Subcutaneous infusion of foslevodopa/foscarbidopa: the importance of a standardized assessment, preliminary data from a Movement Disorders Centre in Southern Italy

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Introduction

Foslevodopa/foscarbidopa subcutaneous infusion is a new device-aided therapy (DAT) for Parkinson's Disease[1-4]. Patients should be selected according to precise inclusion criteria[2].

Objectives

Propose a standardized clinical protocol of evaluation of the patients before and after the beginning of the infusion.

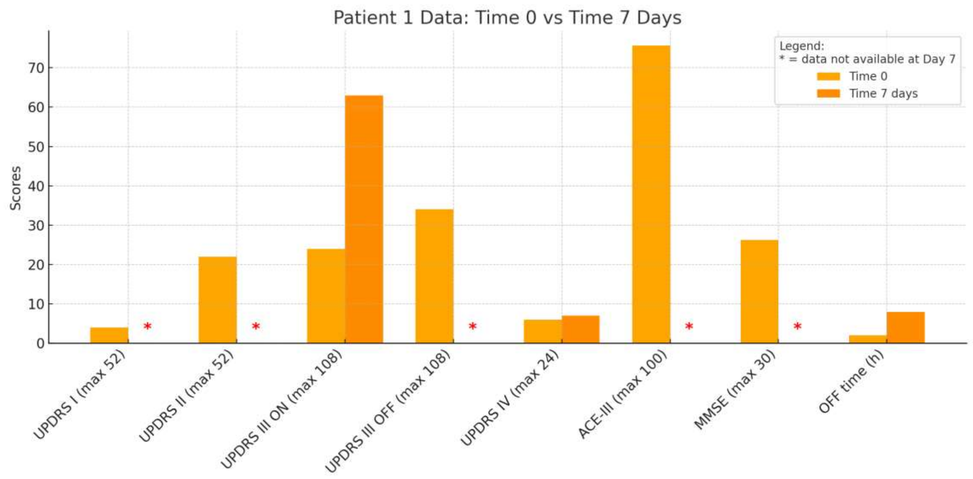
Methods

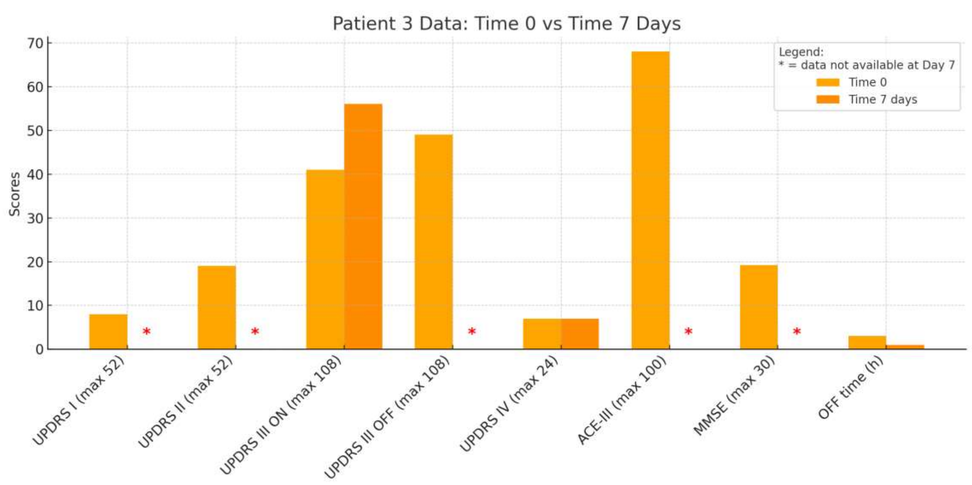
- Motor and non-motor evaluation (UPDRS III in ON and OFF phases, UPDRS I, II and IV, Addenbrooke's Cognitive Examination – III) before treatment;
- Education of the caregivers and the patient in a 3day period after the beginning of the treatment;
- Follow-up visits (7 days: motor assessment; 1, 3, 6, 12 months: motor and non-motor assessment)

