

## **Abstract**

There are many controversies in the management of Parkinson's disease (PD). The questions of when and how to start treatment are particularly challenging. A number of different treatment- and patient-related factors must be taken into account when making these decisions. Ideally, neuroprotective therapy would be started at the time of diagnosis. However, no treatment has been unequivocally shown to modify disease progression, and those that have some evidence for this effect all provide confounding symptomatic benefits, which may also be important to supplement faltering compensatory mechanisms within the basal ganglia. The delayed start design, as utilized in the rasagiline ADAGIO trial, potentially could eliminate or minimize this confound however this remains unproven and it is unclear how to best explain the outcome of this trial with 1 mg meeting the necessary endpoints but 2 mg not. Dopamine agonists have been convincingly shown to be associated with a reduction in the incidence of dyskinesias in the first five years of treatment, however, this is at a time when dyskinesias are typically not terribly bothersome or disabling and it is uncertain that this early advantage translates into long-term benefits. In addition, a number of non-motor side effects are more frequently associated with dopamine agonists than with levodopa. This lecture will review the issues that impact on treatment decisions in early Parkinson's disease highlighting the various outstanding controversies or uncertainties that vex this challenging field.