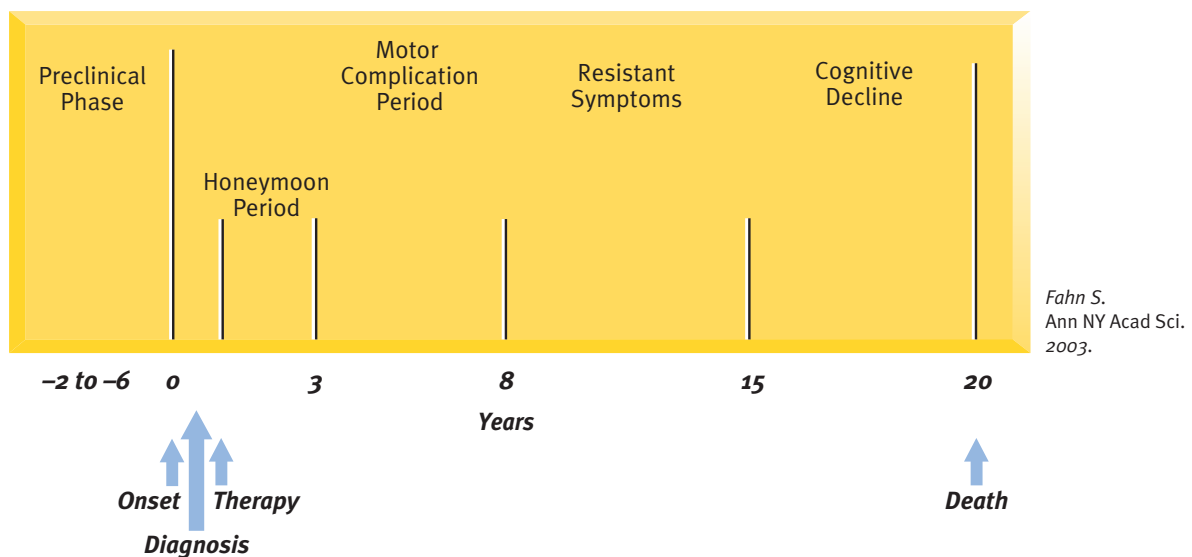


Managing PD at Every Stage of the Disease



PD is a progressive, long-term condition that significantly impacts the lives of patients and their families¹⁻³

- PD is a neurodegenerative condition that significantly impacts activities of daily living (ADLs).^{2,4}
- More than 1 million Americans suffer from PD.⁵
- Factors affecting treatment include concomitant conditions and treatments, and varying functional abilities.^{1,4}
- 60% to 80% of dopaminergic neurons are lost by the time of initial PD diagnosis.⁶



IMPORTANT INFORMATION ABOUT MIRAPEX:

- Mirapex® (pramipexole dihydrochloride) tablets are indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease.
- Patients have reported falling asleep without perceived warning signs during activities of daily living, including operation of a motor vehicle, which sometimes resulted in accidents. Hallucinations and postural (orthostatic) hypotension may occur.
- The most commonly reported adverse events in early and late disease in clinical trials were dizziness, dyskinesia, extrapyramidal syndrome, hallucinations, headache, insomnia, somnolence, and nausea.

Patients and caregivers should be informed that impulse control disorders/compulsive behaviors may occur while taking medicines, including pramipexole, to treat Parkinson's disease.



When initiating PD therapy, it is important to manage motor symptoms while minimizing or delaying motor complications

Motor symptoms are caused by the loss of dopamine-producing neurons in the midbrain (ie, substantia nigra)¹

- Motor symptoms of PD become more severe as neuronal loss progresses.
- Key motor symptoms of PD include: bradykinesia (ie, slowed movement); tremor (ie, shaking); rigidity (ie, stiffness); loss of postural reflexes (ie, difficulty with balance).

Motor complications are a possible consequence of long-term dopaminergic therapy^{1,3}

- Levodopa may be associated with motor complications sooner and more frequently than other dopaminergic therapies.¹
- Major motor complications of dopaminergic therapy include: wearing-off (shorter periods of time a dose of medication is effective); “on”-“off” fluctuations (periods when a patient responds well to medication or when symptoms partially or totally return); dyskinesias (involuntary movements).¹
- Treatment strategies that minimize or delay motor complications may extend the therapeutic window.³

Dopamine agonists: established efficacy for both early and advanced PD^{1,3,7-9}

- Treat motor symptoms, tremor, and ADLs.^{7,8}
- Can help reserve the use of levodopa until patients need it most, which may delay the onset of fluctuations and dyskinesias of levodopa therapy.^{1,3,9}

References: 1. Fahn S. Description of Parkinson's disease as a clinical syndrome. *Ann NY Acad Sci.* 2003;991:1-14. 2. National Parkinson Foundation. Living with Parkinson's disease. <http://www.parkinson.org/NETCOMMUNITY/Page.aspx?pid=228&srcid=201>. 3. The Parkinson Study Group. Pramipexole vs levodopa as initial treatment for Parkinson disease: a 4-year randomized controlled trial. *Arch Neurol.* 2004;61:1044-1053. 4. Young R. Update on Parkinson's disease. *Am Fam Physician.* 1999;59:2155-2167;2169-2170. <http://www.aafp.org/afp/990415ap/2155.html>. 5. Lieberman A. One Hundred Questions & Answers About Parkinson Disease. Sudbury, MA: Jones and Bartlett Publishers; 2003:4. 6. Seibyl JP, Scanley E, Krystal JH, Innis RB. Neuroimaging methodologies. In: Charney DS, Nestler EJ, Bunney BS, eds. *Neurobiology of Mental Illness*. New York, NY: Oxford University Press; 1999:170-189. 7. Shannon KM, Bennett JP Jr, Friedman JH, for the Pramipexole Study Group. Efficacy of pramipexole, a novel dopamine agonist, as monotherapy in mild to moderate Parkinson's disease. *Neurology.* 1997;49:724-728. 8. Pinter MM, Pogarell O, Oertel WH. Efficacy, safety, and tolerance of the non-ergoline dopamine agonist pramipexole in the treatment of advanced Parkinson's disease: a double blind, placebo controlled, randomised, multicentre study. *J Neurol Neurosurg Psychiatry.* 1999;66:436-441. 9. Barone P, Bressman S. Pramipexole without levodopa as early treatment for Parkinson's disease: a long-term follow-up of 717 patients. Poster presented at: 53rd Annual Meeting of the American Academy of Neurology; May 5-11, 2001; Philadelphia, PA.

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Patients and caregivers should be informed that impulse control disorders and compulsive behaviors have been reported in patients taking dopamine agonists, including MIRAPEX.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1 800 FDA 1088.

Please see full Prescribing Information at www.mirapex.com/pd.

This information is intended for U.S. residents only.