

# The Treatment of OFF Episodes in Parkinson’s Disease: An Evaluation of Patient and Caregiver Insights

Eric J. Pappert, MD;<sup>1</sup> Nigel deGruyther, BScPharm, MBA;<sup>1</sup> Albert Agro, PhD<sup>1</sup>

<sup>1</sup>Cynapsus Therapeutics, Toronto, Ontario, Canada

CYNAPSUS

## BACKGROUND

OFF episodes in Parkinson’s Disease (PD) have a significant negative impact on Quality of Life (QoL) of patients.

## OBJECTIVE

To evaluate patient and caregiver opinions regarding the treatment of OFF episodes in patients with PD.

## METHODS

A survey was sent to 594 caregivers of and patients with PD and OFF episodes.

The survey queried the following areas:

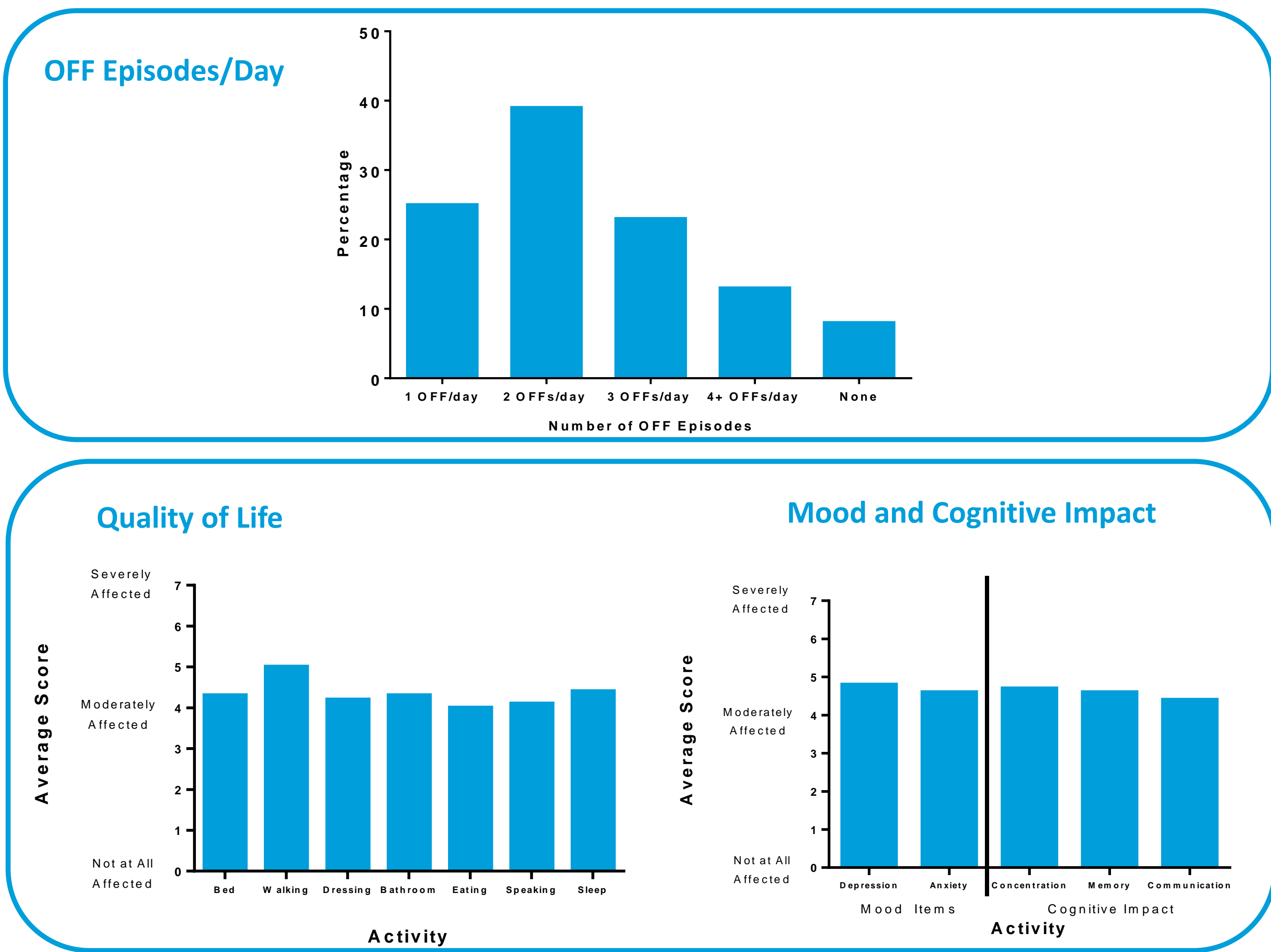
- Impact to QoL
- Satisfaction with treatment

