

THERAPEUTIC TRENDS

Insight and Outlook From IMS HEALTH

Living With Parkinson's Disease

Parkinson's disease is a slowly progressive neurodegenerative illness that affects a part of the mid-brain called the substantia nigra. It is characterized by tremors, stiffness (rigidity), slowness of movement (bradykinesia) and difficulty with balance (postural instability). Today, in Canada, there are approximately 100,000 people with Parkinson's. More than half of them are diagnosed before retirement age.

Currently, the only practical early way to make a diagnosis of Parkinson's disease is through a detailed

history and a very careful physical examination. An estimated 339,100 visits, both first and repeat, for Parkinson's disease were made to office-based physicians during the 12-month period ending June 2001. This represents a 36% increase over the same period in 1996 (see Figure 1).

Parkinson's disease is a disease that is rarely seen before the age of 40. Incidence peaks at the age of 60. Sixty per cent of doctor visits are by male patients and 40% by females. The age breakdown, as of June 2001, is seen in Table 1.

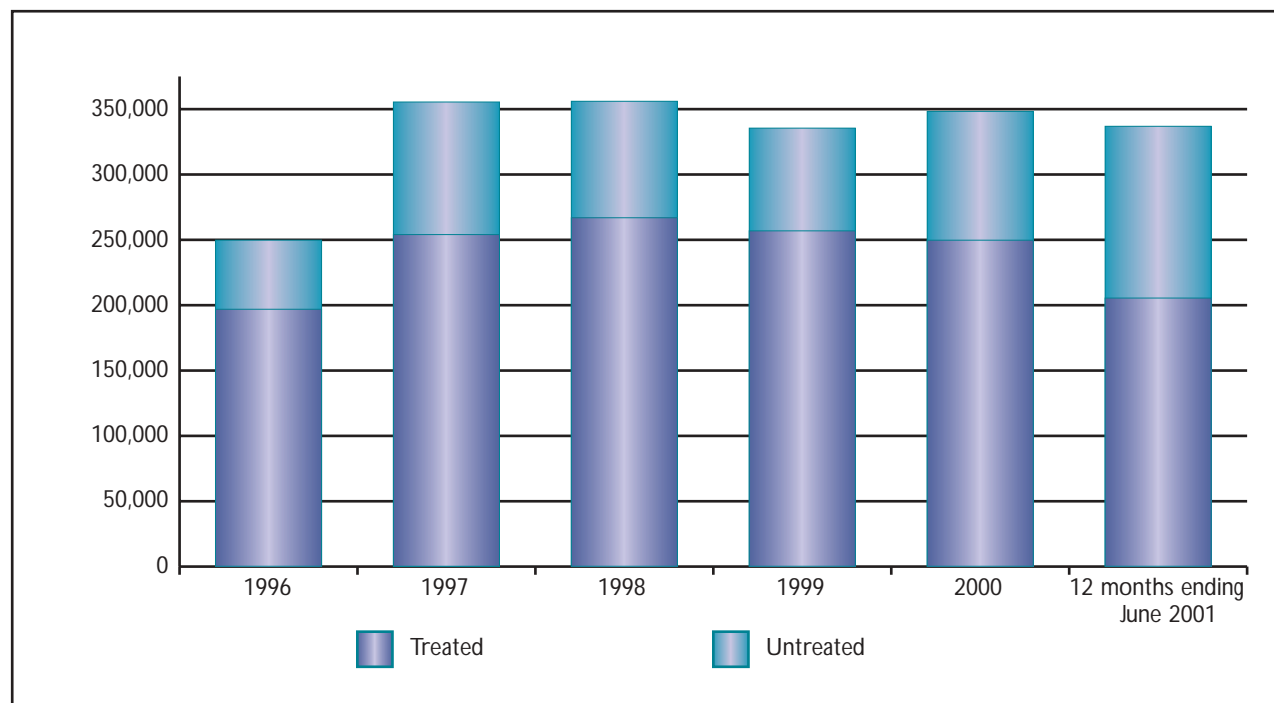


Figure 1. Estimated number of visits made to Canadian office-based physicians. Twelve months ending June 2001.

