



## Abstracts

Articles appearing in the April 2017 issue

### Functional movement disorders: Five new things

**Purpose of review** Functional movement disorders (FMD) are commonly seen in neurologic practice, but are associated with poor outcomes. Recent years have seen a resurgence of interest in this area, with new developments in pathophysiologic understanding and therapeutic management.

**Recent finding** Individuals with FMD are a psychologically heterogeneous group, with many individuals having no detectable psychopathology on symptom screening measures, and possibly significant etiologically relevant life events only revealed through in-depth interviews. A randomized trial of specialist intensive physical rehabilitation compared to community-based neurophysiotherapy in FMD has demonstrated moderate to large effect sizes for both physical and social functioning outcomes. Experimental evidence suggests an impairment in the neural systems conferring a sense of agency over movement in individuals with FMD, and may explain why movements that appear voluntary are not experienced as such.

**Summary** The prognosis of individuals with FMD may be improved with greater access to appropriately organized care and treatment.

[NPub.org/NCP/9011a](http://NPub.org/NCP/9011a)

### A practical approach to detection and treatment of depression in Parkinson disease and dementia

**Purpose of review** To review the available evidence for the detection and management of depression in Parkinson disease (PD) and dementia.

**Recent findings** Depression is a common comorbidity in those with PD or dementia, and leads to increased morbidity. There are several available and accurate tools for the detection of depression in PD (e.g., Geriatric Depression Scale) and dementia (e.g., Cornell Scale for Depression in Dementia). Treatment of depression depends on patient preference, severity of depression, comorbidities, and available resources. Despite variable evidence, the use of nonpharmacologic strategies to manage depression is suggested. Pharmacologic management is guided by modest evidence in PD and dementia, but also informed by the management of late-life depression.

**Summary** There is evidence to guide the diagnosis and management of depression in PD or dementia. However, more research is required in this field to better inform clinical decision-making.

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### Movement disorders and chronic psychosis: Five new things

**Purpose of review** To discuss selected peer-reviewed research articles published between 2014 and 2016 and highlight 5 clinically relevant messages related to hyperkinetic and hypokinetic movement disorders in patients with chronic psychosis.

**Recent findings** A recent population-based study complemented data from clinical trials showing increased risk of developing extrapyramidal symptoms with antipsychotic use. A community service-based longitudinal study showed that dopamine transporter imaging could help identify subgroups of patients with parkinsonism associated with antipsychotics with a progressive course, potentially manageable with L-dopa. Data from recent noteworthy clinical trials showed that a new VMAT-2 inhibitor and, for pharmacologically refractory tardive dyskinesia, deep brain stimulation of the globus pallidus internus are promising interventions. Finally, a population-based study has confirmed that hyperkinesias (encompassing chorea, dystonia, and stereotypies) may be early predictors of psychosis even in childhood and adolescence.

**Summary** Movement disorders associated with new-generation antipsychotics, including widely used agents (e.g., aripiprazole), are not rare occurrences. Better monitoring is needed to assess their true effect on patients' quality of life and functioning and to prevent underascertainment.

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