

Treatment of OFF Episodes in Parkinson’s Disease: An Evaluation of Physician Practices

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BACKGROUND

- OFF episodes in PD have a significant negative impact on QoL of patients

OBJECTIVE

Determine physician practices in the treatment of OFF episodes in patients with Parkinson’s disease.

METHODS

- A survey was sent to 405 physicians who treat patients with PD
- 175 primary care physicians [PCP],
 - 97 neurologists [NEURO] and
 - 36 movement disorder specialists [MOV].

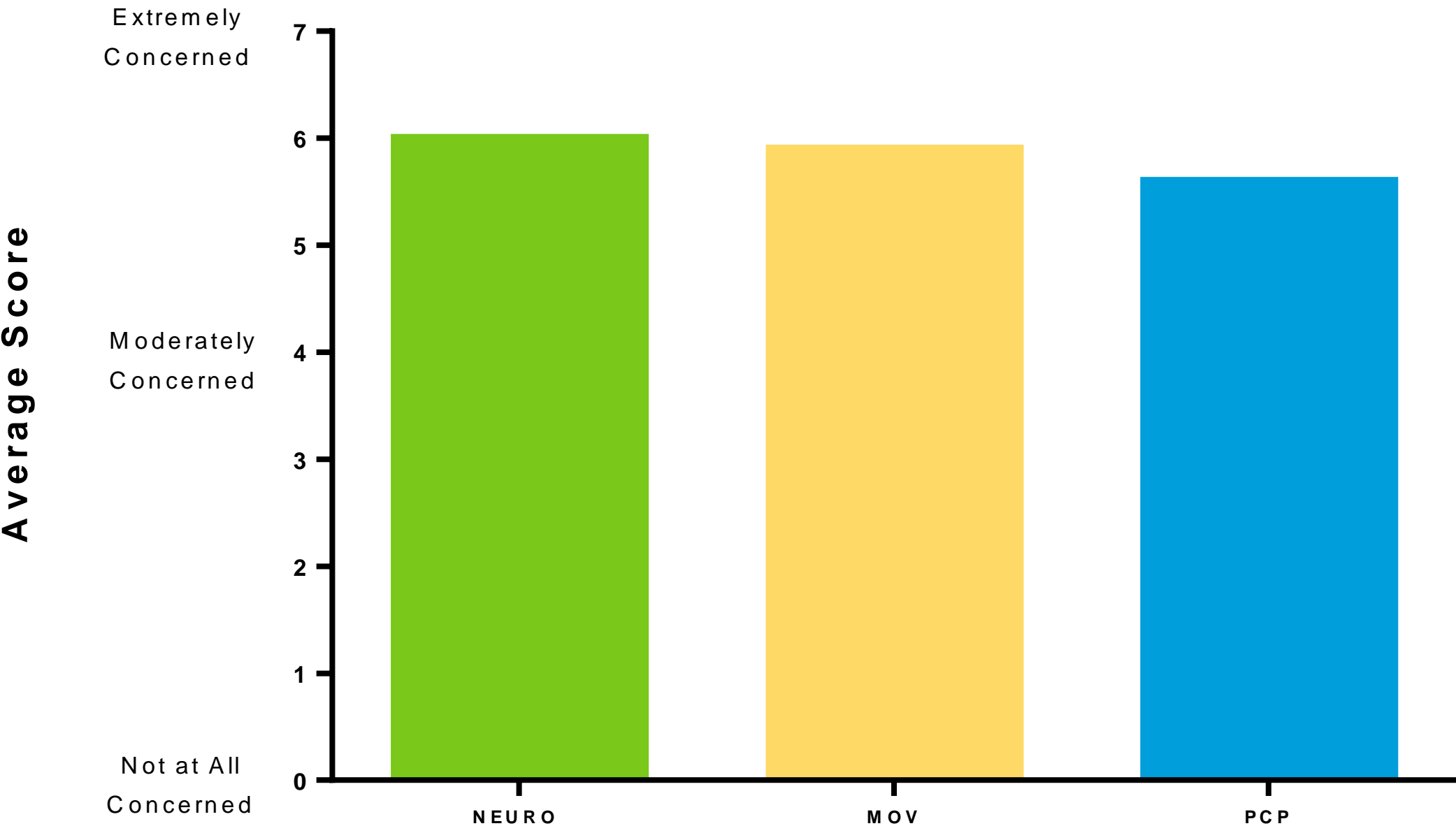
The survey queried the following areas regarding physician practices and attitudes regarding the treatment of OFF episodes

