

**Background**

Excessive daytime sleepiness (EDS) and sudden onset of sleep (SoOS) are common non-motor symptoms in Parkinson’s disease (PD), often exacerbated by dopamine agonists (DA). These phenomena may significantly increase the risk of dozing off while driving and related road traffic accidents.

**Objective**

To investigate the prevalence of dozing off in cars among PD patients with EDS and its associations with medication and comorbidities.

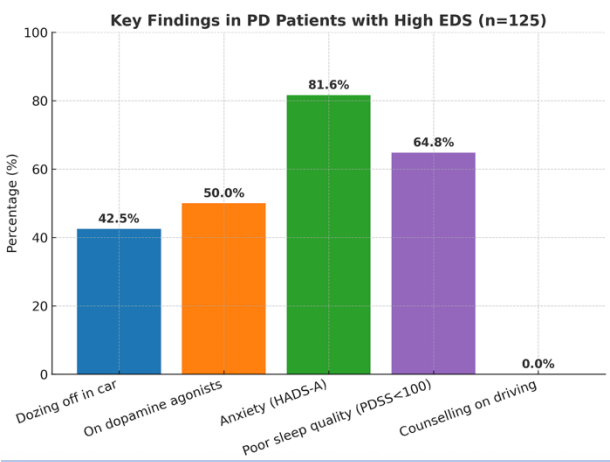
**Methods**

We retrospectively analyzed data from the Non-motor International Longitudinal Study (NILS). Patients with Epworth Sleepiness Scale (ESS) >10 were included. Clinical notes and questionnaires were reviewed to identify reports of dozing off while in a car, concomitant dopaminergic treatment, psychiatric symptoms, and sleep quality.

**Results**

Out of 125 PD patients with high ESS scores, 42.5% reported a likelihood of dozing off in cars. Half of them were receiving DA (ropinirole, pramipexole, or rotigotine). Comorbid anxiety was present in 81.6% and poor sleep quality in 64.8%. Notably, none of these patients had received specific counselling about driving risks. (Tab 1-2).

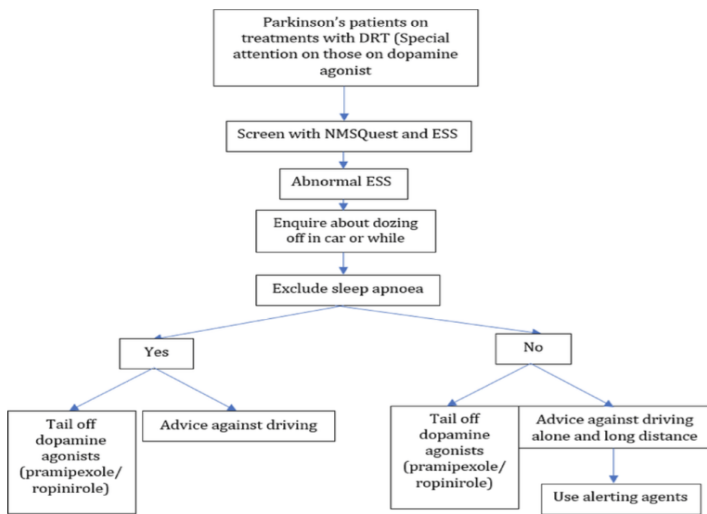
Parameter	Value / %
Mean age (years)	65 ± 9.7
Mean disease duration (years)	7 ± 6.4
Dozing off in car	42.5%
On dopamine agonists	50.0%
Anxiety (HADS-A > threshold)	81.6%
Poor sleep quality (PDSS <100)	64.8%
Counselling on driving received	0%



**Discussion and Conclusions**

Our findings highlight a strong association between EDS, DA use, and risk of dozing off in potentially dangerous contexts such as driving. The lack of counselling on driving safety is concerning and calls for implementation of structured clinical pathways. Screening with ESS is an effective tool to identify PD patients at risk of SoOS and driving-related accidents. Clinicians should actively enquire about dozing off in cars, taper DA when appropriate, and provide explicit advice regarding driving safety. Tailored interventions, including alerting agents and lifestyle modifications, should be considered (Fig. 1).

Fig. 1 A proposed pragmatic flow chart outlining pathway of care for Parkinson’s patients with significant somnolence. DRT dopamine replacement therapy; ESS Epworth sleepiness scale; NMSQuest non-motor symptoms questionnaire



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