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★ Reference:

Baba Y, futamura A, Kinno R, Nomoto S, Takahashi S, Yasumoto T et al (2022) the relationship between the distinct ratios of benserazide and carbidopa to levodopa and motor complications in Parkinson's disease : a retrospective cohort study . J Neurol Sci 437:120263
DOI:<https://doi.org/10.1016/j.jns.2022.120263>



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The relationship between the distinct ratios in benserazide and carbidopa to levodopa and motor complications in Parkinson's disease: A retrospective cohort study^{*}

ABSTRACT

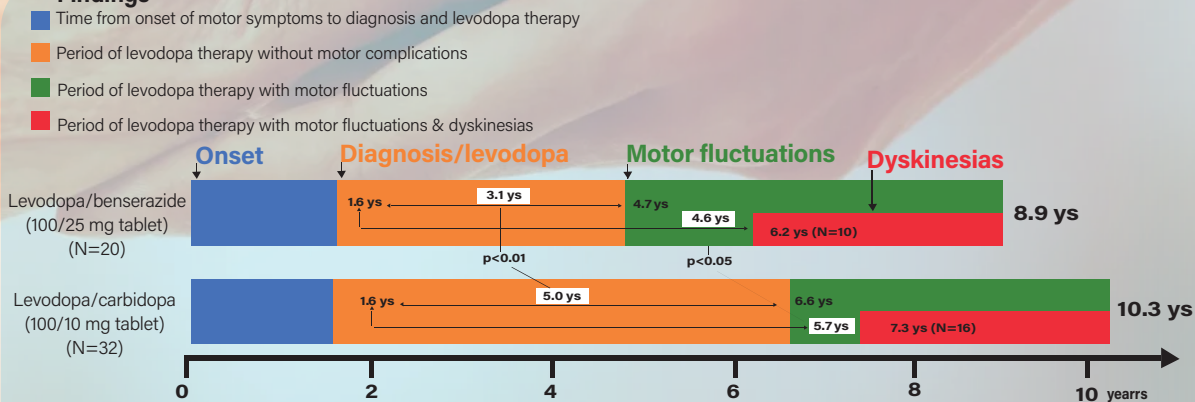
Background: In Japan, only two medications of immediate-release levodopa with distinct ratios of decarboxylase inhibitor (DCI), namely levodopa/benserazide 100/25 mg and levodopa/carbidopa 100/10 mg, are available for the treatment of Parkinson's disease (PD). The relationship between the difference in the DCI to levodopa ratio and the development of motor complications in long-term administration of levodopa is unknown.

Purpose: Assessment of the duration from initiation of levodopa/DCI to the emergence of motor fluctuations in patients with PD treated with levodopa/benserazide and levodopa/carbidopa.

Methods: Assessment of the disease course, especially the period from the onset of motor symptoms or initiation of levodopa/DCI to the emergence of motor fluctuations, in patients with PD who were initially treated with either levodopa/benserazide (300/75 mg/day) or levodopa/carbidopa (300/30 mg/day).

Results: Of the 186 candidates, 52 patients were enrolled. The mean duration to the emergence of motor fluctuations in the levodopa/carbidopa group was significantly longer than that in the levodopa/benserazide group (5.0 ± 1.4 vs 3.1 ± 1.2 years, $p < 0.01$). The mean duration from onset of motor symptoms to the emergence of motor fluctuations in the levodopa/carbidopa group was also significantly longer than that in the levodopa/benserazide group (6.6 ± 1.6 vs 4.7 ± 1.3 years, $p < 0.01$).

Findings



Conclusion: Our study suggests that levodopa/carbidopa therapy with a DCI to levodopa ratio of 1:10 may delay the occurrence of motor fluctuations when compared to levodopa/benserazide therapy with that of 1:4. The difference in blending ratio of levodopa / DCI may influence the disease progression in PD.

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