14th June 2017 - New research

CHANGING OVER TO RYTARY FOR PARKINSON'S DISEASE

The main forms of L-dopa have been Sinemet and Madopar in immediate release or controlled release versions. Rytary (in the U.S.) and Numient (in the E.U.) are potentially advantageous over both of these because they include L-dopa and carbidopa and combine the immediate release version of L-dopa and the controlled release versions of L-dopa. For more information go to Rytary : http://www.rxlist.com/rytary-drug.htm and go to : Numient http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/medicines/002611/human_med_001934.jsp&mid=WC0b01ac058001d124

The average frequency of doses is 3.5 times per day for IPX066 (Rytary or Numient) compared to 2.6 times per day for Controlled Release (CR) versions of their previous form of L-dopa, and 4.6 times per day for Immediate Release (IR) versions of their previous form of L-dopa with it. Those people taking only Controlled Release (CR) versions of their previous form of L-dopa took it an average of 4.7 times per day.

Around 43% of people taking IPX066 (Rytary or Numient) were much or very much improved in comparison to their previous treatment. Around 68% of people taking IPX066 (Rytary or Numient) were at least minimally improved in comparison to their previous treatment.

The results suggest that those people using the equivalent of Sinemet CR (Controlled release) with or without Sinemet (Immediate release) can be safely converted to Rytary (or Numient), with less frequent doses of L-dopa dosing, and improved overall clinical benefit.