

## QUESTIONS FOR

### TRANSFER TO CONTINUOUS INFUSION PUMP THERAPY

### FLUCTUATIONS AND DYSKINESIA IN PARKINSON'S DISEASE

Progression of PD is generally associated with the development of potentially disabling motor complications (such as motor fluctuations and dyskinesia) and non-motor symptoms, with a narrowing of the therapeutic window, further limiting the effectiveness of oral therapies.

Management of symptoms, particularly motor fluctuations, dyskinesia and "Off"-time, and non-motoric symptoms may require optimizing of oral therapies, including polypharmacy, dose fractioning, and dose tapering) or the use of advanced therapies. (Antonini et al., 2018)

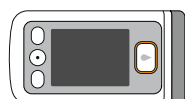
#### Fluctuations and Dyskinesia:

- Including "Off" time (periods of return of PD symptoms when medication effect wears off) and dyskinesia.
- Dyskinesia are involuntary movements including chorea and dystonia (and athetosis or myoclonus with either slow movements or twitching of muscles).
- Complications can be experienced in motoric and non-motoric symptoms.

#### Clinical limitations of oral and transdermal medication:

- Intermittent oral doses of Levodopa induce discontinuous stimulation of the striatal dopamine receptors.
- Resistance to dopaminergic medications and/or oral administration leads to disability dominated by motor symptoms and non-motor symptoms that may be present.
- Device-based therapies may be considered when oral medications fail to provide more continuous dopaminergic stimulation.

#### An aid to adjust therapy management in time



SUBCUTANEOUS USE






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# QUESTIONS FOR HCP'S ON FLUCTUATIONS AND DYSKINESIA IN PARKINSON'S DISEASE

The following questions are intended to help you make decisions about symptom control in people with Parkinson's disease (PD) and to **identify the need for early adjustment of therapy**. It is a tool to improve the quality of care and the outcome for the patient. (Questions are derived from the consensus outcome of Antonini et al., 2018)

## Questions on effect of oral medication

Please tick the box in the appropriate line that best describes your condition. Ticks in the grey area are criteria for consideration of device-aided therapy. This will help in discussing further treatment strategies.

	How many doses of oral Levodopa are you taking per day?	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5 or more <input type="checkbox"/>
	Are you experiencing a total of more than 2 hours in "Off"?		no <input type="checkbox"/>	yes <input type="checkbox"/>
	Do you experience 1 hour of troublesome dyskinesia per day?		no <input type="checkbox"/>	yes <input type="checkbox"/>
	How bothersome is your time spent in "Off" per day?	mild <input type="checkbox"/>	moderate <input type="checkbox"/>	severe <input type="checkbox"/>
	Are you currently limited in performing 1 or more activities of daily living (e.g. dressing, brushing, eating, etc.)?		no <input type="checkbox"/>	yes <input type="checkbox"/>

Further complications which might give insight of the patient's condition:

**Impairment on activities of daily living (ADL) e.g. showering, dressing, preparing meals, phone, walking, etc.**

☐ Independent in all activities      ☐ Need assistance in some activities      ☐ dependent in most activities

## Non-Motor Symptoms

☐ sleep disturbances      ☐ pain      ☐ depression      ☐ anxiety/fear

## Gastric/Urinary Symptoms

☐ dysphagia      ☐ constipation      ☐ diarrhoea      ☐ incontinence

## Additional aspects

☐ unpredictable "Offs"      ☐ 2 or more falls/month      ☐ daily painful dystonia      ☐ neuropsychiatric side effects  
☐ preference for protein-containing food      ☐ patient has network      ☐ patient understands device-aided options      ☐ patient is motivated