

Safinamide adherence: the experience of the Movement Disorder Unit of Trieste

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Introduction: Safinamide is the latest monoamine oxydase -B inhibitor approved for the treatment of Parkinson's disease (PD). It is recommended in patients with motor fluctuations, as add-on therapy. Randomized-controlled trials and real life observational studies, showed that safinamide is safe and well tolerated. The present study describes the adherence to the treatment in the cohort of patients referred to the Movement Disorders Unit of the Neurology Department of Trieste.

Methods: A total of 600 patients has been evaluated. Upon them, patients who had received safinamide at any time between January 2016 and October 2021, have been enrolled. The following clinical data were collected: sex, age, disease duration, concomitant therapies, safinamide dose, treatment duration or discontinuation and, eventually, reason for discontinuation.

Results: Safinamide was recommended in 99 patients. 47 patients (50.5%) were still in treatment with safinamide at the end of the observation period, 13 of them for more than 4 years. In 46 patients (49.5%) the drug was discontinued, and this happen during the first year in 25 subjects. The reason for discontinuation were: side effects (48%), disease progression (22%), lack of efficacy (17%) and death (13%). Dyskinesias and hallucinations were the side effects most frequently associated with drug discontinuation. Patients with short disease duration (7.8 years) and simple therapeutic scheme (l-dopa alone) were more likely to maintain treatment. The adherence reached 60% in patients who were switched to safinamide from a different I-MAOB.

Conclusion: Our real-life study confirmed that safinamide is well tolerated in more than half of patients. For those that dropped out the treatment, the main reasons were the drug's side effects. The highest compliance to the medication is more likely to be evinced in patients affected by a less advanced form of the disease and following a lighter therapeutic scheme.