SURVEY RESULTS

102 surveys: 50 Primary Care Physicians (PCP), 30 Neurologists (NEURO) and 22 Movement Disorder Specialists (MOV)

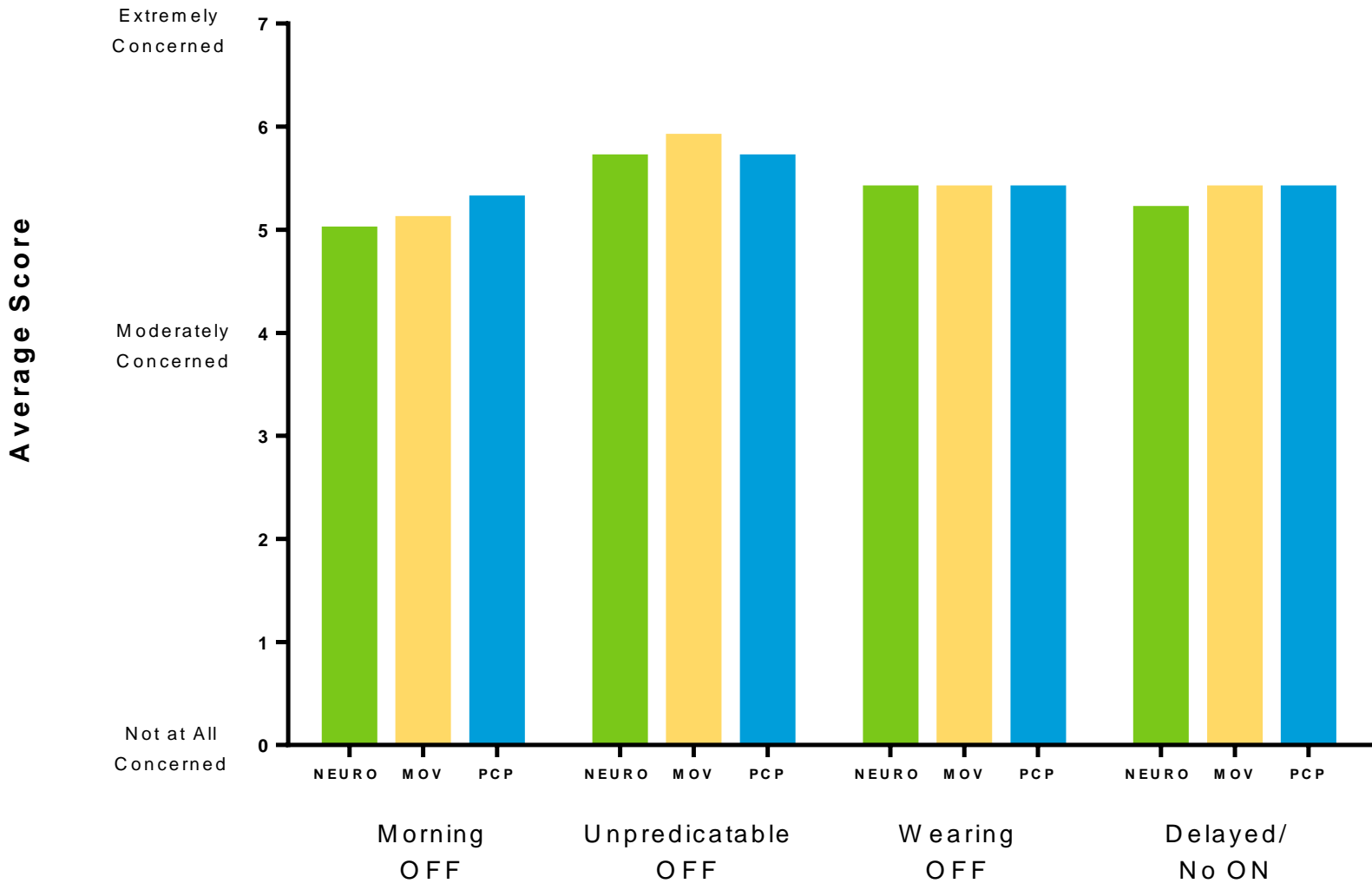
Respondent Demographics	All N=102	PCP N=50	NEURO and MOV N=52
# of Yrs Treating PD since Residence, mean	16.7	16.3	17.1
# of PD patients/month, mean	75.4	46.2	103.3
# of Levodopa Rx/month, mean	63.6	40.1	86.3

How concerned are you about OFF episodes in the management of Parkinson’s disease?

