



***“Wearing off”:
if he can’t tell me,
how will I know?***

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and TGA registration in Australia.

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Patient Case Study

Patient History:

- 72 year old male with 6 year history of Parkinson’s.
- Four doses/day of oral levodopa.
- Patient attended for four-monthly routine review, and considered himself to be well controlled and not troubled by Parkinson’s.
- He consented to be part of a research study.

The 1st PKG shows:

- The first PKG™ showed dose related “wearing off”.
- His neurologist, who routinely questioned for “wearing off”, was unaware of this and showed the patient the PKG.
- The patient denied the finding, but his wife argued that he did have “wearing off” and pushed her husband toward taking more medication.

Treatment Plan:

- The frequency of levodopa was increased from four-hourly to three-hourly (Levodopa Equivalent Dose (LED) increase from 800mg to 1000mg).

Second visit

- PKG showed “wearing off” substantially diminished though still present and Bradykinesia Scores had fallen. However there was a modest increase in dyskinesia and fluctuations as measured by the DKS and FDS.
- **Result:** Addition of pramipexole and reduction in levodopa dose.

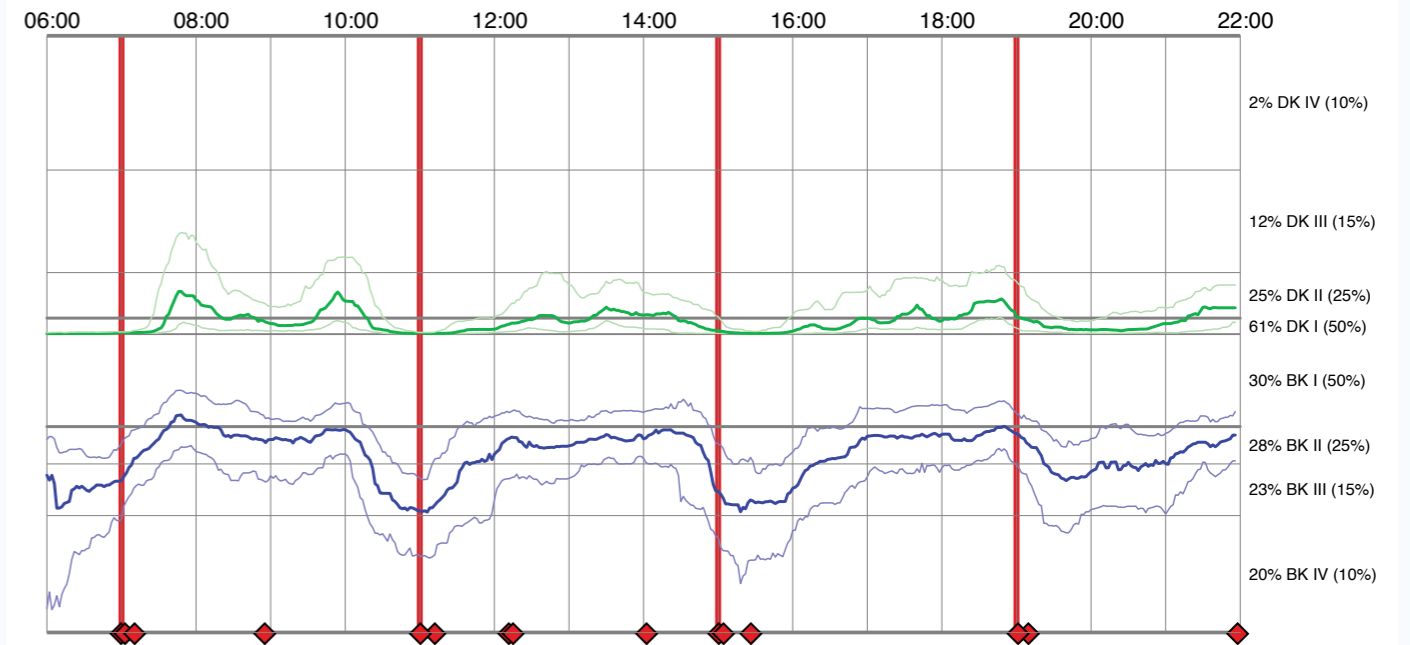
Third visit

- PKG showed wearing-off no longer present but dyskinesia further increased.
- **Result:** Levodopa was further reduced and amantadine was added.

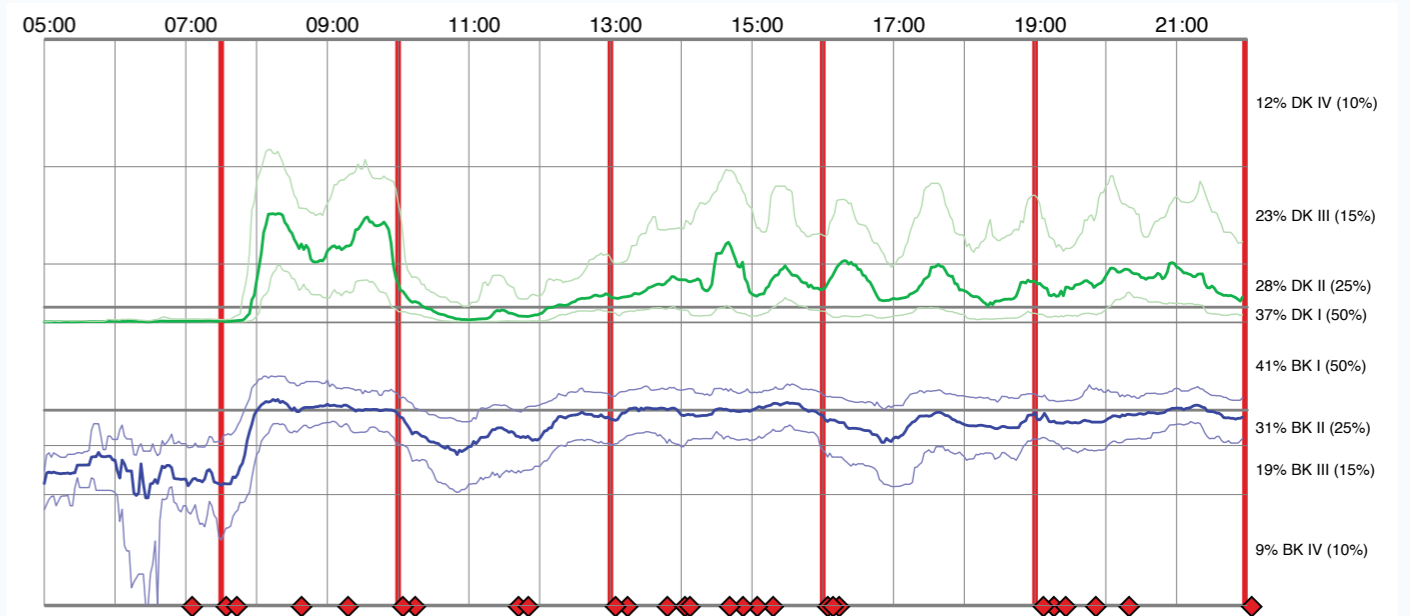
Fourth visit shows:

- PKG (at right) showed dyskinesia was reduced but still present and although bradykinesia was mostly adequate, “wearing-off” had begun to emerge.
- Advanced Therapy was recommended.

1st PKG



Latest PKG



Conclusion

In this case the patient was assumed to be well controlled on his oral medications, with few side effects. A chance PKG, undertaken for research purposes, revealed a previously unrecognised dose-related “wearing off”. This provided an opportunity to optimise the patient’s medication regime.