



For the attention of accredited medical writers only

New study showed the impact of gastrointestinal disorders in patients with Parkinson's disease

- New data from a retrospective cohort study presented at major movement disorder congress

Brussels (Belgium), 15th June 2010, 1430 CET – New data from a retrospective cohort study showed that up to three quarters of patients with Parkinson's disease (PD) developed gastrointestinal disorders (GID) that can have a substantial adverse effect on major PD-related clinical and health economic outcomes. These data were presented at the 14th International Congress of Parkinson's Disease and Movement Disorders in Buenos Aires, Argentina (June 13-17, 2010).

"The new retrospective cohort study suggested that the prevalence of gastrointestinal disorders among patients with Parkinson's disease was high, increased over time and had a significant impact on clinical and societal outcomes." said Dr. Florent Richy, Head of Epidemiology, UCB & Adjunct Professor of Epidemiology, University of Liège, Belgium. "Gastrointestinal disorders can impair the onset of symptom relief by Parkinson's disease drugs and these data help us to better understand the prevalence and consequences of such disorders amongst patients diagnosed with Parkinson's disease."

The study found that gastrointestinal disorders in PD patients were associated with significantly higher rates of neuropsychiatric and motor disorders, as well as increased emergency room admissions, number of concurrent drugs and non-PD healthcare costs.

About the Study

The new findings came from a two year matched retrospective cohort study performed on a U.S. database of patient records (Pharmetrics®)* which included demographic, diagnostic, procedural and prescription information. Patients with at least two prior diagnoses of Parkinson's disease and continuous prescriptions of levodopa or dopamine agonists between 1st September 2005 and 1st September 2006 were selected, and health outcomes and health utilization patterns were followed up over a two-year period.



Outcomes were defined on the basis of a literature review and included neuropsychiatric, motor, urogenital disturbances, healthcare utilization and related costs.

Four hundred and eighty five patients with Parkinson's disease and GID were matched with 485 patients with Parkinson's disease and without GID. In the data cut, GID incidence among patients with Parkinson's disease and no history of GID increased over time, stabilizing at 75% at 92 months. In addition, GID was associated with significantly higher rates of neuropsychiatric and motor disorders, including psychosexual dysfunction (RR=8, p=0.05), anxiety (RR=1.61, p<0.01), depression (RR=1.28, p=0.03), ataxia (RR=1.24, p=0.03), pain (RR=1.29, p<0.01), movement disorders (RR=1.39, p=0.02), urinary incontinence (RR=1.43, p=0.01) and risk of fall (RR=1.44, p=0.03). Emergency room admissions (ratio =1.42, p<0.01), number of concurrent drugs (ratio=1.06, p=0.04) and Parkinson's disease and non-Parkinson's disease healthcare costs (ratios =1.13 and 1.12, p<0.01 respectively) increased during the observation period in the GID patients.

** This study was performed using a licensed IMS Pharmedics® datacut*

For further information

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Reference

Gastrointestinal disorders in patients with Parkinson's disease: A double-edged sword
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Poster Session I, June 14th 2010, 0900-1800. Presented at the 14th International Congress of Parkinson's Disease and Movement Disorders in Buenos Aires, Argentina

About UCB

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Forward looking statement

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