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Comments on the article "Mortality rates for Parkinson's disease are increasing in Spain. An age-period-cohort and joinpoint analysis of mortality rates from 1981 to 2020."

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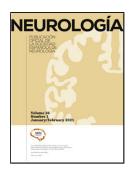
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Asunto: Comentarios sobre el artículo " Las tasas de mortalidad para la Enfermedad de Parkinson están incrementando en España. Un análisis Edad-Periodo-Cohorte y Joinpoints en las tasas de mortalidad desde 1981 a 2020"

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Dear Editor:

We read with great interest the recent article in *Neurología* on trends in Parkinson's disease (PD) mortality rates in Spain.¹ We congratulate the authors on their comprehensive analysis and on the use of advanced statistical methods to evaluate mortality trends in the country. Nonetheless, we would like to share some critical observations that we consider essential to enrich the discussion of the results presented, based on our past experience conducting prospective population-based studies in Spain, and particularly the Neurological Disorders in Central Spain (NEDICES) study.²

One of the aspects we considered crucial is the study's retrospective approach and the use of hospital records as the main source of data. Though valuable, this approach presents considerable limitations, particularly with regard to the diagnosis and recording of PD. As we have shown in several previous studies, PD is significantly under-reported in death certificates. This under-reporting may be explained by several factors, including the omission of the PD diagnosis at advanced stages of the disease, the presence of comorbidities, or the lack of access to neurologists.

It is also concerning that a considerable percentage of patients with PD are not diagnosed with the disorder during their lifetime, as we have described in previous studies. For instance, in the prevalence study, we found that approximately 28% of patients with PD had not previously been diagnosed with the condition, which suggests that data from hospital registries may not reflect the true burden of this disease in the population. This underdiagnosis is particularly problematic when these

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registries are used to analyse mortality trends, as this may result in significant underestimation of the real rate of mortality attributed to PD. Unlike studies based on hospital registries, population-based approaches enable the identification of previously undiagnosed cases, as well as continuous follow-up of patients, providing more reliable data on PD prevalence, incidence, and mortality.

We are sincerely grateful for the authors' contribution to the analysis of PD mortality in Spain, and recognise the value of their study in this crucial area of research. However, we suggest that in future studies, they consider including data from prospective population-based cohorts, like those used in the NEDICES study, to provide a more complete, more precise view of the impact of PD on mortality. This combination of research approaches may help to correct potential underestimation of mortality due to underdiagnosis and under-reporting of PD in hospital registries.

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