INTRODUCTION

- Neurosurgery for PD has traditionally been reserved for use in later stages of the disease.
- Recent research suggests that earlier surgical intervention may lead to better outcomes relating to mental health and motor symptoms\(^1\).
- It is important to examine whether physicians have changed their practices over time to match (or dictate) new trends in the attitude of the literature.
- If earlier surgical intervention is truly beneficial, then it is important that physicians be made aware.

METHODS

Using the Nationwide Inpatient Sample database (NIS) from 2000 to 2011, we will examine the trends in patient age over time of PD patients receiving DBS to observe whether physicians are performing DBS for PD patients at younger ages. We will also examine the percentage of PD patients receiving DBS over time to observe whether physicians are performing DBS more often for PD patients. ICD-9 codes used for NIS: Primary Idiopathic PD diagnosis: 332.0 and DBS procedure: 02.93.

OBJECTIVES

- Examine trends in physician use of Deep Brain Stimulation (DBS) regarding patient age.
- Examine the percentage of Parkinson’s Disease (PD) patients treated with DBS over years.
- Propose potential causes for these trends.

RESULTS

- Trends in age were insignificant, but may have been confounded by a concurrent increase in the age of patients diagnosed with PD. Data should be compared with trends in age of PD diagnoses.
- The percentage of PD patients receiving DBS increased significantly during the timeframe, supporting the hypothesis that surgeons are becoming more comfortable suggesting DBS for patients with PD than before.
- Future work can break down the age categories into race or other demographics to reveal the presence of possible disparities.
- Trends may reflect increased physician comfort with using DBS for PD.

CONCLUSIONS/FUTURE

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REFERENCES