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firmware resetsamsungml216021652160w2165w AvatarTv 3 21,137 views 0:37 Dopamine replacement with quetiapine in RLS and PLMD (Ou) 04 March 2018 Dopamine replacement with quetiapine in RLS and PLMD (Ou) Commonly used medications to treat Parkinson's disease include: 1) levodopa (l-dopa); 2) dopamine agonists (DAs) such as bupropion, pramipexole, ropinirole, or rotigotine; and 3) MAO-B inhibitors such as selegiline. Currently, no pharmacotherapy is widely used for prevention of motor fluctuations/side effects associated with use of levodopa. Dopamine agonists may be more effective than levodopa in relieving unpleasant motor symptoms. However, DAs have a delayed onset of action and a mixed efficacy in PD symptoms. In the early 90's and early 2000's, there was a lot of excitement about a new class of therapeutic agent called DAs. It was thought that DAs would be more efficacious than levodopa and act much faster than existing medications. However, since its introduction, the clinical efficacy of DAs in the treatment of PD has been disappointing. Indeed, most DAs used for the treatment of motor fluctuations have had no effect on the motor symptoms of PD. A surprising finding in a study by Pearson et al. (2003) showed that there was actually no improvement in the incidence or frequency of motor fluctuations in PD patients treated with ropinirole at a dose of 2mg/day. Of 15 patients on levodopa/carbidopa, 10 were still experiencing motor fluctuations/side effects. These data imply that levodopa is the medication of choice for patients with motor fluctuations/side effects, and that DAs should be avoided in this group. However, it is important to note that patients in this study had no symptoms of RBD, and RLS was not part of the inclusion criteria for this study. This alone may have limited the effectiveness of ropinirole to relief of motor symptoms. In 2007, a meta-analysis of DAs in the treatment of RLS (Alnaimi et al, 2007) suggested

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