

Cognitive Control Processes  

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and  
Working Memory  
in  
Parkinson's Disease (PD)

# Early Stage Idiopathic PD

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## Motor Symptoms

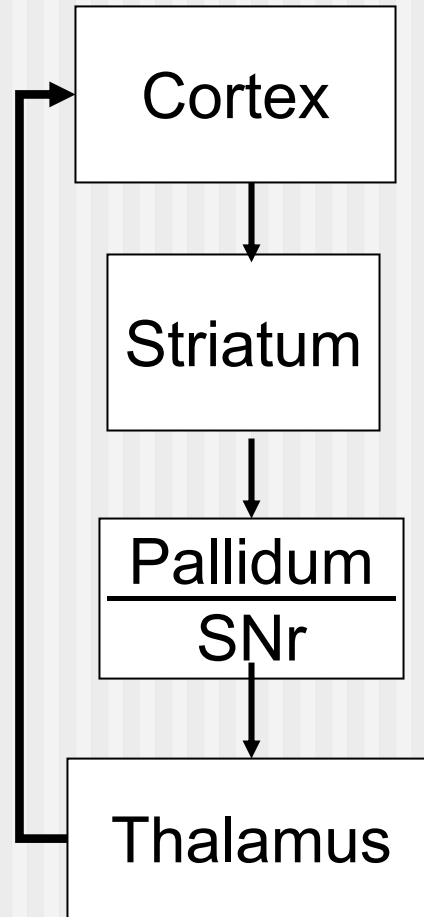
1. Rigidity
2. Tremor
3. Bradykinesia - extreme slowness of movement

# Core Pathological Hallmark

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- Progressive loss of dopamine (DA) neurons in the ventrolateral tier of the substantia nigra pars compacta which primarily projects to the dorsal striatum

# Severe SNpc DA Neuron Loss in PD



# Dopamine depletion

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Severe dopamine depletion in dorsal striatum affects signals traveling via the nigrostriatal pathway from the striatum to the supplementary motor area and dorsolateral PFC

# Progressive Loss of Dopamine Neurons

Depletion of fronto-striatal dopamine

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graph TD; A[Depletion of fronto-striatal dopamine] --> B[Slowed psycho-motor processing speed]; B --> C[Reduced working memory capacity]; C --> D[Impaired Reasoning ability];
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Slowed psycho-motor processing speed

Reduced working memory capacity

Impaired Reasoning ability

# Less Severely Affected

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Direct dopaminergic projections from the ventral tegmental area (VTA) to the PFC via the mesocortical pathway are relatively spared

# Executive Deficits

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Due to strong reciprocal connections between the striatum and specific areas of the frontal cortex, PD pathology results in a host of executive deficits, such as planning, attention set-shifting, and working memory