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Reversible Parkinsonism in a young man fusociated with severe sleep apnea

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Introduction: RLS atfects 10% of the population and is predominantly inherited. Acquired RLS is comorbid with PD in up to 50%. This comorbidity is poody'understood with RLS following motor manifestations, commonly in advanced disease, or attributed to treatment.

Methods: 78 patients with PD and RLS completed a survey addressing epidemiology, timing cf symptoms, comorbidities, and family history. Results were compared to 900 patients with primary RLS.

Results: In 41 (53%) PD preceded RLS and 33 (42y") RLS was antecedent. Patients with PD were 59% femalevs.T4o/oinprimaryRLS. Meanage of RL Sonset was 62.5 years with PD and 40.4 years without. Mean age at diagnosis was 76.7 years in PD and 53.4 in primary RLS. 16 QA%) had RLS 10 or more years before PD. The remainder approximated a Gaussian distribution with 20% having RLS within 1 year of PD and only 9% more than 5 years after PD Growing pains (28 vs 50%), Migraines (43 vs 65%) and family history of RLS (18 vs 43%) were more common in primary RLS. These rates were not significantly different in PD patients with antecedent or subsequent RLS including a subgroup analysis of the patients with RLS 10 or more years before PD.

Conclusion: RLS can precede the development of motor signs in PD by more than 10 years and may be a common premotor manifestation. Age at onset and presentation and absence of migraines, growing pains and FH of RLS may distinguish these patients from primary RLS.

Biography

David J Dickoff is a neurologist in Yonkers, New York and is affiliated with multiple hospitals in the area, including Mount Sinai Hospital and St. John's Riverside Hospital. He received his medical degree from Albany Medical College and has been in practice for more than 20 years

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