

DRAFT

Levodopa (L-dopa)/carbidopa (Sinemet) Guideline for Dystonia Management

Exclusions / Considerations

- 1st line if patient has prominent choreiform movements
- Consider if diagnosis or etiology unclear to rule out Dopa-responsive dystonia
- History of psychosis, hypertension and melanoma are contraindications

Anticipated Responders

- Upper limb dystonia

Preparation

- Preferred tablets for kid available as Levodopa 100mg/ Carbidopa 25mg regular release tablets
- Liquid preparation made as 5mg/1.25mg per mL

Side Effects/Adverse Drug Reactions (ADRs)

- Nausea and vomiting
- Somnolence
- Dyskinesia

Titrate medication as follows

Week 1 & 2: 1 mg/kg/day of L-dopa ±bid
 Week 3 & 4: 2 mg/kg/day of L-dopa ±bid
 Week 5 & 6: 3 mg/kg/day of L-dopa ±bid

Baseline Assessment

- HAT
- CCQ
- COPM
- Adapted Tardieu
- Physical Exam

Reassessment in clinic at 6 weeks

6 Wk Assessment

- HAT
- Screen for ADRs
- Physical Exam

Continue medication titration as follows

Week 7 & 8: 4 mg/kg/day of L-dopa ±bid
 Week 9 & 10: 5 mg/kg/day of L-dopa ±bid
 Week 11 & 12: 6 mg/kg/day of L-dopa ±bid
 Continue 6 mg/kg/day of L-dopa ±bid until reassessment at 3 months

Follow up Assessment

- HAT
- CCQ
- Screen for ADRs
- Physical Exam

Reassessment in clinic every 3 months for first year of trial then Reassess in clinic every 6 months with a repeat Baseline Assessment annually

For suboptimal response or serious ADRs taper medication slowly over 4 weeks