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Opicapone for the treatment of Parkinson's disease: a real-world observational study

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Introduction: Opicapone is a catechol-O-methyl-transferase inhibitor (iCOMT) approved by the European Medicines Agency in 2016 as adjunctive therapy to preparations of levodopa combined with DOPA decarboxylase inhibitors in patients with Parkinson's disease (PD) and end-of-dose motor fluctuations.

Objective: To explore safety and efficacy of opicapone in a real-life, single-center, observational study.

Methods: In PD patients with motor fluctuations, we assessed motor score of the Unified Parkinson's Disease Rating Scale (UPDRS III), levodopa equivalent daily dose (LEDD), and daily off-time at baseline and 12 months after the introduction of opicapone 50 mg once daily. We also evaluated the Clinical Global Impression-Improvement (CGI-I) at 12-month follow-up.

Results: We evaluated 185 PD patients who started opicapone treatment from October 2018. Sixty patients were not further analyzed due to a missing follow-up in 25 patients (14%) or opicapone discontinuation given the lack of efficacy in 18 patients (10%) or a poor tolerability in 17 patients (9%). One hundred twenty-five patients (68%) continued opicapone at 12-month follow-up (68 males; mean age: 68.1±9.7 years; mean disease duration: 9.9±4.2 years; mean baseline UPDRS-III score: 25.6±14.2). These patients were categorized at baseline as ‘entacapone switchers’ (56%) or ‘opicapone as first iCOMT’ (43%). Most patients (71%) showed improvement at CGI-I, decrease in daily off-time (from 4.6 hours at baseline to 3 hours at follow-up), LEDD reduction (from 908 mg at baseline to 807 mg at follow-up). Notably, in 5 patients undergoing levodopa-carbidopa intestinal gel (LCIG) infusion therapy, the introduction of opicapone led to a decrease in LCIG daily dose (20% mean reduction) and numbers of LCIG extra-doses in the afternoon.

Conclusions: Opicapone is safe and effective for the management of motor fluctuations in most PD patients. Opicapone as add-on therapy to LCIG could reduce the LCIG daily dose and potentially the costs associated with this advanced therapy.