World Brain Day 2020: move together to end Parkinson’s disease

The World Federation of Neurology (WFN) celebrates World Brain Day on July 22, focusing on a different theme each year.1 In 2020, the theme is Move Together to End Parkinson’s Disease. The WFN works jointly with the International Parkinson and Movement Disorders Society and advocacy organisations worldwide. Parkinson’s disease has not been recognised as a risk factor for a severe form of COVID-19.2 Still, physical distancing, restrictions on outpatient services, medication supply issues, and other outcomes of the pandemic are probably affecting patients with Parkinson’s disease.

The global burden of Parkinson's disease doubled between 1996 and 2016, mostly because of environmental risk factors and longer disease duration.3,4 This increase is expected to continue, with up to 12 million people predicted to have Parkinson’s disease in the next decade, attributable to the ageing of populations. For World Brain Day, we have defined five key messages (panel).

We invite neurologists, neuroscientists, health professionals, trainees, advocacy bodies, patient organisations, and carers to become part of this World Brain Day campaign.4 Interested people can support this initiative by posting our banner advertisement on their social media sites and by sharing our posts, messages, and videos with friends, colleagues, and national neurological societies and organisations.

We encourage the neurological community to join our ambitious campaign and advocate for the wellbeing of patients with Parkinson’s disease,5 in the context of the current COVID-19 pandemic.

We declare no competing interests. TW is Chair of World Brain Day 2020 and is Chair of the Public Awareness and Advocacy Committee, World Federation of Neurology (WFN). WG is Secretary-General of WFN. CT is President of the International Parkinson and Movement Disorders Society (IPMDS). WC is President of WFN. This is a WFN and IPMDS Collaboration.

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1 Wijeratne T, Grisold W, Dodick D, Carroll W. World Brain Day 2019: migraine, the painful truth. Lancet Neurol 2019; 18: 914.

Panel: Key messages for World Brain Day 2020

Prevalence
Parkinson’s disease is a chronic, neurodegenerative brain disease that affects more than 7 million people worldwide, and its prevalence continues to increase

Disability
Parkinson’s disease is a whole-body disease that affects the mind, movement, and almost all aspects of brain function, with symptoms worsening over time

Standard of care
Access to quality neurological care, life-changing treatments, and essential medication are unavailable in many parts of the world

Research
Additional resources are needed to help unlock the cause, onset, progression, and treatment of this disease across all ages

Advocacy
Let us work together to diagnose earlier, treat more effectively, and improve the lives of individuals living with Parkinson’s disease and their caregivers

2 Papa SM, Brundin P, Fung VSC, et al. Impact of the COVID-19 pandemic on Parkinson’s disease and movement disorders. Mov Disord 2020; 35: 711–15.
3 Rocca WA. The burden of Parkinson’s disease: a worldwide perspective. Lancet Neurol 2018; 17: 928–29.
4 GBD 2016 Parkinson’s Disease Collaborators. Global, regional, and national burden of Parkinson’s disease, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet Neurol 2018; 17: 939–53.
5 Grisold W, Struhal T, Grisold T. Advocacy in neurology. Oxford: Oxford University Press, 2019.

Initiating pharmacotherapy in early Parkinson’s disease

We would like to address the Comment1 that accompanied our Review2 on the initiation of pharmacotherapy in patients with Parkinson’s disease. We agree with Anthony Schapira on the importance of taking into consideration the views of the patient in deciding on treatment.1 However, it is the responsibility of the treating physician to use the relevant evidence in guiding early treatment decisions. The Comment1 espouses the pragmatic approach taken by many physicians of initiating treatment with once daily monoamine oxidase-B inhibitors or dopamine agonists, and then switching to the alternative, before considering levodopa. In our Review,2 we pointed out that this approach remains entrenched in clinical practice, despite evidence to the contrary related to both efficacy and tolerability. Patient preference for the convenience of once-daily therapy needs to be balanced with the recognition that these treatments often provide suboptimal benefit and, particularly in the case of dopamine agonists, a very problematic side-effect profile. As discussed in our Review,2 the earlier development of motor fluctuations with levodopa, compared with a levodopa-sparing strategy, is not only associated with its short half-life, but also its greater efficacy; patients are less likely to recognise an off state if they have never