

FIGURE 1

FIGURE 2

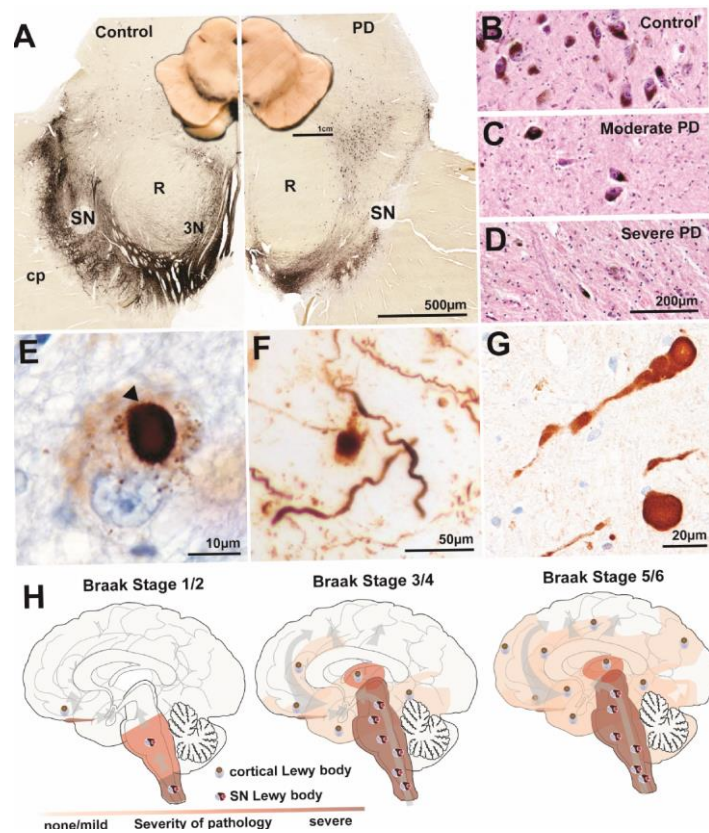


FIGURE 3: Molecular Mechanisms involved in PD pathogenesis
 (needs to be adapted from: Althauda&Foltynie, Nat Rev Neurol 2015)

