

Moving forward with advanced Parkinson's: A couple's story

Married for 54 years, Ron and LaJuan like to say they're joined at the hip. They wear matching colors, and they're always together. And they've both been through a lot with his Parkinson's.

**"It's a team effort," says LaJuan, "Love is being there when you're needed."
Ron adds, "I thought I knew what love was, but I had no idea."**

Ron, a college professor and author in Texas, was in his late 50s when he first noticed something wrong. On cold mornings at fun runs, his little finger started twitching. It didn't seem like a big deal at first, so he didn't mention it to LaJuan. But it wasn't long before he started having more problems – and she started noticing. Ron was diagnosed with Parkinson's, a chronic movement disorder affecting about 1 million people in the U.S. The disease gets worse over time with a continued loss of nerve cells ("neurons") and dopamine in the brain, which leads to difficulty with movement.

Ron's doctor prescribed levodopa pills for his Parkinson's. And they helped for years. But as his disease advanced, he started having symptoms again. He had more "off" time – when his pills weren't working well and he felt stiff, moved slowly, and couldn't get around as well. LaJuan recalls, "The medicine just wasn't working the way it used to." So, **Ron had to take more and more pills – and take them more often**. LaJuan set a phone alarm reminding him to take his pills every few hours. He hated that phone, which was always interrupting. "I'd be in church, and the phone would go off. I was so embarrassed," Ron recalls. But without his phone, it was difficult to keep up with his doses.

Ron and LaJuan told his doctor they needed help. Ron downplays the problem: "I either had to continue where I was or try to make it better." But LaJuan says, "I told the doctor, 'Ron's not telling you everything. You need to know the real truth: I don't know what to do anymore. Something has to change.'"

The doctor told them about their treatment options, and one of them was Duopa (carbidopa and levodopa) enteral suspension, a prescription medicine that treats motor fluctuations in patients with advanced Parkinson's. He explained that Duopa is delivered via a pump through a small hole ("stoma") by a tube placed straight into the intestine during a procedure, which helps levodopa bypass the stomach. He also explained the serious side effects that can occur with the procedure and how to take care of the stoma.

*Ron was on prescribed Duopa therapy at the time of providing a testimonial.
Changes in therapy may have occurred since that time.*

Use

DUOPA (carbidopa and levodopa) enteral suspension is a prescription medicine used for treatment of advanced Parkinson's disease. DUOPA contains two medicines: carbidopa and levodopa.

Selected Important Safety Information

Stomach or intestine problems and problems from the procedure you will need to have to receive DUOPA may occur; some of these may require surgery and may lead to death. Tell your healthcare provider about: stomach pain; constipation that does not go away; nausea or vomiting; fever; blood in your stool (dark tarry stool).

Please see full Important Safety Information on pages 3-4 and accompanying full Prescribing Information or visit www.rxabbvie.com/pdf/duopa_pi.pdf

Duopa delivers levodopa continuously over 16 hours throughout the day. Ron says, “It’s continuously flowing for you.” His doctor told them that Duopa should help treat his motor fluctuations. With Duopa, Ron could have less “off” time and more “on” time without troublesome dyskinesia.*

Ron’s doctor also said Duopa can **help some patients reduce the number of levodopa pills they take.**† His doctor would calculate the exact amount of Duopa for Ron – and could adjust his other Parkinson’s medicines, too.

“Before we made the decision, we asked Ron’s doctor about the side effects and risks of the procedure and the drug,” says LaJuan. His doctor told them that the most common side effects are complications of tubing placement procedure, swelling of legs and feet, nausea, high blood pressure (hypertension), depression, and mouth and throat pain. He also discussed the possibility of serious problems that could occur from the procedure and told them how to care for the stoma. He said it was important to regularly check for any signs of infection (like drainage, redness, swelling, pain, or feeling of warmth around the stoma).

Now that Ron has Duopa, he does have more time in his day. Ron says, “Right now, I get less ‘off’ time and more ‘on’ time. And we can travel with the Duopa pump.” LaJuan adds, “We’re not just married, we’re best friends. And we’re really excited that he has Duopa.” LaJuan admits she was initially concerned about handling the pump. “I thought this was going to be a difficult thing. But it’s just a part of our daily routine now. And Ron doesn’t take so many levodopa pills. He doesn’t depend on that phone like he used to, and it’s our best alarm clock in the morning,” she chuckles.

LaJuan can better support Ron now. “The last 2 or 3 years, my life was centered around Ron. Now that he’s doing better with Duopa, I’m hoping to take a class again, and that’s a good feeling.”

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*In a 12-week clinical study of 71 advanced Parkinson’s patients with persistent “off” time despite taking Parkinson’s medications (including carbidopa/levodopa pills), Duopa was shown to reduce “off” time from study start by 1.9 hours more than carbidopa/levodopa pills at Week 12. Additionally, Duopa increased “on” time without troublesome movement (dyskinesia) by 1.9 hours more than carbidopa/levodopa pills from study start to Week 12.

† Patients remained on other Parkinson’s medications and could take carbidopa/levodopa immediate-release pills as needed for nighttime or rescue.

Selected Important Safety Information

DUOPA can cause other serious side effects such as: falling asleep during normal daily activities without warning; low blood pressure when you stand or sit up quickly; seeing, hearing, or feeling things that are not real; unusual urges; new or worsening depression or thoughts of suicide; new or worsened uncontrolled sudden movements; progressive weakness, numbness, or loss of sensation in your fingers or feet; heart attack or other heart problems (increased blood pressure, a fast or irregular heartbeat, or chest pain); **changes in certain blood tests**, especially certain hormone and kidney function blood tests; **worsening of the increased pressure in your eyes** (glaucoma).

