

2011 THINK TANK FOCUS

Connecting the Dots: How Can We Relate Circuit- and Systems-Level Mechanisms of Dystonia to the Genes and Proteins Which Trigger It?

The tenth annual Think Tank on dystonia and Parkinson's disease brought together an international group of neurologists, geneticists, and pharmacologists to share their knowledge and clinical expertise during an intensive day in New York. The December 2011 event focused on relating the circuits-and systems—level mechanisms in the brain to the genes and proteins that trigger dystonia.

Dystonia is a neurological muscle disorder that causes uncontrollable, painful spasms in one or more parts of the body. It affects an estimated 500,000 people in North America alone--more than Muscular Dystrophy, Huntington's Disease and Lou Gehrig's disease combined. Historically, dystonia has always been considered a disorder of the basal ganglia. But recent evidence has pointed towards cerebellar circuits as well. Many researchers now believe that dystonia is caused by a disruption of a motor network that involves both the basal ganglia and cerebellum, rather than an isolated dysfunction of only one motor system. But, how the motor network relates to the genes and proteins that are thought to be involved in the development of dystonia is a fertile area of research and debate.

The Bachmann-Strauss Foundation focuses on research projects that can help "connect the dots" in dystonia. Researchers and clinicians from varied disciplines are invited to participate in the Think Tank to share their research, discuss

gaps in knowledge and share their ideas on where future research should be directed.



Co-chairs Henry Paulson, MD, PhD & David Standaert. MD. PhD

In his welcoming remarks, co-chairman Henry Paulson, MD, PhD, told the Think Tank participants that they were invited to compare notes, to discuss and learn. "There is a lot of excitement in the field of dystonia and many new voices, including those in attendance. Our goal is to integrate our knowledge about what is special about the mechanisms that underlie dystonia at the genetic, molecular, system and human levels."

In his welcoming remarks, co-chairman David Standaert, MD,

PhD, said "although we might not connect all the dots today, our goal is to come into agreement as to what they are and begin to connect some of them."

The morning and afternoon sessions featured presentations on the circuits and systems in the brain that are thought to be involved in dystonia. The morning speakers focused on research involving circuits and systems and the basal ganglia. The afternoon session speakers focused on the newer research on the cerebellum.

Tom Wichmann, MD, set the tone for the day saying "We know a lot about the genetics of dystonia. We know a lot about the proteins involved. We are beginning to understand the circuits and systems involved. What we don't know is how to relate the two." Dr. Wichmann said that although the majority of his research has been in Parkinson's disease, the overall goal of his work is to gain a better understanding of the cascade of chemical and electrophysiologic changes that occur as

consequence of loss of striatal dopamine in parkinsonism that can then be translated into new and more effective therapies for both Parkinson's disease and dystonia.



Tom Wichmann, MD

One of the unique aspects of the Think Tank is that young researchers are given a chance to present their work to established researchers and clinicians. In her short career, researcher Aryn Gittis, PhD, has helped to elucidate how fast-spiking interneurons (FSIs) can exert powerful control over striatal output. "Deficits in this cell population have been observed in human patients with Tourette syndrome and in rodent models of dystonia." Her results not only provide direct evidence that when striatal FSIs functions improperly they can produce movement abnormalities. This suggests that FSIs are a novel therapeutic target for the treatment of hyperkinetic movement disorders.

The participants were in agreement that dystonia is difficult to treat because it manifests so differently than Parkinson's disease, whose symptoms are well known, gradually get worse and are apparent to clinicians, family members and



Aryn Gittis, PhD

friends. There are also decades of research on diagnosing Parkinson's disease as well as treating its symptoms.

Dystonia comes in many forms, is less known by the public and affects different areas of the body and different age groups. For example focal dystonias, like writer's cramp, affect just one part of the body, while generalized dystonias cause involuntary twisting movements and abnormal posture throughout the body. Symptom relief range from oral medications that have traditionally been used in

Parkinson's disease as well as the injection of botulinum toxin into affected muscles, surgery and deep brain stimulation (DBS), which consist of implanting fine wires into the basal ganglia and delivering an electrical current to quiet the abnormal signals.

In his presentation, John Rothwell, PhD said that the control of plasticity may be abnormal in people with dystonia and the reduced inhibition could account for the excess muscle activity. He believes plasticity may help to explain why it takes weeks for DBS to work in patients with dystonia. "The memories of abnormal movement in the cells persist and take time to normalize. This suggests that plasticity may be a driver of long-term therapeutic effects of deep brain stimulation in dvstonia."

Kamran Khodakhah, PhD, said "I cannot imagine future discussions of dystonia not involving discussions of the cerebellum in the pathophysiology of dystonia." He discussed the paper he published in



Kamran Khodakhah, PhD



The Bachmann-Strauss Foundation's Scientific Advisory Board discuss related topics at the annual Think Tank.

Nature Neuroscience on how dysfunctional interactions between the cerebellum and the basal ganglia are a key factor in the underlying pathophysiology of rapid-onset dystonia—parkinsonism.

His lab developed a mouse model for a rare disorder called rapid-onset dystonia-parkinsonism (RDP). Using these mice, the researchers were able to separately test the role of the basal ganglia and the cerebellum in RDP. They found that the mice developed dystonia only if the cerebellum was dysfunctional, clearly implicating the cerebellum. "The results are going to motivate the research community to look at the cerebellum as a factor in other dystonias." His research also suggested that deep brain stimulation of the cerebellum could hold promise for treating dystonia.

Ted Dawson, MD, PhD, Chair of The Bachmann-Strauss Foundation's Scientific Advisory Board is excited on how quickly the cerebellum theory has caught on with researchers. He said, "understanding the communication pathways between structures like the basal ganglia and cerebellum is enormously important. Moreover targeting the cerebellum in future therapies has particular promise for treating patients and making them better."

After the presentations, Dr. Paulson asked the attendees to use the remaining time to discuss what they had learned today and what future research is needed. Although there was some disagreement over the speed that the cerebellum theory is

agreement that there was a need for a non-human primate model of dystonia. Use of a primate model could be instrumental in increasing the understanding of neuronal connections that play important roles in the dystonia – ultimately leading to better molecular targets and pharmacological treatments for dystonia.

being advanced, there was wide



Ted Dawson, MD, PhD



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