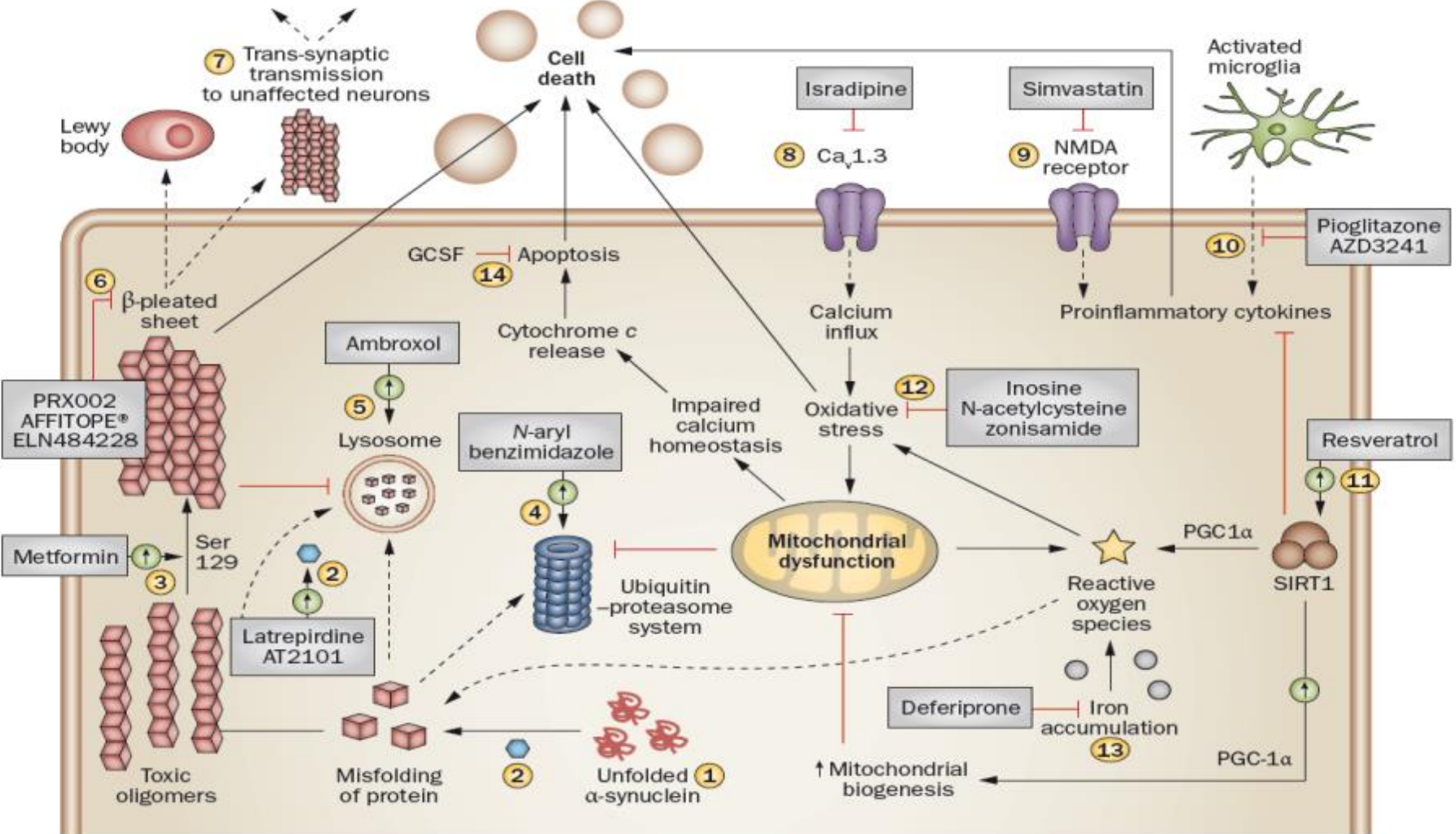
