Reviewer's report

Title: Clinical aspects of palliative care in advanced Parkinson's disease

Version: 1 Date: 27 May 2012

Reviewer: Angelo Antonini

Reviewer's report:

The authors revise conditions that may lead to palliative care in PD. There are a lot of inaccurate statements requiring major revision.

1) There are several therapeutic options for advanced PD and the authors should list duodenal levodopa infusion, apomorphine infusion and deep brain stimulations.

2) Pain and depression are present throughout the disorder and are mostly linked to off periods.

3) The authors when discussing medical therapies for motor complications, should be more specific about the currently available COMT inhibitors and indicate that tolcapone is particularly indicated in advanced patients when the most common entacapone is not longer effective. I would also stress the usefulness of rotigotine patch for patients with swallowing problems.

4) Dyskinesia are common in advanced PD but not necessarily represent a problem in most cases. They are not a big problem in patients with dementia. Use of botulinum toxin should be discussed more extensively including potential limitations.

5) Auditory and visual tricks should be detailed when discussing freezing.

6) Psychosis may occur not only in end stage patients. Olanzapine cannot be used due to worsening extrapyramidal features.

7) The effect of donepezil, rivastigmine but also memantine should be better detailed. It is important when discussing about the management of hallucinations.

8) I would discuss anxiety and depression together as more frequent during off periods.

9) Apathy goes together with cognitive dysfunction.

10) I would omit the paragraph on fatigue.

Level of interest: An article of limited interest.

Quality of written English: Acceptable.
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have no conflict of interest