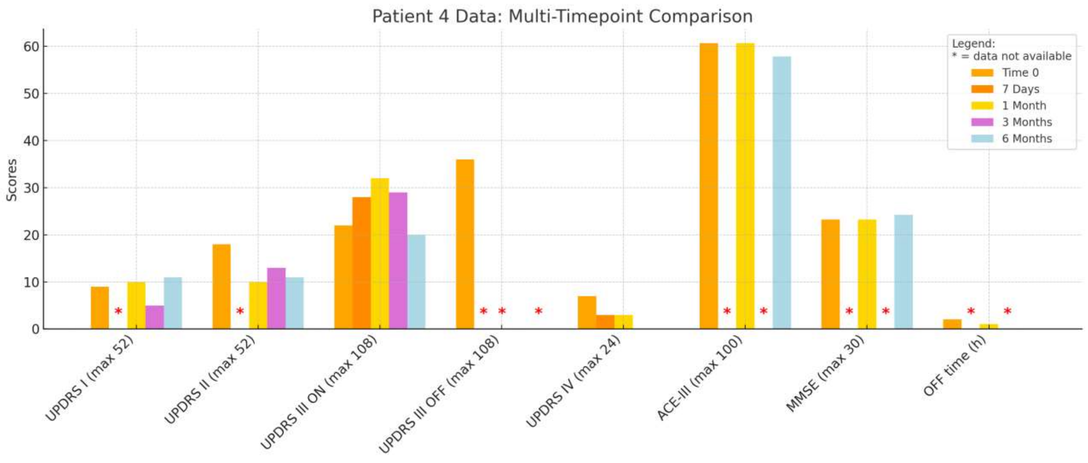
Inclusion criteria: HY <=3, Addenbrooke's Cognitive Examination – III MMSE >= 24, good levodopa response (improving of UPDRS III by at least 25%); OFF state >= 2h/daily; levodopa doses >= 5 daily; presence of a caregiver.

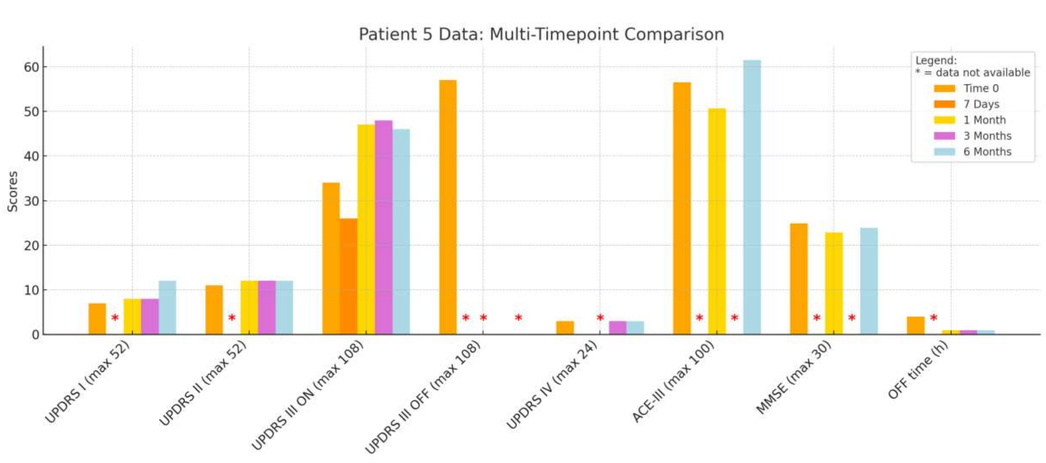
Results

Baseline data showed a mean age of 69.6 years, Hoehn & Yahr stage 3.5, 13.8 years of disease duration, 6.6 years of motor fluctuations, and a predominance of female patients (4 out of 5). Graphical analysis of UPDRS-III and IV scores in patients 1 and 2 between baseline and day 7 reveals a significant early motor deterioration, particularly in bradykinesia and rigidity subitems. In contrast, patients 4 and 5 showed relatively stable or mildly improved motor performance across multiple timepoints (7 days, 1, 3, and 6 months), especially in tremor and motor complications. Despite baseline heterogeneity in disease duration, cognitive status, and pharmacological regimens, most patients required early titration. Notably, ACE-III and MMSE scores showed minimal fluctuation at 1 and 6 months, suggesting preserved cognitive function during the follow-up period..









Conclusion

The most important follow-up assessment is the 7 days one, since all the patients experience a worsening of their motor function, and therefore a dose adjustment is required. Our study is a preliminary one, and we plan to extend the number of patients and to present follow-up data up to 12 months after the implementation of therapy.

To join our study

References