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# Involuntary saccades and binocular coordination during visual pursuit in Parkinson's disease

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10		Eye movement control during visual pursuit in
11		Parkinson's disease
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# 33 Abstract:

Background. Prior studies of oculomotor function in Parkinson's disease (PD) have either
 focused on saccades without considering smooth pursuit, or tested smooth pursuit while
 excluding saccades. The present study investigated the control of saccadic eye movements
 during pursuit tasks and assessed the quality of binocular coordination as potential sensitive
 markers of PD.

- 39 **Methods.** Observers fixated on a central cross while a target moved toward it. Once the 40 target reached the fixation cross, observers began to pursue the moving target. To further
- 41 investigate binocular coordination, the moving target was presented on both eyes (binocular
- 42 condition), or on one eye only (dichoptic condition).

**Results:** The PD group made more saccades than age-matched normal control adults (NC) both during fixation and pursuit. The difference between left and right gaze positions increased over time during the pursuit period for PD but not for NC. The findings were not related to age, as NC and young-adult control group (YC) performed similarly on most of the eye movement measures, and were not correlated with classical measures of PD severity

48 (e.g., Unified Parkinson's Disease Rating Scale (UPDRS) score).

- 49 **Discussion:** Our results suggest that PD may be associated with impairment not only in 50 saccade inhibition, but also in binocular coordination during pursuit, and these aspects of
- 51 dysfunction may be useful in PD diagnosis or tracking of disease course.
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#### 57 **1. Introduction**

Parkinson's disease (PD) is a complex neurodegenerative disorder characterized by the 58 cardinal motor signs of tremor, rigidity, bradykinesia, disordered gait, balance, and posture 59 (Massano & Bhatia, 2012; Rodriguez-Oroz et al., 2009). Individuals with PD have difficulty 60 in moving the limbs and trunk, as well as in controlling oculomotor function. It has been 61 known for some time that those with PD show prolonged saccadic latency (Rascol et al., 62 1989) and reduced smooth pursuit gain relative to healthy age-matched individuals (White, 63 Saint-Cyr, Tomlinson, & Sharpe, 1983). Uc et al. (2006) found visual search performance 64 was impaired in PD during driving, and Toner et al. (2012) showed that impaired visual 65 search in PD could be attributed to sensory deficit. Many other studies have also reported 66 perceptual and visuospatial disturbance in PD (Bodis-Wollner, 2003; Cronin-Golomb, 2010; 67 Davidsdottir, Cronin-Golomb, & Lee, 2005; Davidsdottir, Wagenaar, Young, & 68 Cronin-Golomb, 2008; Diaz-Santos et al., 2015). It is still unclear whether these oculomotor 69 symptoms may co-occur with, or even arise before, the disease-characteristic motor 70 symptoms in limbs and trunk. 71

Among the oculomotor functions, smooth pursuit eye movements serve an important 72 73 role in vision by maintaining fixation on the selected moving object as it moves across visual field. Conventionally, smooth pursuit has been studied using small targets that produce either 74 local or global motion signals to initiate and maintain pursuit (Santos, Gnang, & Kowler, 75 2012). Although there are higher-level signals such as prediction, anticipation and symbolic 76 cues that may elicit anticipatory pursuit (Kowler, Aitkin, Ross, Santos, & Zhao, 2014), these 77 high-level signals are not sufficient to maintain pursuit after its initial onset. Unlike other 78 types of eye movements such as saccades, the quality of smooth pursuit highly relies on 79 motion signals. The dependence of smooth pursuit on motion perception highlights the 80 connection between the oculomotor and perceptual systems. Accordingly, the pattern of eye 81 movements may reveal the quality of perception. Support for this possibility is provided by 82 the existence of brain regions (such as middle temporal area [MT]) that are important for both 83 motion perception and the generation of smooth pursuit (Keller & Heinen, 1991). Prior 84 studies have shown that lesions of MT led to impairment in pursuing a moving target 85 (Newsome & Wurtz, 1985), which suggests that the motion signal processed in MT is also 86 supplied to the pursuit system. Hence, studying smooth pursuit eye movements could be a 87 useful tool for understanding the disorders that feature both perceptual and motor 88 dysfunction, such as PD. 89

Studies of oculomotor control in PD have often focused on smooth pursuit without 90 considering the effect of saccades occurring during the pursuit (Keller & Khan, 1986; Ladda, 91 Valkovic, Eggert, & Straube, 2008), or on saccade tasks in which no smooth pursuit was 92 initiated (Chan, Armstrong, Pari, Riopelle, & Munoz, 2005; Crawford, Henderson, & 93 Kennard, 1989). When analyzing smooth pursuit, saccades are usually discarded or replaced 94 with the results of linear interpolation (Ke, Lam, Pai, & Spering, 2013). By contrast, a 95 number of studies have pointed to the interrelation of smooth pursuit and saccades. Erkelens 96 (2006) asked observers to make a saccade and then engage in pursuit of a series of moving 97 targets in various locations. When the targets appeared one at a time, pursuit latencies were 98 shorter than saccade latencies. But when a new moving target appeared before the currently 99 pursued target was removed, pursuit and saccadic latencies became similar. This result raises 100 101 the possibility that pursuit eye movements and saccades share a single preparatory input and may be governed by a common decision process (Joiner & Shelhamer, 2006; Krauzlis & 102 Miles, 1996; Krauzlis, Zivotofsky, & Miles, 1999). Krauzlis & Dill (2002) further found that, 103 in superior colliculus, the activity of the same set of neurons represents target selection not 104 only for saccades but also for smooth pursuit. Behavioral studies have also indicated a tight 105 correlation between saccades and smooth pursuit in predicting object motion in the natural 106 environment (Diaz, Cooper, Rothkopf, & Hayhoe, 2013). Together these findings suggest 107

that investigating smooth pursuit without taking into account the effect of saccades may miss
the opportunity to evaluate their coordination, which may itself serve as a new measure of
eye movement disturbance in PD. It may also be important for understanding of the observed
changes in motor behaviors that depend upon the integration of visual signals, such as noted
above for visual search while driving, and further for daily locomotion (including avoidance
of falls).

