The Movement Disorder Society
SYDNEY, AUSTRALIA
17TH INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS
JUNE 16-20, 2013

Safinamide is associated with clinically important improvement in motor symptoms in fluctuating PD patients as add-on to levodopa (SETTLE)

Anand R[1], Schapira AHV[2], Giuliani R[3], and Lucini V[3] for the SETTLE Investigators

[1]APC AG, St Moritz, Switzerland; [2]University Department of Clinical Neurosciences, London (UK); [3] Newron Pharmaceutical SpA, Bresso, Italy.

Background: The SETTLE study established the clinically and statistically significant benefit of safinamide 50-100 mg/day on motor fluctuations without any increase in troublesome dyskinesia in patients who were stabilized on optimized doses of levodopa and other dopaminergic treatments. Statistically significant differences from placebo add-on were noted on motor symptoms (UPDRSIII).

Objective: To determine the clinical relevance of the significant benefits of safinamide on motor symptoms (UPDRSIII) by determination of responder rates.

Methods: The SETTLE Study enrolled 552 PD fluctuating patients who were on stable, optimized, doses of L-dopa and other PD medications in 23 countries. Analyses were performed to determine the proportion of patients who improved by at least 20% or 30% in motor symptoms (UPDRSIII). Additionally, analyses were performed to determine the proportion of patients who improved by at least 20% or 30% with no worsening in activities of daily living (UPDRSII) and complication of dopaminergic treatment (UPDRSIV) in the ITT population.

Results: Statistically significantly higher proportion of patients on safinamide improved by 20% ($p=0.0062$) and 30% ($p=0.0267$) in UPDRSIII. Analysis to determine the proportion of patients who improved by 20% ($p<0.05$) and 30% ($p<0.05$) without worsening in UPDRSII and UPDRSIV also demonstrated significant benefit of safinamide compared to placebo add-on.

Conclusion: Safinamide has been shown to improve motor fluctuations (ON and OFF time) by 2 hours/day without any worsening in troublesome dyskinesia. These new results indicate that the above benefit is accompanied by a clinically important improvement in motor symptoms without worsening of other ADL or dopaminergic complications.

Keywords: (Five allowed [max 250 characters]): Parkinson's disease, Motor symptoms, Activities of daily living, safinamide, responder rates

Topic: Parkinsonism

The Movement Disorder Society
SYDNEY, AUSTRALIA
17TH INTERNATIONAL CONGRESS OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS
JUNE 16-20, 2013

Safinamide significantly improves responder rates in fluctuating Parkinson's disease (PD) patients as add-on to l-dopa (SETTLE)

Schapira AH[1], Fox S[2], Hauser R[3], Jankovic J[4], Jost W[5], Kulisevsky J[6], Pahwa R[7], Poewe W[8], Lucini V[9] and Anand R[10] for the SETTLE Investigators

[1]University Department of Clinical Neurosciences, London (UK);[2]Toronto Western Hospital, Toronto (Canada);[3]USF Health, Tampa, FL (USA); [4]Baylor College of Medicine, Houston, Texas (USA); [5]Deutsche Klinik für Diagnostik, Wiesbaden (Germany); [6]Hospital Sta Cruz y San Pablo, Barcelona (Spain); [7]Kansas University Medical Center, Kansas (USA); [8]Medical University of Innsbruck (Austria); [9]Newron Phamaceuticals SpA, Bresso, Italy; [10]APC AG, St Moritz, Switzerland.

Background: Safinamide (50-100mg/day), an α-aminoamide with dopaminergic and non-dopaminergic mechanisms, has been demonstrated to be superior to placebo in PD patients who experience l-dopa-related motor complications, on multiple efficacy measures (ON time without troublesome dyskinesia, OFF time, UPDRSIII, CGI, PDQ-39).

Objective: To determine the clinical relevance of the benefits of safinamide by determining responder rates for motor fluctuations and motor symptoms

Methods: The SETTLE Study enrolled 552 PD fluctuating patients in 23 countries, on stable, optimized, doses of l-dopa and other PD medications. Analyses were performed to determine the proportion of patients who improved both in motor fluctuations (ON and OFF time, as determined from the patient-rated 18-hour diary), as well as improvement in motor symptoms (UPDRSIII). Categorical analyses were performed using cut-off of 30 and 60 minutes for diary categories, and 20 and 30% improvement in motor symptoms.

Results: Statistically significant results were observed for the categorical analyses. A greater proportion of safinamide than placebo patients demonstrated an improvement of 30 minutes or more in both ON and OFF time with 20% improvement in UPDRSIII ($p=0.013$). Furthermore, improvement of 60 minutes or more in both ON and OFF time with at least 30% improvement in UPDRSIII was noted in significantly higher proportion of safinamide than placebo patients ($p=0.018$).

Conclusion: A significantly greater proportion of fluctuating PD patients treated with safinamide add-on than with usual treatment experienced meaningful improvement of at least 1 hour in both ON (without dyskinesia) and OFF time, and motor symptoms (≥30% improvement in UPDRSIII).

Keywords: (Five allowed [max 250 characters]): Parkinson's disease, safinamide, responder rates

Topic: Parkinsonism