

MAOB Inhibitors:

1. Rasagiline (Azilect®) - Started 0.5 mg, may be increased to 1 mg once daily by your neurologist. It may exacerbate side effects of levodopa when used as adjunctive.

2. Selegiline (Eldepryl®) - Started 5 mg twice daily. Last dose should be taken during afternoon to avoid insomnia, which may be cause if taken later in the evening. It may exacerbate side effects of levodopa when used as adjunctive.

Amantadine: (Symmetrel®) - Started 100 mg once daily and increased to 100 mg three times daily slowly. Side effects include leg swelling, visual hallucinations, and livedo reticularis (a web like rash on legs and arms)

Anticholinergics: Trihexyphenidyl (Artane®) - Started 1 mg, may be increased up to 5 mg three times daily. Side effects include dry mouth, urinary problems, constipation, and confusion. Amantadine and anticholinergics are mainly used for tremor or dyskinesia.

WHAT ARE SOME STEPS I CAN TAKE TO MANAGE MY DRUG TREATMENT?

Discussing the efficacy and side effects with your physician at follow up visits, using the same pharmacy consistently, so they have a record of your medications, drinking a glass of water with each dosage helps absorption of medications, swallowing the controlled-release tablets without chewing them so that contents reach the target destination efficiently.

WHICH SURGICAL TREATMENTS CAN BE USED FOR PARKINSON'S?

Patients with advanced Parkinson's disease and refractory motor complications may require brain surgery e.g. deep brain stimulation.



DID YOU KNOW?

The number of Parkinson's patients will double by 2031. Millions of Parkinson's patients around the world are suffering from poverty and...

- Cannot afford to buy their medications
- Cannot afford to purchase a cane, walker, or a wheelchair
- Cannot obtain educational literature about Parkinson's in their language
- Are not able to afford consulting a neurologist and remain undiagnosed and untreated

OUR UNIQUE SERVICES

World Parkinson's Program is the only organization which provides the following unique services to Parkinson's patients around the world:

- Parkinson's medications to those patients who can't afford to buy them
- Canes, walkers & wheelchairs to prevent falls
- Parkinson's educational brochures in many languages
- Free electronic educational newsletter
- Chapters of World Parkinson's Program in various parts of the world

JOIN THE FIGHT AGAINST PARKINSON'S TO DONATE, VISIT PDPROGRAM.ORG

This information is not a substitute of medical advice. Consult your Physician before applying this information.

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Acknowledgments: Dr. A. Q. RANA Neurologist (Canada)

Frequently asked questions about PARKINSON'S DISEASE TREATMENT



ENGLISH -2



www.pdprogram.org

"Those who fight Parkinson's with knowledge always find solutions"- Dr. Rana

Parkinson's disease is a progressive neurodegenerative condition characterized by tremors, slowness of movements, stiffness, and balance problems. In addition, Parkinson's has many non-motor symptoms such as memory or cognitive issues, speech and swallowing problems, depression, and sleep difficulties. It affects almost 10 million individuals around the world.

WHAT IS THE TREATMENT FOR PARKINSON'S?

Although there is no permanent cure for Parkinson's at this stage but there are many different treatment options available which can help reduce the symptoms of Parkinson's. Drug therapy is the mainstay of treatment of Parkinson's. Physiotherapy and speech therapy are also helpful conjunction with medications. Carefully selected patients may benefit from brain surgery as well.

WHICH TREATMENT DO I NEED?

The treatment of Parkinson's may vary person to person and depends on a number of factors such as symptoms and age at the onset. Although, the drug therapy will not stop the underlying progression of the disease, but it will reduce your symptoms, so you are better able to carry out your daily activities. The medications must only be used as prescribed, at the fixed time and in right dosage. You should not adjust the dosages of medications without the advice of your physician.

WHAT ARE DIFFERENT MEDICATIONS USED FOR PARKINSON'S?

This is just a summary of the medications used for Parkinson's but you should strictly follow the treatment plan of your neurologist.

Levodopa:

1. Levodopa/ Carbidopa (Sinemet®) – usually started ½ of 100/25 tablet once daily, gradually increased to 1 tablet three times daily. The dosage may be adjusted by your neurologist ranging from three to multiple times daily. Side effects may include dizziness, nausea, vivid dreaming, and sleepiness among others.

2. Levodopa / benserazide (Prolopa®) – usually started 50/12.5 capsule once daily, gradually increased to 100/25 capsule three times daily. The dosage may be adjusted by your neurologist ranging from three to multiple times daily. Side effects are same as Levodopa/ Carbidopa

3. Levodopa/Carbidopa CR® (Controlled-Release) is available as 100/25 or 200/50 tablet. Side effects are same as Levodopa/ Carbidopa. This may be used at bed time.

4. Duodopa® is used in advanced stages of Parkinson's not optimally controlled by oral formulations and is given via pump directly in to the intestines.

5. Rytary ® is a long acting formulation of Levodopa/Carbidopa. It comes in various strengths and is usually started 3 times a day. The dosage may be adjusted by your neurologist. Side effects are same as Levodopa/ Carbidopa.

COMT Inhibitors:

Entacapone is available in combination with Levodopa/Carbidopa (Stalevo®) as one tablet, as well as in separate formulation to be used with Levodopa (Comtan®). Dosage is variable, and side effects include orange discoloration of urine, and diarrhea. It should be used only in combination with levodopa and it may potentiate side effects of levodopa.

Dopamine Agonists:

1. Pramipexole Immediate release (Mirapex®) – Started 0.125 mg three times daily, gradually increased to maximum dose is 1.5 mg three times daily. Pramipexole extended release (Saffron ER®) is started at a dose of 375 micrograms may be increased to a maximum of 4.5 mg once daily. Side effects include sudden onset sleepiness, behavioral problems like compulsive gambling, eating, shopping, hypersexuality, hallucinations, and leg swelling, among others.

2. Ropinirole (Requip®) - Started 0.25 mg three times daily, increased gradually to a maximum dose of 8 mg three times daily. Side effects are same as Pramipexole.

3. Rotigotine (Neupro®) – started at 2 mg/24 Hour, can be increased to 8 mg/24 h. It is available in patch form, which is applied once daily on different part of skin to avoid skin irritation. Side effects are similar to Pramipexole except skin irritation.

4. Apomorphine (Apokyn®) – It is injected subcutaneously. It may cause severe nausea and vomiting. Thus it may be given with other medication to reduce these problems. Side effects can be similar to other dopamine agonists in addition to injection site reactions, worsening of dyskinesia and priapism.