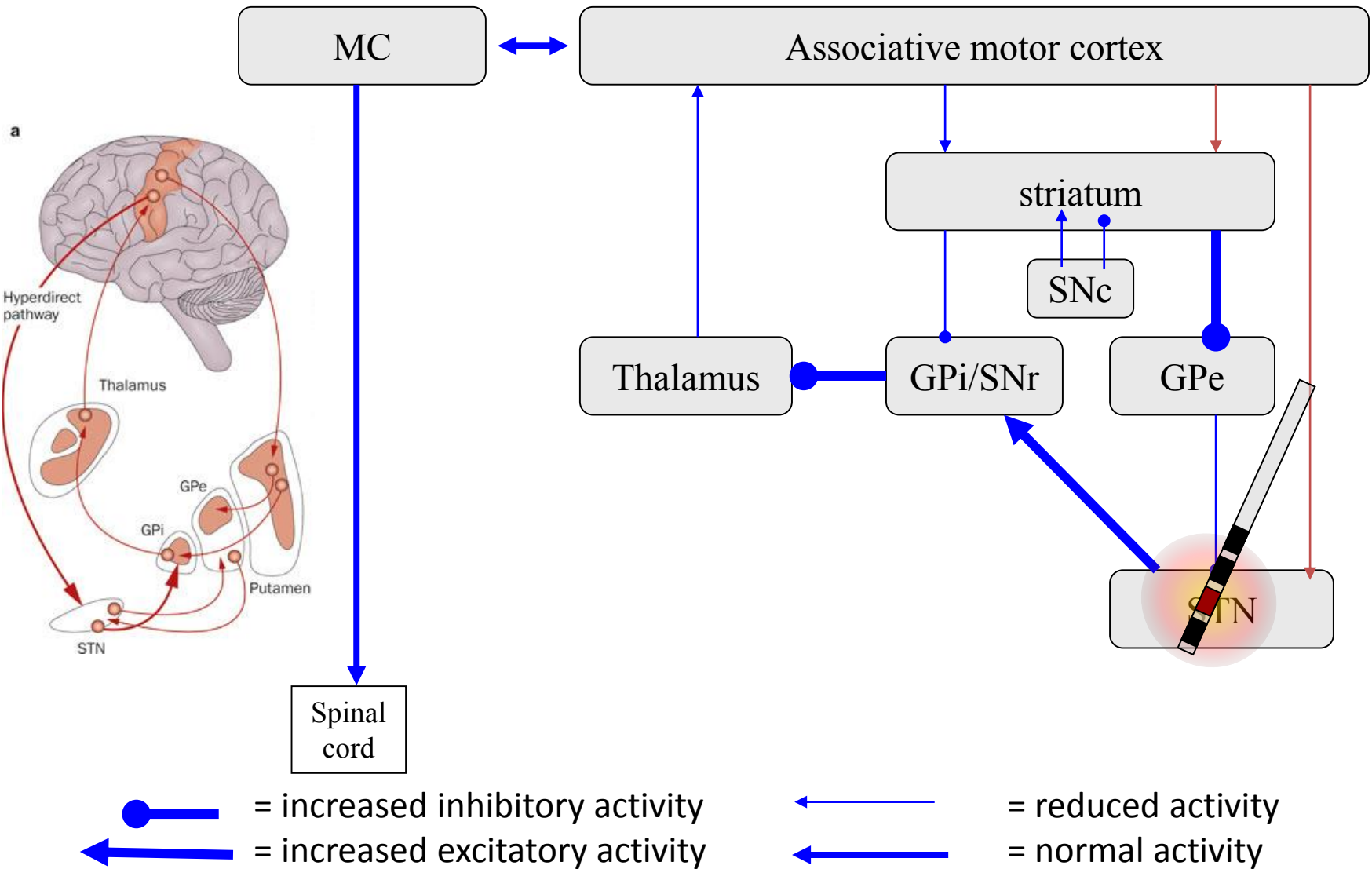


