

Levodopa and controlled release benserazide in the handling of motor fluctuations in Parkinson's disease Levodopa más benserazida de liberación controlada en el manejo de las fluctuaciones motoras en la enfermedad de Parkinson.

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Ten advanced Parkinson pts (mean 8 years since diagnosis), 6 male and 4 female, 57 to 69 years old, mean 5.9 years on L-Dopa therapy, were put on Madopar HBS to assess the efficacy of the drug. All the pts had levodopa end-of-dose wearing-off type secondary motor fluctuations, 9 of them with dyskinesia and dystonia. Clinical evaluation was performed in basal conditions (pts on standard L-Dopa therapy) 1.6 and 12 months on Madopar HBS therapy. Parkinson signology was quantified with the modified Columbia scale (0 to 44), and motor fluctuations and dyskinesia with a scale 0 to 4 according to intensity and frequency. Pts received mean 1.150 mg. HBS daily dose plus 100 to 200 mg standard L-Dopa added to the early morning dose for a faster effect. At 12 months, a 60% decrease in "off" periods, a 50% decrease in feet dystonia, with no change in orofacial dystonia were observed. Dyskinesia decreased in intensity but not in frequency. There was a 50% decrease of Parkinson signology in "on" per