



Current controversies in the medical care of Parkinson's disease

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Jerry Playfer retired from his post as consultant geriatrician at the Royal Liverpool University Hospital and honorary clinical lecturer at the University of Liverpool in March 2007. He qualified as a doctor at Liverpool University in 1970. After training in general and geriatric medicine, he was senior research fellow in the University Department of Medicine, Liverpool, obtaining an MD in pharmacogenetics. After working as a senior registrar in Oxford, he became a consultant physician in 1977 at the David Lewis Northern Hospital, Liverpool. Jerry has practised, taught and researched geriatric medicine for 30 years and is the Immediate Past-President of the British Geriatrics Society.

The main focus of his clinical interests is Parkinson's, on which he has published widely, including co-editorship, with Dr John Hindle, of the book, 'Parkinson's Disease in the Older Patient: A Practical Guide to Assessment and Management', published by Hodder Arnold in 2001.

Presentation abstract: When the evidence-based management of Parkinson's is examined, a number of clinical dilemmas arise. This session explored some of these, including:

- The strong evidence for the use of dopamine agonists as initial drug therapy in Parkinson's to reduce the longer-term burden of motor complications is clouded by the fact that the trials supporting these do not represent the age structure of the patient population requiring treatment. Medical practice should not be based on evidence that is biased. Is there a need to factor in ageing and frailty into the management of Parkinson's?
- How strong is the evidence that the drugs we currently use in Parkinson's may modify the outcome of the condition? Is neuroprotection a real entity?
- Is Parkinson's as much a psychiatric disease as it is a movement disorder? Is Lewy body dementia a distinct entity or part of a spectrum disorder?
- What is the best model of care for Parkinson's – biomedical or rehabilitation?