so far. Clinical phenotypes are very similar to those of PARK8 except for dementia. Taken together, clinical phenotypes are benign including good responsiveness to levodopa compared to PARK8. Further studies will be needed to evaluate the clinical symptoms such as the presence of depression or olfactory dysfunctions.

doi:10.1016/j.jns.2015.08.226

152
WFN15-1211
Movement Disorders 3
Study to evaluate the safety, dosage levels and response to inosine administration in Parkinson's disease

M. Nomoto, H. Iwaki, M. Nagai, N. Nishikawa, H. Yabe, R. Ando. *Neurology and Clinical Pharmacology, Ehime University School of Medicine, Toon, Japan*

Background and objective: Neuroprotective agents for Parkinson's disease have been investigated. We confirmed the values of uric acid with PD in Japan were lower compared to the controls (Iwaki et al. Ehime Medical Journal, 2013). Uric acid might be neuroprotective in PD. Inosine is the precursor of uric acid in the body. We evaluated the safety, dosage levels and response of inosine administration in Parkinson's disease.
Patients and methods: Patients with PD who showed lower values of uric acid were enrolled. Patients who suffered from renal or gall bladder stone were excluded. Ten subjected were enrolled and 500 to 1500 mg of inosine were prescribed once or twice a day to keep the values more than 6 mg/dl in the blood for one year. They were also examined by the echographic examination every 3 month to find renal or gall bladder stones. The study was approved by IRB and was done in accordance to Helsinki Declaration.
Results: The uric acid of the patients increased more than 6 mg/dl or high. There were no severe or no intolerable signs or symptoms. No patients showed the increase of UPDR scores at ON time. No patients aborted the program.
Conclusion: The doses of inosine would be 500 to 1500 mg per day to keep the uric acid level more than the mean value, and the doses applied were safe up to one year. There was no increase of part 3 UPDRS scores at the ON time up to one year.

doi:10.1016/j.jns.2015.08.227