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Top Questions and Answers from NPF's "Ask the Doctor" Forum

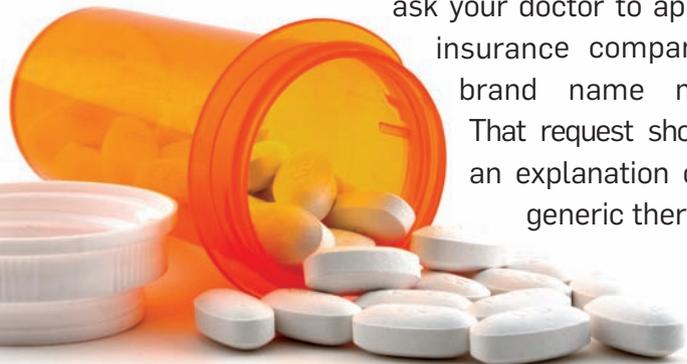
The National Parkinson Foundation continues to remain deeply committed to the outstanding care of patients with Parkinson's disease. The free web-based forums located on our website (www.parkinson.org) offer immediate and free access to experts in the field. In this issue, we highlight some of the most popular questions asked by patients and families. We invite everyone to visit us, read the daily posts, and to ask any question that may be on your mind(s). We have appreciated the direct interaction with the Parkinson's disease community, and we look forward to continuing the dialogue.

Q Sinemet versus generic: Does it matter?

A People with Parkinson's disease (PD) have multiple motor and non-motor symptoms that require careful assessment and comprehensive treatment. Most patients combine several medications to manage their symptoms, and usually work closely with their doctor to create a regimen they can tolerate. To date, there's little research comparing generic levodopa-carbidopa with its brand name counterpart Sinemet. Even so, it's important to note that generics are carefully regulated by the federal government and contain identical ingredients. Still, some drugs, such as those to treat Parkinson's disease, require very consistent and precise dosages to control symptoms. And even slight variations could cause the drug to be less effective.

In light of the recent issues surrounding Sinemet's availability, if you must switch from brand to generic, stick with one prescription. Sometimes it will be a one-to-one switch, with no further adjustments in your regimen required. If the generic version is weaker simply increasing the dose, or dosing more often, will control your symptoms. If despite these measures, the generic drug is ineffective,

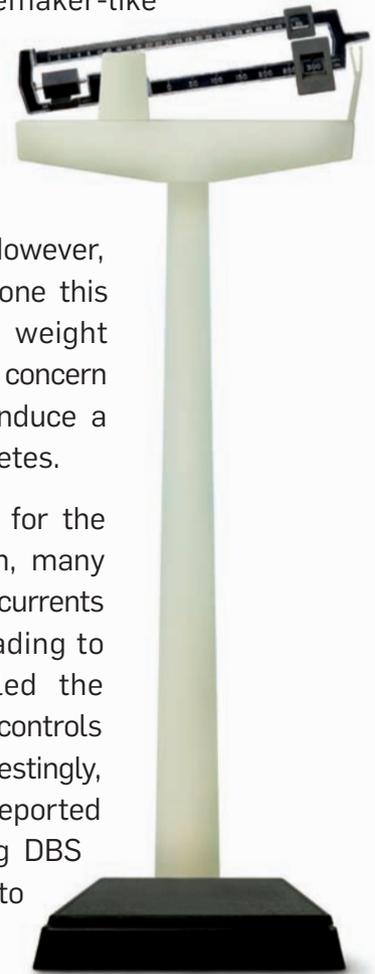
ask your doctor to appeal to the insurance company for the brand name medication. That request should include an explanation of why the generic therapy failed.



Q Why do some people gain weight after deep brain stimulation surgery?

A Deep brain stimulation (DBS) is a surgical procedure that involves implanting a small battery-powered electrode deep in the brain. This pacemaker-like device regulates the abnormal neuron activity that causes Parkinson's-related movement disorders. DBS has shown promise in reducing tremors and other symptoms of PD. However, some people who have undergone this procedure report putting on weight months after the surgery. There is concern that this added weight could induce a metabolic disorder such as diabetes.

Although the underlying cause for the weight change is still unknown, many experts believe that the electrical currents the device emits may be spreading to a location of the brain called the hypothalamic center. That region controls appetite and signals satiety. Interestingly, some people with PD have reported carbohydrate cravings following DBS surgery. However, it's important to note that in past studies approximately 20 percent of people who underwent this procedure actually lost weight.



Q What do I need to know about FDA recalls on Stalevo, the patch and other Parkinson's disease drugs?

A Recently, the U.S. Food and Drug Administration (FDA) has been making headlines over several drugs used to treat PD. Drug recalls, reviews and safety alerts are an important reality for people with PD. Always talk to your doctor about the risk-benefit ratio of any drug currently under FDA review, and also inquire about potential alternative management strategies. Here's what you need to know.

A **FDA Drug Recall** refers to the removal of an over-the-counter or prescription drug from the market. For more information go to www.fda.gov.

The following drugs have been recalled:

- **Cisapride (Propulsid)** Used to help gastrointestinal emptying issues. It was recalled for heart-related safety issues.
- **Tolcapone (Tasmar)** Used to treat on-off fluctuations and to extend the longevity of each Sinemet dose. It was recalled due to several cases of fatal liver toxicity. However, it was reintroduced after the FDA mandated a black box warning. Tolcapone now requires liver function tests, but is considered to be safe.
- **Pergolide (Permax)** Used to stimulate dopamine receptors (a dopamine agonist). It was recalled because of an association with heart valve damage.
- **Rotigotine (Neupro)** A dopamine agonist transdermal patch that was recalled due to a delivery problem. The FDA will allow it back on the market after it is reformulated.
- **Levodopa-carbidopa-entacapone (Stalevo)** The FDA recently announced it was reviewing the drug for a potential increase in cardiac risk. Stalevo remains on the market pending this FDA review.

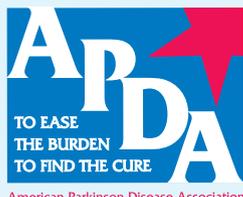
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Tips for Daily Living

The saying goes that knowledge is power—and that phrase has never been truer than for people with Parkinson's disease.

Here's how to stay on top of your medical treatment:

- ✔ **Build your own health files:** Keep a copy of your medical records, including diagnostic test results.
- ✔ **Take notes:** Jot down questions that come up in-between scheduled doctor's appointments.
- ✔ **Keep a medication schedule:** Download a weekly schedule to write the times and doses of each medication you take.
- ✔ **Know your drugs:** Read up on the latest FDA alerts, reviews and recalls. Make it a habit to visit www.fda.gov.
- ✔ **Speak up:** Discuss changing symptoms and medications with your doctor. Post a question in NPF's "Ask the Pharmacist" online forum—it's free!



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2011 Midwest Parkinson's Disease Conference
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For more information:

www.parkinson.org/yopc