10	**Essential tremor plus (ET+) is a clinically useful concept**	
	Capsule*: The concept of ET+ suggests that cases of essential tremor (ET) with additional neurological symptoms form a distinct category. ET+ includes signs like dystonia, cognitive changes, or gait abnormalities, broadening the understanding of tremor disorders. Proponents argue that ET+ acknowledges the complexity of tremor presentations, yet critics point to the term's ambiguity and risk of diagnostic overlap. The lack of clear criteria and variable clinical relevance challenge ET+'s utility. The classification remains controversial, and this debate will explore the strengths and limitations of the concept.*	
16:20-16:30	Moderator: **Sharon Hassin-Baer**, Israel Introduction and Pre-Debate Voting	
16:30-16:45	Yes: **Matej Skorvanek**, Slovakia	
16:45-17:00	No: **Evzen Ruzicka**, Czech Republic	
17:00-17:10	Discussion, Rebuttals and Post-Debate Voting	
17:10-18:00	**Focused ultrasound thalamotomy becomes the first-choice treatment for medically refractory essential tremor**	
	Capsule*: Medication refractory Essential tremor was in the past treated with deep brain stimulation. With the emergence of MRI guided focused ultrasound thalamotomy, a non-invasive therapy that offers tremor relief, patients are referred for focused ultrasound instead of DBS. Should focused ultrasound thalamotomy become the first choice of therapy in medication refractory Essential tremor?*	
17:10-17:20	Moderator: **Evzen Ruzicka**, Czech Republic Introduction and Pre-Debate Voting	
17:20-17:35	Yes: **Ilana Schlesinger**, Israel	
17:35-17:50	No: **Michael Okun,** USA	
17:50-18:00	Discussion, Rebuttals and Post-Debate Voting	

Parkinson's Disease (PD) I, PD II

FRIDAY, MARCH 21ST, 2025		
08:00-09:40	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics**	**HALL C**
Chairs:	**Stuart Isaacson**, USA; **Rajesh Pahwa**, USA	
08:05-08:20	**Co-pathologies in neurodegenerative diseases - Radoslav Matej,** Czech Republic	
08:20-09:00	**Should on demand use of inhaled levodopa be used first-line for off episodes?**	
	Capsule: *OFF episodes are a common but still underrecognized problem in PD. OFF persists despite increasing oral levodopa and adjunctive dopaminergic and dopaminergic therapies. Should first-line therapy include on demand inhaled levodopa treatment?*	
08:20-08:25	Moderator: **Rajesh Pahwa, USA** Introduction and Pre-Debate Voting	
08:25-08:40	Yes: **Richard Dewey III,** USA	
08:40-08:55	No: **Daniel Kremens,** USA	
08:55-09:00	Discussion, Rebuttals and Post-Debate Voting	
09:00-09:40	**VMAT2 inhibitors should be used first line for hyperkinetic movements in HD and TD**	
	Capsule*: Chorea in HD significantly impacts quality of life, morbidity, and caregiver burden. TD is increasingly common with increasingly prevalent use of antipsychotics in expanding regulatory indications. Second generation VMAT2 inhibitors valbenazine and deutetrabenazine have established efficacy and demonstrated tolerability. Should they be used first-line when these movements impact daily life?*	
09:00-09:05	Moderator: **Rajesh Pahwa,** USA Introduction and Pre-Debate Voting	
09:05-09:20	Yes: **Daniel Kremens,** USA	
09:20-09:35	No: **Stuart Isaacson,** USA	
09:35-09:40	Discussion, Rebuttals and Post-Debate Voting	

Parkinson's Disease (PD) I, PD II

09:40-10:10	**Panel Discussion**: Should antipsychotics be used as soon as symptoms of PDP emerge? Moderator: Rajesh Pahwa, USA
	Capsule: Antipsychotics have established efficacy in psychosis, but D2 antagonism and of target adverse effects can limit their clinical utility. Pimavanserin in the IS and Clozapine on the EU have regulatory approval for PDP. Should they be prescribed for early hallucinations and/or delusions emerge? **Discussion**: **Daniel Kremens**, USA; **Stuart Isaacson**, USA

13:10-15:50	**Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
Chairs:	**Stuart Isaacson**, USA	
13:10-13:50	**Nondopaminergic mechanisms should routinely be added to levodopa when OFF fluctuations occur**	
	***Capsule**: Despite increasing levodopa and adjunctive dopaminergic therapies, OFF time often persists. This may indicate the limitations of presynaptic dopaminergic pathways to fully resolve OFF episodes. Striatal adenosine receptors are overactive in PD, and impact direct and/or indirect pathway activity. Should nondopaminergic receptor antagonists be added to levodopa as soon as OFF fluctuations emerge?*	
13:10-13:15	Moderator: **Daniel Kremens,** USA Introduction and Pre-Debate Voting	
13:15-13:30	Yes: **Richard Dewey III,** USA	
13:30-13:45	No: **Fiona Gupta,** USA	
13:45-13:50	Discussion, Rebuttals and Post-Debate Voting	