Prior studies have investigated the effect of PD on saccades since one of the hallmarks of 114 PD is the dysfunction of the basal ganglia, which also control the generation of saccades 115 116 (Bergman et al., 1998; Hikosaka, Takikawa, & Kawagoe, 2000). Clark, Neargarder, & Cronin-Golomb (2010) found that observers with PD had impaired performance on an 117 antisaccade task but not on prosaccades (reflexive saccades), as predicted by the dependence 118 of antisaccades on frontal-lobe function, which is compromised in PD. Helmchen et al. 119 (2012) studied the effect of PD on both pursuit and saccades. They found that the ability to 120 anticipate future events before pursuit initiation was impaired in PD, but the latency of 121 saccades did not differ from that seen in the control group. Although both saccades and 122 smooth pursuit were investigated in this study, they were tested in separate tasks and 123 therefore it is still unclear how well saccades are inhibited during pursuit or how the 124 saccades are triggered. 125

126 In addition, very little research has investigated the effect of PD on binocular coordination. Binocular coordination keeps the lines of sight from two eyes aligned for the 127 process of fusion. It has been established that individuals with PD suffer from several visual 128 deficits, such as diplopia (Armstrong, 2011). It is possible that individuals with PD may also 129 have impaired binocular coordination which leads to a deficit of convergence, as prior study 130 found that children with dyslexia also show the deficit of binocular coordination (Kirkby, 131 Blythe, Drieghe, & Liversedge, 2011). Evaluating binocular coordination in PD may provide 132 useful insight into any dysfunction of oculomotor control. 133

The goal of the present study was to understand the eye movement control during 134 smooth pursuit in PD and investigate the possible effect of PD on binocular coordination. To 135 do this, we used a simple pursuit task while varying the viewing conditions in which the 136 moving target could be seen by both eyes or by only one eye. This prusit task consisted of 137 two periods (fixation period then pursuit period), which required observers to maintain their 138 gaze first on the stationary fixation and later on a moving target. During the fixation 139 period, the later pursuit target would keep approaching observers' gaze position so that it 140 would serve as a distractor to increase the difficulty of holding their fixation. Normal 141 oberservers should be able to maintain their fixation even when the distractor was heading to 142 their gaze and then keep their fixation on the moving target during the pursuit. We assessed 143 the observers' ability to inhibit saccades both during fixation and duing the pursuit within the 144 same task. Aging has been found to have effects on the gain of pursuit (Moschner & Baloh, 145 1994), the dynamics and metrics of saccades, such as peak velocity and saccadic duration 146 (Munoz, Broughton, Goldring, & Armstrong, 1998), and also the inhibitory control of 147 saccades (Butler, Zacks, & Henderson, 1999). Considering the effects of aging motivated a 148 novel aspect of the present study of participants with PD and age-matched normal control 149 adults (NC) by the inclusion of a young-adult control group (YC) in order to investigate 150 whether aging has an effect on the control of eye movements. We were also interested in 151 examining whether aging affects the coordination between saccades and smooth pursuit eye 152 movements during pursuit. 153

## 154 **2. Methods**

155 2.1 Participants

156 Thirty observers participated in the study. Ten (8 men and 2 women) had been diagnosed with idiopathic Parkinson's disease (PD) without dementia (mean age 64.5 years [SD = 7.2], 157 mean education 17.5 years [SD = 2.4]) and another ten (5 men and 5 women) were healthy 158 normal control adults (NC) (mean age 61.2 [SD = 7.3], mean education 16.3 [SD = 1.8]). All 159 participants with PD were screened for dementia using an extensive neuropsychological 160 assessment that assessed multiple cognitive domains. The NC group was matched for age and 161 education to the PD group (age, t(18) = 1.01, p = 0.32; education, t(18) = 1.28 p = 0.22). A 162 further ten observers were young control adults (YC, 7 men and 3 women), all of whom were 163 undergraduates at Boston University (age range 18-22). Members of the PD and NC groups 164 were assessed for overall mental status using the modified Mini-Mental State Examination 165 (MMSE; score converted to standard MMSE) (Stern, Sano, Paulson, & Mayeux, 1987). 166 Mean MMSE for those with PD was 28.8 (SD = 0.7) and for NC was 29.2 (SD = 0.5). 167 Participants with PD were recruited from Parkinson Disease Clinic at the Boston Medical 168 Center and the Fox Foundation Trial Finder, and NC were recruited from the community. 169 The PD and NC participants were compensated for their time. The YC participants received 170 course credit. All procedures were approved by the Boston University Charles River Campus 171 Institutional Review Board (1204E), and consent was obtained according to the Declaration 172 of Helsinki. 173

Diagnosis of idiopathic PD was made by the participants' neurologists, using United Kingdom Parkinson's Disease Society Brain Bank clinical diagnostic criteria (Hughes, Daniel, Kilford, & Lees, 1992). They met criteria for mild to moderate stages of the disorder (stages 1-3 on the Hoehn and Yahr scale (Hoehn & Yahr, 1967)). Disease severity was determined with the use of the Unified Parkinson's Disease Rating Scale (UPDRS, 4 sections; (Fahn, Elton, Committee, & others, 1987; Levy et al., 2005), Table 1).

#### 180 *2.2 Apparatus*

Movements of the left and right eyes were tracked and recorded using an SR Research 181 Eye-Link II head mounted eye tracker, sampling at 250 Hz. A chin rest was used to stabilize 182 the head. The stimulus was presented by a 3D projector (Optoma HD25, HD, 1080p, 2000 183 ANSI Lumens) with a frame rate of 120 Hz through a polarized active shutter (Smart Crystal 184 Pro, Intelligent 3D Polarization Modulator). The active shutter polarization oscillated at 120 185 Hz in synchrony with the projector frame update and was placed in front of the projector. 186 Through this method, the left and right eye images could be assigned to different 187 polarizations at each consecutive time frame. Observers wore passive polarizing glasses 188 (Volfoni Intelligent 3D Eyewear, VP-101) throughout the experiment and the eye 189 movements were recorded through the glasses. Observers saw only the left eye frame with 190 the left eye for 8.3 ms and then saw only the right eye frame with the right eye for the next 8.3 191 ms. In this way, we achieved stereoscopic and dichoptic displays with passive polarizing 192 glasses while avoiding interruption of the eye tracking signals. 193

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## 195 *2.3 Stimulus display and procedure*

The horizontal and vertical spans of the projected display on the screen were 47 and 27 196 197 degrees, respectively. Two viewing conditions were tested separately. Each condition started with a five-point calibration procedure, followed by presenation of a small fixation cross in 198 the center of the screen. Then observers would press the space bar to start the trial. In 199 binocular viewing conditions, both eyes saw identical stimuli. In dichoptic viewing 200 conditions, one eye would see the moving target and the selection of which eye seeing the 201 target was randomly chosen. Figure 1 shows the experimental procedure in the binocular 202 condition. Observers were instructed to fixate on a marker after the trial began (the central 203 cross in Figure 1a). A chin rest was used to maintain head stability. After a short duration, 204

