

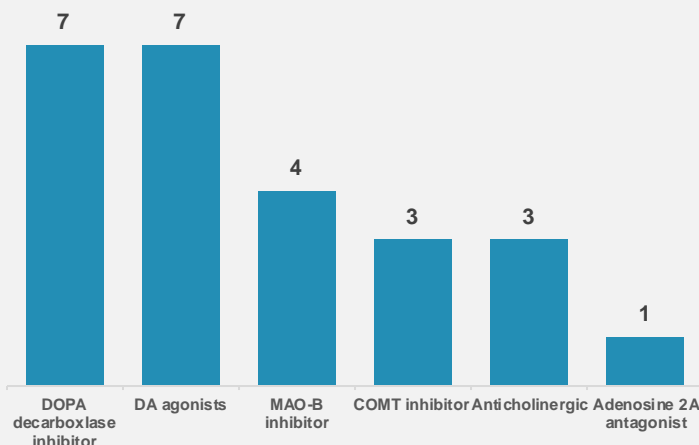
# ADVANCEMENTS IN PARKINSON'S DISEASE:

## CURRENT AND FUTURE THERAPY OVERVIEW

Parkinson's disease (PD) ranks as the second most prevalent neurodegenerative disorder whose occurrence increases with age. To date, Parkinson's does not have any reversal or neuroprotective treatment. The approved therapies aid in the effective management of symptoms such as motor fluctuations, psychosis, and bradykinesia. These therapies are meant to improve the quality of life for a patient suffering from PD.

### CURRENT LANDSCAPE

Currently, treatment for PD is oriented toward symptom control and management. Treatments are classified based on the mechanism of action and receptors these therapies are designed to target.



- FDA-approved therapies for PD are for parkinsonism, motor fluctuations, dyskinesia, orthostatic hypotension, and PD-associated psychosis.
- Carbidopa + levodopa combination therapy is the most frequently utilized treatment for PD.
- There are seven combination therapies available such as Carbidopa + Levodopa (Sinemet, Duopa), Carbidopa + Levodopa + Entacapone (Stalevo), and Levodopa + Benserazide (madopar).
- Line of treatment for symptom management:
  - MOA-B inhibitors are used as early monotherapy.
  - Levodopa is used in the first and second lines of treatment.

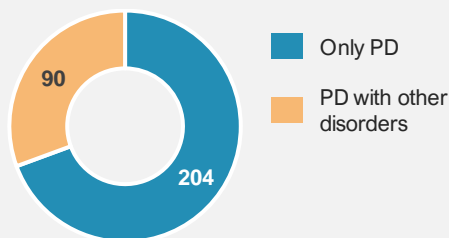
Key players



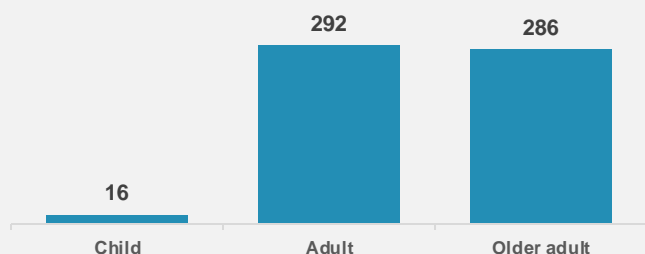
### TRIAL ANALYSIS

Currently, there are around 294 trials underway, with most focused on managing motor symptoms of PD in adults.

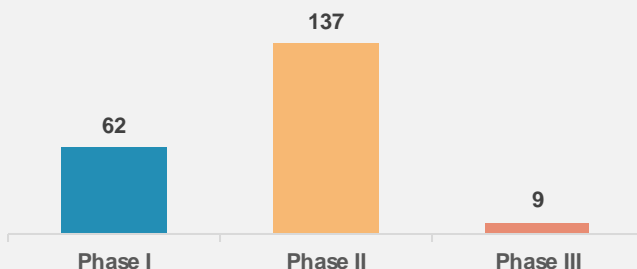
Trials are investigating PD independently as well as in conjunction with other therapies...



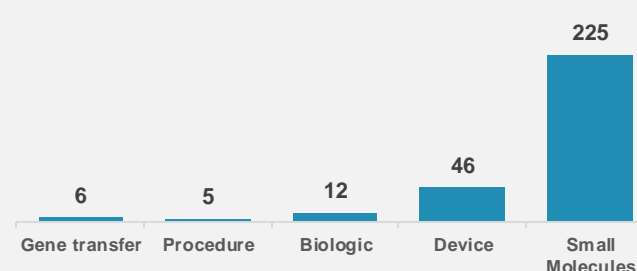
...where 286 studies included older adults since PD is an age-related disease.



Currently, trials are concentrated in Phase II, indicating a lack of activity in Phase III.



In addition to small molecules and biologics, emerging therapy modalities such as gene therapies are also being explored.



## FUTURE LANDSCAPE

- There are no disease modifying drugs for PD. Trials for controlling motor and non-motor symptoms are ongoing.
- Motor symptoms with no treatment are tremor control, symptomatic control, muscle contractions, instability, and imbalance.
- Non-motor symptoms with no approved treatment are cognitive function disturbance and circadian rhythm dysfunction

Some promising therapies from the pipeline for controlling motor and non-motor symptoms are as follows:

Trial phase	Drug name	Drug action
Phase II	Liraglutide (Novo Nordisk)	Reduce non-motor symptoms
Phase II	Prasinezumab (Roche)	Minimize free $\alpha$ -synuclein aggregates
Phase III	Buntanetap (Annovis Bio)	Reduce levels of harmful protein clumps in the brain
Phase III	Tavapadon (Cerevel therapeutics)	Improve motor symptoms

Despite no discovered reversal therapies, efforts focus on symptom control with combination therapies like gene therapy. Improved drug delivery and drug-device combinations enhance compliance and ease medication intake for individuals with PD. Emphasis remains on enhancing early diagnosis and treatment methods

Right from understanding key issues to advising you through the right set of insights and recommendations, Aranca Research, consolidation, and insightful analysis to aid in-depth understanding of therapy and effective decision-making

### HOW CAN ARANCA HELP?

01

**Epidemiological Analysis:** Prevalence and Diagnosis of the diseases based on Geography, Gender, Race & Ethnicity etc.

02

**Diagnosis and Treatment Paradigm:** Analysis of diagnosis and treatment algorithm adopted in clinical practice

03

**Current and Future Landscape:** Current treatments and latest pipeline landscape assessment for a particular therapy area

04

**Humanistic, Economic Burden and Unmet Need Analysis:** Impact of a disease on the patient's mental and economic well-being

05

**Health Technology Assessment:** Analysis of various HTA decisions published by various countries

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