CRAMPING MORE THAN YOUR STYLE: DYSTONIA CAUSES & CARE

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- The boxes you see (Slides, Q&A, Resource List, Panelists) are adjustable. Collapse, move or resize
- Type your questions in the Q&A box throughout the hour. Our team will answer as many as we can.
- Questions on another topic? We’ve covered everything from genetics to constipation in our series. Link to the full library in the Resource List.
WHAT WE’LL COVER TODAY

- What is dystonia?
- What causes dystonia?
- How is dystonia treated?
- What research may improve dystonia treatment?
OUR PANELISTS

- Rachel Dolhun, MD (Moderator)
  - Movement Disorder Specialist
  - VP of Medical Communications, MJFF

- Brian Reedy
  - Diagnosed with Parkinson’s at age 51
  - Retired teacher from Carson City, NV

- Erin Furr-Stimming, MD
  - Associate Professor, Neurology
  - The University of Texas Health Science Center at Houston McGovern Medical School

- Christine Kim, MD
  - Instructor, Neurology
  - Yale School of Medicine
WHAT IS DYSTONIA?

Dystonia is prolonged muscle contractions that can cause cramping and abnormal movements and postures, like a foot turning in or a head tilting to one side.

- Movement disorder on its own, as well as a symptom of Parkinson’s and other neurological disorders
- Can affect many different parts of the body, from the small muscles of the vocal cords and around the eyes to the larger neck and limb muscles
- May be painful or uncomfortable
- Common in young-onset Parkinson’s
WHAT CAUSES DYSTONIA?

- The cause of most cases is unknown, but some are linked to genetic causes.
- Dystonia involves the same part of the brain (basal ganglia) involved in Parkinson’s movement problems of tremor and slowness.
- In Parkinson’s, dystonia can happen when levodopa is wearing off or working well.

Research into one disease can teach us about another. Study into dystonia can help Parkinson’s research and vice versa.
HOW IS DYSTONIA TREATED?

• **Medications**
  - Dopamine agents: levodopa
  - Anticholinergics: trihexyphenidyl
  - Benzodiazepines: clonazepam
  - Muscle relaxants: baclofen

• **Injectable biologics**
  - Botulinum toxin

• **Physical, occupational and speech therapy**

• **Complementary therapies** (e.g., acupuncture, massage)

• **Deep brain stimulation**
  - DBS is not for everyone, and the effects for dystonia can take months to show, unlike the often immediate response seen in DBS for Parkinson’s.
WHAT RESEARCH MAY HELP?

1. Better medication delivery
   • New ways to deliver levodopa could avoid or treat dystonia.

2. New drugs working on other targets
   • Scientists are working on therapies against other brain pathways and targets, such as glutamate receptors.

3. Improved surgical options
   • Researchers want to better understand deep brain stimulation’s effect on dystonia and improve the treatment for better results and experience.

4. Better understanding of brain circuitry
   • A greater grasp on what goes wrong could help develop new therapies.

Research needs volunteers. Find Parkinson’s and dystonia studies at www.foxtrialfinder.org.
QUESTIONS & ANSWERS

Type your questions in the Q&A box in the middle of your screen.

Check the Resource List for more information.
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