205 randomly selected in a range of 200-400 ms, a target, which was a red disc with the diameter of 0.5 deg, appeared at one of two possible locations (left/right edge) in the peripheral visual 206 field (with 22° of eccentricity) and started to move towards the fixation point with the speed 207 of 10 deg/s. Observers were instructed to keep fixating on the central marker (Figure 1b) 208 before the target hit the marker. When the target reached the central marker (trigger moment), 209 the marker would disappear and the target kept moving along the same direction. Observers 210 were asked to pursue the moving target as soon as the target reached the central fixation. As 211 the target moves with a constant speed, the pursuit start time would be predictable and 212 observers would keep pursuing the target until it reaches the edge of the display (22°). To 213 familiarize observers with the task, we conducted a set of practice trials before the 214 experimental trials. After the practice trials, observers conducted 10 trials in the binocular 215 216 viewing condition, followed by 20 trials in the dichoptic viewing condition. Each trial lasted approximately 6 seconds. 217



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Figure 1. (a) Fixation period (200-400 ms, randomly chosen to avoid observer's anticipation of target appearance). (b) A target appears in the peripheral visual field (e.g., at the right edge of the display) and starts to move towards the fixation point; (c) At the trigger moment, the fixation point for each eye disappears and the target keeps moving in the same direction at the original speed. (d) The observer's task is to maintain fixation during the fixation period and to pursue the moving target once it hits the central fixation point.

## 225 *2.4 Data Analysis*

Gaze positions for individual trials were stored for offline analysis. Horizontal eye 226 velocity was calculated from the time course of horizontal gaze positions. Each velocity 227 sample is the slope of the regression line of the gaze position samples within a sliding 228 window of 100 ms (which is similar to Santos et al., (2012) but the current study had a wider 229 window). Saccade onsets and offsets were detected offline using the Eyelink velocity 230 algorithm with a minimum amplitude criterion (1.5 deg). Saccades were excluded (along 231 with blinks) in the velocity trace and pursuit velocity analysis, and the gaps were filled by 232 233 interpolating the data adjacent to the gaps. Pursuit velocity was analyzed during the steady state pursuit, which was the interval 500-700 ms after pursuit starting point (Heinen, Jin, & 234 Watamaniuk, 2011). To avoid artifacts due to the edge of the display, the analysis focused on 235 the 3-second interval from one and half second before to one and half second after the 236 moving target reached the central fixation marker. 237

#### 239 **3. Results**

240 Figures 2a-c show the mean horizontal eye offset from the ideal fixating position and Figures 2d-f show mean horizontal eye velocity over time. In Figures 2a-c, the gaze position 241 relative to the ideal fixating position is shown as a function of time, with zero indicating the 242 moment of the target crossing the initial gaze position (trigger moment) and observers 243 needing to start pursuing the target. Observers fixated on the central fixation point and started 244 pursuing the horizontal moving target at time zero. Thus, the eye offset before time zero is 245 the gaze position relative to the fixation point and the offset after time zero is the gaze 246 position relative to the moving target. Negative numbers on position difference (vertical axis) 247 indicate that the gaze positions were behind the target position, and positive numbers indicate 248 249 that the gaze positions were ahead of the moving target. The intervals containing saccades during the fixation or smooth pursuit were excluded. 250



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252 Figure 2. (a-c) show the average horizontal eye-fixation offset from the requested central fixation/ the moving target and (d-f) represent the average eye velocity over time in the 253 blank background condition for YC (a, d), NC (b, e) and PD (c, f). (a-c) show the gaze offset 254 from target and (d-f) show the eye velocity. The offset before time = 0 is the eye-fixation 255 difference. The offset after time = 0 is the eye-target offset. Observers started to pursue the 256 horizontally moving target at time = 0. The black dashed line in d-f represents target velocity 257 (10 deg/s). Red and blue lines represent data from the right and left eyes, respectively. 258 Shading indicates +/- standard error across all ten observers per group. 259

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After the pursuit start time (trigger point, time = 0), there was a lag behind the target for all YC, NC and PD. Even though the eye-fixation offset for PD was similar to NC and YC during the fixation period (negative time), the eye velocity trace became unstable for PD during fixation. By contrast, both NC and YC were able to keep their fixation on the fixation point. This pattern can be shown by the number of saccades generated during the fixation period in the later analyses.

To evaluate the quality of pursuit performance, we computed the gain of smooth pursuit, which was the average pursuit velocity during the steady-state pursuit phase (the interval 500-700 ms after pursuit starting point, see Data Analysis section), divided by the target velocity. Figure 3 shows the pursuit gain for all three subject groups.





Figure 3. Pursuit Gain in binocular viewing condition.

A one-way ANOVA revealed a main effect of participant group (F(2,27) = 6.81, p = 0.004,  $\eta_{p2} = 0.3$ ). However, a post-hoc Tukey test showed no difference either between PD and NC (p = 0.26) or between YC and NC (p = 0.11).

277 Figure 4 shows the average saccade rates during fixation (-1.5 sec to 0) and during smooth pursuit (0 to 1.5 sec) for all PD, NC, and YC participants. A one-way ANOVA 278 indicated that during the pursuit, the saccade rates were different across subject groups 279  $(F(2,27) = 7.2, p = .003, \eta_{p2} = 0.35)$ . A post-hoc Tukey test indicated that saccade rates were 280 different between PD and NC (p = 0.03) and there was no difference between NC and YC (p281 = 0.69). The saccades were analyzed separately durig pursuit initial phase (0-500 ms) and 282 during steady phase (500-1500 ms) and PD participants made more saccades than NC and 283 284 YC in both initial phase (F(2,27) = 4.73, p = .017,  $\eta_{p2} = 0.26$ ) and the steady phase (F(2,27) =7.08, p = .003,  $\eta_{p2} = 0.34$ ). During fixation, there was no significant difference found in 285 saccade rates (F(2,27) = 2.75, p = .08,  $\eta_{p2} = 0.17$ ). 286 287



Figure 4. Average saccade rates during fixation (-1.5 to 0 sec) and smooth pursuit (0 to 1.5 sec) for the YC (blue), NC (red) and PD (green) groups in the binocular viewing condition.
The error bars indicate +/- standard error. A value of zero in fixation indicates that there was no saccade during the fixation period.

