

# The On and Off of Parkinson's Disease, Part 2

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Parkinson's medications are steadily improving, increasing the amount of time — the period when medications are working to alleviate symptoms. In part one of "The On and Off of Parkinson's Disease," Healthy Living magazine defined the terms on and off as they relate to Parkinson's — on referring to the state when medication is working, and off when it isn't, creating dramatic swings in mobility and mood. It also discussed the role of food in the effectiveness of Parkinson's medications. In part two, Healthy Living examines current medications, a new medicine on the horizon and a procedure called Deep Brain Stimulation.

Medicines for Parkinson's are steadily improving. Dopamine agonists (Requip®, Mirapex®, Permax®, Parlodel®) used for Parkinson's have a longer duration of action than levodopa, and therefore, may help to alleviate the problem of end of dose wearing off. (Agonists are chemical substances that are able to combine with a part of a cell and initiate a reaction.) A new approach to end of dose wearing off is the use of a dopamine agonist in a once-a-day skin patch. This regimen has been in clinical trials for several years and may be available later this year. The medication, Rotigotine™, is absorbed through the skin. When the patch is removed, the drug level in the blood quickly declines. The side effects of Rotigotine are similar to those of other dopamine agonists and can include drowsiness, nausea and low blood pressure with dizziness, among others.

An entirely different and new medication is rasagiline (trade name Agilect® in the United States and Azilect® elsewhere in the world). Rasagiline is not yet available in the United States, but is expected to be available later this year. It is a once-a-day medication that inhibits an enzyme (Monoamine Oxidase or MAO) in the brain that degrades dopamine. Rasagiline reduces symptoms as sole therapy in a person with mild symptoms of Parkinson's disease, and reduces off periods in people who are treated with levodopa, dopamine agonists or both.

Another option to reduce off time in a person where medication adjustments have not been successful is surgery by means of a procedure called Deep Brain Stimulation. Deep Brain Stimulation involves permanent implantation of thin electrodes into a part of the brain that has been altered in function by Parkinson's disease. The electrodes provide a weak, electrical current, and help alleviate symptoms, including tremors, stiffness and slowness of movement. Although the risk is low, this procedure is not for everyone with Parkinson's disease, and obviously requires careful consideration by the patient, their family members and physicians. Also essential is a team approach involving the neurologist, neurosurgeon and a person to adjust the medications and stimulators after they have been implanted.

Eisenhower's Phillip and Carol Traub Parkinson's Center is committed to state-of-the-art care and new treatments as they become available.

SUPPORT GROUP WHERE TO SET YOUR SEETEE WHEN YOU HAVE PD May 22, 3 to 4 p.m. END OF SEASON PICNIC June 26, 3 to 4 p.m. Call 760-773-1480 for more information. Annenberg Center for Health Sciences at Eisenhower.