

Preface



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Guest Editors

Common symptoms in the elderly include tremors, shaking, unsteadiness and imbalance, falls, difficulty initiating movements, and difficulty controlling undesirable movements. As our population ages, primary care physicians, geriatricians, neurologists, psychiatrists, and other health care specialists are increasingly confronted with the need to address these concerns. The elderly patient almost inevitably presents with multiple medical comorbidities, polypharmacy, and the normal changes in physiologic function that accompany aging. An important contributor to the morbidity of falls, tremors, and abnormal movements is that of movement disorders.

For this issue of the *Clinics in Geriatric Medicine*, we invited experts in their respective subspecialties to discuss the spectrum of movement disorders that affect the geriatric population. Parkinson's disease (PD) and Parkinsonian disorders are among the most common and most disabling of these diseases. The first half of this issue includes articles that address initial diagnosis and management of idiopathic PD, management of advancing PD, with its accompanying medication-induced complications, and the importance of recognition and treatment of nonmotor features of PD, including cognitive, affective, and psychiatric symptoms. The issue continues with an in-depth discussion of posture, gait, and dopamine function in Parkinsonian movement disorders and of the surgical interventions that are available for treating PD, as well as tremor and dystonias of non-PD etiology. Concluding the first half of this issue is a thorough review of non-PD Parkinsonian syndromes.

The second half of this issue contains reviews of additional types of important movement disorders or syndromes often seen with increased

frequency in elderly patients. The most common type of movement disorder in the elderly is an essential tremor. Chorea, ataxia, and dystonia are distinct movement disorders that can be recognized upon careful evaluation. Tremor, chorea, ataxia, or dystonia may be a sentinel feature of a primary neurology disorder or may present as a secondary manifestation of a number of medical, pharmaceutical, or toxic conditions, all discussed in the respective articles on these conditions. Finally, the important topics of tardive movement syndromes and normal pressure hydrocephalus are discussed.

The consequences of a movement disorder are numerous. Associated disabilities include reduced mobility and falls, interference with independence and emotional well-being, and cognitive and neuropsychiatric features, with their accompanying loss of personal autonomy. We hope that the discussions in this issue will help clinicians recognize, treat, and support their patients and their families who suffer from these disabling conditions. Although there is substantial work to be done on the development of future treatments, there is much that we can do now.

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