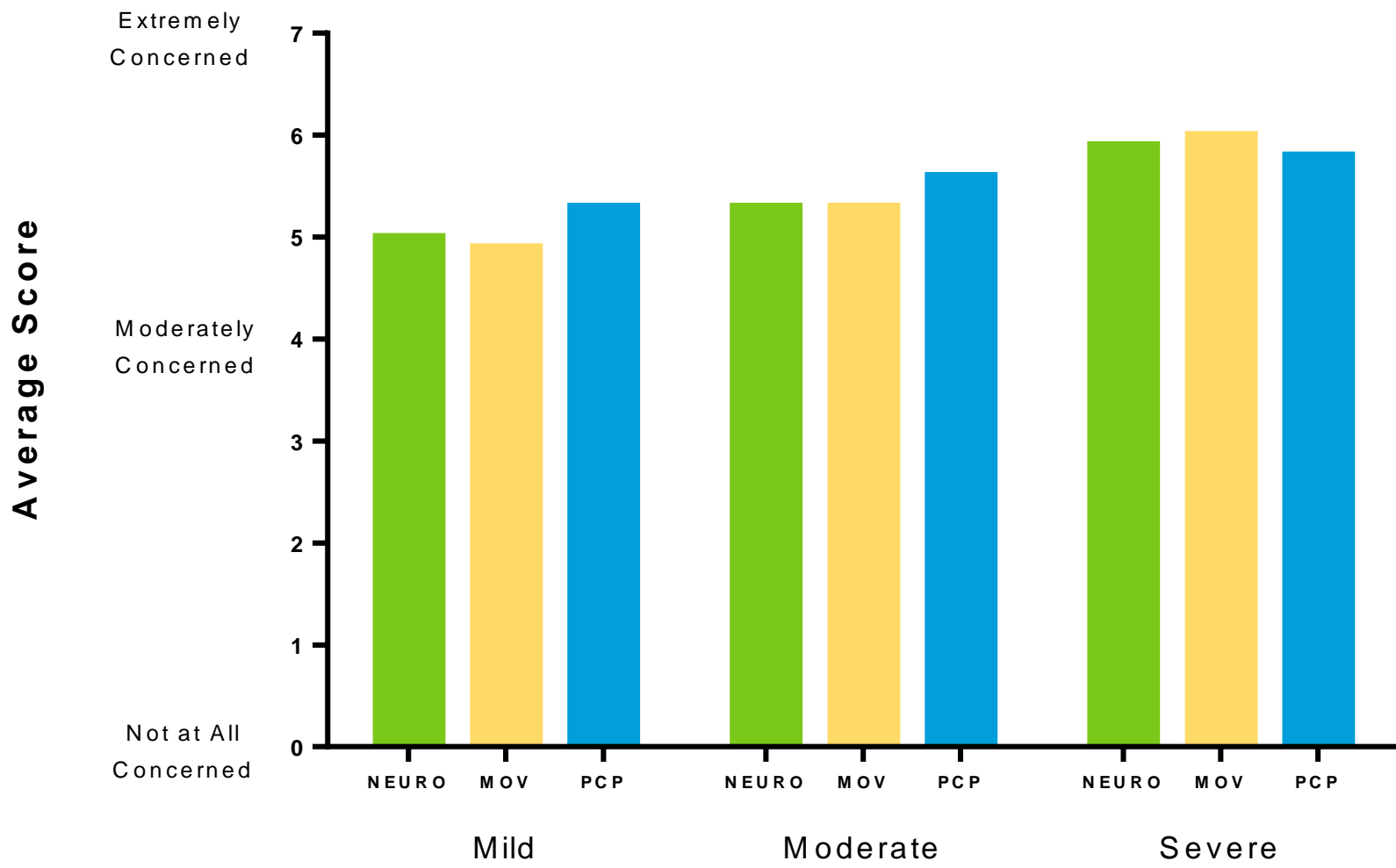


SURVEY RESULTS (continued)

