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MJFF: Welcome to a recap of our latest Ask The MD video. Tune in as a movement disorder specialist at the Michael J. Fox Foundation answers your questions about Parkinson's research and care. Learn more about living well with Parkinson's disease. Free resources like this podcast are always available at [michaeljfox.org](http://michaeljfox.org).

Dr. Rachel Dolhun: I'm Dr. Rachel Dolhun, a movement disorder specialist and vice president of medical communications at the Michael J. Fox Foundation for Parkinson's Research. Today, I'll be discussing myths about Levodopa. Levodopa is the most commonly prescribed drug for Parkinson's. It gets converted in the brain to dopamine, which is the brain chemical that produces normal movement. Dopamine is what goes missing in Parkinson's because brain cells get damaged or die. Levodopa is always combined with the drug Carbidopa, which helps Levodopa get into the brain and lessen side effects of Levodopa, like nausea and low blood pressure. Many people know the combination of levodopa and Carbidopa by the brand named Sinemet, but there are many other formulations like Rytary or DUOPA. One misconception about Levodopa is that it's the only medication to treat Parkinson's.

Levodopa has been around the longest. It was approved over 50 years ago, and it's considered the gold standard of treatment for Parkinson's because it's the most effective medication. Almost everyone with Parkinson's will take Levodopa at some point in the course of their disease. But there are other medications for Parkinson's motor symptoms, and these can be used with Levodopa and sometimes instead of Levodopa. Another misconception is that Levodopa treats all the symptoms of Parkinson's. Levodopa works best for the motor symptoms, such as tremor, slowness, and stiffness. It doesn't work as well for posture changes such as stooping or hunching forward, balance problems, or walking problems like freezing of gait, which is a sudden temporary inability to move. Levodopa also doesn't typically treat non-motor symptoms such as mood or memory changes.

MJFF: A landmark study that could change the way Parkinson's disease is diagnosed, managed and treated is recruiting participants now. PPMI or the Parkinson's Progression Markers Initiative needs people with and without Parkinson's, especially people age 60 and up who have close relatives living with the disease. Take a short survey today at [michaeljfox.org/PPMI](http://michaeljfox.org/PPMI) to see if you're eligible. That's [michaeljfox.org/PPMI](http://michaeljfox.org/PPMI).

Dr. Rachel Dolhun: One of the biggest myths about Levodopa is that it loses effectiveness over time. Levodopa will remain effective as long as you take it. If you take Levodopa to treat tremor or stiffness and it works, it will always work for those symptoms. The problem is that Parkinson's progresses over time. So your symptoms will gradually worsen, and you may need more of the drug to control them. So in

that sense, you may feel like it's less effective. You also may develop non-motor symptoms or other symptoms that don't benefit from Levodopa such as balance problems or freezing of gait, which could make the medication feel less effective. Something else that can make Levodopa feel less effective as off-time, which can happen as disease progresses. Off-time is typically when symptoms come back because medication wears off before the next dose is due. But off-time also can happen suddenly or unpredictably.

Another myth is that everyone who takes Levodopa gets dyskinesia, which is uncontrolled, involuntary movement. Dyskinesia can occur after taking levodopa for many years. It's more common in people who are younger at diagnosis and who take Levodopa at higher doses for longer periods of time, but not everyone gets dyskinesia. And for those who do, it's not always bothersome. If it is, there are many options for treatment, including medications and even surgical treatments like deep brain stimulation. And researchers are working on new and better ways to treat and even prevent dyskinesia. It's good and normal to be weary of potential side effects and complications like dyskinesia, but don't avoid or delay Levodopa to the point where your motor symptoms get in the way of what you want or need to do. You can learn more about Levodopa myths and other topics in Parkinson's by visiting our website.

MJFF: Thanks for listening. Looking for a specific topic not covered in today's episode? All Ask The MD blogs and videos are available for free at [michaeljfox.org](http://michaeljfox.org).

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