## RESULTS

120 surveys were received: 64 completed by patients and 56 completed by caregivers

Baseline Demographics	All Surveys
Patient Surveys (answered for themselves); Caregiver Surveys (answered for their patient)	N=120
Age, years; mean	58.05
Geographic Area	
Urban	51
Suburban	43
Rural	26
Current Treatment	
Dopamine agonist	40
Levodopa/carbidopa only	50
Levodopa/carbidopa + other	30
Diagnosed with OFF Episodes	92
Awareness of Treatment for OFF Episodes	72
Doctor types you primarily communicate with regarding PD	
PCP	44
Neurologist	64
Movement Disorder Specialist	12

## RESULTS (continued)



Questionnaire	All Surveys
	N=120
Total # of OFF episodes in the AM (before the first PD pill)	
1-2 X per week, n (%)	37 (30.8%)
3-4 X per week, n (%)	44 (36.7%)
5-7 X per week, n (%)	29 (24.2%)
Never, n (%)	10 ( 8.3%)
Frequency of wearing OFF: 1: Not at all to 7: Very frequently, mean	4.7
Time of Day that pt. most frequently experience a wearing OFF, n	110
Morning (6AM to 12PM), n (%)	28 (25.5%)
Afternoon (12PM to 6PM), n (%)	49 (44.5%)
Evening (6PM to 12AM), n (%)	31 (28.2%)
Night (12 AM to 6AM), n (%)	2 (1.8%)
Frequency of delayed time to ON1: Not at all to 7: Very frequently, mean	4.4
Time of Day that pt. most frequently experience a delayed time to ON, n	108
Morning (6AM to 12PM), n (%)	28 (25.9%)
Afternoon (12PM to 6PM), n (%)	43 (39.8%)
Evening (6PM to 12AM), n (%)	36 (33.3%)
Night (12 AM to 6AM), n (%)	1 (0.9%)
Time of Day that pt. most frequently experiences an unpredictable OFF, n	120
Morning (6AM to 12PM), n (%)	20 (16.7%)
Afternoon (12PM to 6PM), n (%)	52 (43.3%)
Evening (6PM to 12AM), n (%)	34 (28.3%)
Night (12 AM to 6AM), n (%)	14 (11.7%)

## RESULTS (continued)

Questionnaire	All Surveys
	N=120
Years after diagnosis of PD that you were diagnosed with OFF episodes, n	92
< 1 year, n (%)	30 (32.6%)
2 to 3 years post PD diagnosis, n (%)	49 (53.3%)
>4 years post PD diagnosis, n (%)	13 (14.1%)
Doctor who diagnosed OFF episodes, n	92
PCP, n (%)	29 (31.5%)
Neurologist, n (%)	55 (59.8%)
Movement Disorder Specialist, n (%)	8 (8.7%)
Satisfaction with current treatment of OFF 1: Not satisfied, 7: Very satisfied, mean	4.8
Importance of the following product characteristics for the treatment of OFF 1: Not important, 7: Very important	
Time to ON state, mean	5.75
Dosing schedule and frequency, mean	5.48
Route of administration, mean	5.34
Lack of side effects, mean	5.81
Convenience of treatment, mean	5.69
Willingness to switch to other or new types of medication for OFF episodes if prescribed by your doctor?	
Very Low, n (%)	12 (10.0%)
Low, n (%)	28 (23.3%)
High, n (%)	40 (33.3%)
Very High, n (%)	40 (33.3%)

## CONCLUSIONS

- > 30% of patients and caregivers indicated that they had OFF episodes in the 1<sup>st</sup> year post diagnosis with an additional 53.3% indicating that OFF episodes started 2 to 3 years post diagnosis.
- In this study, patients and caregivers believed that OFF episodes had a negative impact on QoL.
- Overall, patients would like to improve their overall QoL and were open to new treatments to improve symptom control.
- New treatments for OFF episodes in patients with PD are needed.

## ACKNOWLEDGEMENTS/DISCLOSURES

This study was supported by Cynapsus Therapeutics. EJP, ND, and AA are employees of Cynapsus Therapeutics and hold stock or stock options.