

Parkinson's Disease: Student EBM presentations

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The question

- 72-year old gentleman diagnosed with PD 4 years ago
- Has since been prescribed Levodopa
- Complaining of sudden jerky movements (dyskinesia), wants to know if there is an alternative medication with fewer side effects
- Having researched on the internet, he has found out that dopamine agonists are also used as a first line treatment

| | |
|----------|---|
| P | Patients with early Parkinson's Disease |
| I | Dopamine agonists |
| C | Levodopa |
| O | Motor complications |

In patients with early PD, do dopamine agonists, as compared to Levodopa, cause fewer motor complications?

The search and search results

- We searched PubMed clinical queries for the following terms:

Parkinson* AND early AND dopamine AND agonist* AND Levodopa AND motor

Of the 20 systematic reviews meeting our criteria, we selected *Stowe et al, 2008* as its abstract seemed most relevant to our patient's question



The study appraisal

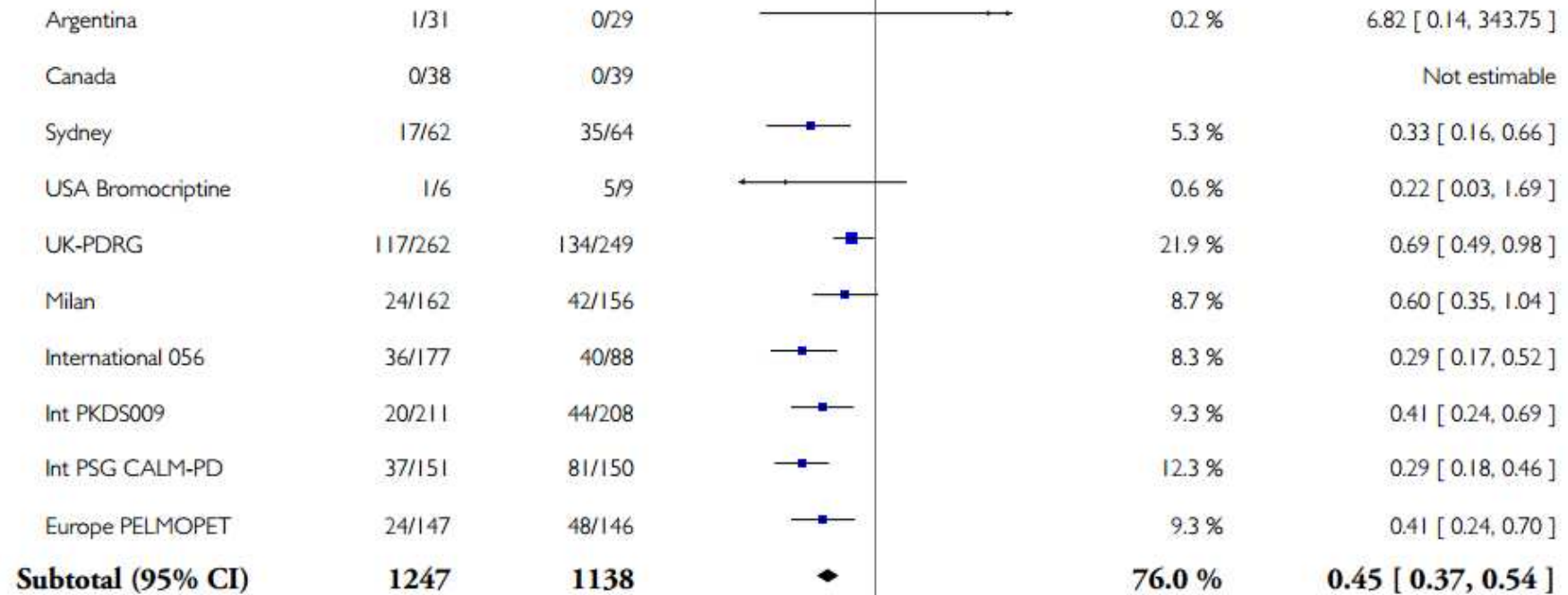
Dopamine agonist therapy in early Parkinson's disease (Review)

- Search methods: Searched CENTRAL (The Cochrane Library), MEDLINE, EMBASE, PubMed, LILACS and Web of Science, plus major journals in the field, abstract books, conference proceedings and reference lists of retrieved publications
- Selection criteria: Randomised trials comparing an orally administered dopamine agonist (with or without levodopa) versus placebo or levodopa or both placebo and levodopa in participants with early PD



The Results (interpretation of findings)

2 DA versus LD



Heterogeneity: $\text{Chi}^2 = 15.97$, $\text{df} = 8$ ($P = 0.04$); $I^2 = 50\%$

