INTRODUCTION
The Veterans Health Administration (VHA) is the U.S.’s largest integrated health care system. Veterans Affairs (VA) Medical Centers in the U.S. treat over 40,000 unique patients with ICD code (332.0) for Parkinson’s disease (PD) each year. Yet the epidemiology of PD among veterans is not well characterized.

OBJECTIVES
• Assess the validity of data sources, including medical records, death certificates and the Social Security Death Index (SSDI) used in this cohort

RESULTS
• 100 incident cases of PD were identified (mean age at diagnosis = 72.8 years (s.d. 8.12), 96% male, 81% White).
• By November 2004, a total of 38 of the incident cases (38%) had died (mean age at diagnosis = 75.8 years (s.d. 5.6), 92% male, 84% White). PD was coded on only 8 of 29 (28%) death certificates.
• Review of VA medical records and databases failed to identify 8 decedents (21%) (see figure 1). These 8 had slightly greater mean age at diagnosis and at death compared to the 30 decedents identified by searches of VA records and databases (mean ages at diagnosis=78.8 years (s.d. 2.8) and at death= 82.7 years (s.d. 2.9) versus mean ages at diagnosis=74.9 years (s.d. 5.9) and at death= 77.5 years (s.d. 5.9) ).
• Median survival from diagnosis among the 38 decedents overall was brief (2.83 years) . Survival among age-specific sub-groups is presented in Figure 2.

CONCLUSIONS
• Early mortality among this incident cohort of veterans with PD was high (38%). Likely this is largely an effect of the later age at which this veteran cohort was diagnosed. On-going research is being performed to describe other factors (including comorbidities) that influence survival.
• Sole reliance on VA medical data sources in the study of mortality among veterans using the VA system results in biased estimates because of selective under-ascertainment of mortality among older veterans. Supplementation with SSDI and death certificate databases is needed to accurately describe mortality in this cohort.