

TITLE 1: “Ask the Doctor”

TITLE 2:

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ABSTRACT OVERVIEW: A reader asks how she can gradually reduce her use of Sinemet and gradually increase Permax intake. Dr. Poceta provides a thorough and informative answer about this issue.

COPY OF ARTICLE:

Q. *I was diagnosed with RLS nearly five years ago and began taking 50 mg of Sinemet, which had to be increased due to rebound and augmentation. I am now taking 350 mg per day plus 1.0 mg of Klonopin at bedtime. In the newsletter I see that Permax is recommended as an alternative. How can I gradually reduce the Sinemet and gradually increase Permax?*



A. There is no easy way or definitive answer or schedule about how to make the change from Sinemet to Permax for RLS. It is likely that each doctor with experience in RLS has a slightly different approach. There are several ways, however, to do this that seem to make sense and to work. Any time there is a change of medications, one hopes that the next medicine will be better, but there may be some short-term increases in the symptoms of RLS along the way. Furthermore, maybe the second medicine (in this case Permax) will not be as good as Sinemet or will not be tolerated because of some side effect. Thus, the

patient must be prepared for not only the potential benefit of the new agent, but also the possibility of failure. There is no way to predict the outcome in advance, but if the current situation is ineffective, it is necessary to try something else. Given that the person desires to undertake the change, there are two general ways to do this:

- 1) Add the Permax at a low dose and gradually increase the dose while tapering the Sinemet
- 2) Stop or taper off the Sinemet entirely and then add the Permax in gradually escalating doses.

Generally, I think the first method is best. The second way is the most “scientifically clean” technique but is probably not necessary for most people. So, while they are still taking Sinemet, I usually start the patients on Permax, 0.05-mg tablets, one at the evening meal and one at bedtime, depending on the timing of the symptoms and the exact target symptom. Some people may prefer to try only one pill near bedtime the first few days to make sure the medication “agrees with them.” Then, about every three days, depending on the beneficial effects and any negative effects at that dose,

I ask the patient to begin to increase the dose. If they need to go above two of the 0.05-mg tablets at one time, then I change to one-half tablets of the 0.25-mg pill and go up from there. Most patients achieve some benefit at low dose—certainly by the time they are up to 0.25 twice a day. Higher doses, however, are sometimes necessary. In order to assess the effect of the new medicine (Permax), it is necessary to be off the old medicine. Regarding the discontinuation of Sinemet—I have in the past tried to taper it slowly, but I now find that most patients do best if they taper it to zero over only one or two days. For example, the day the patient starts Permax, I

would ask him or her to cut the total Sinemet dose in half, then in half again the next day, and then to stop it entirely. I believe that prolonging the Sinemet taper is more difficult. If the patient is able, he or she should just stop it cold.

Although there might be a bad day or two, the drug itself, as well as the augmentation effect, is gone within two or three days, and then the patient will be back to “normal” and can assess the effect of the new medicine. Sometimes the augmentation and rebound have made the patient very afraid to stop the Sinemet, and it might be helpful to be reminded that once off Sinemet, the symptoms should return back to the level they were before ever starting Sinemet—not the level they are now between doses of Sinemet. I counsel courage.

During the transition period, there are several reasons why the symptoms might be worse. I often recommend that the patient use certain medications “as needed” for the few days of the transition if it is not going well. In general, depending on the major symptom, the medical condition, and other medications in use, an opiate such as hydrocodone or a sedative such as lorazepam can be helpful. If the person is already on Klonopin, as you are, adding yet another drug might not be advisable, but it might be helpful to take a little extra Klonopin for a couple of days until the Permax kicks in.

Presumably you will discuss these possibilities with your doctor when requesting a prescription for Permax. Good luck!

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