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No specific test exists to diagnose Parkinson's disease. Your doctor trained in nervous system conditions (neurologist) will diagnose Parkinson's disease based on your medical history, a review of your signs and symptoms, and a neurological and physical examination. Your doctor may suggest a specific single-photon emission computerized tomography SPECT scan called a dopamine transporter (DAT) scan. Although this can help support the suspicion that you have Parkinson's disease, it is your symptoms and neurologic examination that ultimately determine the correct diagnosis. Most people do not require a DAT scan.

Your doctor may order lab tests, such as blood tests, to rule out other conditions that may be causing your symptoms.

Imaging tests — such as MRI, CT, ultrasound of the brain, and PET scans — may also be used to help rule out other disorders. Imaging tests aren't particularly helpful for diagnosing Parkinson's disease.

In addition to your examination, your doctor may give you carbidopa-levodopa (Rytary, Sinemet, others), a Parkinson's disease medication. You must be given a sufficient dose to show the benefit, as low doses for a day or two aren't reliable. Significant improvement with this medication will often confirm your diagnosis of Parkinson's disease.

Sometimes it takes time to diagnose Parkinson's disease. Doctors may recommend regular follow-up appointments with neurologists trained in



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movement disorders to evaluate your condition and symptoms over time and diagnose Parkinson's disease.

Treatment

Parkinson's disease can't be cured, but medications can help control your symptoms, often dramatically. In some later cases, surgery may be advised.

Your doctor may also recommend lifestyle changes, especially ongoing aerobic exercise. In some cases, physical therapy that focuses on balance and stretching also is important. A speech-language pathologist may help improve your speech problems.

Medications

Medications may help you manage problems with walking, movement and tremor. These medications increase or substitute for dopamine.

People with Parkinson's disease have low brain dopamine concentrations. However, dopamine can't be given directly, as it can't enter your brain.

You may have significant improvement of your symptoms after beginning Parkinson's disease treatment. Over time, however, the benefits of drugs frequently diminish or become less consistent. You can usually still control your symptoms fairly well.

Medications your doctor may prescribe include:

- **Carbidopa-levodopa.** Levodopa, the most effective Parkinson's disease medication, is a natural chemical that passes into your brain and is converted to dopamine.

Levodopa is combined with carbidopa (Lodosyn), which protects levodopa from early conversion to dopamine outside your brain. This prevents or lessens side effects such as nausea.

Side effects may include nausea or lightheadedness (orthostatic hypotension).

After years, as your disease progresses, the benefit from levodopa may become less stable, with a tendency to wax and wane ("wearing off").

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- EYLEA® (afibercept) Injection is a prescription medication administered by injection into the eye. You should not use EYLEA if you have an infection in or around the eye, eye pain or

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