Movement Disorders

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Developing the Calgary Functional Movement Disorder Registry: a preliminary report and baseline patient characteristics

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Background: Functional movement disorder (FMD), a subtype of functional neurological disorder, is a complex neuropsychiatric syndrome characterized by inconsistent and incongruent motor symptoms, such as tremor and gait disorder. Despite its prevalence and associated disability, FMD remains understudied. The multidisciplinary FMD Clinic in Calgary, Alberta offers an opportunity to describe characteristics of FMD, focusing on sex and gender differences, neuropsychiatric risk factors, healthcare utilization and motor phenotypes. Methods: This ongoing registry study evaluates adult FMD patients seen in the Calgary FMD Clinic by a movement disorders neurologist and neuropsychiatrist. Patients undergo detailed movement disorders and neuropsychiatric assessments, including identifying motor phenotypes, psychiatric comorbidities, and relevant psychological traits. Standardized scales evaluate symptom severity and impact. Descriptive statistics and measure of variance will be calculated for variables of interest. Results: The Calgary FMD Registry was approved in March 2024, with 53 participants currently enrolled. Data collection for this study is projected to conclude in March 2025. Conclusions: The Calgary FMD Registry is the first of its kind to systematically characterize FMD based on both movement disorders and neuropsychiatric variables. This study aims to improve our understanding of neuropsychiatric factors related to FMD. Future studies from this registry will examine short- and long-term outcomes.

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Women's health in Parkinson's Disease

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Background: Experimental and clinical evidence suggest that Parkinson's disease (PD) manifests differently between females and males, yet women have been underrepresented in PD clinical research, leading to a limited understanding of the sex- and gender-specific aspects of the disease. Understanding the needs of women with PD (WwPD) is critical Methods: Patient-centered outcomes-based mixed methods study. **Phase 1**: Qualitative focus groups, patient-centered discussions, led by female interviewers. **Phase 2**: Nationwide survey via the Qualtrics platform, informed by focus group findings. We report the Phase 1 preliminary results Results: We conducted 5 focus groups with 22 cisgender women. Mean age 60.5 (range: 44 -81) and disease duration of 6.82 years. Two main themes emerged: (1) Mental Health: participants reported significant emotional distress, altered self-image, and impacts on family, social, and professional life. (2) Physical Health and Health care: While some were satisfied with care, those with young-onset PD experienced misdiagnosis, dismissal, and inadequate information. Sexual health, and the overlap between menopause and PD symptoms, were highlighted. Most participants emphasized the benefits of physical activity, nutrition, and social support. Conclusions: Findings highlight significant health challenges in women, underscoring the need for gender-specific care and tailored support to improve healthcare outcomes

MS/Neuroinflammatory Disease

P.010

Interim efficacy and safety results from the ongoing phase 3 CHAMPION-NMOSD trial of ravulizumab in adults with AQP4-Ab+ NMOSD

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Background: The complement component C5 inhibitor, ravulizumab, is approved in Canada for the treatment of adults with AQP4-Ab+ NMOSD. Updated efficacy and safety results from the ongoing CHAMPION-NMOSD (NCT04201262) trial are reported. Methods: Participants received IV-administered, weight-based dosing of ravulizumab, with loading on day 1 and maintenance doses on day 15 and every 8 weeks thereafter. Following a primary treatment period (PTP; up to 2.5 years), patients could enter a long-term extension (LTE). Outcome measures included safety, time to first adjudicated on-trial relapse (OTR), risk reduction, and disability scores. Results: 56/41 patients entered/completed the LTE as of June 14, 2024. Median follow-up was 170.3 weeks (186.6 patient-years). No patients experienced an OTR. 94.8% (55/58 patients) had stable or improved Hauser Ambulation Index scores. 89.7% (52/58 patients) had no clinically important worsening in Expanded Disability Status Scale scores. Treatment-emergent adverse events (98.4%) were predominantly mild and unrelated to ravulizumab. Serious adverse events occurred in 25.9% of patients. Two cases of meningococcal infection occurred during the PTP, and none in the LTE. One unrelated death (cardiovascular) occurred during the LTE. Conclusions: Ravulizumab demonstrated long-term clinical benefit in AQP4-Ab+ NMOSD relapse prevention while maintaining or improving disability measures, with no new safety concerns.