294 295 The results above show that individuals with PD had higher saccade rates during the 296 pursuit. It is possible that the increasing saccade rate during the pursuit was an attempt of correcting offset between fixation and the moving target as some prior study has shown 297 (Stuart, Alcock, Galna, Lord, & Rochester, 2014). To evaluate this possibility, we compared 298 the offset error before and after saccades during the pursuit. Figure 5 shows the post-versus 299 pre-saccadic offset for each observer in all three groups. The offset was calculated by 300 subtracting the target position from the eye position. Thus, the negative offset means the eye 301 was behind the target and positive offset means the eye was ahead of the moving target. 302

There are two possible reasons for generating saccades during pursuit: 1) observers 303 produced catch-up saccades to compensate for the offset when the eye was behind the 304 moving target; 2) observers failed to inhibit saccades when there was no need to initiate 305 them. Figure 5 shows that, unlike most of NC and YC who made saccades when their 306 fixations were behind the moving target in attempt to catch up with the moving target, about 307 half of PD observers made the saccades when the eyes were not behind the target or even 308 when the eyes have been ahead of the target and the saccades they made did not reduce the 309 overall offset from the moving target. This implies that the high saccade rates in PD (Figure 310 311 4) were not due to the attempt of correcting the pursuit error, but due to the other factors.

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Figure 5. Post- versus pre-saccadic offset for the YC (blue), NC (red) and PD (green) groups
in the binocular viewing condition. Each data point represents the average data for an
individual observer.

Taken together, these results suggest that participants with PD were more likely to have difficulty in maintaining their fixation on the moving target during pursuit. This deficit was not due to aging since the saccade rates and the cause of making saccades for the NC group were indistinguishable from those of the YC group.

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## 326 *3.1 Binocular coordination*

To test the possible deficit of binocular coordination, we analyzed the difference between left-right gaze positions during a 3-second interval from 1.5 second before to 1.5 second after the moving target reached to the fixation. Figure 6 shows the left-right eye divergence (the absolute difference of the left and right eye gaze positions on the screen).





Figure 6. Left-right gaze position difference over time in the binocular blank background condition for YC (a), NC (b) and PD (c). Each line represents the average data from a single observer. Observers started pursuit at time = 0.



While the vergence during fixation did not show a large difference for any of three groups, about half of PD participants showed an overall increasing cross-ocular difference when they started to pursue the moving target. To quantitatively examine the left-right eye divergence, we compared the average gaze position differences before and after the start of pursuit. Figure 7 shows the average binocular eye position difference during fixation and during pursuit.







**Figure 7.** Left-right eye divergence during fixation and during pursuit.

Buring fixation, there was no difference in binocular divergence (F(2,27) = 1.51, p = 0.24). Of note, during pursuit, there was a significant difference in binocular divergence across different groups (F(2,27) = 5.82, p = .008,  $\eta_{p2} = 0.3$ ). Post-hoc testing revealed a significant difference between PD and NC (p = 0.03) but no difference was found between NC and YC (p = 0.92).

351 Within the PD group, we also examined whether the impairment of binocular coordination was related to any particular clinical characteristic, in order to establish whether 352 our measures were sensitive to more severe disease. To do this, we computed the Spearman 353 correlation between the eye position difference during pursuit and scores on the Unified 354 Parkinson's Disease Rating Scale (UPDRS), the standard clinical measure of PD severity, 355 including motor and other aspects of PD; the Hoehn and Yahr index of stage of disease; and 356 the Columbia Modified Mini-Mental State Examination (MMSE), a measure of overall 357 cognitive status (Table 1). The MMSE had a very restricted range in our sample, who were 358 359 not demented. There was no correlation between eye position difference and UPDRS total score ( $\rho = -0.09$ , p = 0.8), UPDRS motor score ( $\rho = 0.12$ , p = 0.73), Hoehn and Yahr stage ( $\rho =$ 360 -0.16, p = 0.7), or MMSE ( $\rho = 0.13$ , p = 0.72). The lack of correlation between UPDRS score 361 with gaze position difference is comparable to what has been found in previous studies 362 (MacAskill et al., 2012; Stuart, Galna, Delicato, Lord, & Rochester, 2017). In addition, no 363 correlation was found between eye gaze position difference and saccade rates ( $\rho=0.07$ , p=364 0.85) or between disease duration and saccade rate during pursuit ( $\rho$ =-0.22, p = 0.54) or 365 between disease duration and other eye movement characteristics ( $\rho=0.19$  p=0.6 for 366 pursuit gain;  $\rho = -0.24$ , p = 0.51 for eye position difference). 367

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Subject	Age	Gender	Education (years)	Disease duratior (years)	Far acuity (4m)	MM SE	UPDRS motor	UPDRS total	Hoehn and Yahr stage	LED (mg per day)	Duration between tests of eye movement s and UPDRS (years)
PD1	71	F	18	9.4	20/25	29.2	5	21	1.5	770	< 0.25
PD2	64	М	16	10.3	20/20	27.7	34	44	3	750	< 0.25
PD3	56	М	12	3.1	20/16	28.7	17	27	2.5	225	< 0.25
PD4	71	М	18	2.7	20/16	27.7	14	35	1.5	225	< 0.50
PD5	73	М	21	5.2	20/20	28.7	9	20	1	10	NA
PD6	69	М	19	2.1	20/16	29.2	4	10	1	100	< 0.25
PD7	59	М	16	1.3	20/25	28.7	19	36	2	600	< 0.25
PD8	64	М	18	21	*	*	39	63	3	1675	< 0.25
PD9	67	М	18	1.3	20/20	29.7	33	48	2	0	< 0.25
PD10	51	F	19	1.1	20/25	29.2	16	28	3	0	< 0.25
Group Mean.	64.5		17.3	5.7	20/20		14.8	25.4	2	382.1	< 0.5
SD**	(7.2)		(2.4)	(6.3)	[20/16-20/25]		(12.4)	(15.5)	[1.5-3]	(530.8)	

Formal acuity assessment not available. The observer was able to easily see, detect, and locate the fixation
point and moving target.

\*\*Means, SDs except for Snellen acuity (for those available) and Hoehn and Yahr scale, which are medians

and ranges.

374 MMSE: Mini-Mental State Examination. UPDRS: Unified Parkinson's Disease Rating Scale. LED:

**375** Levodopa equivalent dose of medication, per Tomlinson conversion formula (Tomlinson et al., 2010).

Although we did not find that PD pursuit gain was significantly smaller than NC, our results show that PD made more saccades than NC or YC during pursuit but not necessarily

378 due to the need of correcting offset error during the pursuit. Moreover, binocular divergence

for PD increased over time during pursuit, which was not the case for NC or YC.

#### 382 *3.2 Dichoptic Conditions*

As shown above, it is possible that the coordination of the eyes may be impaired in 383 individuals with PD and this could explain why we saw an increasing position difference 384 between the eyes over time once the PD participants started the pursuit. If this is the case, we 385 may see a similar or even larger deviation between the two eyes when each eye sees a 386 different image. To investigate this possibility, the same observers participated in an 387 experiment composed of trials with a dichoptic condition in which one eye could see only the 388 moving target and the other eye could see only the background. Likewise during the fixation 389 period (before observers start pursuing while the gaze is on the fixation point), the dichoptic 390 condition (in which only one eye can see the fixation point), may reveal binocular divergence 391 392 during the fixation period.

