



## "On" Time Diary for Parkinson's Disease

2 out of 3 patients with Activa DBS wished they had received their Activa DBS sooner<sup>1</sup>



Jerry W. and his wife, Gail. Jerry received Activa DBS soon after medication became less effective.

<sup>1</sup> Based on a patient survey of 143 implanted patients. Data on file at Medtronic.

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## Goal of Parkinson's disease treatments

The goals of current Parkinson's disease treatments are to:

- **1.** Increase periods of symptom control and good mobility ("on" time)
- 2. Minimize side effects from treatments

Achieving these goals is relatively simple in the early stages of Parkinson's disease. However, as the disease progresses, your doctor has to increase the doses of your medications you're on, as well as introduce new ones to continue providing you with good symptom control.

## Complications with medication treatment

At some point this can lead to complications like "off" time (periods of poor symptom control), dyskinesias (involuntary excessive movements), or other troublesome side effects. When this happens, you and your doctor will need to make decisions on how to maximize symptom control and minimize side effects by adjusting your medication regimen.



## Why keep an "On" Time Diary?

You can help your doctor make good treatment decisions by keeping an "On" Time Diary. A well-kept diary provides your physician with a clear picture of when you are taking your medications, when you are feeling well, and when you are not feeling so well, allowing your doctor to adjust and optimize your treatment.

### What can I do when "off" time, dyskinesias, or other complications arise despite medication treatment?

At some point in your journey with Parkinson's disease, you may find that medications are no longer providing you with consistent symptom control and good mobility throughout the day, or that you are experiencing side effects. *If this happens, Activa® Deep Brain Stimulation (DBS) may provide you with symptom control and good mobility*. The "On" Time Diary will help your doctor determine when Activa DBS may be right for you.

## How do I find out if Activa DBS is right for me?

- **1.** Complete the three-day "On" Time Diary.
- **2.** Once you have completed the diary, share the results with your doctor and discuss recommended treatment options.
- **3.** Learn more about Activa DBS by calling 1-877-438-3574 and requesting a private phone call with a Nurse Educator or a Patient Ambassador already using Activa DBS. Visit the following website: *www.activadbs.com.*

## Instructions for completing your "On" Time Diary

You will be recording your symptom control every hour in one of the four categories:

- Asleep
- "On" Time with troublesome dyskinesias Periods of time when medication is giving you good symptom control but is causing troublesome, involuntary, excessive movements.
- "On" Time Periods of time when medication is giving you good symptom control.
- "Off" Time Periods of time when medication is not helping enough and you are experiencing troublesome symptoms like shaking, stiffness, slowness, or difficulty moving.

#### Before you start

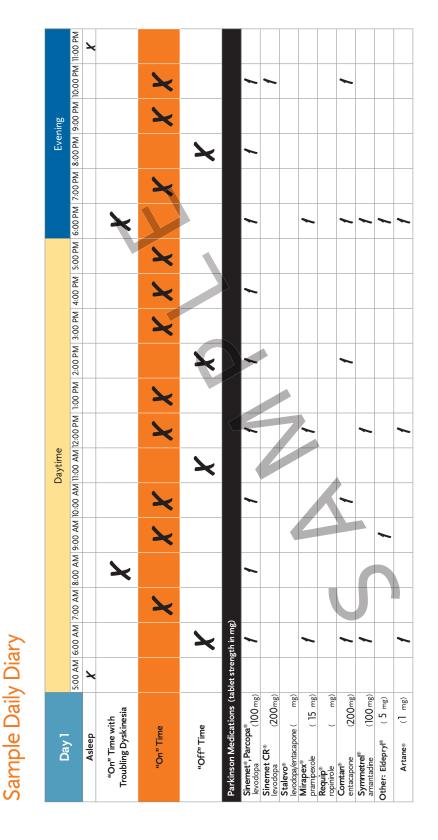
Next to the name of the drugs listed, write the strength of the pills you take (in mg). Look at the container label if necessary. Use "other" row for Parkinson's drugs not listed.

#### Every hour

- **1.** Mark with an 'X' the row that best describes your overall symptom control. (see sample to the right).
- **2.** When you take medications, write how many tablets you took (see sample to the right).
- **3.** In the notes section at the bottom of the page, write any troublesome side effects you experience.

#### When you complete the three-day diary

Answer the four questions in the Additional Patient Information section at the end of the diary.



## Daily Diary

Day 1							Daytime									Ever	ning		
	5:00 AM	6:00 AM	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM	10:00 PM	11:00 PM
Asleep																			
"On" Time with Troublesome Dyskinesias																			
"On" Time																			
"Off" Time																			
Parkinson Medications (t	ablet strer	ngth in mg	)																
<b>Sinemet<sup>®</sup>, Parcopa<sup>®</sup></b> levodopa (mg)																			
Sinemet CR <sup>®</sup> levodopa (mg)																			
Stalevo® levodopa/entacapone ( mg)																			
Mirapex® pramipexole (mg)																			
Requip® ropinirole (mg)																			
Comtan <sup>®</sup> entacapone (mg)																			
Symmetrel <sup>®</sup> amantadine (mg)																			
Other: ( mg)																			