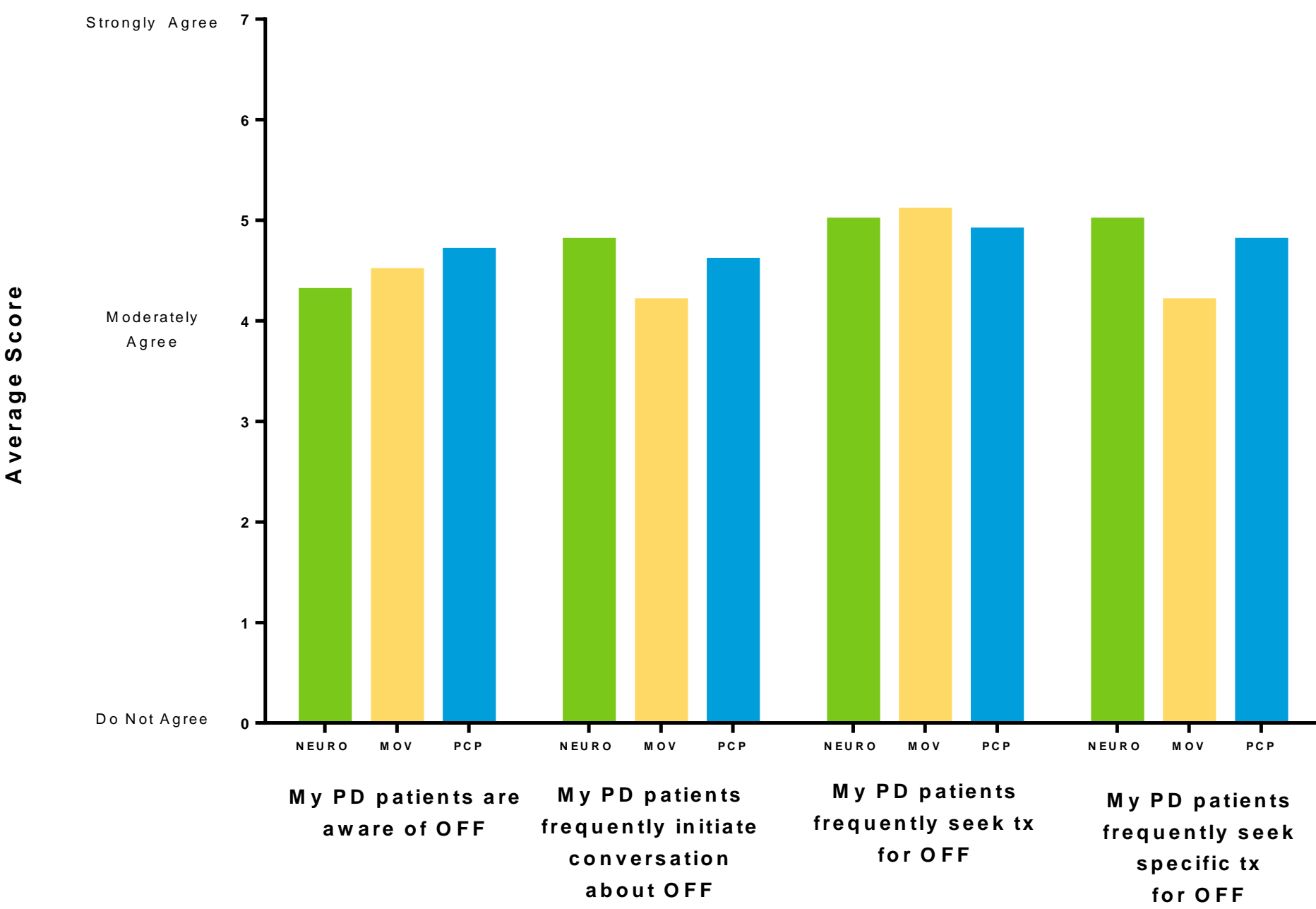
How concerned are you about the following types of OFF episodes?



How concerned are you about the different severity levels of OFF episodes?