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Figure 8 shows the difference between left-right gaze positions for the dichoptic condition. Similar to what we found in the binocular condition (Figure 6), many PD showed an increase in the binocular divergence after pursuit was initiated, whereas most of NC and



397 YC remained at the same level (except NC4).

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Figure 8. Binocular divergence over time in the dichoptic condition for YC (a), NC (b) and PD (c). Each line represents the average data from a single observer. Observers maintained their fixation then started pursuit at time = 0. Observers were same as those in Experiment 1.

403 Figure 9 shows the average binocular eye position difference during fixation and during 404 pursuit. Similarly, there was no binocular divergence difference across subject types during fixation (F(2,27) = 1.63, p = 0.2,  $\eta_{p2} = 0.11$ ), but there was a significant position difference 405 during pursuit (F(2,27) = 3.4, p = 0.048,  $\eta_{p2} = 0.2$ ). Nevertheless, Tukey post-hoc testing 406 showed only nonsignificant marginal difference in binocular divergence between PD and NC 407 (p = .07), or between PD and YC (p = 0.1). A repeated measure ANOVA also shows that 408 there was no difference in eye position difference between binocular and dichoptic viewing 409 conditions (F(1,27) = 2.72, p = 0.11). 410



Figure 9. Binocular divergence during fixation and during pursuit in the dichoptic viewing condition.

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The relation between binocular divergence during pursuit and the clinical characteristic were also examined. Similar to the result in the binocular condition, there was no correlation between eye position difference and UPDRS total score ( $\rho = -0.006$ , p = 0.99), UPDRS motor score ( $\rho = 0.12$ , p = 0.76), MMSE ( $\rho = 0.087$ , p = 0.83), or Hoehn and Yahr stage ( $\rho = -0.18$ , p = 0.62).

The saccade rates in dichoptic conditions were also analyzed. As found in Experiment 1, there were significant differences in saccade rates during the pursuit across groups (F(2,27) = 4.42, p = 0.02). A post-hoc testing showed that there was some difference in saccade rates between PD and NC (p = 0.02) and no difference was found between NC and YC (p = 0.66). Similarly, no correlation was found between saccade rates during pursuit and eye position difference in dichoptic condition (r = -0.17, p = 0.63).

The result of Experiment 2 shows that binocular coordination was not different across viewing conditions (binocular vs. dichoptic). That is, the eye position deviation was not larger when each eye saw different images than when both eyes saw identical images. Nevertheless, some of the participants with PD still showed an increased binocular divergence after pursuit was initiated and this increase was not seen in NC.

## 433 4. Discussion

The present study examined the role of saccades during pursuit and fixation in PD, in healthy adults matched to the PD group for age, and in younger control adults. Saccades are often excluded from smooth pursuit analysis as seen in many previous studies, yet they not only reveal how attention may be distributed during pursuit (Heinen et al., 2011; Jin, Reeves, Watamaniuk, & Heinen, 2013), but also provide valuable information about the control of the oculomotor system in PD, as we show with the present experimental results. If the saccadic inhibitory system for PD is impaired (Chan et al., 2005; Kitagawa, Fukushima, & Tashiro,

1994), those with PD may fail to maintain their fixation and initiate saccades while 441 attempting to fixate a stationary point or pursue a moving target. Our results showed that 442 individuals with PD made more saccades during pursuit (Figure 4). These detected saccades 443 are not simply the square wave jerks as saccade rates during fixation were too low to be 444 conjugate. And the average magnitude of saccades during pursuit is about 2.4 deg, which is 445 much larger than the average square wave jerks reported in previous studies (Kapoula et al., 446 2013; Otero-Millan, Schneider, Leigh, Macknik, & Martinez-Conde, 2013). In addition, 447 this frequent occurrence of saccades did not seem to be due to the effect of age since control 448 adults who were age-matched to the PD group were able to maintain their fixation on the 449 moving target better than PD, and their eye movements were similar to those of the young 450 adult control group. 451

During pursuit, the occurrence of saccades often serves to compensate the offset error arose from the slower pursuit velocity shown in the past studies. Some observers with PD in the current study, however, made more saccades even when the fixation was not behind or even ahead of the moving target and this caused the eyes to be ahead of the moving target, as shown in Figure 2, despite the overall lower pursuit velocity.

It is noteworthy that the increasing binocular divergence after pursuit initiation was 457 mostly observed in PD, not in NC or YC, and this eye-position difference was similar in the 458 binocular and dichoptic viewing conditions and was not associated with saccade rates. This 459 suggests that the occurrence of saccades in PD obsevers may not be an attempt for correcting 460 the fixation-target offset. Moreover, the differences were not correlated with the result of a 461 standard motor test for PD (UPDRS). In addition, even with larger binocular eye gaze 462 position difference, our PD observers did not report motion diplopia, which could follow 463 the disconjugate gazes during smooth pursuit (Kaski, Domínguez, & Bronstein, 2013). This 464 indicates that the higher saccade rates during pursuit and the increasing left-right eye 465 divergence may form a new dimension independent of classical measures of PD. 466

The current study found that individuals with PD made more saccades during smooth 467 pursuit than the two control groups. It is known that during pursuit, normal observers 468 typically make catch-up saccades to decrease the gaze offset when pursuit was slower than 469 the moving target (de Brouwer, Missal, Barnes, & Lefèvre, 2002, Collewijn & Tamminga, 470 1984). In our study, unlike the two control participants who made saccades during pursuit 471 mostly when the fixation was behind the pursuit target, more than half of the observers with 472 PD made saccades when the fixation was not behind or even ahead of the moving target 473 (Figure 5). This may suggest that these saccades made by PD were not triggered by the 474 signal of spatial offset. Instead, they may just indicate a failure of saccade inhibition. 475

PD has been associated with dopaminergic disruption in the basal ganglia, which plays a critical role in saccade inhibition (Hikosaka, Matsumura, Kojima, & Gardiner, 1993; Hikosaka et al., 2000). It is possible that the depletion of dopamine in PD also affects the superior colliculus (Basso & Evinger, 1996). As a consequence, the inhibition signal to the superior colliculus is not sustained so that saccades are made involuntarily during fixation and during pursuit.

