

So I think that's a very important question. What goes through a Parkinson's specialist's mind when they diagnose a patient with Parkinson's disease? And both parties, the doctor and the patient-- and maybe even the caregiver-- they all feel it is ready to start a symptomatic treatment. I think the benefit of having so many choices for symptomatic treatment also, in a weird way, is also a disadvantage or the curse, because it confuses everyone as to what to do for-- what to do next.

We have some consensus criteria or expert consensus on this, but the guidance is not absolute-- and for good reason, because every patient with Parkinson's disease is affected in a different way. I see 1,000 patients with Parkinson's disease in my practice, and in our group, we have 5,000 patients with Parkinson's disease. And I can tell you that I don't think I have two patients with an identical regimen with Parkinson's disease. So Parkinson's disease is a very individualized treatment process for the patient and for the clinician.

So the first question I think we should ask is, does this patient warrant treatment? Are they disabled enough? Are they bothered enough with their symptoms to start treatment? And if the answer to that is yes, then they should really consider symptomatic treatment. The next question is, how bothered are they? Are they quite bothered that you need to do something immediately, or are they somewhat bothered and you can test the waters a little bit?

And so that's the next differentiating factors. And the answer to-- let's say they're quite bothered by it. Well, the mainstay treatment, the most efficacious treatment to date is levodopa. And it probably has the least side effects of all the medication pound for pound, and it provides the biggest bang for our buck. So if a substantial improvement in their function or their symptoms is required, then levodopa is your go-to drug. You probably can't go wrong with that.

Now, if the symptoms are mild, but either you want to test whether it is really Parkinson's disease, the patient needs assurance that there will be a symptomatic treatment when they need it, or they have a mild tremor but it's not that functional bothersome, but they are in a profession where they don't want to be noticed with these tremor-- so maybe you can start with something milder, an early monotherapy symptomatic treatment other than levodopa.

So we have an MAO-B inhibitor, for example, like rasagiline, that is currently approved for that. You can try amantadine, which may be good for tremor-- resting tremor in Parkinson's disease. If it's somewhere in the middle, it's not-- it's a little bit more than a trivial tremor, but not enough to merit levodopa, maybe you can consider a dopamine agonist, such as pramipexole or ropinirole.

Now, the next thing to consider is who the patient is and their tolerance for medications. Are they a type of person or a patient that develops side effects very easily? If their stomach is not so strong, if their GI system isn't-- traditionally or historically not the most stable, and they easily get nausea, maybe dopamine agonist-- you don't want to try that first as your first drug, because it is notorious for GI complications in the beginning.

If they have psychiatric comorbidities and they're on serotonin-- selective serotonin reuptake inhibitors or norepinephrine reuptake inhibitors, maybe you don't want to choose rasagiline. You'd like to avoid rasagiline or MAO-B inhibitors in the beginning for the potential drug interaction that might scare your patients. So the side effect profile or the comorbidities of your patient might be another factor to consider.

And then there are some practical things to consider, such as finances and drug costs. So some have generic equivalents, and others are brand name and have a higher co-pay. So you have to, unfortunately, consider all these-- the comorbidity of your patient, their ability to tolerate medications, to pay for the medication, the severity of their illness-- because we have drugs that are really quite efficacious, somewhat efficacious, mildly efficacious. So you want to match the treatment to the severity of their symptoms.