Concluding Remarks

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We wish to express our cordial thanks to the chairmen, the speakers and all the participants for their contribution to the success of this workshop. We wanted different points of view to be represented, and we therefore made a point of also inviting experts whose opinions towards Madopar HBS were relatively negative so as to ensure a controversial discussion.

Although the hypothesis that a controlled-release formulation would permit better control of motor fluctuations in parkinsonian patients during treatment with L-dopa is well-founded, we have always been aware that the development of such a dosage form presents several difficulties. After we had tested several different formulations, we had to admit that there was a negative correlation between the duration of release of active drug and bioavailability. The longer the period of drug release the lower the bioavailability of L-dopa becomes. In view of this fact, we chose Madopar HBS from about a dozen other formulations, as we considered it to be the best possible compromise.

We were also aware that, owing to the complexity of ‘on-off’ phenomena, and the various types of fluctuations encountered, we would not be able to master all problems with a pharmacokinetic approach. However, we considered that, even if this new dosage form proved useful in only a small percentage of patients, it was the duty of a company like Hoffmann-La Roche to ensure that these patients received the maximum possible benefit from treatment with L-dopa/benserazide by developing a new formulation which would ensure more constant plasma L-dopa levels.

Today’s meeting has confirmed our viewpoint and has shown that, with some increase in dosage, a not unimportant number of patients presenting with fluctuations in motor performance under treatment with standard Madopar can be better controlled with this new dosage form. This applies particularly to patients with so-called dose-related fluctuations, especially those of moderate intensity.

Encouraging preliminary results have also been reported regarding ‘nocturnal disabilities’ and some data suggest that the treatment of de novo patients may be worth investigating.

We do not pretend that Madopar HBS represents a revolution in the treatment of Parkinson’s disease. Nevertheless we consider that any contribution to improving the quality of life of parkinsonian patients even if it only helps a certain percentage of them is worthwhile and should be added to the therapeutic arsenal. This is the rationale behind the development of Madopar HBS and we hope that this new dosage form will soon be available to doctors.

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