## Dystonia in untreated Early Onset Parkinson's disease

<u>Roberta Bovenzi</u><sup>1</sup>, M. Conti<sup>1</sup>, C. Simonetta<sup>1</sup>, P. Grillo<sup>1</sup>, R. Cerroni<sup>1</sup>, M. Pierantozzi<sup>1</sup>, A. Stefani<sup>1,3</sup>, N.B. Mercuri<sup>1,2</sup>, T. Schirinzi<sup>1</sup>

Introduction: Dystonia may represent the initial sign in Parkinson's disease (PD), especially in patients with age at onset (AAO) lower than 50 years (early-onset PD, EOPD) [1,2]. Pathophysiological mechanisms underlying such peculiar PD presentation are still unknown; likewise, it is unclear if dystonia at onset might identify a distinct clinical PD subtype.

*Objective:* To outline main clinical and genetic features of *de novo* EOPD patients presenting with dystonia by a single-center retrospective longitudinal cohort study.

Methods: Clinical charts of 170 de novo (newly diagnosed and untreated) EOPD patients prospectively followed-up were screened, selecting patients presenting with dystonia (EOPDdyst). Demographics, genetics, motor and non-motor features, therapies, complications, rate of change in Hoehn and Yahr score and levodopa equivalent daily dose (LEDD) were analysed in EOPDdyst cohort in comparison to EOPD de novo patients without dystonia.

Results: Dystonia had a prevalence of 14.1%. EOPDdyst patients had lower AAO than the non-dystonic (41.5  $\pm$  6.1 vs 44.2  $\pm$  5.2, p=0.03). Pathogenic genetic variants were more frequent in EOPDdyst (29.2% vs 9.6%, p=0.001), mostly in autosomal recessive genes (57.1%). PRKN variants were the most common in the EOPDdyst group (42.9%), GBAvariants in the non-dystonic group (50%). EOPDdyst patients had symmetrical motor presentation (16.7% vs 2.7%, p=0.004) and suffered with earlier levodopa induced dyskinesias (LIDs) (1.00  $\pm$  0.91 years vs 2.79  $\pm$  2.55 years, p=0.049). Adjusting the analysis for the genetic origin, the two groups did not show significant differences in any item.

Conclusions: Main clinical milestones seem to not differ in EOPDdyst patients. However, dystonia in EOPD mostly imply a genetic origin, especially of recessive forms, which accounts for earlier onset and probably a wider motor network impairment.

## **References:**

- [1] A.S. Shetty, K.P. Bhatia, A.E. Lang, Dystonia and Parkinson's disease: What is therelationship?, Neurobiol Dis. (2019). https://doi.org/10.1016/j.nbd.2019.05.001.
- [2] R. Mehanna, Age Cutoff for Early-Onset Parkinson's Disease: Recommendations from the International Parkinson and Movement Disorder Society Task Force on Early Onset Parkinson's Disease, Movement Disorders Clinical Practice. (2022). https://doi.org/10.1002/mdc3.13523.

<sup>&</sup>lt;sup>1</sup>Department of Systems Medicine, University of Rome "Tor Vergata", Rome, Italy

<sup>&</sup>lt;sup>2</sup>UOSD Parkinson Centre, Tor Vergata University Hospital, Rome, Italy

<sup>&</sup>lt;sup>3</sup>IRCCS Fondazione Santa Lucia, European Centre for Brain Research, Rome, Italy