Do not use DUOPA if you take or have taken a nonselective monoamine oxidase (MAO) inhibitor within the last 2 weeks.

Suddenly stopping or changing the DUOPA dose may cause withdrawal symptoms such as fever, confusion, or severe muscle stiffness.

The most common side effects of DUOPA include: complications of tubing placement procedure, swelling of legs and feet, nausea, high blood pressure (hypertension), depression, and mouth and throat pain.

Please see full Important Safety Information on pages 3-4 and accompanying full Prescribing Information or visit www.rxabbvie.com/pdf/duopa_pi.pdf

What about you?

Are you having more ups and downs now? Have you or your care partner noticed changes like...

- “Wearing off”: medicine’s benefits are fading before the next dose
- “Delayed on”: the time it takes for a dose to take effect is delayed
- “On-off fluctuations”: unpredictable changes occur in motor symptoms

If so, it might be time to think about a different treatment option. Ask your doctor about Duopa and how it can treat motor fluctuations in patients with advanced Parkinson’s. This is Ron and LaJuan’s experience, and everyone’s experience is different. Only you and your doctor can decide if a treatment is right for you. Your doctor is your best resource for medical information.

LaJuan has some advice for couples living with advanced Parkinson’s: “Ask your doctor about Duopa. It was so worth it to us. All the Parkinson’s patients and friends that we’ve made recently, we tell them about our experience with Duopa. I feel like we have a new beginning.”

Learn more at www.Duopa.com

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Important Safety Information

What is the most important safety information I should know about DUOPA?

- **Stomach and intestine (gastrointestinal) problems and problems from the procedure you will need to have to receive DUOPA (gastrointestinal procedure-related problems) may occur.** Some of these problems may require surgery and may lead to death.
 - **Serious side effects** may include: a blockage of your stomach or intestines (bezoar); stopping movement through intestines (ileus); drainage, redness, swelling, pain, feeling of warmth around the small hole in your stomach wall (stoma); bleeding from stomach ulcers or your intestines; inflammation of your pancreas (pancreatitis); infection in your lungs (pneumonia); air or gas in your abdominal cavity; skin infection around the intestinal tube, pocket of infection (abscess), or infection in your blood (sepsis) or abdominal cavity may occur after surgery; stomach pain, nausea, or vomiting.
- Tell your healthcare provider right away if you have any of the following symptoms of stomach and intestine problems and gastrointestinal procedure-related problems: stomach (abdominal) pain; constipation that does not go away; nausea or vomiting; fever; blood in your stool; or a dark tarry stool.

Your healthcare provider will talk to you about the stoma procedure. **Before the stoma procedure**, tell your healthcare provider if you ever had a surgery or problems with your stomach.

Talk to your healthcare provider about what you need to do to care for your stoma. After the procedure, you and your healthcare provider will need to regularly check the stoma for any signs of infection.

Do not take DUOPA if you currently take or have recently taken (within 2 weeks) a medication for depression called a non-selective monoamine oxidase (MAO) inhibitor. Ask your healthcare provider or pharmacist if you are not sure if you take an MAO inhibitor.

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Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using DUOPA with certain other medicines, including medications for high blood pressure, MAO inhibitors, antipsychotics, metoclopramide, isoniazid, and iron or vitamin supplements, may cause serious side effects. High-protein foods may affect how DUOPA works. Tell your healthcare provider if you change your diet.

DUOPA may cause serious side effects. Talk to your doctor before starting DUOPA and while on DUOPA if you have had or have any of these:

- **Falling asleep during normal daily activities without warning.** DUOPA may cause you to fall asleep while you are doing daily activities such as driving, which may result in an accident. This can happen as late as one year after starting DUOPA. **Do not** drive or operate machinery until you know how DUOPA affects you. Tell your healthcare provider if you take medicines that can make you sleepy, such as sleep medicines, antidepressants, or antipsychotics.
- **Low blood pressure when you stand or sit up quickly.** After you have been sitting or lying down, stand up slowly to help reduce dizziness, nausea, sweating, or fainting until you know how DUOPA affects you.
- **Seeing, hearing, or feeling things that are not real** (hallucinations).
- **Unusual urges.** Some people taking medicines for Parkinson's disease, including DUOPA, have reported urges such as excessive gambling, compulsive eating, compulsive shopping, and increased sex drive.
- **Depression and suicide.** DUOPA can cause or worsen depression. Pay close attention to changes in your mood, behavior, thoughts, or feelings. Call your healthcare provider right away if you feel depressed or have thoughts of suicide.
- **Uncontrolled sudden movements** (dyskinesia). If you have new dyskinesia or your dyskinesia gets worse, tell your healthcare provider. This may be a sign that your dose of DUOPA or other Parkinson's medicines may need to be adjusted.
- **Progressive weakness or numbness or loss of sensation in the fingers or feet** (neuropathy).
- **Heart attack or other heart problems.** Tell your healthcare provider if you have experienced increased blood pressure, a fast or irregular heartbeat, or chest pain.
- **Abnormal blood tests.** DUOPA may cause changes in certain blood tests, especially certain hormone and kidney function blood tests.
- Worsening of the **increased pressure in your eyes** (glaucoma). The pressure in your eyes should be checked after starting DUOPA.

Do not stop using DUOPA or change your dose unless you are told to do so by your healthcare provider. Tell your healthcare provider if you develop withdrawal symptoms such as fever, confusion, or severe muscle stiffness.

The most common side effects of DUOPA include: complications of tubing placement procedure, swelling of legs and feet, nausea, high blood pressure (hypertension), depression, and mouth and throat pain.

Please see the full Prescribing Information including Medication Guide or visit www.rxabbvie.com/pdf/duopa_pi.pdf for additional information about DUOPA. Talk to your healthcare provider if you have questions.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.