



PARKINSON'S DISEASE

SPOTLIGHT ON PARKINSON'S DISEASE: MANAGING YOUR SYMPTOMS

TUESDAY, JANUARY 29, 2019

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WELCOME AND INTRODUCTIONS



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PRESENTATION



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FINANCIAL DISCLOSURES

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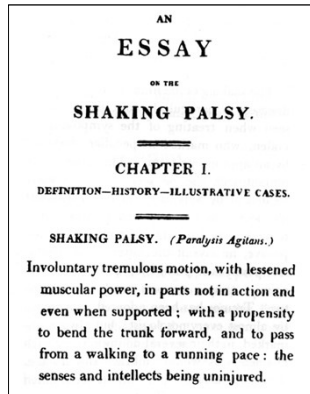
Equity: none

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PARKINSON DISEASE

James Parkinson 1817



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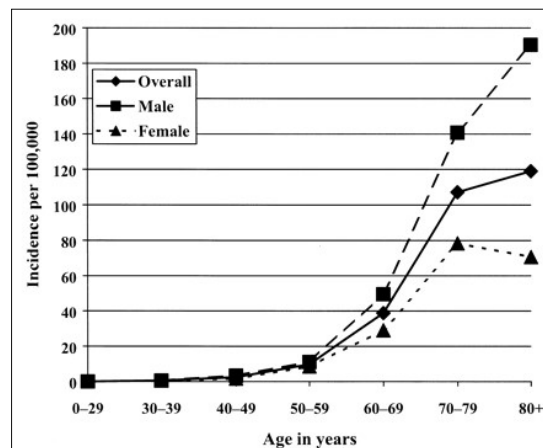
AGE AND PARKINSON DISEASE

The Good News:

We are living longer. Most Americans alive today can expect to live to at least 80 years.

Not So Good News:

The older we get, the more likely we are to get Parkinson Disease.



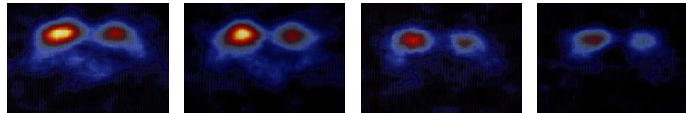
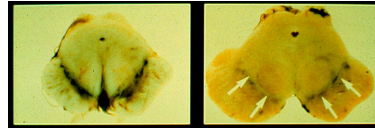
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CLASSICAL FEATURES OF PARKINSON DISEASE

- Rest Tremor
- Bradykinesia
- Rigidity
- Postural Imbalance



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SYMPTOMS OF PARKINSON DISEASE

“Pre-PD”

- Hyposmia – loss of the sense of smell
- REM Behavior Disorder – “acting out dreams”
- Constipation

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SYMPTOMS OF PARKINSON DISEASE

“Pre-PD”

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Early PD

- Tremor
- Bradykinesia
- Rigidity
- Fatigue

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SYMPTOMS OF PARKINSON DISEASE

“Pre-PD”

- Hyposmia – loss of the sense of smell
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Early PD

- Tremor
- Bradykinesia
- Rigidity
- Fatigue

Advanced PD

- Impaired balance
- Wearing off
- Dyskinesia
- Memory problems
- Hallucinations

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EARLY PD: ESTABLISHING A DIAGNOSIS

- The most common initial symptom of PD is a resting tremor
- Other early symptoms can be slow walking and impaired fine coordination
- PD is a clinical diagnosis, made based on history and physical examination
- Consultation with a movement disorder expert is recommended to confirm the diagnosis
- Imaging tests (DaTscan™) can be useful when the diagnosis is uncertain

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TREATMENT OF EARLY PD

- Early PD does not always require medications. Many patients can wait months, or sometimes years, before starting medication for PD
- The decision of when to start medication, and what medication to use, is individual and depends on the severity of the symptoms and their impact on lifestyle
- Everyone with early PD should have an exercise and wellness program, even if they are not on medication

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MEDICATIONS FOR EARLY PD

- MAO Inhibitors
 - Rasagiline (Azilect®)
 - Selegiline
- Dopamine agonists
 - Ropinirole (Requip®)
 - Pramipexole (Mirapex®)
 - Rotigotine (patch) (Neupro®)
- Carbidopa/Levodopa (Sinemet®)
 - 25/100 tablets

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EXERCISE AND WELLNESS FOR EARLY PD

- An exercise program is critical for success in living with PD
- Many different forms of exercise have shown benefit
- Exercise only works if you do it
- Diet in early PD should be balanced, with colorful fruits and vegetables and fiber
- Stay well hydrated, especially in hot weather or with exercise

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ADVANCED PD: WEARING OFF

- “Wearing off” means loss of medication effect at the end of the dose interval
- Most often seen with carbidopa/levodopa
- 50% of patients will have wearing off after 5 years of treatment
- This problem tends to worsen over time – it starts out mild, but can become very troublesome

