

Wearing-off

For some people, wearing-off can begin within 1 to 2 years of starting levodopa therapy; for others, levodopa continues to be effective for many years.

This question card has been developed to help you find out whether you experience wearing-off. It is designed for people with Parkinson's disease who are currently taking medicines, such as dopamine antagonists, levodopa or combinations of these.

Please identify any symptoms that occur during a normal day, and report whether these symptoms improve after taking your next dose of medication.

Each person's experience with Parkinson's disease is different, so the wearing-off symptoms you notice are individual to you. Many people find that problems with movement (motor symptoms) return during wearing-off, but other symptoms (non-motor) can also occur.

Medical management options include:

- Changing your dose, dose frequency or timing of medication.
- Changing your medication to include medicine(s) that prevent breakdown of levodopa within your body. These can be combined in a single tablet, or may be taken separately.
- Adding another class of drug to your medication.

Any questions for your doctor?

'Oh, I wish I'd remembered to ask about...' is something we all occasionally feel after leaving the doctor's surgery! Make a note of any questions that you would like to ask your doctor about wearing-off.

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For more details call Parkinson's Australia on 1800 644 189.

Parkinson's disease

Does your body let you know when your next medication is due?

What can be done about wearing-off?

Your doctor can help you manage wearing-off by adding to or changing your medication dose or schedule.

It is therefore important to let your doctor know if you are experiencing wearing-off. You may like to bring this completed question card with you next time you visit.

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You may be experiencing '**wearing-off**' if your symptoms vary during the day – getting worse before your next dose of medication is due, and improving after you take your next scheduled dose.

Wearing-off question card^{†*}

How to complete this question card:

In the 'Experience symptoms' column, please tick any symptoms that you currently experience during your normal day. If this symptom usually improves or disappears after your next dose of Parkinson's Medication, Please also tick in the 'Usually improves after my next dose' column.

Mary's example

	Experience symptoms		Usually improves after my next dose
1. Tremor	<input checked="" type="checkbox"/>	During her normal day, Mary experiences both tremor and difficulty with speech	<input checked="" type="checkbox"/>
2. Difficulty in speaking	<input checked="" type="checkbox"/>		Tremor improves after her next dose of medication
3. Anxiety	<input type="checkbox"/>		

	Experience symptoms		Usually improves after my next dose
1. Tremor	<input type="checkbox"/>		<input type="checkbox"/>
2. Difficulty with speech	<input type="checkbox"/>		<input type="checkbox"/>
3. Anxiety	<input type="checkbox"/>		<input type="checkbox"/>
4. Sweating	<input type="checkbox"/>		<input type="checkbox"/>
5. Mood changes	<input type="checkbox"/>		<input type="checkbox"/>
6. Weakness	<input type="checkbox"/>		<input type="checkbox"/>
7. Problems with balance	<input type="checkbox"/>		<input type="checkbox"/>
8. Slowness of movement	<input type="checkbox"/>		<input type="checkbox"/>
9. Difficulty using hands	<input type="checkbox"/>		<input type="checkbox"/>
10. Numbness	<input type="checkbox"/>		<input type="checkbox"/>
11. General stiffness	<input type="checkbox"/>		<input type="checkbox"/>
12. Panic attacks	<input type="checkbox"/>		<input type="checkbox"/>
13. 'Cloudy mind' / dulled thinking	<input type="checkbox"/>		<input type="checkbox"/>
14. Abdominal discomfort	<input type="checkbox"/>		<input type="checkbox"/>
15. Muscle cramps	<input type="checkbox"/>		<input type="checkbox"/>
16. Difficulty getting out of a chair	<input type="checkbox"/>		<input type="checkbox"/>
17. Feeling hot and cold	<input type="checkbox"/>		<input type="checkbox"/>
18. Pain	<input type="checkbox"/>		<input type="checkbox"/>
19. Aching	<input type="checkbox"/>		<input type="checkbox"/>

Are you troubled by any other symptoms (i.e. other than those above)? If yes, please list: _____

Please list the symptoms you find most troublesome, and rate how much they bother you.

	Totally control my life	Very troublesome	Slightly troublesome	Don't bother me much
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Adapted from: Silburn PA, Mellick GD, Viera BI *et al.* 'Utility of a patient survey in identifying fluctuations in early stage Parkinson's disease'. *Journal of Clinical Neuroscience*, 2008; 15: 1235-1239.

† Endorsed by The Australasian Parkinson's Nurses Network, a progressive group of nurses from all around Australia actively involved in the clinical management and research of Parkinson's disease.