



## **Understanding Parkinson's Medications**

### **Medication Classes, Delivery Methods, and How They Support Daily Life**

Parkinson's disease affects the brain's ability to produce and regulate dopamine, a chemical essential for movement, coordination, motivation, and many non-motor functions. Medications do not cure Parkinson's, but they play a critical role in reducing symptoms, supporting daily function, and improving quality of life.

Parkinson's medications are best understood not as "stronger" or "weaker," but by **how they work** and **how they are delivered**. Different classes and formulations exist to meet different needs, lifestyles, and symptom patterns over time.

**Parkinson's medications are tools.**

**The goal is function, comfort, and stability—not perfection.**

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### **Why Multiple Medication Options Exist**

Parkinson's symptoms vary from person to person and change over time. Medication absorption, symptom timing, lifestyle demands, and side-effect sensitivity all influence which options may be helpful.

Medication strategies may include:

- Daily scheduled medications
- Add-on medications to extend benefit
- Rescue therapies for sudden "off" periods
- Continuous delivery options for more stable symptom control

Needing adjustments or additional options is expected and reflects individualized care.

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## Levodopa-Based Medications

### Replacing dopamine

Levodopa is converted into dopamine in the brain and remains the most effective treatment for Parkinson's motor symptoms.

### What levodopa helps most

- Slowness of movement
- Muscle stiffness
- Tremor
- Walking and mobility

Levodopa is typically combined with **carbidopa**, which improves delivery to the brain and reduces side effects such as nausea.

### Common oral formulations

- Carbidopa/levodopa immediate release (generic; formerly Sinemet®)
- Carbidopa/levodopa controlled release (CR)
- Carbidopa/levodopa extended release (e.g., Rytary® and other ER formulations)

### Inhaled formulation

- **Inbrija®** (levodopa inhalation powder)
  - Used as a *rescue* medication for intermittent “off” episodes
  - Bypasses the digestive system for faster absorption
  - Used in addition to scheduled oral medications

### Continuous subcutaneous levodopa delivery

- **Vyalev™** (foscarbidopa/foslevodopa)
  - Continuous levodopa infusion via a small wearable pump
  - Designed to reduce motor fluctuations and daily “off” time
  - An option for individuals with significant wearing-off despite optimized oral therapy

## **Dopamine Agonists**

### **Mimicking dopamine**

Dopamine agonists stimulate dopamine receptors directly rather than converting into dopamine.

#### **What they help with**

- Motor symptoms
- Smoothing symptom fluctuations
- Reducing “off” time in some individuals

#### **Common examples**

- Pramipexole
- Ropinirole
- Rotigotine transdermal patch (Neupro®)

#### **Important considerations**

Dopamine agonists can cause side effects such as sleepiness, swelling, hallucinations, or impulse-control behaviors. These effects are neurological and should be discussed promptly with the care team.

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## **MAO-B Inhibitors**

### **Helping dopamine last longer**

MAO-B inhibitors slow the breakdown of dopamine in the brain.

#### **What they may help with**

- Mild motor symptoms
- Early symptom management
- Extending levodopa benefit when used together

#### **Common examples**

- Rasagiline
- Selegiline

- Safinamide (Xadago®)
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## **COMT Inhibitors**

### **Extending levodopa effectiveness**

COMT inhibitors reduce the breakdown of levodopa before it reaches the brain.

#### **What they help with**

- Reducing wearing-off
- Increasing duration of “on” time

#### **Common examples**

- Entacapone
- Opicapone (Ongentys®)
- Stalevo® (combination of carbidopa/levodopa/entacapone)

COMT inhibitors are always used **with levodopa**, not alone.

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## **Amantadine-Based Medications**

### **Supporting movement control and dyskinesia**

Amantadine affects dopamine and glutamate pathways.

#### **What it may help with**

- Dyskinesia (involuntary movements)
- Some tremor or stiffness

#### **Common formulations**

- Amantadine immediate release
  - Amantadine extended release (Gocovri®)
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## **Adenosine A2A Antagonists**

### **Non-dopamine pathway support**

These medications work through a different brain pathway than dopamine.

### **Example**

- Istradefylline (Nourianz®)  
Used as an add-on to levodopa to help reduce “off” time.
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## **Apomorphine-Based Therapies**

### **Rapid dopamine receptor stimulation**

Apomorphine directly stimulates dopamine receptors and is used for significant motor fluctuations.

### **Injectable formulation**

- **Apokyn®**
  - Subcutaneous injection
  - Used for rapid relief during severe “off” periods

### **Continuous infusion**

- **Onapgo®**
    - Continuous subcutaneous apomorphine infusion via pump
    - Designed to reduce daily “off” time in advanced Parkinson’s
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## **Medications for Non-Motor Symptoms**

Parkinson’s care also includes medications for:

- Hallucinations or delusions
- Cognitive changes
- Depression or anxiety
- Sleep disorders
- Blood pressure instability

Non-motor symptoms significantly affect quality of life and deserve the same attention as movement symptoms.

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## **What Parkinson's Medications Can—and Cannot—Do**

### **Medications CAN:**

- Improve movement and comfort
- Reduce symptom fluctuations
- Support independence and daily routines
- Improve confidence and participation

### **Medications CANNOT:**

- Cure Parkinson's
- Stop disease progression
- Eliminate all symptoms at all times

**Effective treatment is measured by how you live—not by symptom perfection.**

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## **Medication Plans Change Over Time**

Adjustments are expected and normal. Changes may involve:

- Dose timing adjustments
- Adding or removing medications
- Changing formulations or delivery methods
- Addressing side effects

These changes reflect responsive, individualized care.

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## **Your Role in Medication Management**

You are a key partner in treatment. Helpful actions include:

- Taking medications consistently
- Tracking symptom patterns
- Reporting side effects early

- Communicating how symptoms affect daily life

There is no “right” medication path—only the one that best supports your life.

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### **A Final Message**

Parkinson’s medications exist in many forms because Parkinson’s itself is variable. Pills, patches, inhaled therapies, sublingual films, injections, and infusions are all tools designed to meet different needs at different times.

**Medication flexibility supports life flexibility.**

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