Of all the levodopa preparations or all the ways to address motor fluctuations, one of the more practical option is the fractionated scored levodopa. So we have the levodopa tablets, which we're very familiar with. It's in 100 milligram formulations. But the fractionated scored levodopa is scored in-- three times, and therefore, it gives the clinician and the patient the ability to deliver 25 milligram increments of levodopa.

So then you have nearly infinite combinations of levodopa-- 25, 50, 75, 100, 125, 150, 175, et cetera. And so when a patient is-- either has non-uniform motor fluctuations-- so for example, they have more wearing off at certain times of the day and less at certain times of the day, which is fairly common in Parkinson's-- that's the time to consider. When they have very brittle motor fluctuations is another scenario for-- what do I mean by that?

When you give a little bit more than they need to or they want, then they become very dyskinetic. And if you give a little less than they need, they become very off, and have this horrible feeling, whatever that symptom or constellation of symptoms are. So for those brittle fluctuations then, the fractionated scored levodopa is probably the way to go, because you could really customize it to the 25 milligram increments.

I have a patient, for example-- one patient gets incredibly dyskinetic with even a half a tablet of regular Sinemet which is 50 milligrams. What that patient needs is 25 milligrams, which is nearly-- is very difficult to do on the regular levodopa tablets, because they'll need a pill cutter to cut the half in half again. And it could crumble. It could give inconsistent dosing.

And so when that occurs, some of the 25s may be more effective than the other 25 milligrams, whereas, in a fractionated scored levodopa, you can be assured the patient doesn't need a pill cutter. They just cut it-- split it with their hands, and they'll get 25 milligrams every single time. It's not uncommon for my patients to have to need only 25 milligrams every three hours or every two hours, because 50 will make them dyskinetic and 0 will not make them move at all. And so they do need 25 every two hours, every three hours. And so the fractionated scored levodopa would be a savior for this patient.

Another scenario, as I mentioned, is a patient who, say, requires 125 milligrams for the first two doses, but requires 75 milligrams for the third and the fourth dose. And so using regular levodopa may not actually make it quite complicated for this patient, but using a fractionated scored levodopa would make it very convenient for this patient.

Now, not all my patients have the ability or the freedom to fractionated their levodopa as they please. So this is where the art meets the science and getting to know your patients well really come in the picture. So I have long-standing Parkinson's patients who know their bodies very well, and they're very trustworthy. And they know exactly when to take their levodopa and how much.

And their wearing off symptoms are quite distinct. They function almost normally when they're in the on state, and they're devastated when they're in their off state, whatever motor or non-motor symptoms that can be causing that. For those patients, you could give them some freedom, some range, whether it's-- you could go from a quarter to 3/4, depending on how you feel on this. Let me know what it is so that my occurred would be consistent with what you're actually taking.

Now, some patients may not have that degree of discernment of their on and off states, and therefore, they will lean towards you, to you to do the fractionating of their levodopa and the adjustments. So you will have to ask them what exactly they feel when they take their first dose at 7:00 AM, and what-- when do the symptoms start getting-- feeling better? And how long do they last?

If their next dose is at 11:00 AM, how are they at 11:00? And then it is up to you to infer that that patient is experiencing either delayed on or wearing off on the first dose. And then you go now with your 11:00. So you take your 11 o'clock dose, and your next dose is not until ? What Oh, 3:00 PM, doctor.

OK. So do the symptoms get better when you take your 11:00? Oh, not until around 11:45. Do they last until 3:00 PM? Oh, they start falling short at around 2:30. And so then you have that information, and you could then make levodopa adjustments for that.

In most of my patient, it is a joint decision as to how much to fractionated for each dose. In some of my patients, they actually have the ability to make some adjustments within a range. And in some of my patients, I have to do all the adjustments, providing after the information that they give me. So again, not-- one size doesn't fits all, and not only with regards to their symptoms, but also how you treat their symptoms.