#### 482 Binocular coordination during pursuit

Problems in binocular coordination during reading have been found in people with 483 dyslexia and also in people with Huntington's disease (Bucci, Brémond-Gignac, & Kapoula, 484 2008; Collewijn, Went, Tamminga, & Vegter-Van der Vlis, 1988), though little is known 485 about this condition in PD. Hanuška et al. (2015) asked observers to continuously fixate a 486 target either moving toward or moving away from them. They found that observers with PD 487 indeed had longer latencies in their vergence eye movement and this implies a possible 488 impairment of binocular synchronization. Our study provides a possible new insight into 489 binocular coordination in PD. One important finding is that some observers with PD showed 490

an increasing binocular divergence once they started to pursue, indicative of a potential
deficit in binocular coordination while tracking a moving target. This result is unlikely due to
measurement error because the gaze position of both eyes aligned well during fixation for all
three groups. Once smooth pursuit was initiated, observers with PD were more likely to show
an increased binocular positional offset over time. The same pattern of binocular offset was
found across both binocular and dichoptic viewing conditions.

The original rationale for using dichoptic viewing was to further test whether binocular 497 gaze offset would increase if the two eyes perceived different visual inputs as the larger 498 499 binocular eye gaze position difference may have been resulted not only from the impaired motor control, but also from the impaired perception of visual signal. If this is the case, the 500 manipulation of unseeing eye in the dichoptic condition would introduce larger visual 501 disturbance and therefore may result in a bigger binocular offset. First, our result shows that 502 in both viewing conditions, those with PD were more likely to show the binocular 503 misalignment when they started to pursue. Second and more importantly, the gaze offset for 504 PD in the dichoptic viewing condition is not larger than in the binocular viewing condition 505 during the pursuit. This may suggest that the impaired coordination was not due to the 506 processing of visual input but rather due to motor processing. Whether the perceived visual 507 signal has different effects on the seeing eye and unseeing eye in PD would need further 508 509 studies and investigation.

In addition, the quality of calibration may also contribute to the observed results. That is, 510 the impaired binocular coordination may be attributed to the poor calibration in PD. 511 512 Nevertheless, the quality of calibration should affect fixations, saccades and smooth pursuit in a similar way. That is, if the larger binocular eye gaze position difference was due to the 513 poor calibration quality, we should see the similar deviation vectors with regard to disparity 514 at any time point during the trial. To better validate the detected saccades during pursuit in 515 the current study, we compared the relationship between saccadic peak velocity and 516 magnitude across different groups. Figure 10 shows the pattern of saccade main sequence 517 for each group, which indicates that saccade detection in the current study was not caused 518 by noise. Thus, any difference in saccade rate, change in saccadic offset or binocular gaze 519 position difference cannot simply be caused by the difference in calibration quality. 520



521 522

Figure 10. Relation between saccade peak velocity and magnitude for YC (a), NC (b), and
PD (c).

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## 527 *Limits of the current study*

The current study only contained limited numbers of trials and observers, and the signal noise resulted in some degree of variation as indicated in the results section. Therefore, we also presented the data of individual observers along with the main results to ensure that our readers could directly observe and access the variations of measured metrics within and across groups.

533

# 534 5. Conclusions

The current study reexamined the ability of individuals with PD to track a moving target. 535 We found that those with PD produced more saccades during pursuit than the control groups. 536 We also observed that some of those with PD showed impaired binocular coordination when 537 they started pursuit. This deficit appears to arise from abnormalities in the oculomotor system 538 rather than the perceptual systems, as the group differences emerged under both the binocular 539 and the dichoptic conditions. Our measures may provide extra dimensions for PD diagnosis 540 in addition to the standard and classic measures since the eye movement difference between 541 the individuals with PD and age-matched NC in the present study was not correlated with 542 classical measures of PD severity (e.g., UPDRS score or MMSE). Whether these 543 abnormalities in eye movements occurred before the other PD-related abnormalities will 544 need to be further investigated in the future. The current study was conducted with 545 participants with mild-moderate PD rather than very recently diagnosed individuals because 546 we estimated that any effect would be more likely to occur in the former group; once 547 established, such an effect could be sought in earlier-onset cases. By pursuing these studies, 548 we hope to achieve a better understanding of the impairment of eye movement mechanisms 549 in PD, which may be of relevance to the understanding of oculomotor function in other 550 neurodegenerative disorders as well. 551

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# 560 **References**

- Armstrong, R. A. (2011). Visual Symptoms in Parkinson's Disease. *Parkinson's Disease*,
  2011, 1–9. http://doi.org/10.4061/2011/908306
- Basso, M. a, & Evinger, C. (1996). An explanation for reflex blink hyperexcitability in
  Parkinson's disease. II. Nucleus raphe magnus. *The Journal of Neuroscience : The Official Journal of the Society for Neuroscience*, 16(22), 7318–7330.
- 566 Bergman, H., Feingold, A., Nini, A., Raz, A., Slovin, H., Abeles, M., & Vaadia, E. (1998).
- 567 Physiological aspects of information processing in the basal ganglia of normal and
- 568 parkinsonian primates. *Trends in Neurosciences*.
- 569 http://doi.org/10.1016/S0166-2236(97)01151-X
- 570 Bodis-Wollner, I. (2003). Neuropsychological and perceptual defects in Parkinson's
- 571 disease. In *Parkinsonism and Related Disorders* (Vol. 9).

- 572 http://doi.org/10.1016/S1353-8020(03)00022-1
- Bucci, M. P., Brémond-Gignac, D., & Kapoula, Z. (2008). Poor binocular coordination of
  saccades in dyslexic children. *Graefe's Archive for Clinical and Experimental Ophthalmology*, 246(3), 417–428. http://doi.org/10.1007/s00417-007-0723-1
- Butler, K. M., Zacks, R. T., & Henderson, J. M. (1999). Suppression of reflexive saccades
  in younger and older adults: age comparisons on an antisaccade task. *Memory and Cognition*, 27(4), 584–591. http://doi.org/10.3758/BF03211552
- Chan, F., Armstrong, I. T., Pari, G., Riopelle, R. J., & Munoz, D. P. (2005). Deficits in
  saccadic eye-movement control in Parkinson's disease. *Neuropsychologia*, 43(5), 784–
  796. http://doi.org/10.1016/j.neuropsychologia.2004.06.026
- Clark, U. S., Neargarder, S., & Cronin-Golomb, A. (2010). Visual exploration of emotional
  facial expressions in Parkinson's disease. *Neuropsychologia*, 48(7), 1901–1913.

http://doi.org/10.1016/j.neuropsychologia.2010.03.006

- 585 Collewijn, H., Went, L. N., Tamminga, E. P., & Vegter-Van der Vlis, M. (1988).
- 586 Oculomotor defects in patients with Huntington's disease and their offspring. *Journal* 587 *of the Neurological Sciences*, *86*(2–3), 307–320.
- 588 http://doi.org/10.1016/0022-510X(88)90107-4
- 589 Crawford, T. J., Henderson, L., & Kennard, C. (1989). Abnormalities of
- nonvisually-guided eye movements in Parkinson's disease. *Brain : A Journal of Neurology*, *112 (Pt 6*, 1573–1586. http://doi.org/10.1093/brain/112.6.1573
- 592 Cronin-Golomb, A. (2010). Parkinson's disease as a disconnection syndrome.

