MORE SYMPTOM CONTROL: TREATING PARKINSON’S “OFF” EPISODES

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• Type your questions in the Q&A box throughout the hour. Our team will answer as many as we can.

• Questions on another topic? We’ve covered everything from genetics to constipation in our series. Link to the full library in the Resource List.

MJFF Third Thursdays Webinar
October 18, 2018
OUR PANELISTS

- **Bryan Roberts (Moderator)**
  - Member, MJFF Patient Council & Associate Dean of Communications, Ithaca College
  - Diagnosed in 2010 at age 30

- **Barbara Howard**
  - Retired Associate Dean of Business, Ithaca College
  - Diagnosed in 2011 at age 55

- **Sarah Horn, MD**
  - Board-certified Neurologist, University of Pennsylvania
  - Edmond J. Safra Fellow in Movement Disorders

- **Glenn Batchelder**
  - Biotechnology Entrepreneur, Involved in Development of “Off” Time Therapies
  - Member, MJFF Board of Directors
WHAT WE’LL COVER TODAY

- What is “off” time in Parkinson’s disease?
- Why does “off” time happen?
- How do patients and physicians manage “off” time?
- What new therapies are in development?
WHAT IS “OFF” TIME?

- Times when symptoms aren’t well-controlled
- Can happen with long-term levodopa use and as disease advances
- Happen before it’s time for next medication dose and in morning before first dose of medication
- Can come on gradually or suddenly
- Can greatly impact quality of life, bringing uncertainty to the day and limiting activities

**Why not take more levodopa?**
Too much medication can cause complications, such as dyskinesia.
WHY DOES “OFF” TIME HAPPEN?

• In Parkinson’s, the brain doesn’t have enough dopamine

• Standard treatment is to increase levels with levodopa

• As disease progresses, patients can become more sensitive to fluctuations in dopamine levels

  • Uniquely, levodopa is absorbed in only one part of the intestine and can compete with food for absorption, leading to erratic levels

Barriers to getting oral levodopa to brain:
• Slow and irregular stomach emptying
• Competition with protein for absorption in intestine
• Breakdown of drug by liver
WAYS TO MANAGE “OFF” TIME

Adjust diet

- High-protein foods may compete with medication for absorption

Change levodopa dose, schedule or formulation

- Some people may take lower doses of levodopa more often (partial dose)
- Immediate- and Extended-release Oral Levodopa/Carbidopa (Rytary)
- Intestinal Gel Levodopa/Carbidopa Infused into Small Intestine (Duopa)

Add another medication to help levodopa work better or last longer

- MAO-B inhibitors (examples: rasagiline, selegiline)
- COMT inhibitors (examples: entacapone, tolcapone)
- Dopamine agonists (examples: pramipexole, ropinirole)

Work with your doctor to find the best medication regimen for you.
WAYS TO MANAGE “OFF” TIME

Add another therapy to use as needed for “off” time

- Injectable apomorphine (Apokyn)

Consider deep brain stimulation to lessen “off” time

- Surgical option not suitable for everyone with Parkinson’s disease
WHAT NEW THERAPIES ARE IN DEVELOPMENT?

Rescue Therapies for “Off” Time
- Inhaled levodopa (with FDA for review)
- Thin-film apomorphine (with FDA for review)

Prevention Therapies for “Off” Time
- Slow release levodopa/carbidopa in a capsule (Accordion pill)
- Liquid levodopa/carbidopa delivered under the skin using “pump patch” or insulin-style pump
- Implanting gene in brain cells to help convert levodopa to dopamine
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