

Cambridge University Press & Assessment 978-1-009-22261-7 — The Movement Disorders Prescriber's Guide to Parkinson's Disease K. Ray Chaudhuri, Peter Jenner, Valentina Leta, Shelley Jones, Iro Boura Frontmatter More Information

The Movement Disorders Prescriber's Guide to Parkinson's Disease



K. Ray Chaudhuri, Peter Jenner, Valentina Leta, Shelley Jones, Iro Boura Frontmatter

More Information

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Dr Valentina Leta is a neurologist movement disorder specialist interested in infusion therapies and autonomic dysfunction in Parkinson's disease. She has worked as principal/sub-investigator of numerous trials investigating the efficacy and safety of new drugs for Parkinson's disease. Valentina has been invited as a faculty at international conferences. She is author of over 55 peer-reviewed papers and book chapters on Parkinson's disease.

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www.cambridge.org

Information on this title: www.cambridge.org/9781009222617

DOI: 10.1017/9781009222648

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When citing this work, please include a reference to the DOI 10.1017/9781009222648

First published 2025

A catalogue record for this publication is available from the British Library.

A Cataloging-in-Publication data record for this book is available from the Library of Congress ISBN 978-1-009-22261-7 Paperback

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FOREWORD

Pharmacological therapy for Parkinson's disease, now regarded as a multi-system, multi-neurotransmitter dysfunction has become complex in spite of levodopa still being the gold standard of treatment across all stages of Parkinson's disease. Newer developments include advances in dopamine replacement therapies such as oral enzyme inhibitors like opicapone and safinamide whereas advanced therapies have evolved to clinical trials and licensing of subcutaneous foslevodopa/foscarbidopa preparations as well as newer delivery systems for apomorphine infusion of levodopa with entacapone. The non-dopaminergic aspect of Parkinson's disease is manifested by the evolving non-motor profile of Parkinson's disease with descriptions of non-motor subtypes, and management also, therefore, includes non-dopaminergic strategies as well as lifestyle changes. A comprehensive strategy encompassing implementation of these clinical strategies as well as attention to dopaminergic and non-dopaminergic drug use in Parkinson's disease and related side effects has been signposted in the recent publication of the Chaudhuri dashboard for Parkinson's disease. The complexity of pharmacological management of Parkinson's disease is further complicated by non-availability of many drugs in different countries around the world. In this short and concise book we aim to address these issues by providing a comprehensive guide to the different medication used for Parkinson's disease and the Parkinson syndrome. We hope healthcare professionals who care for people round the world with Parkinson's will find this book useful as a reference point.

Professor K. Ray Chaudhuri

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ABBREVIATIONS

ACE angiotensin-converting enzyme

ACh acetylcholine
AD Alzheimer's disease
ALT alanine aminotransferase
ANC absolute neutrophil count

APTT activated partial thromboplastin time ARDS acute respiratory distress syndrome

AST aspartate transaminase
AUC overall plasma exposure
BID two times a day
BUN blood urea nitrogen
CAD coronary artery disease

CADASIL syndrome cerebral autosomal dominant arteriopathy with

subcortical infarcts and leukoencephalopathy Centers for Disease Control and Prevention

Cmax maximum plasma concentration

CNS central nervous system
COMT catechol-O-methyltransferase

COPD chronic obstructive pulmonary disease
CPAP continuous positive airway pressure
CPK creatinine phosphokinase

CR controlled release
CrCl creatinine clearance
CYP450 cytochrome P450
DaTSCAN dopamine transporter scan

DAWS dopamine agonist withdrawal syndrome

DBS deep brain stimulation
DDI dopa decarboxylase inhibitor
DDS dopamine dysregulation syndrome
DLB dementia with Lewy bodies
DOPA dihydroxyphenylalanine
ECG electrocardiogram

EMA European Medicines Agency

EMC Electronic Medicines Compendium (UK)

ER extended release

FDA US Food and Drug Administration

FoG freezing of gait

FTD frontotemporal dementia.
GABA gamma-aminobutyric acid
GFR glomerular filtration rate

GI gastrointestinal
GP general practitioner
HD Huntington's disease
HDL high-density lipoprotein
HIV human immunodeficiency virus
ICD impulse control disorder

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IM intramuscular

INR international normalized ratio

IR immediate release IV intravenous

LBD Lewy body dementia

LCIG levodopa/carbidopa infusion gel

LDH lactic dehydrogenase LDL low-density lipoprotein LID levodopa-induced dyskinesias MAO-A/-B monoamine oxidase-A/-B **MAOIs** monoamine oxidase inhibitors MCI mild cognitive impairment

MDS EBM Committee Movement Disorders Society Evidence-Based

Medicine Committee

myocardial infarction MMSE mini mental state examination

MPTP 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine

MRI magnetic resonance imaging mRS modified ranking score MSA multiple system atrophy

non-arteritic anterior ischaemic optic neuropathy NAION

NMDA N-methyl-D-aspartate

NMS neuroleptic malignant(-like) syndrome **NSAIDs** non-steroidal anti-inflammatory drugs OCD obsessive-compulsive disorder

ODT orally disintegrating tablets PDD Parkinson's disease dementia

PEG percutaneous endoscopic gastrostomy

P-gp P-glycoprotein PPI proton pump inhibitor PR prolonged release

PSP progressive supranuclear palsy

PT prothrombin time OID four times a day QoL quality of life **RBC** red blood cell

RBD REM sleep behaviour disorder RCT randomized controlled trial REM rapid eye movement RLS restless legs syndrome

SC subcutaneous

SGOT Serum glutamate-oxaloacetic transaminase SIADH syndrome of inappropriate antidiuretic hormone

SNP single nucleotide polymorphism

SNRI serotonin and norepinephrine c inhibitor SSRI selective serotonin reuptake inhibitor

STN subthalamic nucleus TCA tricyclic antidepressants



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THE MOVEMENT DISORDERS PRESCRIBER'S GUIDE TO PARKINSON'S DISEASE

TIA transient ischaemic attack

TID three times a day

Tmax time to maximum serum concentration

TSH thyroid-stimulating hormone
TTS transdermal therapeutic systems

UK United Kingdom
UNL upper normal limit

UPDRS unified Parkinson's disease rating scale

USA United States of America
VAT value-added tax
WBC white blood cells

γGT gamma-glutamyl transferase