

Orthostatic hypotension in Parkinson's disease: is there a role for the locus coeruleus?

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Introduction: Orthostatic hypotension (OH) is a common and debilitating non-motor symptom in Parkinson's disease (PD) but the mechanisms underlying its development remain largely elusive. Peripheral and central noradrenergic denervation are both likely to play a key role¹. Locus coeruleus (LC) is the main noradrenergic nucleus of the brain and its early degeneration in PD has been put in relation with a variety of non-motor symptoms, including OH, but with inconsistent results[2-4].

Objective: To test whether degeneration of the LC is associated with OH in PD.

Methods: A total of 21 cognitively intact PD patients and 52 age matched healthy volunteers (HC) underwent 3T magnetic resonance (MRI) with specific neuromelanin-sensitive FSE T1-weighted sequences for LC. For each subject, a template space-based LC-MRI was used to calculate LC signal intensity (LC ratio) and the estimated number of voxels (nVOX) belonging to LC[5,6]. In a case-control study we compared the two MRI-LC parameters in 11 PD patients with OH (OH+) versus 10 without OH (OH-) (matched for sex, age and disease duration) using Kruskal Wallis test. We also tested for correlations between subject's LC-MRI parameters and orthostatic drop in systolic blood pressure.

Results: PD with and without OH did not differ significantly based on demographics and clinical characteristics (LEDD, UPDRS-III, MoCA, HAM-A, HDRS, RBD and SCOPA-AUT scales), except for blood pressure measurements. Both LC ratio and nVOX were significantly lower in PD compared to HC, while no differences were observed between PD OH+ and PD OH-. Additionally, no correlation was found between the MRI-LC parameters and the orthostatic drop in systolic blood pressure or the clinical severity of autonomic symptoms (SCOPA-AUT score).

Conclusions: Our results failed to indicate that the LC MRI parameters were associated with the presence of OH in PD but confirmed a marked alteration of LC signal in PD patients.

References:

- [1] Zhu S, Li H, Xu X, et al. The Pathogenesis and treatment of cardiovascular autonomic dysfunction in Parkinson's disease: what we know and where to go. *Aging Dis.* 2021; 12:1675-1692.
- [2] Sommerauer M, Fedorova TD, Hansen AK, et al. Evaluation of the noradrenergic system in Parkinson's disease: An 11C-MeNER PET and neuromelanin MRI study. *Brain* 2018; 141:496-504.
- [3] Tong Q, Chen L. Lack of association of locus coeruleus pathology with orthostatic hypotension in Parkinson's disease. *J Parkinsons dis.* 2021;11 :233-237.
- [4] Madelung CF, Meder D, Fuglsang SA, et al. Locus coeruleus shows a spatial pattern of structural disintegration in Parkinson's disease. *Mov Disord.* 2022; 37:479-489.
- [5] Giorgi FS, Martini N, Lombardo F, et al. Locus Coeruleus magnetic resonance imaging: a comparison between native-space and template-space approach. *J Neural Transm (Vienna).* 2022; 129:387-394.

[6] Giorgi FS, Lombardo F, Galgani A, et al. Locus coeruleus magnetic resonance imaging in cognitively intact elderly subjects. *Brain Imaging Behav.* 2022; 16:1077-1087.