FIGURE 3

FIGURE 4: Basal ganglia – motor cortex circuitry: activity changes in PD



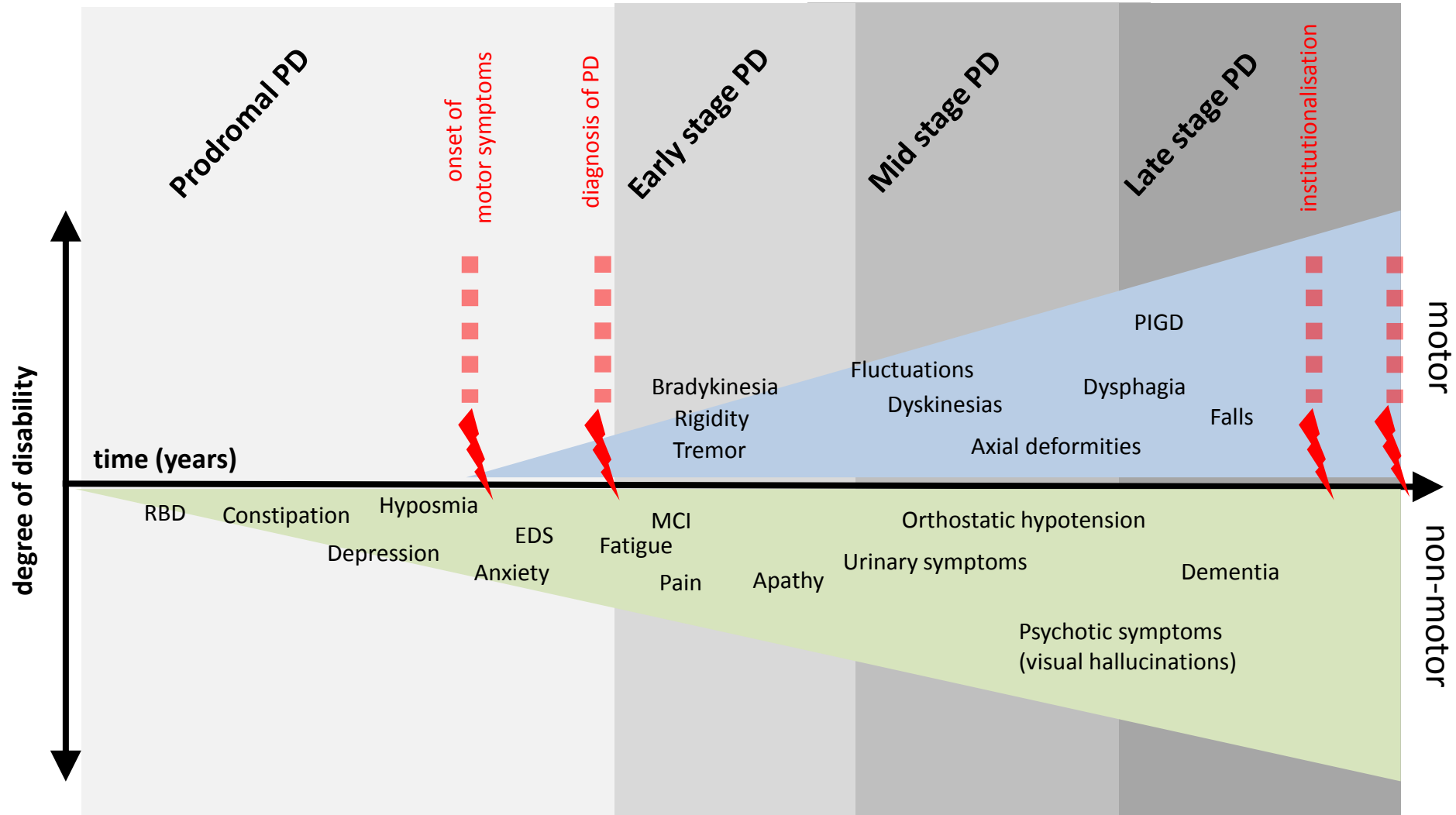


FIGURE 5

FIGURE 6: please see separate file

