RECOVER Analyses Highlighted Need to Address Motor, Sleep and Other Non-Motor Symptoms of Parkinson's Disease

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BRUSSELS, April 13, 2011 /PRNewswire/ -- New rotigotine data shown in four poster presentations at the 63rd Annual Meeting of the American Academy of Neurology (AAN) in Hawaii, U.S., highlighted the importance in Parkinson's disease (PD) of addressing both motor- and non-motor symptoms, such as sleep. The data also demonstrated the long-term efficacy and tolerability of rotigotine and showed that plasma rotigotine levels remained stable following patch removal and application of a new patch in advanced Parkinson's disease.

Treating motor and non-motor symptoms of PD

Post-hoc analyses of the Randomized Evaluation of the 24-hour Coverage: Efficacy of Rotigotine (RECOVER) study showed only small correlations between changes in early morning motor and non-motor symptoms and between severity of nocturnal sleep disturbances and early morning motor symptoms in patients with Parkinson's disease.

"The low correlation between motor and non-motor symptoms, specifically early morning motor function and night-time sleep disturbances, has an important bearing on clinical practice. The analyses suggest that we cannot assume that by treating motor symptoms we will also improve non-motor symptoms. We need to be sure to ask patients about all their Parkinson's symptoms and address their specific needs, if we are to improve functionality and well-being," commented Dr. Todd Swick of the University of Texas, U.S.

The RECOVER study was a double-blind, placebo-controlled trial (n=287) that reported significant benefits with rotigotine for both early morning motor function (Unified Parkinson's Disease Rating Scale; UPDRS Part III) and nocturnal sleep disturbances (Parkinson's Disease Sleep Scale; PDSS-2), compared with placebo ($p=0.0002$ and $p<0.0001$, respectively).

The new post hoc analyses have shown:

- Small correlations (Pearson correlation coefficients) between severity of early morning mot
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SOURCE [1]

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