Drugs 2012; 72 (6): 870-871
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Article Corrected

Hoy SM, Keating GM. Rasagiline: a review of its use in the treatment of idiopathic Parkinson's disease. Drugs 2012; 72 (5): 643-69

Corrections Made

Page 650, table III, TEMPO study, column 3: The final column (PL) was missing from this table and has now been added:

Table III. Features of randomized, double-blind, multinational studies in patients with early Parkinson's disease

Parameter	ADAGIO[28]				TEMPO[25,26]		
	ES RAS 1 mg/d (n = 288)	DS RAS 1 mg/d (n = 300)	ES RAS 2 mg/d (n = 293)	DS RAS 2 mg/d (n = 295)	RAS 1 mg/d (n = 134)	RAS 2 mg/d (n = 132)	PL (n = 138)
Mean pt age (y)	62.4	61.9	62.3	62.4	61.6	60.4	60.5
Males (% of pts)	60.8	62.0	59.7	61.7	67.2	56.1	67.4
Mean PD duration (mo)	4.6	4.3	4.6	4.6	11.0	13.8	11.3
Mean UPDRS score							
Total[a]	20.6	20.2	20.8	19.9	24.7	25.9	24.5
ADL subscale[a]	5.1	5.3	5.4	5.1	5.9	6.7	6.2
Mental subscale[a]					0.9	1.2	0.8
Motor subscale[a]	14.5	14.0	14.6	13.8	17.9	18.0	17.6
Bradykinesia					8.3	8.1	7.8
PIGD					1.5	1.6	1.6
Rigidity					3.9	3.8	4.0
Tremor					3.1	3.6	3.3
Mean BDI score					2.4	3.1	2.5
Mean HY stage[a]	1.5	1.5	1.5	1.5	1.9	1.9	1.9
Mean SEADL scale score					92.2	90.2	91.2
Mean timed motor score					12.8	13.0	13.5
Inclusion criteria	Age 30–80[28] or >35[25,26] y; not currently receiving therapy for PD;[28] ≥2 of the 3 cardinal features of PD[25,26] (bradykinesia, resting tremor[b] or rigidity);[28] HY stage ≤3[25,26]						
Selected exclusion criteria	Atypical or secondary parkinsonism; clinically significant depression;[25,26] disease duration >18 mo;[28] HY stage ≥3;[28] MMSE score of ≤23;[25,26] received any antiparkinsonian medication for >3 wk;[28] received RAS or selegiline (any dose) or ubidecarenone (coenzyme Q) [>300 mg/d] within the previous 120 d;[28] unstable medical problems[25,26]						
Concomitant medication	No antiparkinsonian medication[28] (except cholinergic receptor antagonists),[25,26] antidepressant therapies (exceptions not specified[28] or amitriptyline, fluvoxamine, paroxetine, sertraline or trazodone[25,26]) or sympathomimetics[25,26] permitted; no dietary tyramine restrictions[28]						
Primary endpoint(s)	See table IV				Change from baseline to wk 26[25] and 52[26] in the total UPDRS score[c]		

a Total UPDRS scores range from 0 to 176, UPDRS ADL subscale scores range from 0 to 52, UPDRS mental function and motor function subscale scores range from 0 to 108, and HY stages range from 1 to 5; higher scores indicate more severe PD.[28]

b Patients were required to experience unilateral symptom onset if resting tremor was not present.[28]

c The primary analysis of this endpoint was the difference between RAS 1 or 2 mg/d versus PL at wk 26[25] and between ES RAS 1 and 2 mg/d versus DS RAS 2 mg/day at week 52[26] in the mean change from baseline in the adjusted total UPDRS score.

ADL = activities of daily living; **BDI** = Beck Depression Inventory; **DS** = delayed start; **ES** = early start; **HY** = Hoehn and Yahr; **MMSE** = Mini-Mental State Examination; **PD** = Parkinson's disease; **PIGD** = postural instability/gait disorder; **PL** = placebo; **pt** = patient; **RAS** = rasagiline; **SEADL** = Schwab and England activities of daily living; **UPDRS** = Unified Parkinson's Disease Rating Scale.

Page 644, abstract, paragraph 1, lines 3 and 4: The following sentence, which previously read:

It is indicated as monotherapy or as adjunctive therapy to levodopa for the treatment of idiopathic Parkinson's disease in adult patients with end-of-dose fluctuations in the EU and for the treatment of adult patient with the signs and symptoms of idiopathic Parkinson's disease in the US.

has now been corrected as follows:

It is indicated for the treatment of idiopathic Parkinson's disease as monotherapy or as adjunctive therapy to levodopa in patients with end-of-dose fluctuations in the EU and for the treatment of adult patients with the signs and symptoms of idiopathic Parkinson's disease in the US.

Page 662, column 2, section 7, paragraph 2, lines 1–4: The following sentence, which previously read:

In the EU,[10] oral rasagiline is indicated as monotherapy or as adjunctive therapy to levodopa for the treatment of idiopathic Parkinson's disease in adult patients with end-of-dose fluctuations.

has now been corrected as follows:

In the EU,[10] oral rasagiline is indicated for the treatment of idiopathic Parkinson's disease as monotherapy or as adjunctive therapy to levodopa in patients with end-of-dose fluctuations.

Note

All versions of this article have been updated to reflect these corrections.