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Levodopa treatment strategies in Parkinson's disease: What is new?

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Despite the recent emerge of new therapies in the symptomatic treatment of Parkinson's disease (PD), Levodopa remains the gold standard treatment for almost 50 years. It is the most effective drug for motor signs and symptoms of the disease, providing benefits in the activities of daily living, and quality of life of patients, best in the first years of the disease in particular. As the degenerative process in PD progresses, motor fluctuations as well as levodopa-associated complications should occur as a result of changes in the delivery of levodopa to the brain caused by the short plasma half-life of conventional levodopa formulations (levodopa and a dopa decarboxylase inhibitor [DDCI]). In the short term, dosing strategies including dose increases and fractionation may be effective. However more radical approaches are needed to maintain more consistent plasma levodopa levels. On this aspect, new formulations of levodopa which are approved and under research can be considered as the new frontiers in the motor symptom treatment of PD. "Duodopa" is a gel suspension of carbidopa and immediate-release levodopa. It is designed for direct intestinal infusion through a percutaneous endoscopic gastrojejunostomy (PEG-J) tube to maintain more stable plasma concentrations of LD. Another new formulation of LD is "ND0162L" which is a liquid formulation of carbidopa/levodopa that is delivered subcutaneously through a belt pump system similar to an insulin pump. There are 2 rescue drugs under Phase III testing and could come to market in 2016 are "Apl-130227" and "CVT-301". However the only FDA approved rescue therapy for sudden off periods is a dopamine agonist apomorphine.

Biography

She works as an associate Professor in the Neurology Department of Duzce School of Medicine, Duzce, Turkey. She runs Parkinson's Disease and Movement Disorders and Dementia clinic. Works in the Clinical Neurophysiology unit of the Neurology Department. She is a member EFNS (European Federation of Neurological Sciences), EAN (European Academy of Neurology), Turkish Neurological Society, and the Turkish Cognitive Neurology Study Group.

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