

PREVALENCE OF MARCONS IN PARKINSON'S DISEASE PATIENTS

ERIC DORNINGER ND, LAC WEBSITE - DRDORNINGER.COM INSTAGRAM - @DRERICDORNINGER YOUTBE – "THE VITALITY HOUR"

PREVALENCE OF MARCONS IN PARKINSON'S DISEASE PATIENTS

- What is Parkinson's Disease? (UpToDate):
- First described by James Parkinson in his classic 1817 monograph, "An Essay on the Shaking Palsy" [_], Parkinson disease (PD; also known as paralysis agitans) is a progressive neurodegenerative disease that affects between 100 and 200 per 100,000 people over 40, and over 1 million people in North America alone [2,3]. PD is uncommon in people younger than 40, and the incidence of the disease increases rapidly over 60 years, with a mean age at diagnosis of 70.5 years [4].
- While PD has traditionally been considered a motor system disorder, it is now recognized to be a complex condition with diverse clinical features that include neuropsychiatric and other nonmotor manifestations in addition to its motor symptomatology [5]. An accurate diagnosis of PD rests on the clinician's ability to recognize its characteristic signs and associated symptoms, especially in the early stages.

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	Motor features of Parkinson disease	
$ \langle \rangle \rangle$	Cardinal manifestations	
	Tremor	
	Bradykinesia	
$\Lambda \Lambda O$	Rigidity	
	Postural instability	
10 0	Other motor features	
	Craniofacial	
	Hypomimia (masked facial expression)	
	Decreased eye blinking	
	Speech disturbances (hypokinetic dysarthria, hypophonia)	
	Dysphagia	
	Sialorrhea	
	Visual	
	Blurred vision	
	Impaired contrast sensitivity	
	Hypometric saccades	
	Impaired vestibuloocular reflex	
	Impaired upward gaze and convergence	
	Lid apraxia	
	Musculoskeletal	
	Micrographia	
ſ	Dystonia	
	Myoclonus	~
	Stooped posture	Q
	Camptocormia (severe anterior flexion of the thoracolumbar spine)	
	Pisa syndrome (subacute axial dystonia with lateral flexion of the trunk, head, and neck)	
	Kyphosis	
	Scoliosis	Γ γ
	Difficulty turning in bed	
	Gait	
	Shuffling, short-stepped gait	
	Freezing	
	Festination UpToDate	Ų II Q
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NONMOTOR SYMPTOMS of Parkinson's Disease:

PD has traditionally been considered a motor system disorder, but it is now widely recognized to be a complex disorder with diverse clinical features that include neuropsychiatric and nonmotor manifestations in addition to its motor symptomatology [dd:df]. These features include the following:

- Cognitive dysfunction and dementia
- Psychosis and hallucinations
- Mood disorders including depression, anxiety, and apathy/abulia
- Sleep disturbances
- Fatigue
- Autonomic dysfunction
- Olfactory dysfunction
- Gastrointestinal dysfunction
- Pain and sensory disturbances
- Dermatologic findings

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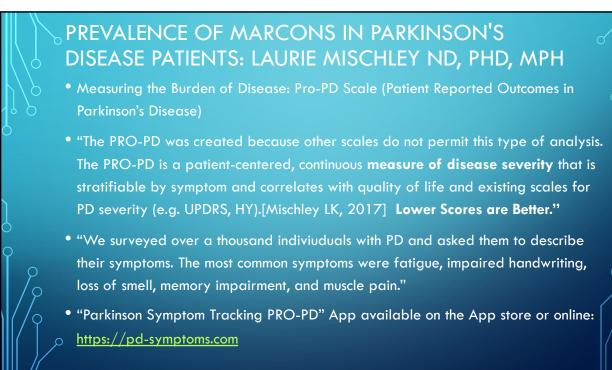
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- Diagnostic Criteria for Parkinson's Disease:
- MDS Clinical Diagnostic Criteria for Parkinson's Disease: https://www.med.upenn.edu/digitalneuropathologylab/assets/usercontent/documents/educational-resources/mds-clinical-diagnostic-criteria-forparkinson%27s-disease.pdf

