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Dyskinesia - Pipeline Review - 2019

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Abstracts

Firstview Insight's Dyskinesia - Pipeline Review-2019 provides an overview of the pipeline landscape of DyskinesiaIt provides comprehensive insights of all the clinical and non-clinical therapeutics in development with detailed description about the collaborations; deals; designations; patent information etc.These reports encourage the clients in distinguishing the upcoming and existing competitors in their separate therapeutic spaces. The report provides detailed description of the competitor profiles with key milestones and evidence along with analysis by mechanism of action; route of administration; molecule type; stage of development. Information obtained from multiple sources will be used to triangulate and update the profiles. The report also provides key events in the last year related to the indication. This report provides detailed analysis of all the products along with the companies involved.

Dyskinesia refers to a category of movement disorders that are characterized by involuntary muscle movements, including movements similar to tics or chorea and diminished voluntary movements]. DYSskinesia can be anything from a slight tremor of the hands to an uncontrollable movement of the upper body or lower extremities. Discoordination can also occur internally especially with the respiratory muscles and it often goes unrecognized. Dyskinesia is a symptom of several medical disorders that are distinguished by their underlying cause.Types

Medication-induced dyskinesias

Acute dystonia is a sustained muscle contraction that sometimes appears soon after administration of antipsychotic medications.[4] Any muscle in the body may be affected, including the jaw, tongue, throat, arms, or legs. When the throat muscles are involved, this type of dystonia is called an acute laryngospasm and is a medical emergency because it can impair breathing.[4] Older antipsychotics such as Haloperidol or Fluphenazine are more likely to cause acute dystonia than newer agents. Giving high

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doses of antipsychotics by injection also increases the risk of developing acute dystonia.[4]

Methamphetamine, other amphetamines and dopaminergic stimulants including cocaine and pemoline can produce choreoathetoid dyskinesias; the prevalence, time-frame and prognosis are not well established. Amphetamines also cause a dramatic increase in choreoathetoid symptoms in patients with underlying chorea such as Sydenham's, Huntington's, and Lupus.[5] Long-term use of amphetamines may increase the risk of Parkinson's disease (PD): in one retrospective study with over 40,000 participants it was concluded that amphetamine abusers generally had a 200% higher chance of developing PD versus those with no history of abuse; the risk was much higher in women, almost 400%.[6] There remains some controversy as of 2017.[7]

Levodopa-induced dyskinesia (LID) is evident in patients with Parkinson's disease who have been on levodopa (L?DOPA) for prolonged periods of time. LID commonly first appears in the foot, on the most affected side of the body. There are three main types that can be classified on the basis of their course and clinical presentation following an oral dose of L?DOPA:[8][9]

Off-period dystonia – correlated to the akinesia that occurs before the full effect of L?DOPA sets in, when the plasma levels of L?DOPA are low. In general, it occurs as painful spasms in the foot. Patients respond to L?DOPA therapy.[8][9]

Diphasic dyskinesia – occurs when plasma L-DOPA levels are rising or falling. This form occurs primarily in the lower limbs (though they can happen elsewhere) and is usually dystonic (characterized by apparent rigidity within muscles or groups thereof) or ballistic (characterized by involuntary movement of muscles) and will not respond to L?DOPA dosage reductions

Peak-dose dyskinesia – the most common form of levodopa-induced dyskinesia; it correlates with the plateau L?DOPA plasma level. This type usually involves the upper limbs more (but could also affect the head, trunk and respiratory muscles), is choreic (of chorea), and less disabling. Patients will respond to L?DOPA reduction but may be accompanied by deterioration of parkinsonism.[8][9] Peak-dose L-DOPA-induced dyskinesia has recently been suggested to be associated with cortical dysregulation of dopamine signaling

Chronic or tardive

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Late-onset dyskinesia, also known as tardive dyskinesia, occurs after long-term treatment with an antipsychotic drug such as haloperidol (Haldol) or amoxapine (Asendin). The symptoms include tremors and writhing movements of the body and limbs, and abnormal movements in the face, mouth, and tongue – including involuntary lip smacking, repetitive pouting of the lips, and tongue protrusions

Rabbit syndrome is another type of chronic dyskinesia, while orofacial dyskinesia may be related to persistent replication of Herpes simplex virus type 1

Non-motor

Two other types, primary ciliary dyskinesia and biliary dyskinesia, are caused by specific kinds of ineffective movement of the body, and are not movement disorders

Drug Profile Overview:

The pipeline section provides descriptive drug profiles for the pipeline products including product description, mechanism of action, route of administration, molecule type, technology involved, chemical information.

Clinical Trial Overview:

This section of the report focuses on the clinical activity of the molecule. It includes both clinical and pre-clinical activity which provides detailed information about the safety, efficacy, tolerability, toxicity of pipeline drugs. A graphical representation of the clinical trial landscape of pipeline therapy which includes information about phase of development, trial design, treatment arms, dosage and frequency, formulation of the drug, primary and secondary completion date, enrolment number, exclusion and inclusion criteria, line of therapy. This section also includes the clinical trial results and analysis based on those results.

Product Development Activity:

This section of the report focuses on detail information about designations, exclusivity details, technology, licensing and collaboration, funding and financing, key milestones and various other development activities.

Company Overview:

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Company profile includes the detail about type of company, headquarter, global presence, research focus and key financial

Scope

The report provides a competitive landscape

The report also provides clinical trial landscape of the pipeline drugs including status; trial phase; sponsor type and end-point status

The report provides the list of companies which are the most active in the pipeline

The report covers pipeline products based on various stages of development ranging from pre-registration till discovery

The report provides descriptive drug profiles which includes product description; comprising detailed mechanism of action (MoA); route of administration (RoA); Stage of development; clinical trial status; licensing and collaboration details & other developmental activities

The report features comparative analysis of product profiles based on molecule type; mechanism of action (MoA); route of administration (RoA)

The report summarizes all the dormant and discontinued pipeline projects

The report also provides latest news for the past one year

Reasons To Buy

To identifying prominent players in the treatment landscape

To determine the drivers; barriers and unmet need in the treatment space

Gain strategically significant competitor information; analysis; and insights to formulate effective R&D strategies

Define in-licensing and out-licensing strategies by identifying prospective

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partners with the most attractive projects to enhance and expand business potential and scope

To understand the composition of the pipeline in terms of molecule type; molecular target; mechanism of action and route of administration

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