Parkinson's Disease (PD) I, PD II

13:50-15:10	Parkinson's Disease (PD) II - Consensus and Controversy in PD Therapeutics (continued)	HALL C
13:50-14:30	**Troublesome Dyskinesia should always be treated**	
	***Capsule**: Dyskinesia is a frequent complication in levodopa treatment for PD. Even when impacting daily life and activities, dyskinesia may be unrecognized by patients and its impact overlooked by clinicians. Should dyskinesia always be treated when troublesome?*	
13:50-13:55	Moderator: **Daniel Kremens,** USA Introduction and Pre-Debate Voting	
13:55-14:10	Yes: **Fiona Gupta,** USA	
14:10-14:25	No: **Richard Dewey III**, USA	
14:25-14:30	Discussion, Rebuttals and Post-Debate Voting	
14:30-15:10	**Optimal PD clinical care should always include Wearables + AI**	
	***Capsule**: Clinical recognition of OFF fluctuations and dyskinesia can be difficult in routine practice. The emergence of wearables holds promise to passively record and report these motor states, and combined with emerging AI will continue to improve recognition. Should wearable be used routinely in patients, or only when history or examination is unclear?*	
14:30-14:35	Moderator: **Stuart Isaacson,** USA Introduction and Pre-Debate Voting	
14:35-14:45	Yes: **Rajesh Pahwa**, USA	
14:45-15:05	No: **Richard Dewey III,** USA	
15:05-15:10	Discussion, Rebuttals and Post-Debate Voting	

Parkinson's Disease (PD) I, PD II

15:10-18:00	**Parkinson's Disease (PD) II Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
Chairs:	**Ghassan Balousha**, Palestinian Authority; **Avner Thaler**, Israel	
15:10-15:50	**Dopamine agonists therapy on PD should avoid predominant D2-family receptor affinity**	
	***Capsule**: Dopamine agonists emerged in the early levodopa era and were an important treatment option for decades. These included D2-family predominant dopamine agonists. Their use has been associated with D2 associated side effects. Other dopamine agonists have D1- and D2-family ("dopamine-like") receptor activity (i.e. apomorphine) or selective D1-family dopamine agonists (i.e. tavapadon) and avoid D2-family predominant side effects. Should D2-family dopamine agonists be avoided?*	
15:10-15:15	Moderator: **Stuart Isaacson** Introduction and Pre-Debate Voting	
15:15-15:30	Yes: **Peter Jenner, UK**	
15:30-15:45	No: **Daniel Kremens**, USA	
15:45-15:50	Discussion, Rebuttals and Post-Debate Voting	
15:50-16:30	**Immediate-release CD/LD should always be replaced with extended-release CD/LD whenever OFF fluctuations emerge**	
	***Capsule**: COMT inhibitors prolong the availability of peripheral levodopa, reduce plasma levodopa fluctuations, and prolong the therapeutic duration of benefit of each levodopa dose. COMT inhibitors are clinically used when OFF fluctuations emerge. Should long acting COMT inhibitors be used as soon as levodopa therapy is initiated?*	
15:50-15:55	Moderator: **Martin Bareš,** Czech Republic Introduction and Pre-Debate Voting	
15:55-16:10	Yes: **Daniel Kremens**, USA	
16:10-16:25	No: **Fiona Gupta, USA**	
16:25-16:30	Discussion, Rebuttals and Post-Debate Voting	

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16:30-18:00	**Parkinson's Disease (PD) II Consensus and Controversy in PD Therapeutics (continued)**	**HALL C**
16:30-17:10	**Adjunctive continuous subcutaneous apomorphine infusion should be considered as an early add-on therapy to baseline oral/transdermal therapies in all patients with OFF fluctuations**	
	***Capsule**: Apomorphine has dopamine-like postsynaptic receptor activity and dopamine-like robust efficacy. Conversion of exogenous levodopa to dopamine, and its subsequent release from presynaptic striatal nerve terminals is compromised with progression of PD neurodegeneration. Should continuous subcutaneous apomorphine infusion be added as soon as levodopa fails to maintain good-ON time?*	
16:30-16:35	Moderator: **Rajesh Pahwa,** USA Introduction and Pre-Debate Voting	
16:35-16:50	Yes: **Daniel Kremens,** USA	
16:50-17:05	No: **Avner Thaler**, Israel	
17:05-17:10	Discussion, Rebuttals and Post-Debate Voting	
17:10-17:50	**Subcutaneous delivery replacement of oral levodopa should always be used before surgical options when motor fluctuations persist despite optimized oral therapy**	
	***Capsule**: New treatments have recently emerged to treat PD, such as subcutaneous infusion of foslevodopa-foscarbidopa. Subcutaneous delivery replacement of oral levodopa has been demonstrated to improve motor fluctuations, dyskinesia, morning and nocturnal akinesia, sleep, and quality of life in PD patients. Since these therapies are minimally invasive and easy to implement, should they be considered as the first option before surgical options?*	
17:10-17:15	Moderator: **Diego Santos-Garcia,** Spain Introduction and Pre-Debate Voting	
17:15-17:30	Yes: **Rajesh Pahwa**, USA	
17:30-17:45	No: **Fiona Gupta,** USA	
17:45-17:50	Discussion, Rebuttals and Post-Debate Voting	
17:50-18:00	*Recap of Parkinson's Disease(PD) II and Closing Remarks* **Rajesh Pahwa,** USA; **Stuart Isaacson**, USA	