


WHEN TALKING TO YOUR DOCTOR ABOUT PARKINSON'S DISEASE, ARE YOU FLUENT IN MOTOR FLUCTUATIONS?



My symptoms are happening at different times throughout the day – are these motor fluctuations?

Sounds like motor fluctuations. It may be time to revisit your treatment plan.

SPEAK PARKINSON'S

Knowing the right terms, understanding how Parkinson's progresses, and learning about the movement-related symptoms associated with motor fluctuations could help improve communication with your doctor and change the course of your treatment.

WHAT ARE MOTOR FLUCTUATIONS?

Despite taking oral medications, your motor (movement) symptoms may become more unpredictable as Parkinson's progresses

Parkinson's disease can be inconsistent. The length of time between when your symptoms go away and when they return may vary and become shorter—often multiple times during the day and night. These variable times are called motor fluctuations.

When oral levodopa is working and your motor symptoms are managed, it's called

ON TIME

When oral levodopa wears off and your motor symptoms return, it's called

OFF TIME

Alternating periods of ON and OFF time are called

MOTOR FLUCTUATIONS



HOW DO MOTOR FLUCTUATIONS AFFECT YOUR LIFE?

Motor fluctuations may impact your physical, emotional, and social well-being—you may feel anxious and want to avoid social situations with friends and family

During OFF times, **motor symptoms** may vary and appear like:

What your doctor might say:



“The shakes,” shaking at rest, trembling in hands or fingers, twitching

Resting tremor



Slow movement, shuffling feet, difficulty with grooming tasks, feeling weak

Bradykinesia, Shuffling gait, Akinesia



Stiff muscles, parts of the body twist or curl, an arm doesn't swing freely when walking

Rigidity, Dystonia



Walking “hunched over,” stooped posture, losing balance, falling

Postural instability



Vocal problems, such as slurring, stammer, or a “thinning” monotone voice

Dysphonia, Hypophonia



Trouble making facial expressions, face appearing less animated

Masking, Hypomimia



Handwriting changes, such as small writing or clustering words together

Micrographia



WHY DO MOTOR FLUCTUATIONS HAPPEN?

Motor fluctuations are a result of a change in your body's response to treatment

As Parkinson's disease progresses, your body's response to medications becomes less predictable, and control of motor symptoms might not last as long as it once did.

YOU ARE NOT ALONE

Motor fluctuations become more common as Parkinson's progresses

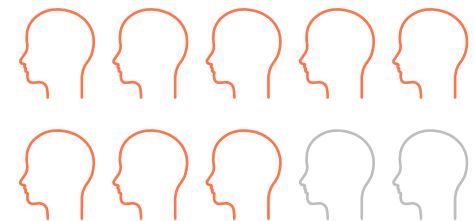


After 5 years of treatment with oral levodopa, 50% of patients experience motor fluctuations. After 10 years of treatment,

NEARLY

80%

of people with Parkinson's have motor fluctuations



If your motor fluctuations are getting worse despite taking your oral levodopa as prescribed, it may be time to speak to your doctor about your treatment plan.



AS PARKINSON'S PROGRESSES,

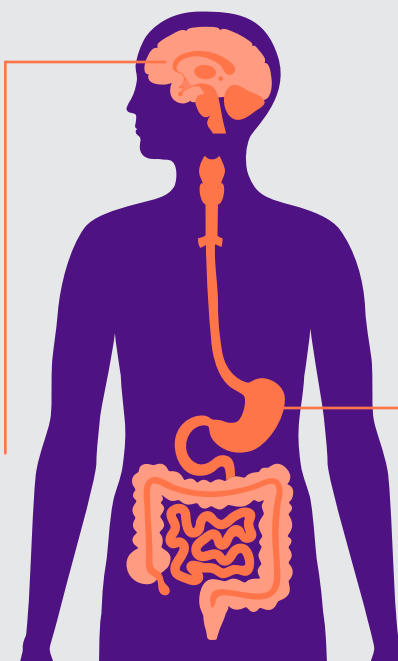
WHY IS YOUR ORAL LEVODOPA NOT WORKING LIKE IT ONCE DID?