593 *Neuropsychology Review*. http://doi.org/10.1007/s11065-010-9128-8

Davidsdottir, S., Cronin-Golomb, A., & Lee, A. (2005). Visual and spatial symptoms in
Parkinson's disease. *Vision Research*, 45(10), 1285–1296.

596 http://doi.org/10.1016/j.visres.2004.11.006

- 597 Davidsdottir, S., Wagenaar, R., Young, D., & Cronin-Golomb, A. (2008). Impact of optic
  598 flow perception and egocentric coordinates on veering in Parkinson's disease. *Brain*,
  599 131(11), 2882–2893.
- de Brouwer, S., Missal, M., Barnes, G., & Lefèvre, P. (2002). Quantitative analysis of
  catch-up saccades during sustained pursuit. *Journal of Neurophysiology*, 87(4), 1772–
  80. http://doi.org/10.1152/jn.00621.2001
- Diaz-Santos, M., Cao, B., Mauro, S. A., Yazdanbakhsh, A., Neargarder, S., &
- 604 Cronin-Golomb, A. (2015). Effect of visual cues on the resolution of perceptual 605 ambiguity in Parkinson's disease and normal aging. *Journal of the International*
- 606 *Neuropsychological Society : JINS*, 21(2), 146–155.
- 607 http://doi.org/10.1017/S1355617715000065
- Diaz, G., Cooper, J., Rothkopf, C., & Hayhoe, M. (2013). Saccades to future ball location
   reveal memory-based prediction in a virtual-reality interception task. *Journal of*
- 610 *Vision*, *13*, 1–14. http://doi.org/10.1167/13.1.20.Introduction
- Erkelens, C. J. (2006). Coordination of smooth pursuit and saccades. *Vision Research*,
   46(1-2), 163–170. http://doi.org/10.1016/j.visres.2005.06.027
- Fahn, S., Elton, R., Committee, U. D., & others. (1987). Unified Parkinson's Disease
- Rating Scale. Fahn S, Marsden CD, Goldstein M, et al.(eds) Recent developments in

Parkinson's disease II. 153--163 New York. Macmillan. 615 Hanuška, J., Bonnet, C., Rusz, J., Sieger, T., Jech, R., Rivaud-Péchoux, S., ... R\uužička, E. 616 (2015). Fast vergence eye movements are disrupted in Parkinson's disease: A 617 618 video-oculography study. Parkinsonism & Related Disorders, 21(7), 797-799. Heinen, S. J., Jin, Z., & Watamaniuk, S. N. J. (2011). Flexibility of foveal attention during 619 620 ocular pursuit. Journal of Vision, 11, 9. http://doi.org/10.1167/11.2.9 621 Helmchen, C., Pohlmann, J., Trillenberg, P., Lencer, R., Graf, J., & Sprenger, A. (2012). Role of anticipation and prediction in smooth pursuit eye movement control in 622 623 Parkinson's disease. Movement Disorders, 27(8), 1012–1018. 624 http://doi.org/10.1002/mds.25042 625 Hikosaka, O., Matsumura, M., Kojima, J., & Gardiner, T. W. (1993). Role of basal ganglia 626 in initiation and suppression of saccadic eye movements. Role of the Cerebellum and 627 Basal Ganglia in Voluntary Movement, 213–219. Hikosaka, O., Takikawa, Y., & Kawagoe, R. (2000). Role of the basal ganglia in the control 628 of purposive saccadic eye movements. *Physiological Reviews*, 80(3), 953–978. 629 http://doi.org/http://physrev.physiology.org/content/80/3/953 630 Hoehn, M., & Yahr, M. (1967). Parkinsonism: onset, progression, and mortality. 631 Neurology, 57(2), 318 and 16 pages following. http://doi.org/10.1212/WNL.17.5.427 632 Hughes, A. J., Daniel, S. E., Kilford, L., & Lees, A. J. (1992). Accuracy of clinical 633 diagnosis of idiopathic Parkinson's disease: a clinico-pathological study of 100 cases. 634 635 Journal of Neurology, Neurosurgery & Psychiatry, 55(3), 181–184. http://doi.org/10.1136/jnnp.55.3.181 636 637 Jin, Z., Reeves, A., Watamaniuk, S. N. J., & Heinen, S. J. (2013). Shared attention for smooth pursuit and saccades. Journal of Vision, 13(4), 1-12. 638 http://doi.org/10.1167/13.4.7 639 Joiner, W. M., & Shelhamer, M. (2006). Pursuit and saccadic tracking exhibit a similar 640 dependence on movement preparation time. Experimental Brain Research, 173(4), 641 642 572-586. http://doi.org/10.1007/s00221-006-0400-3 Kapoula, Z., Yang, Q., Otero-Millan, J., Xiao, S., Macknik, S. L., Lang, A., ... 643 644 Martinez-Conde, S. (2013). Distinctive features of microsaccades in Alzheimer's disease and in mild cognitive impairment. Age (Dordr), 36(2), 535-543. 645 646 http://doi.org/10.1007/s11357-013-9582-3 Kaski, D., Domínguez, R. O., & Bronstein, A. M. (2013). Motion diplopia in an isolated 647 unilateral internuclear ophthalmoplegia: A new neurological symptom? Clinical 648 Neurology and Neurosurgery, 115(5), 636–637. 649 650 http://doi.org/10.1016/j.clineuro.2012.06.026 Ke, S. R., Lam, J., Pai, D. K., & Spering, M. (2013). Directional asymmetries in human 651 smooth pursuit eye movements. Investigative Ophthalmology & Visual Science, 652 54(June), 4409-21. http://doi.org/10.1167/iovs.12-11369 653 Keller, E. L., & Heinen, S. J. (1991). Generation of smooth-pursuit eye movements: 654 655 neuronal mechanisms and pathways. Neuroscience Research. 656 http://doi.org/10.1016/0168-0102(91)90048-4 Keller, E. L., & Khan, N. S. (1986). Smooth-pursuit initiation in the presence of a textured 657

