The Centers for Medicare and Medicaid Services announced that Medicare Part D average monthly premiums will rise about $3 in 2009. Based on bids submitted by Part D plans, CMS estimates the average monthly premium beneficiaries will pay for standard Part D coverage in 2009 will be $28. This is about 37 percent lower than the original projection of $44.12, made when the benefit was established in 2003, at the time the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) was passed.

CMS says the $3 premium increase is due to general trends in drug costs, the phase-out of a CMS demonstration project, and higher plan estimates for catastrophic coverage based on prior experience.

"Of course, individual plans' premiums and benefits may change," says CMS Acting Administrator Kerry Weems in a written statement. "Given their past record of making smart choices, I expect beneficiaries will continue to compare their plan options in the upcoming enrollment period based on cost, coverage and convenience."

The Medicare Advantage plan will also be slightly different in 2009. On average, in 2008, the MA-PD premiums prior to rebates are about $9 per month lower than those for PDPs. In 2009, they will average an estimated $11 lower. Many MA-PD plans keep premiums low by applying a portion of their rebates to reduce their Part D premiums, in many cases to zero, as well as by using care coordination and drug management techniques, according to CMS.

The basic premiums paid by Part D enrollees cover about one-fourth of the cost of the standard Part D drug benefit.

In addition to average premiums for 2009, CMS has announced: the 2009 national average monthly bid; the base beneficiary premium; the regional low-income subsidy premium amounts for 2009; and the 2009 Medicare Advantage regional preferred provider organization benchmarks. These data can be found at: http://www.cms.hhs.gov/MedicareAdvSpecRateStats/RSD/list.asp

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5

### SHORT TAKES

#### Frailty Linked to AD. There may be a connection between physical frailty and Alzheimer's disease, according to new research published in the August 12th edition of Neurology. Physical frailty measurements were taken yearly and researchers examined the brains of 165 people who had participated in a larger community study of chronic aging. The measurements included grip strength, time to walk eight feet, body composition and tiredness. The researchers found that 36 percent of the group had dementia or exhibited signs of memory loss and that AD pathology was associated with physical frailty in older patients both with and without dementia. However, the level of frailty was about twice as high in a person with a level of AD pathology than a person with a low level AD pathology.

#### Easing Febrile Seizure Concerns. Febrile seizures do not increase long-term mortality, according to new research published in the August 9th issue of The Lancet. The study indicates that there is a doubling of mortality during the two years following complex seizures, but the overall risk of death associated with a fever fit is very low. Researchers studied just over 1,675,000 children born in Denmark between 1977 and 2004 for up to 28 years. Of this group 8,172 children eventually died, including 232 of 55,215 children who had experienced febrile seizures. It was also discovered that 132 per 100,000 children died during the two-year period following a febrile seizure, while 67 per 100,000 died who had no history of the seizures. Between two to five percent of children under five years of age are affected by the condition.

#### RLS Drug Eases Associated Symptoms. The results of two Phase IV trials show pramipexole significantly reduces the common symptoms of RLS among patients with moderate to severe diagnosis, but more interestingly demonstrates significant beneficial effects on associated symptoms like limb pain and health-related quality of life, such as mood disturbances. The two double-blind, randomized, 12-week trials showed that the 381 patients treated with 0.125 to 0.75 mg/day of pramipexole experienced, at end point, decreased scores on the International Normalised Ratio (Continued on p. 6)
Study Links DBS to Higher Suicide Risk in PD

S uicidal behavior is a potential risk of deep brain stimulation in Parkinson’s disease patients, according to results of a study recently published in the Journal of Neurology, Neuroscience, and Psychiatry.

“Recently,” researchers write, “concerns have been raised about a higher than expected frequency of suicide among patients undergoing subthalamic nucleus deep brain stimulation (DBS) for advanced Parkinson’s disease.” They analyzed data for 200 PD patients who underwent subthalamic nucleus DBS between 1997 and 2006. Despite improved symptoms, researchers observed two patients (one percent) committed suicide and four patients (two percent) attempted suicide, at an average of 12 months postoperative.

There was no difference in age, disease duration, or preoperative depressive and cognitive status between suicidal patients and non-suicidal patients. However, researchers did see an association between suicidal behavior and depression that developed along with an increase in impulsiveness after the surgery.

“With over a decade’s experience of this procedure and thousands of devices implanted, concerns have been raised in recent years that suicide may be an important cause of mortality in patients having surgery,” Dr. John Moriarty at King's College Hospital in London writes in a related editorial. “Estimates of how common suicide attempts or completed suicides are following surgery have ranged from 0.16 percent to 4.3 percent. This has been particularly striking in a population traditionally thought of as being at lower than average risk of suicide.”

A recent study of 5,025 Parkinson’s disease patients who underwent subthalamic nucleus DBS found the rates of completed and attempted suicide were 0.4 percent and 0.9 percent, respectively, “which are again higher than in the general population,” the study authors note. “It should be emphasized that suicides have also been reported following pallidal or thalamic DBS in patients with Parkinson’s disease and other conditions,” the research team added.

Dr. Moriarty also writes: “Patients may find it hard to accept that they might be at risk of killing themselves following surgery, even if good motor outcome is achieved and their movement disorder has responded well.” He further predicts that most patients will still opt for the surgery. “Nevertheless,” he concludes, “it seems clear that suicide, perhaps largely unpredictable, remains an important cause of mortality in patients undergoing surgery for movement disorders.”

Another study recommends physicians take special precautions. “Because of the high suicide rate, patients should be pre-screened for suicide risk prior to DBS surgery. Additionally, patients should be monitored closely for suicidal behavior post-operatively,” write the authors in a September 15th piece in Movement Disorders. PN