While oral levodopa is the primary treatment for Parkinson's, your body's response to it may become less predictable over time

For oral levodopa to work, it needs to reach the brain, where it is changed to dopamine.

As Parkinson's progresses, there are fewer cells in the brain that can make and store dopamine

This means the same dose of oral levodopa isn't effective for as long as it once was in the earlier stages of disease.



Parkinson's can also cause digestive issues, which result in lower levels of oral levodopa reaching the brain

As Parkinson's progresses, you may find you need to take more and more oral levodopa to find relief. This may be the time to talk to your doctor about your treatment options.



HIGHER DOSES OF ORAL LEVODOPA CAN CAUSE DYSKINESIA

Not enough oral levodopa in the body and symptoms of OFF time may return. Too much oral levodopa in the body and a new motor symptom, called dyskinesia, may be triggered. Getting the right balance is key to helping minimize motor symptoms of OFF time and dyskinesia during ON time.

As Parkinson's progresses, your needs may change. Your doctor may change your dose to help manage your motor fluctuations—but this can create new challenges.

What's the difference between OFF time and dyskinesia?

Unlike OFF time, where motor symptoms leave the muscles frozen or rigid, dyskinesia triggers involuntary muscle movements:

Fidgeting, swaying, and/or twitching is called
DYSKINESIA
which may be mild and generally well-tolerated

Uncontrollable jerking of the arms and legs that interferes with daily life and is debilitating is considered

TROUBLESOME OR SEVERE DYSKINESIA



WHEN THERE'S NOT ENOUGH MEDICATION—OR TOO MUCH

Understanding where, why, and when your symptoms happen can help you in conversations with your doctor

OFF TIME

VS

DYSKINESIA

Recurring symptoms associated with the limbs, such as muscle rigidity, resting tremor, and gait dysfunction

Uncontrollable, jerky, erratic, writhing movements that can range from fidgeting or swaying to twisting and jerking the torso

Dopamine levels are too low

Dopamine levels are too high

Occurs when medication wears off

Can occur from a single dose or when doses are taken too close together

Symptoms subside when dopamine levels are adequate

Dyskinesia may be eased by talking to your doctor about changing your medication dosage, tweaking the timing between doses, or including additional medications for Parkinson's

By knowing the reasons behind your symptoms, you and your doctor can customize your treatment, which may help bring more balance back into your life.



YOUR DAILY EXPERIENCE WITH PARKINSON'S

How many boxes do you check?

☐

My day is often disrupted because of my symptoms

☐

Dyskinesia interferes with my daily life

☐

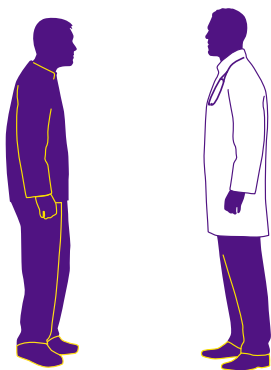
I still experience symptoms even though I take multiple oral medications

☐

I have difficulty performing tasks, and I avoid participating in daily activities

☐

After taking my oral levodopa, I still experience delayed or no ON time



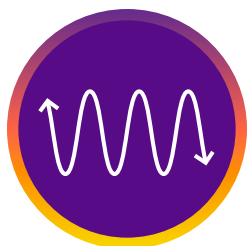
If you checked 1 or more of the boxes above, talk to your doctor about taking a look at your current treatment

Your doctor may recommend that you see a movement disorders specialist, or MDS. An MDS is a neurologist with expertise in Parkinson's and other movement disorders who can work with your healthcare team to address your unique needs and help evaluate your treatment plan.



THERE MAY BE MORE THAT CAN BE DONE

If oral levodopa is no longer working like you need it to,
your treatment needs may be changing



Recognize motor fluctuations
that occur when oral treatments
aren't enough.



Be fluent in Parkinson's
by learning common terms that
you and your care partner/loved
one(s) can use during your
discussions with your doctor.



Talk to your doctor
who can recommend a
treatment plan that can help
better control motor fluctuations.

Be aware of your symptoms and keep an open dialog with your
healthcare team so the necessary adjustments can be made.