- background in monkey. *Vision Research*, *26*(6), 943–955.
- 659 http://doi.org/10.1016/0042-6989(86)90152-5
- Kirkby, J. A., Blythe, H. I., Drieghe, D., & Liversedge, S. P. (2011). Reading text increases
  binocular disparity in dyslexic children. *PLoS ONE*, 6(11).
- 662 http://doi.org/10.1371/journal.pone.0027105
- Kitagawa, M., Fukushima, J., & Tashiro, K. (1994). Relationship between antisaccades and
  the clinical symptoms in Parkinson's disease. *Neurology*.
- 665 http://doi.org/10.1212/WNL.44.12.2285
- Kowler, E., Aitkin, C. D., Ross, N. M., Santos, E. M., & Zhao, M. (2014). Davida Teller
  Award Lecture 2013: the importance of prediction and anticipation in the control of
  smooth pursuit eye movements. *Journal of Vision*, *14*(5), 10.
- 669 http://doi.org/10.1167/14.5.10
- Krauzlis, R. J., & Dill, N. (2002). Neural correlates of target choice for pursuit and
  saccades in the primate superior colliculus. *Neuron*, *35*(2), 355–363.
- 672 http://doi.org/10.1016/S0896-6273(02)00756-0
- Krauzlis, R. J., & Miles, F. A. (1996). Release of fixation for pursuit and saccades in
  humans: evidence for shared inputs acting on different neural substrates. *Journal of Neurophysiology*, 76(5), 2822–2833.
- Krauzlis, R. J., Zivotofsky, A. Z., & Miles, F. A. (1999). Target selection for pursuit and
  saccadic eye movements in humans. *Journal of Cognitive Neuroscience*, *11*, 641–649.
  http://doi.org/10.1162/089892999563706
- Ladda, J., Valkovic, P., Eggert, T., & Straube, A. (2008). Parkinsonian patients show
  impaired predictive smooth pursuit. *Journal of Neurology*, 255(7), 1071–8.
  http://doi.org/10.1007/s00415-008-0852-4
- Levy, G., Louis, E. D., Cote, L., Perez, M., Mejia-Santana, H., Andrews, H., ... Marder, K.
  (2005). Contribution of aging to the severity of different motor signs in Parkinson
- disease. *Archives of Neurology*, *62*(3), 467–72.
- 685 http://doi.org/10.1001/archneur.62.3.467
- MacAskill, M. R., Graham, C. F., Pitcher, T. L., Myall, D. J., Livingston, L., van Stockum,
  S., ... Anderson, T. J. (2012). The influence of motor and cognitive impairment upon
  visually-guided saccades in Parkinson's disease. *Neuropsychologia*, 50(14), 3338–
  3347.
- Massano, J., & Bhatia, K. P. (2012). Clinical approach to Parkinson's disease: features,
  diagnosis, and principles of management. *Cold Spring Harbor Perspectives in Medicine*, 2(6), a008870.
- Moschner, C., & Baloh, R. W. (1994). Age-Related Changes in Visual Tracking. *Journal of Gerontology*, 49(5), M235--M238. http://doi.org/10.1093/geronj/49.5.M235
- Munoz, D. P., Broughton, J. R., Goldring, J. E., & Armstrong, I. T. (1998). Age-related
- 696 performance of human subjects on saccadic eye movement tasks. *Experimental Brain*
- 697 *Research. Experimentelle Hirnforschung. Expérimentation Cérébrale*, 121(4), 391–
- 698 400. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/9746145
- Newsome, W. T., & Wurtz, R. H. (1985). Deficits in visual motion processing following
  ibotenic acid lesions of the middle temporal visual area of the macaque monkey. *The*

701	Journal of Retrieved from
702	http://www.jneurosci.org/content/5/3/825.short%5Cnpapers2://publication/uuid/F9BE
703	9E1C-88E8-477F-B4A0-A516658440A8
704	Otero-Millan, J., Schneider, R., Leigh, R. J., Macknik, S. L., & Martinez-Conde, S. (2013).
705	Saccades during Attempted Fixation in Parkinsonian Disorders and Recessive Ataxia:
706	From Microsaccades to Square-Wave Jerks. PLoS ONE, 8(3).
707	http://doi.org/10.1371/journal.pone.0058535
708	Rascol, O., Clanet, M., Montastruc, J. L., Simonetta, M., Soulier-esteve, M. J., Doyon, B.,
709	& Rascol, A. (1989). Abnormal ocular movements in parkinson's disease: Evidence
710	for involvement of dopaminergic systems. Brain, 112(5), 1193–1214.
711	http://doi.org/10.1093/brain/112.5.1193
712	Rodriguez-Oroz, M. C., Jahanshahi, M., Krack, P., Litvan, I., Macias, R., Bezard, E., &
713	Obeso, J. A. (2009). Initial clinical manifestations of Parkinson's disease: features and
714	pathophysiological mechanisms. The Lancet Neurology, 8(12), 1128–1139.
715	Santos, E. M., Gnang, E. K., & Kowler, E. (2012). Anticipatory smooth eye movements
716	with random-dot kinematograms. Journal of Vision, 12(11), 1.
717	http://doi.org/10.1167/12.11.1
718	Stern, Y., Sano, M., Paulson, J., & Mayeux, R. (1987). Modified mini-mental state
719	examination: validity and reliability. Neurology, 37(suppl 1), 179.
720	Stuart, S., Alcock, L., Galna, B., Lord, S., & Rochester, L. (2014). The measurement of
721	visual sampling during real-world activity in Parkinson's disease and healthy controls:
722	A structured literature review. Journal of Neuroscience Methods, 222, 175–188.
723	Stuart, S., Galna, B., Delicato, L. S., Lord, S., & Rochester, L. (2017). Direct and indirect
724	effects of attention and visual function on gait impairment in Parkinson's disease:
725	influence of task and turning. European Journal of Neuroscience.
726	Tomlinson, C. L., Stowe, R., Patel, S., Rick, C., Gray, R., & Clarke, C. E. (2010).
727	Systematic review of levodopa dose equivalency reporting in Parkinson's disease.
728	Movement Disorders, 25(15), 2649–2653. http://doi.org/10.1002/mds.23429
729	Toner, C. K., Reese, B. E., Neargarder, S., Riedel, T. M., Gilmore, G. C., &
730	Cronin-Golomb, A. (2012). Vision-fair neuropsychological assessment in normal
731	aging, Parkinson's disease and Alzheimer's disease. Psychology and Aging, 27, 785-
732	790. http://doi.org/10.1037/a0026368
733	Uc, E. Y., Rizzo, M., Anderson, S. W., Sparks, J., Rodnitzky, R. L., & Dawson, J. D.
734	(2006). Impaired visual search in drivers with Parkinson's disease. Annals of
735	<i>Neurology</i> , 60(4), 407–413. http://doi.org/10.1002/ana.20958
736	White, O. B., Saint-Cyr, J. A., Tomlinson, R. D., & Sharpe, J. A. (1983). Ocular motor
737	deficits in Parkinson's disease. II. Control of the saccadic and smooth pursuit systems.
738	<i>Brain</i> , <i>106</i> , 571–587.
739	