Dopaminergic drug targets to treat the motor symptoms of PD

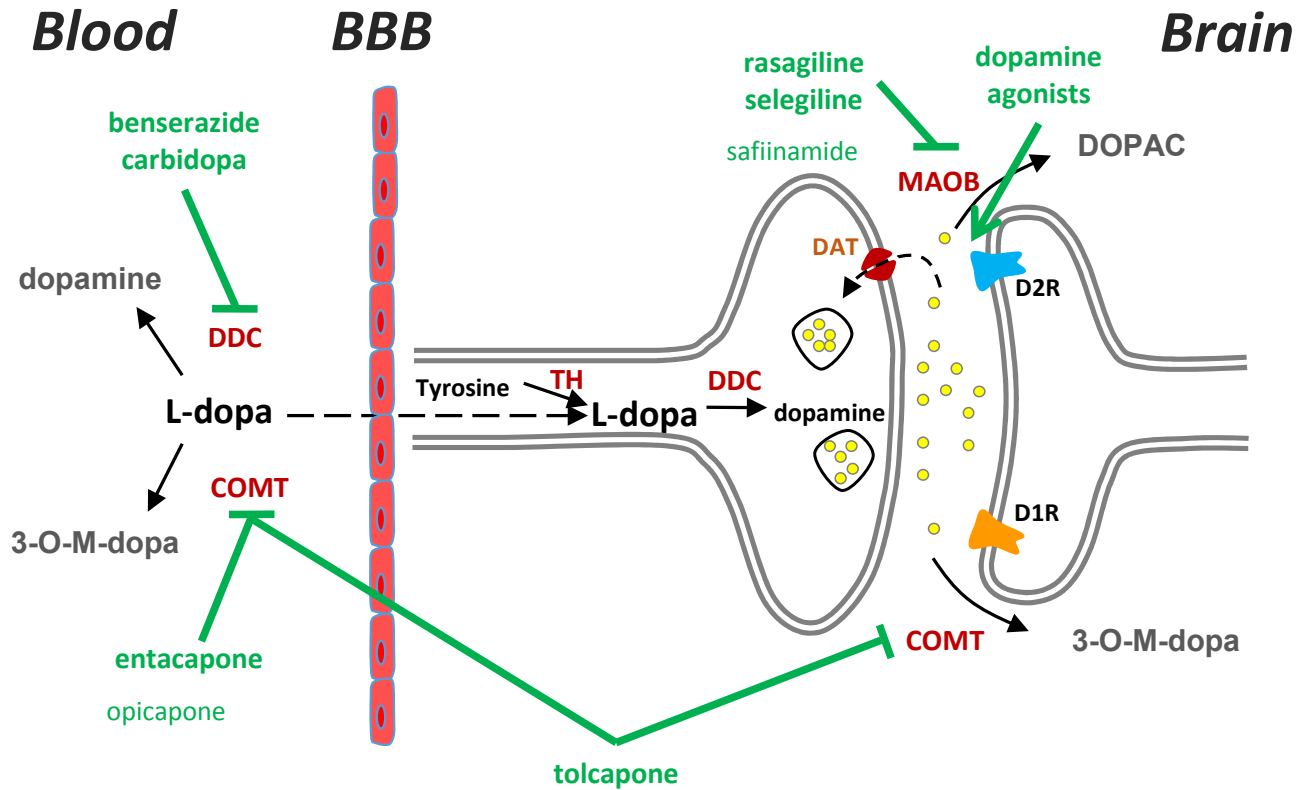
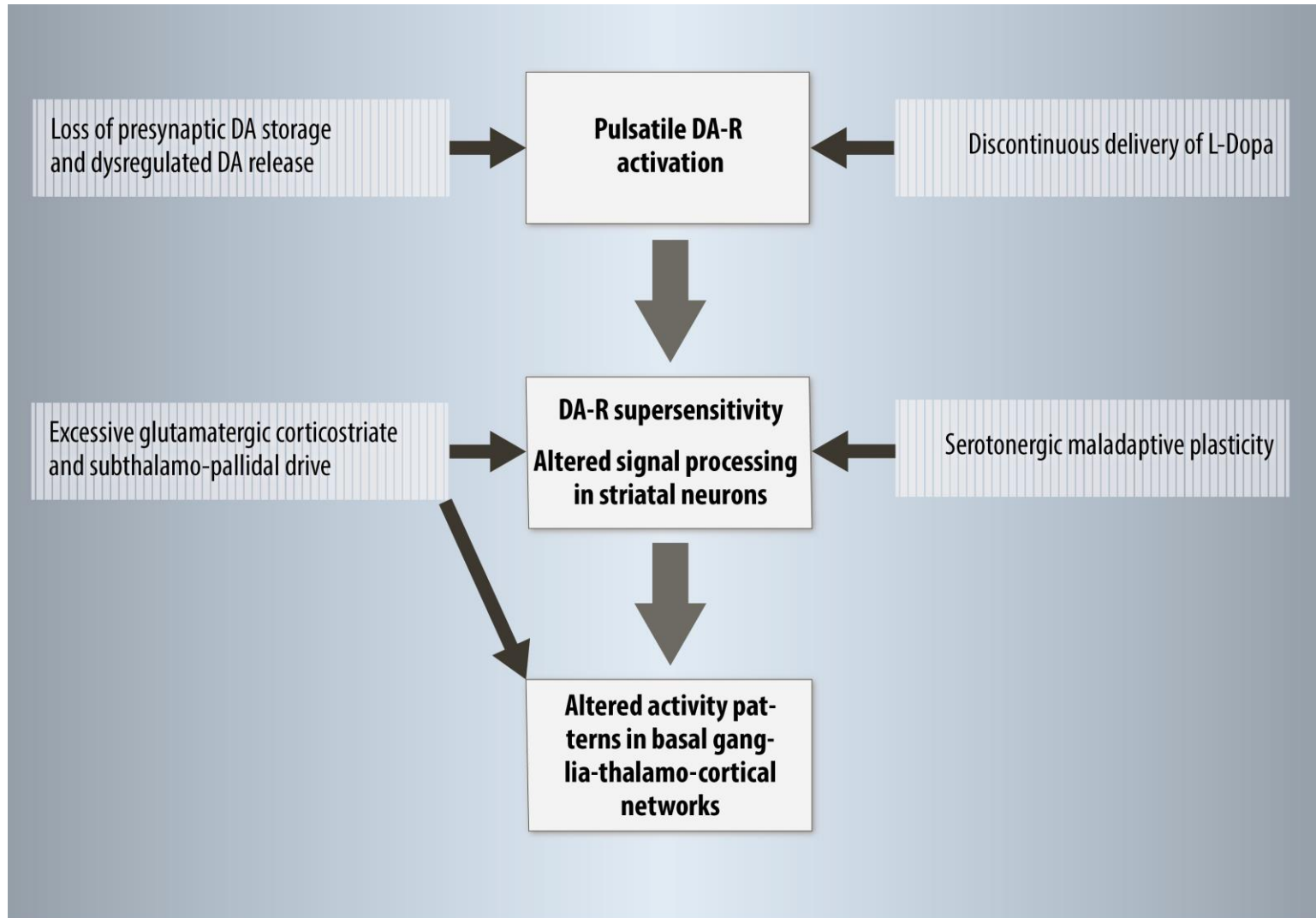