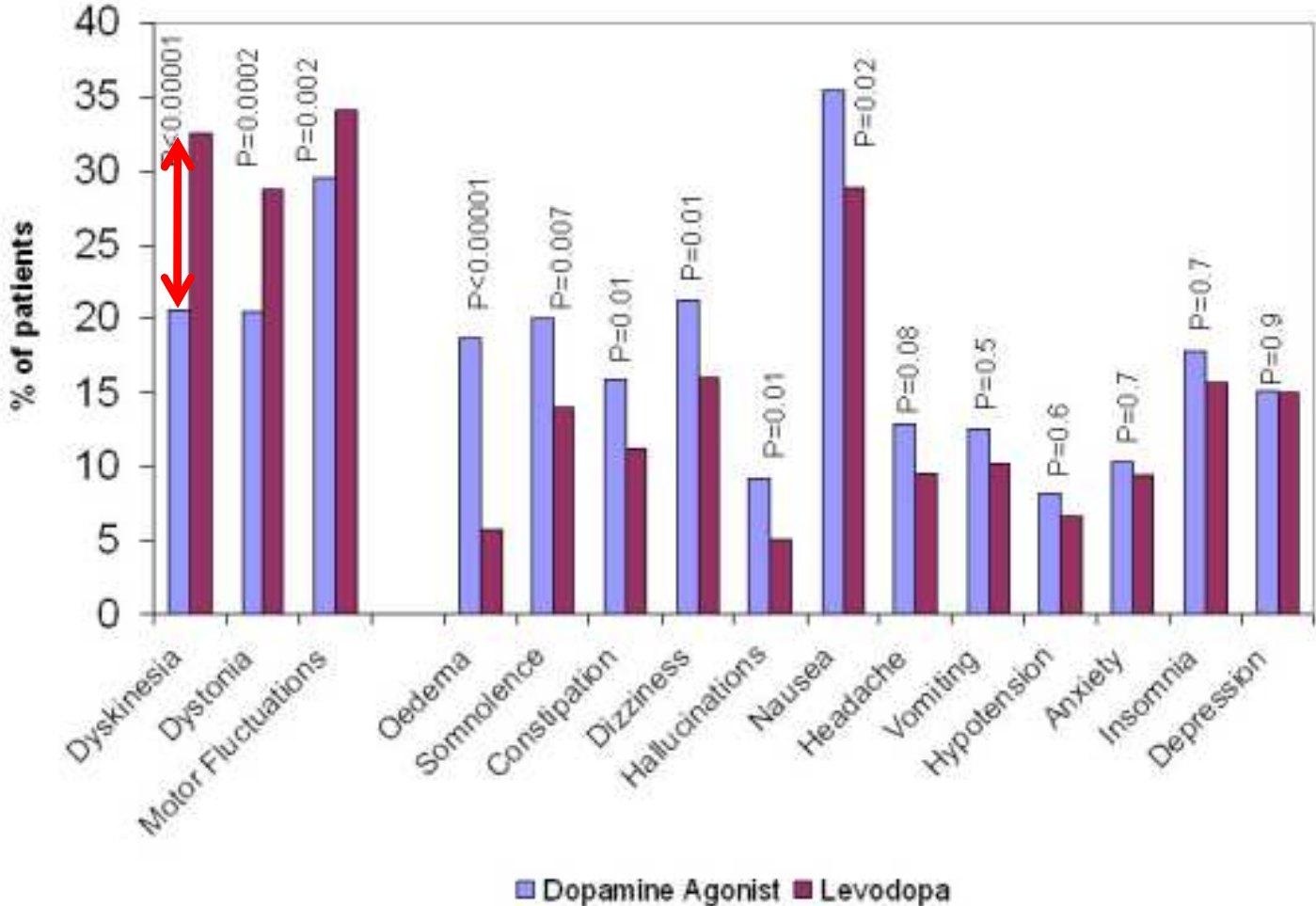
Test for overall effect: $Z = 8.45$ ($P < 0.00001$)

0.1 0.2 0.5 1 2 5 10

DA better LD better

The Results (interpretation of findings)

Additional Figure 2: Incidence of adverse effects in Parkinson's disease for trials of DA (+/- LD) vs. LD



The Implications

Table 1 Options for initial pharmacotherapy in early PD

| Initial therapy for early PD | First-choice option | Symptom control | Risk of side effects | |
|------------------------------|---------------------|------------------------------------|---|--|
| | | | Motor complications | Other adverse events |
| Levodopa | Yes | Good degree of symptom control | Evidence of increased motor complications | Evidence of increased other adverse events |
| Dopamine agonists | Yes | Moderate degree of symptom control | Evidence of reduced motor complications | Evidence of increased other adverse events |
| MAO-B inhibitors | Yes | Limited degree of symptom control | Evidence of reduced motor complications | Evidence of increased other adverse events |
| Anticholinergics | No | Lack of evidence | Lack of evidence | Lack of evidence |
| Beta-blockers | No | Lack of evidence | Lack of evidence | Lack of evidence |
| Amantadine | No | Lack of evidence | Lack of evidence | Lack of evidence |

The Implications

- We would inform our patient that dopamine agonists could indeed reduce his motor complications, but may lead to other undesirable side effects, and might not control his Parkinsonian symptoms as adequately.
- It would be useful to further investigate how MAO-B inhibitors or combinatorial therapy compare regarding motor complications and symptom control.