Notes

## Daily Diary

Day 2						I	Daytime									Eve	ning		
	5:00 AM	6:00 AM	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM	10:00 PM	11:00 PM
Asleep																			
"On" Time with Troublesome Dyskinesias																			
"On" Time																			
"Off" Time																			
Parkinson Medications (ta	ablet strer	ngth in mg	)																
Sinemet <sup>®</sup> , Parcopa <sup>®</sup> levodopa (mg)																			
Sinemet CR <sup>®</sup> levodopa (mg)																			
Stalevo® levodopa/entacapone ( mg)																			
<b>Mirapex</b> ® pramipexole (mg)																			
Requip <sup>®</sup> ropinirole (mg)																			
Comtan <sup>®</sup> entacapone (mg)																			
Symmetrel <sup>®</sup> amantadine (mg)																			
Other: ( mg)																			

Notes

## Daily Diary

Day 3							Daytime	I.								Ever	ning		
24,75	5:00 AM	6:00 AM	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM	10:00 PM	11:00 PM
Asleep																			
"On" Time with Troublesome Dyskinesias																			
"On" Time																			
"Off" Time																			
Parkinson Medications (t	ablet strer	ngth in mg	)																
Sinemet <sup>®</sup> , Parcopa <sup>®</sup> levodopa (mg)																			
Sinemet CR <sup>®</sup> levodopa (mg)																			
Stalevo® levodopa/entacapone ( mg)																			
<b>Mirapex</b> <sup>®</sup> pramipexole (mg)																			
Requip® ropinirole (mg)																			
Comtan <sup>®</sup> entacapone (mg)																			
Symmetrel <sup>®</sup> amantadine (mg)																			
Other: ( mg)																			

Notes

### Additional patient information

#### Please answer the following questions

1. How troublesome are your "off" periods (periods when medication is not helping enough and you are experiencing symptoms)? (Circle the option that applies.)

I barely notice I'm `off'

I have difficulty but I can do all

I can't do some I can't do most things I want to do

things I want to do I want to do

2. How troublesome are your dyskinesias (involuntary excessive movements)? (Circle the option that applies.)

I don't have any	I barely notice them	They interfere with	They interfere with
I don't have any	but others do	some activities	most activities

- 3. What are your most troublesome symptoms?
- 4. What are your most troublesome side effects? (Circle all that apply.)

Sleepiness	Nausea	Hallucinations
Confusion/other thinking problems	Lightheadedness upon standing	Behavioral/personality changes
Other:		

#### Summary (for healthcare professional use only)

1.	Idiopathic Parkinson's disease?	YES	NO
2.	Years since diagnosis:		YEARS
3.	Good levodopa response (even if brief)?	YES	NO
4.	Recommend Activa DBS evaluation?	YES	NO

Referring Physician name:
Signature:
Referring Physician phone number:
Activa DBS Center name:
Activa DBS Center fax:
Center Physician:
Center scheduling contact:
Scheduling phone number:
Patient name:
Patient phone number:

The next section will be filled out by your healthcare professional.

#### Activa® Parkinson's Control Therapy: Patients should always discuss the potential risks and benefits with a physician.

Indications: Bilateral stimulation of the internal globus pallidus (GPi) or the subthalamic nucleus (STN) using Medtronic® Activa® Parkinson's Control Therapy is indicated for adjunctive therapy in reducing some of the symptoms of advanced, levodopa-responsive Parkinson's disease that are not adequately controlled with medication.

**Contraindications:** Contraindications include patients who will be exposed to MRI using a full body radio-frequency (RF) coil or a head transmit coil that extends over the chest area, patients for whom test stimulation is unsuccessful, or patients who are unable to properly operate the neurostimulator. Also, diathermy (e.g., shortwave diathermy, microwave diathermy or therapeutic ultrasound diathermy) is contraindicated because diathermy's energy can be transferred through the implanted system (or any of the separate implanted components), which can cause tissue damage and can result in severe injury or death. Diathermy can damage parts of the neurostimulation system.

Warnings/Precautions/Adverse Events: There is a potential risk of tissue damage using stimulation parameter settings of high amplitudes and wide pulse widths. Extreme care should be used with lead implantation in patients with a heightened risk of intracranial hemorrhage. Do not place the lead-extension connector in the soft tissues of the neck. Placement in this location has been associated with an increased incidence of lead fracture. Theft detectors and security screening devices may cause stimulation to switch ON or OFF, and may cause some patients to experience a momentary increase in perceived stimulation. Although some MRI procedures can be performed safely with an implanted Activa System, clinicians should carefully weigh the decision to use MRI in patients with an implanted Activa System. MRI can cause induced voltages in the neurostimulator and/or lead possibly causing uncomfortable, jolting, or shocking levels of stimulation. MRI image quality may be reduced for patients who require the neurostimulator to control tremor, because the tremor may return when the neurostimulator is turned off.

Severe burns could result if the neurostimulator case is ruptured or pierced. The Activa System may be affected by or adversely affect medical equipment such as cardiac pacemakers or therapies, cardioverter/defibrillators, external defibrillators, ultrasonic equipment, electrocautery, or radiation therapy. Safety and effectiveness has not been established for patients with neurological disease other than Parkinson's disease, previous surgical ablation procedures, dementia, coagulopathies, or moderate to severe depression; or for patients who are pregnant, under 18 years or over 75 years of age. Adverse events related to the therapy, device, or procedure can include: stimulation not effective, cognitive disorders, pain, dyskinesia, dystonia, speech disorders including dysarthria, infection, paresthesia, intracranial hemorrhage, electromagnetic interference, cardiovascular events, visual disturbances, sensory disturbances, device migration, paresis/asthenia, abnormal gait, incordination, headaches, lead repositioning, thinking abnormal, device explant, hemiplegia, lead fracture, seizures, respiratory events, and shocking or jolting stimulation.

#### Rx only

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# To schedule an evaluation, contact us at:

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