PREVALENCE OF MARCONS IN PARKINSON'S DISEASE PATIENTS: LAURIE MISCHLEY ND, PHD, MPH

- Who is Laurie Mischley ND, PhD, MPH3
- Laurie is a fellow Bastyr Naturopathic Doctor classmate and Bastyr University alumni who later pursued her Masters in Public Health and PhD thesis "Glutathione Deficienc in Parkinson's Disease" from Nutritional Sciences in the UW School of Public Health
- Laurie is well published researcher on many Parkinson's topics
- and is an avid clinician only seeing patients with Parkinsonism for the last 21 years. Her clinic is Seattle Integrative Medicine (<u>https://seattleintegrativemedicine.com</u>)
- Laurie's ongoing research projects are available at
 <u>https://lauriemischley.com</u>





PREVALENCE OF MARCONS IN PARKINSON'S DISEASE PATIENTS: LAURIE MISCHLEY ND, PHD, MPH

Mischley, L.K., Lau, R.C. & Weiss, N.S. "Use of a self-rating scale of the nature and severity of symptoms in Parkinson's Disease (PRO-PD): Correlation with quality of life and existing scales of disease severity. *npj Parkinson's Disease*" **3**, 20 (2017). https://doi.org/10.1038/s41531-017-0021-5

A self-rating scale was developed to permit patient-reported, remote assessment of Parkinson's disease symptom severity. The goal was to create a continuous outcome measure that does not require a clinical exam, does not fluctuate in response to dopaminergic medications, takes only a few minutes to complete, allows for stratification by symptom(s), and captures both motor and non-motor Parkinson's disease symptoms, major contributors to quality of life. The Patient Reported Outcomes in Parkinson's Disease (PRO-PD) is the cumulative score of 32 slider bars, each evaluating a common Parkinson's disease symptom. The PRO-PD has been used as an outcome measure in three studies. The baseline data from each of these studies were pooled for this analysis. Symptom frequency and severity are described, as well as correlation coefficients with existing measures of Parkinson's disease severity. Data on 1031 participants with Parkinson's disease were available for analysis. Fatigue, impaired handwriting, daytime sleepiness, slowness, tremor, muscle cramps, and forgetfulness were the most frequently reported symptoms. Persons with a relatively long duration of Parkinson's disease tended to report more, and more severe, symptoms.

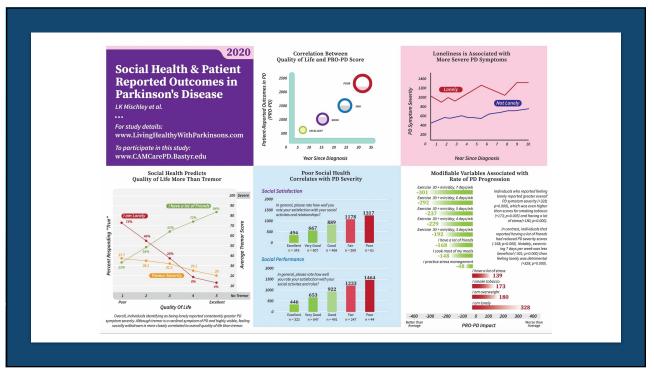
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- Know your PRO-PD Score (propd.org)
- Disease modification is only possible if we have a way of measure it. The symptoms of Parkinsonism come on slowly, they fluctuate, and are often vague and difficult to rate.
- Reversal= PRO-PD Score goes down, negative slope.
- Stabilization= PRO-PD Score unchanged.
- Progression= PRO-PD Score increases over time.

