

# WHAT DOES SUBOPTIMAL CONTROL OF MOTOR SYMPTOMS LOOK LIKE?



**Patients with Parkinson's will continue to face new challenges over time as the disease progresses and response to oral levodopa becomes less reliable.**

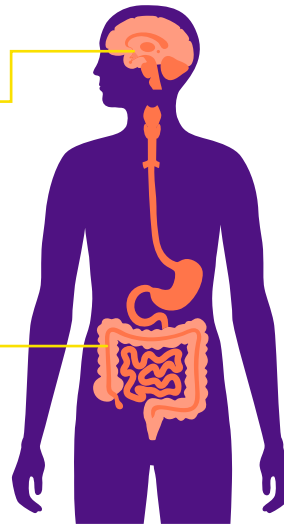
### As Parkinson's progresses...

More dopaminergic neurons are destroyed; the ability to store excess dopamine decreases<sup>1,2</sup>

Increased neuronal loss leads to more OFF time and motor complications<sup>3</sup>

Higher and more frequent oral levodopa doses may be required, and medication may be poorly absorbed in the GI tract due to delayed gastric emptying<sup>1,4</sup>

Therapeutic window of oral levodopa narrows as response shortens to as little as 2 hours<sup>1,5</sup>



**Suboptimal motor symptom control is associated with patients who experience 1 or more of the following while taking oral levodopa<sup>1,6-9</sup>:**

Motor fluctuations<sup>1,6</sup>

Levodopa-induced dyskinesia (LID)<sup>7</sup>

Need for multiple doses of rescue medication daily<sup>1,8,9</sup>

Continued decline in quality of life as a response to treatment becomes more unpredictable<sup>1,7</sup>



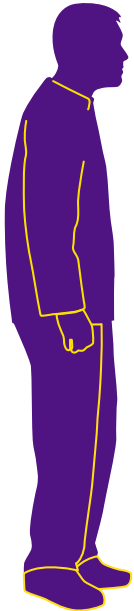
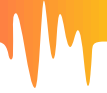
### Over time, the effect of the medicine to control motor symptoms diminishes

The goal of therapy is to maintain consistent therapeutic oral levodopa levels to help minimize motor fluctuations, reduce the risk of troublesome dyskinesia, and improve quality of life.<sup>7</sup>

**See what you can do to help your patients better communicate how Parkinson's impacts their lives**

THE SUBOPTIMALLY CONTROLLED PATIENT MAY HAVE TROUBLE

## DESCRIBING THE IMPACT PARKINSON'S HAS ON THEIR LIFE



I still get the shakes. And my muscles get so tight I can hardly get out of bed.

**Issue:** The patient may be unsure of the right vocabulary to describe their symptoms.

My symptoms come back a lot faster than they used to.

**Issue:** While the patient may understand that Parkinson's disease is progressive, they might not know that the efficacy of their medication may decrease over time.<sup>1</sup>

I've increased the dose of my meds, but now I'm having new symptoms.

**Issue:** The patient may not understand that they will experience dyskinesia if they take too much oral levodopa.<sup>7</sup>

I don't even feel like myself anymore. Is there anything else we can do?

**Issue:** The patient may not be describing the full impact of their symptoms on their daily life. Medications may need reassessment.<sup>1</sup>

### SPEAK PARKINSON'S

**Mirroring or repeating language your patient uses** to describe their symptoms can serve as a subtle appeal for them to elaborate further while also signaling that you are attentively listening.<sup>10</sup>

Your patient may feel more comfortable sharing what is needed to inform their treatment plan, while allowing you to reaffirm medical language they can use in a supportive, educational setting.

Help your patients with Parkinson's regain control of their lives. Visit [SPEAKPARKINSONS.COM](https://www.speakparkinsons.com).

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**References:** **1.** Armstrong MJ, Okun MS. Diagnosis and treatment of Parkinson disease. *JAMA*. 2020;323(6):548-560. **2.** Stoker TB, Barker RA. Recent developments in the treatment of Parkinson's disease. *F1000Res*. 2020;9:862. **3.** Aradi SD, Hauser RA. Medical management and prevention of motor complications in Parkinson's disease. *Neurotherapeutics*. 2020;17(4):1339-1365. **4.** Pfeiffer RF, Isaacson SH, Pahwa R. Clinical implications of gastric complications on levodopa treatment in Parkinson's disease. *Parkinsonism Relat Disord*. 2020;76:63-71. **5.** Kalia LV, Lang AE. Parkinson's disease. *Lancet*. 2015;386(9996):896-912. **6.** Chou KL, Stacy M, Simuni T, et al. The spectrum of "off" in Parkinson's disease: what have we learned over 40 years? *Parkinsonism Relat Disord*. 2018;51:9-16. **7.** Kwon DK, Kwatra M, Wang J, et al. Levodopa-induced dyskinesia in Parkinson's disease: pathogenesis and emerging treatment strategies. *Cells*. 2022;11(23):3736. **8.** Pessoa RR, Moro A, Munhoz RP, et al. Apomorphine in the treatment of Parkinson's disease: a review. *Arq Neuropsiquiatr*. 2018;76(12):840-848. **9.** LeWitt PA, Stocchi F, Arkadir D, et al. The pharmacokinetics of continuous subcutaneous levodopa/carbidopa infusion: findings from the ND0612 clinical development program. *Front Neurol*. 2022;13:1036068. **10.** Knol ASL, Huiskes M, Koole T, et al. Reformulating and mirroring in psychotherapy: a conversation analytic perspective. *Front Psychol*. 2020;11:368.



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