Rate the degree to which you agree with the statement

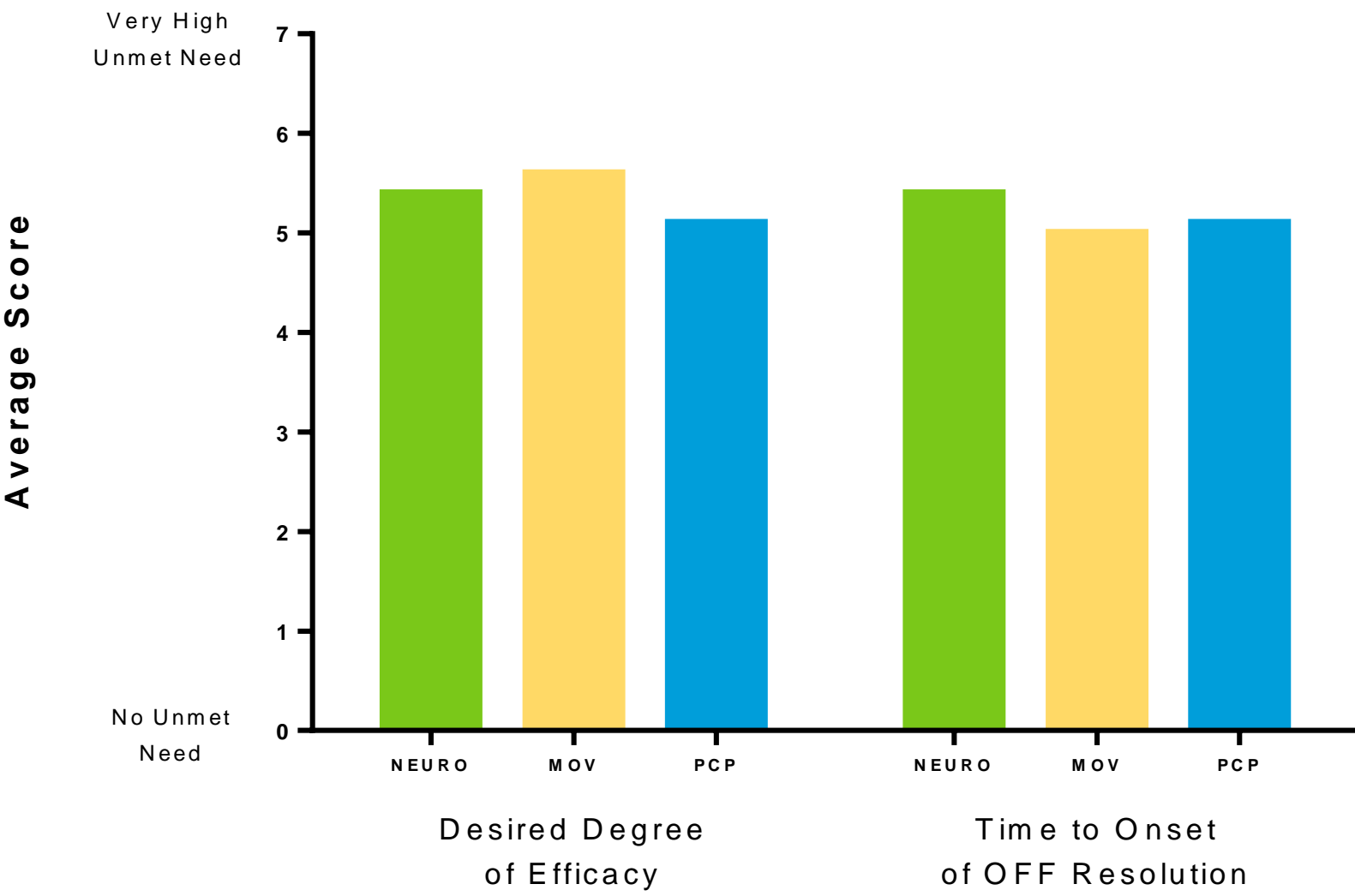


SURVEY RESULTS (continued)

What percent are the following treatment choices for OFF episodes?

	NEURO	MOV	PCP
Start Levodopa-Carbidopa	10%	0%	15%
Adjust Levodopa-Carbidopa	38%	50%	21%
Add or Adjust Adjunct Dosing (MAO-B, COMT, Dopamine Agonist)	31%	45%	43%
Other Treatments (Apokyn, Rytary)	12%	5%	12%
Non-Traditional	9%	0%	9%

What is the level of unmet need for treating OFF regarding:



CONCLUSIONS

- Physicians are concerned about OFF episodes.
- Physicians feel that their patients are aware of OFF episodes.
- Physicians feel that there is a fairly high level of unmet need regarding treatment options for OFF episodes.

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