Table 1

Breakdown of doctor visits for Parkinson's disease. Twelve months ending June 2001

Age	Male	Female
0-65 years	15%	7%
66-75 years	35%	32%
76+ years	50%	61%

At the national level, the most consulted physicians were general practitioners (61% of visits) and neurologists (32% of visits).

While researchers move closer to understanding the underlying cause of Parkinson's, we know now the symptoms appear when there is not enough dopamine in the brain. Most current drug therapy replaces dopamine in the brain. In 61% of visits, a drug therapy was recommended. The most commonly recommended drugs are indicated in Figure 2.

Because the Canadian population is aging and people are living longer, the number of Parkinson's patients will inevitably increase. The demand for access to specialized resources and expertise in the

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area of Parkinson's, therefore, also will increase (see Figure 3). [CPM](#)

Sources: IMS HEALTH Canada, Compuscript and CDTI

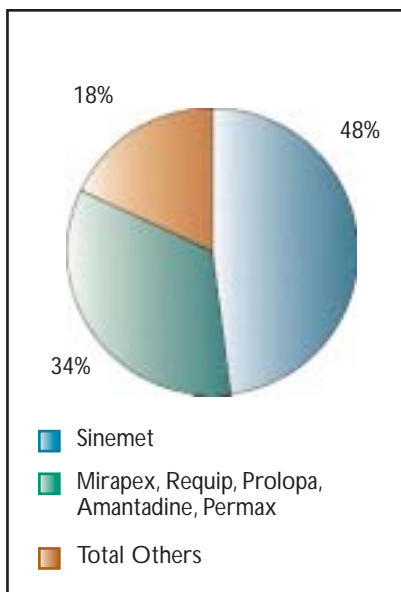


Figure 2. Percentage breakdown of drug recommendations made by Canadian office-based physicians. Twelve months ending June 2001.

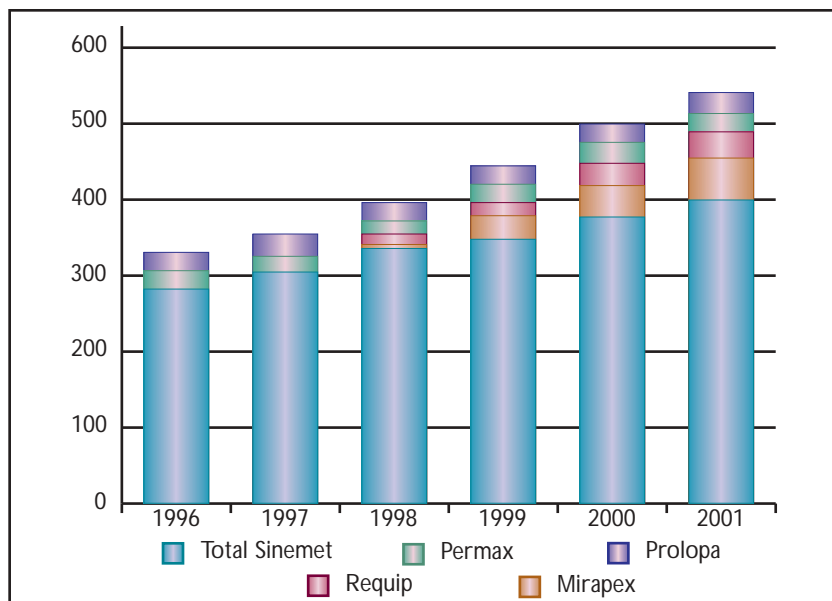


Figure 3. Dispensed prescriptions (in thousands) for drugs used to treat Parkinson's disease. Twelve-month periods ending September.