

HIGHLIGHTS

Depression in Parkinson disease

Although treatment for Parkinson disease has primarily focused on dopaminergic replacement therapy for motor symptoms, co-occurrence of depression occurs in up to half of patients with this disease. Having depression in Parkinson disease can exacerbate motor symptoms and negatively affect quality of life. Recent guidelines suggest that tricyclic antidepressants may be more effective for this population, because some selective serotonin reuptake inhibitors (SSRIs) may magnify motor symptoms. This retrospective cohort study analyzed data from the Canadian Primary Care Sentinel Surveillance Network for adults with a diagnosis of Parkinson disease and who had at least 1 primary care encounter between 2012 and 2014. Of the 1815 patients, most (54.9%) were men, lived in urban areas (82.0%) and were older (mean age 74.6 yr). Almost 40% had a concurrent diagnosis of depression, most often identified within the year after the diagnosis of Parkinson disease. Although 8 of every 10 patients had been prescribed at least 1 medication for depression, SSRIs were most often prescribed (Table 1). The authors conclude that depression is common among patients with Parkinson disease in Canadian primary care, but that the choice of treatment may be sub-optimal. *CMAJ Open* 2016;4:E417-23.

Table 1: Recorded medications for depression in patients with diagnoses of both Parkinson disease and depression in the Canadian Primary Care Sentinel Surveillance Network

Characteristic	Overall, no. (%) [*] n = 578
Type of medication for depression	
Selective serotonin reuptake inhibitors	302 (52.2)
Benzodiazepines and related hypnotics	273 (47.2)
Atypical antipsychotic agents	183 (31.7)
Serotonin-norepinephrine reuptake inhibitors	99 (17.1)
Serotonin antagonist and reuptake inhibitors	75 (13.0)
Tricyclics and tetracyclics	57 (9.9)
Amitriptyline†	26 (4.5)
Bipolar medications	54 (9.3)
Monoamine oxidase inhibitors	9 (1.6)
No depression medication	(80) 13.8

^{*}Unless otherwise specified.
[†]Tricyclic recommended in Canadian guidelines on Parkinson disease.¹²

Is basic science research losing ground among residents?

Physicians have traditionally been at the forefront of medical research, bringing clinical questions to the laboratory and returning with ideas for treatment. Some have seen recently that fewer residents are pursuing training in the basic sciences. To substantiate this impression, the authors classified the research projects registered on enrollment from each of the 583 trainees who were in the Surgeon-Scientist and Clinician-Investigator programs from 1987 to 2016 at the University of Toronto. The categorization of research topic was unclear in 9 cases. The authors found a significant and persistent decline in both the absolute and relative numbers of clinicians (60% drop) obtaining training in basic research over the period of the study, with a corresponding increase in the proportion pursuing clinical research, including clinical epidemiology and education (Figure 1). Although most research projects completed from 1987–1992 (90%) were classified as basic science, only 37% were classified as such more recently (2011 to 2016). The

authors conclude that if this trend continues, the participation of physicians in basic science investigation will be in jeopardy. *CMAJ Open* 2016;4:E444-7.

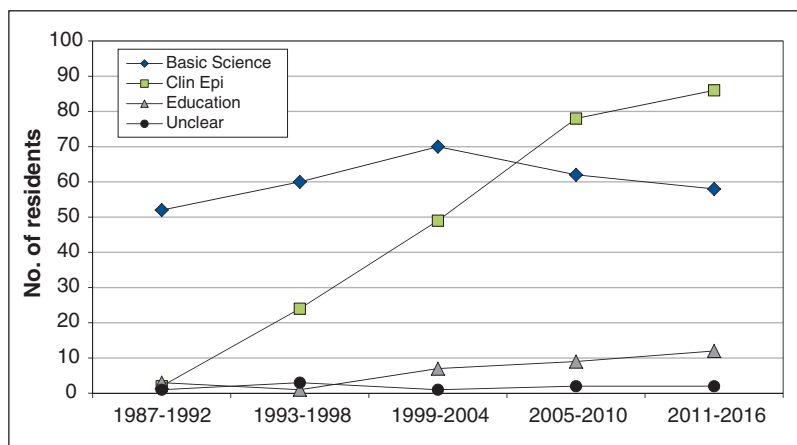


Figure 1: Research projects from trainees in the Surgical Scientist Program (1987–1992) and Clinician Investigator Program (1993–2016). Data divided into quintiles of time.