Decoding Parkinson's disease treatments so you can thrive

Learn the differences between IR, CR, and ER CD/LDthen talk to your doctor about how your carbidopa/levodopa treatment is working for you

While the 3 types of oral carbidopa/levodopa (CD/LD) treatments contain the same medicine, they are formulated in 3 different ways:

Remember, medications that last longer may require fewer doses per day



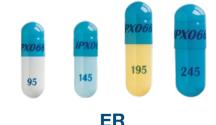
IR (immediate-release)

CD/LD is released immediately after it is taken so that it can start to work quickly, but can wear off quickly too



CR (controlled-release)

Slow-release formulation that is no more effective than immediate-release CD/LD, and takes longer to start working



(extended-release)

Available in four doses, containing both immediate- and extended-release components that work quickly and sustain levodopa levels for longer than other formulations

Note: Pills and capsules not actual size. IR and CR CD/LD medications may appear differently depending on drug manufacturer and pill dosage

When choosing a treatment, "Good On" time matters

As Parkinson's disease advances, each dose of your CD/LD treatment may not last as long. This can lead to a roller coaster of ups and downs from dose to dose. These ups and downs can be described in these ways:

"On" time: medicine is working, and your symptoms are well controlled

"Good On" time: medicine is working, and you are not experiencing involuntary movements you can't control, or they are not impacting your daily activities

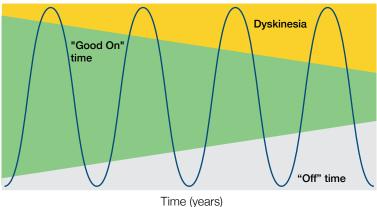
"Off" time: medicine no longer works or hasn't kicked in yet, and symptoms return

Dvskinesia: medicine is working but level of levodopa is too high-you may experience involuntary movements you can't control

Talk to your healthcare provider about how often you experience "Good On" time

This could help them identify how well your treatment is working or if it's time to make a change

Levodopa levels over the course of a day





Help your healthcare provider understand how well your medication is working

Prepare for your appointment and advocate for yourself by discussing changes in your symptoms. You don't have to settle for good enough; you can thrive with more "Good On" time. Here are some tips to help:

- Keep track of your symptoms to help you communicate with your healthcare provider and indicate when an adjustment is needed
- Advocate for yourself when a part of your regimen is no longer working. Adjustments can be made—more "Good On" time is within your reach

Get started by tracking your motor symptoms, the symptoms that affect your movements

Motor symptoms include:



Tremors: the classic symptom is a slow tremor of the hand at rest



Rigidity, or stiffness



Bradykinesia (also known as slowness), having trouble moving Freezing up, stooped posture, and shuffling gait



Stability and balance problems when standing or walking

Difficulty with speech and swallowing

There are real differences between IR, CR, and ER CD/LD

Talk to your doctor about treatments that give you the benefit of extended release



Get started by tracking your motor symptoms

Track all of your symptoms by using this guide, and start a conversation with your healthcare team today

https://www.thrivingwithpd.com/pdfform-conversation-companion/

CD/LD=carbidopa/levodopa; CR=controlled-release; ER=extended-release; IR=immediate-release.

 Livingston C, Monroe-Duprey L. A review of levodopa formulations for the treatment of Parkinson's disease available in the United States. J Pharm Pract.
2023:8971900221151194. 2. Gupta HV, Lyons KE, Pahwa R. Old drugs, new delivery systems in Parkinson's disease. Drugs Aging. 2019;36(9):807-821.
Calabresi P, Di Filippo MD, Ghiglieri V, Tambasco N, Picconi B. Levodopa-induced dyskinesias in patients with Parkinson's disease: filling the bench-to-bedside gap. Lancet Neurol. 2010; 9(11):1106-1117. 4. Chaudhuri KR, Rizos A, Sethi KD. Motor and nonmotor complications in Parkinson's disease: an argument for continuous drug delivery? J Neural Transm (Vienna). 2013;120(9):1305-1320. 5. Hauser RA, Deckers F, Lehert P. Parkinson's disease home diary: further validation and implications for clinical trials. Mov Disord. 2004;19(12):1409-1413. 6. Mantri S, Lepore M, Edison B, et al. The experience of OFF periods in Parkinson's disease: descriptions, triggers, and alleviating factors. J Patient Cent Res Rev. 2021;8(3):232-238. 7. Magrinelli F, Picelli A, Tocco P, et al. Pathophysiology of motor dysfunction in Parkinson's disease as the rationale for drug treatment and rehabilitation. Parkinsons Dis. 2016;2016:9832839. 8. Matthews H, Stamford J, Saha R, Martin A; Off-Park survey steering group. Exploring issues around wearing-off and quality of life: The OFF-PARK Survey of People With Parkinson's Disease and Their Care Partners. J Parkinsons Dis. 2015;5(3):533-539. 9. Jankovic J. Parkinson's disease: clinical features and diagnosis. J Neurol Neurosurg Psychiatry. 2008;79(4):368-376.