MANAGING WEARING OFF

- Change the timing of medication
- Extended release medications
 - Rytary® (carbidopa/levodopa)
 - Ropinirole ER, Pramipexole ER
- Enzyme inhibitors
 - Entacapone (Comtan®, Stalevo®)
 - Rasagiline
 - Safinamide (Xadago®)
- Rapid treatments
 - Apomorphine injection (Apokyn®)
 - Inhaled levodopa (Inbrija™)
- Role of diet
 - In some people, dietary protein can interfere with absorption of levodopa



ADVANCED PD: DYSKINESIA

- Chorea (dance-like) movements, usually seen when medication levels are high
- Mild dyskinesia does not need treatment, but severe dyskinesia can be disabling
- Medication timing is important
- Main treatment for dyskinesia is amantadine
- Standard amantadine
- Extended release amantadine (Gocovri™)

ADVANCED PD: BEYOND MEDICATIONS

- Deep Brain Stimulation
 - Useful for all the symptoms of PD. Especially helpful for tremor and dyskinesia
- Levodopa gel intestinal infusion (Duopa®)
 - Useful for wearing off which cannot be controlled with regular medications
- Focused Ultrasound lesioning
- Useful mostly for tremor



ADVANCED PD: MEMORY PROBLEMS

- Mild memory problems are common in PD
- Up to 30% of PD patients may develop more severe problems with memory
- First step in treating memory problems is to identify contributing factors
 - Medications – especially trihexyphenidyl
 - Infections – urinary, pulmonary
 - Sleep apnea
- May respond to treatment with rivastigmine or similar drugs which enhance acetylcholine

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ADVANCED PD: HALLUCINATIONS

- A common problem in advanced PD
- May be aggravated by dopamine medications. Reducing these (especially dopamine agonists) is usually the first step
- Pimavanserin (Nuplazid®) is FDA approved for treatment of hallucinations in PD
- Quetiapine is also used, although does not have specific FDA approval
- Avoid haloperidol and similar drugs, see the APDA website for a list of drugs to be avoided

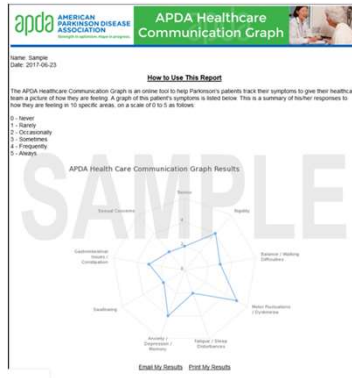
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APDA HEALTHCARE COMMUNICATION GRAPH

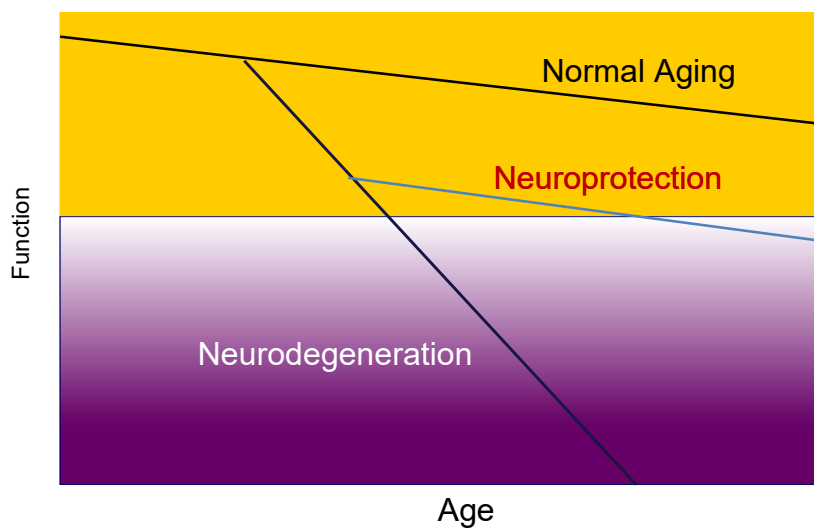
- Website tool to keep track of troublesome symptoms to share with your doctor.
- Soon to be available as an **App** for your smartphone!



Located on the APDA website: <https://www.apdaparkinson.org/healthgraph>

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NEUROPROTECTION: THE FUTURE OF PD TREATMENT



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CONCLUDING POINTS

- The symptoms of PD change continually, and you must adapt your strategy accordingly
- Exercise, balanced diet and hydration are important at every stage of PD
- In early PD, when to start medication is often the most significant issue
- In advanced PD, strategies need to fit the specific symptoms
- Periodic consultation with a movement disorders expert can be very valuable

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QUESTION & ANSWER



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Chair, APDA Scientific Advisory Board*

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CLOSING REMARKS



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**FOR ADDITIONAL INFORMATION,
ANSWERS TO YOUR QUESTIONS,
OR FOR ADDITIONAL RESOURCES**

Please visit our website
apdaparkinson.org

Or call us
1-800-223-2732

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