PREVALENCE OF MARCONS IN PARKINSON'S DISEASE PATIENTS: LAURIE MISCHLEY ND, PHD, MPH

<u>https://mvp-study.com</u>

- Modifiable Variables in Parkinson's Study: allows patients and doctors to participate in a data base of 2600 Parkinsonism patients for the purpose of determining harmful and helpful behaviors for Parkinson's progression.
- Mission statement of MVP study: "There is a tremendous amount of diversity among People with Parkinsonism (PwP); some people seem to progress quickly and others barely at all. Our goal is to collect information that will make it possible to identify relationships between your daily choices and therapies associated with different rates of progression."





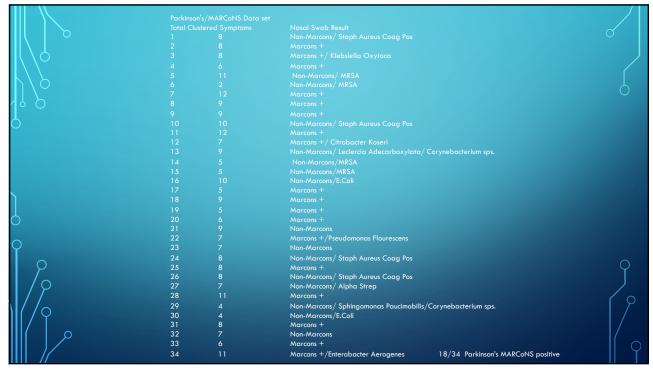
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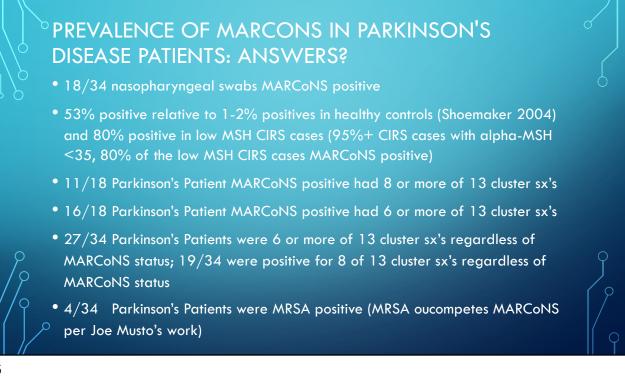
- Evaluation of Clustered Symptoms and MARCoNS in established Parkinson's Patients was conducted at "Parkinson's School" at Bastyr University
- 34 Established Parkinson's patients (per MDS criteria) were evaluated for clustered symptoms (37 symptoms arranged into 13 clusters) and administered a MARCoNS swab
- MARCoNS nasopharyngeal swabs were generously donated by Dr. Joseph D. Musto, M.Sc., Ph.D., BCLD/CC (ABB) at Microbiology Dx (https://microbiologydx.wixsite.com/dlmmicro)

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PREVALENCE OF MARCONS IN PARKINSON'S DISEASE PATIENTS: QUESTIONS!

- Could CIRS be a participating contributing factor in Parkinsonism and Parkinson's Disease?
- Is CIRS worth Screening in the Parkinson population?
- Could Identifying and Treating CIRS become a powerful "Modifiable Variable in Parkinson's (MVP)?
- Could MARCoNS be an MVP?
- Pilot size Data from sampling Parkinson's Patients nasopharyngeal passages suggests MARCoNS prevalence may be higher in Parkinson's patients!!







PREVALENCE OF MARCONS IN PARKINSON'S DISEASE PATIENTS: MORE QUESTIONS!

- Potential Data Confounders / missing data:
- Students conducted the Clustered Sx's questionnaire; adequate crossexamination interviewing techniques?
- The Predominance of Male patients possibly influence underreporting on clustered symptoms
- Lack of Labcorp alpha-MSH, one of the discerning markers in Dr. Shoemaker's groundbreaking presentations to the American Society of Microbiology:

Melanocyte Stimulating Hormone (MSH) Deficiency in Chronic Fatigue Syndrome Associated with Nasal Carriage of Coagulase Negative Staphylococci (CoNS)

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- THANK YOU!!!
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