FIGURE 7

FIGURE 8: Mechanisms underlying L-Dopa Induced dyskinesias



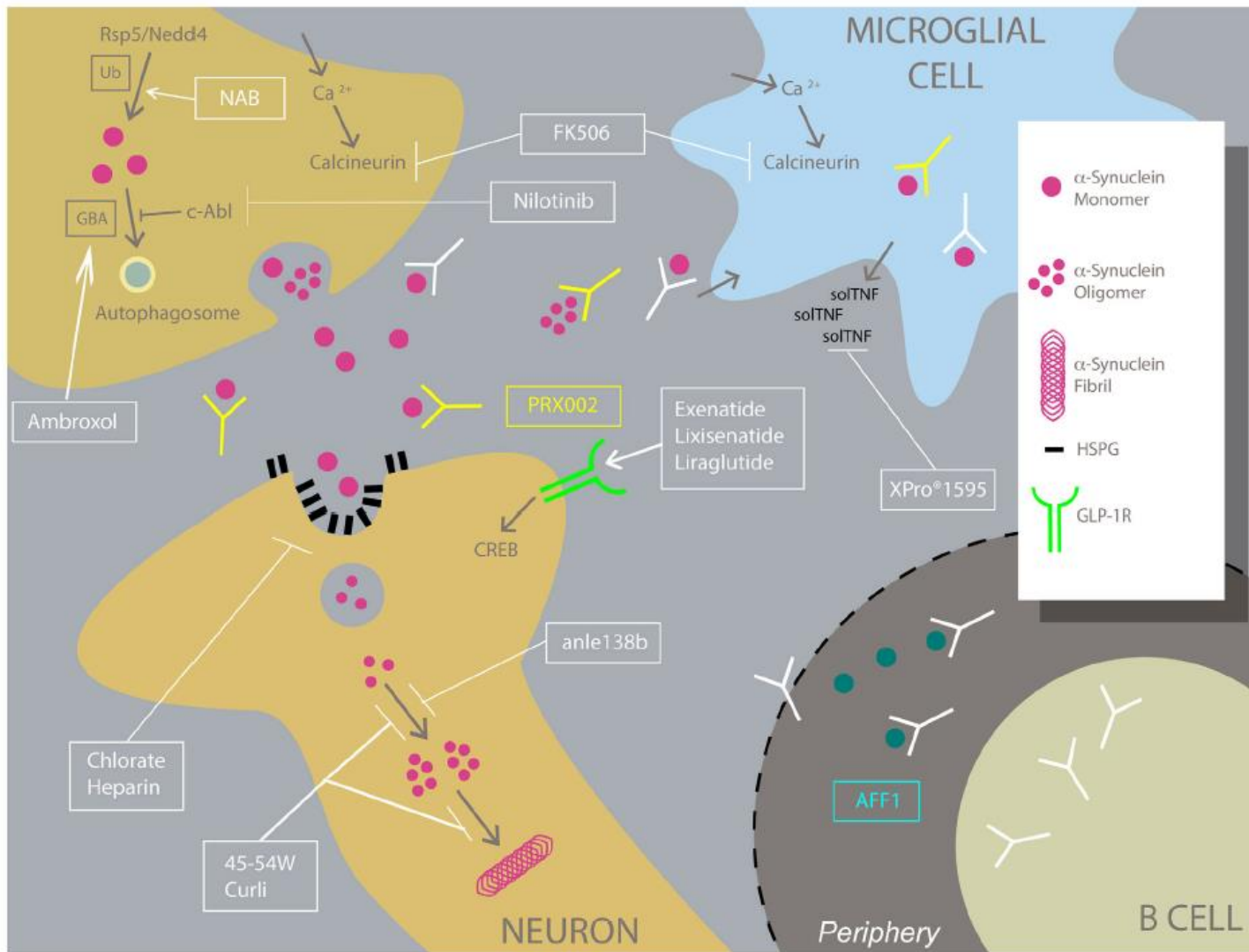


FIG. 1. Novel therapeutic strategies for Parkinson's disease (PD). New therapeutic approaches for the treatment of PD identified in basic research studies include active immunotherapy (AFF1); passive immunotherapy (PRX002); inhibition of α -Syn uptake (chlorate, heparin); inhibition of α -Syn oligomerization or fibrillation (anle138b, curli, 45-54W); stimulation of α -Syn degradation (ambroxol, NAB, nilotinib); calcineurin inhibition (FK506); soluble tumor necrosis factor (solTNF) inhibition (XPro[®]1595); and glucagon-like peptide 1 receptor (GLP-1R) stimulation (exenatide, lixisenatide, liraglutide). CREB, cyclic adenosine monophosphate response element binding protein; GBA, glucocerebrosidase; HSPG, heparin sulfate proteoglycan; NAB, N-aryl-benzimidazole; Ub, ubiquitin. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]