

The Case for Early Initiation of Monotherapies and Delayed Dopaminergic Therapy in Parkinson's Disease

This supplement to *The American Journal of Managed Care* is designed to educate managed healthcare professionals about new information and advancements in the management of Parkinson's disease (PD). The goal is to be able to illustrate the benefit of earlier intervention as a potential disease-modifying strategy and discuss the evidence that supports it. This activity will aim to provide managed healthcare professionals with the knowledge to assist them in integrating current trends into practice and promoting optimum care for their patients with PD.

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Expiration date: October 10, 2012

Estimated time to complete activity: 3.0 hours

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Intended Audience

The audience for this supplement consists of medical directors, pharmacy directors, and other managed care professionals who oversee the care of patients with Parkinson's disease.

Statement of Educational Need

Considering that the population in the United States is increasing and aging, the prevalence of Parkinson's disease (PD) will also grow from the estimated 1 million to 5 million over the next 40 years. This means that considering the growing prevalence of the disease, the disease and economic burden will increase and there is a need to improve outcomes on both fronts. Among the challenges that exist in optimally treating PD is the lack of accurate diagnosis of PD. In addition, the lack of attention paid to the effects of the disease on patient health-related quality of life (HRQOL) is an issue among patients and providers. This is especially important since there is no cure for PD, and the goals of management are to preserve functionality and HRQOL. Thus, educating managed healthcare professionals about advances in PD, the need for improved and accurate diagnosis of PD, and the potential value of early treatment is important to help them optimize the management of PD, improve QOL, and reduce costs attributable to PD care.

Educational Objectives

After completing this activity, the participant should be able to:

- Describe the nonmotor symptoms involved in PD and their impact on patient quality of life
- Distinguish between the mechanisms of action of the major classes of pharmacotherapies used in the treatment of PD
- Evaluate therapeutic strategies employed in PD, and design individualized, specific therapeutic strategies based on varied patient characteristics
- Summarize the potential benefits of early PD diagnosis and treatment

Activity Fee

Physician Fee: This lesson is offered free of cost.

Pharmacist Fee: This lesson is offered free online at www.PharmacyTimes.com. Mailed or faxed posttests will be processed for a nominal fee of \$10.00.

Disclosure Policy

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Physician Credit

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the University of Cincinnati. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The University of Cincinnati designates this journal-based CME activity for a maximum of 3.0 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacist Credit

Pharmacy Times Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program is approved for 3.0 contact hours (0.30 CEUs) under the ACPE universal program number 0290-9999-11-044-H01-P. The program is available for CE credit through October 10, 2012.



Type of activity: Knowledge.

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