

From Sandie's Desk

How to Get the Most Bang for Your Buck—the Protein Question

No, I'm not going to give you financial advice, so if that's what you're looking for, stop reading now! I just want to share some information about the timing of your medications in relation to your meals with the hope of helping you to 'get the most bang for your buck'. This issue we are going to focus on a common question about the 'protein diet'.

If you are taking levodopa/carbidopa (Sinemet™) or levodopa/benserazide (Prolopa™) your prescription bottle probably instructs you to "Take with food". This is good advice if you have just started to take this medication as sometimes it can cause nausea and light-headedness, and taking it with food can help to reduce these bothersome side effects. After several years of a smooth response to levodopa, many people notice that when they eat a high protein meal and take their medication with that meal as they have always done in the past, the medication isn't as effective as it was in the past and doesn't "kick in" the way it used to. Why? Let me try to explain.

Levodopa is an amino acid. The protein we eat from food like meat, cheese, dairy products etc. are broken down into amino acids in our digestive system. With me so far? Good. Because here's the important part.

The digestive system doesn't discriminate between the amino acids from food protein and the amino acids from levodopa. So now there is a competition between the food amino acids and the levodopa amino acids, for passage into the bloodstream. In fact, some of the amino acids from levodopa never make it into the bloodstream. Not only that, the amino acids from food can block levodopa from getting into the brain so your levodopa is not as effective as it could be and that's the last thing you want: loss of improvement of your Parkinson's symptoms!

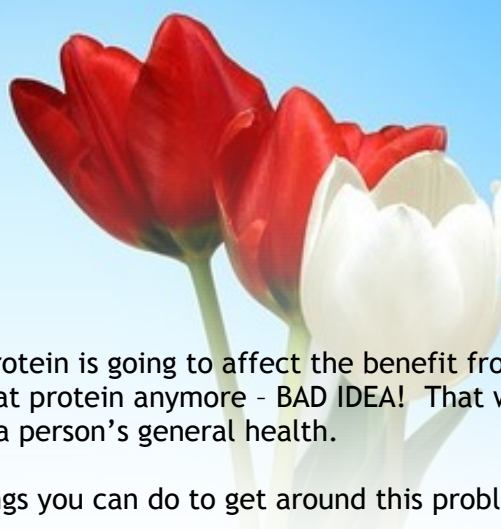
As with everything else with PD, not everyone notices that their levodopa is less effective if they take it at the same time as they eat a high protein meal. It is usually those with more advanced PD whose relief of symptoms is dependent on a narrower range of levodopa levels in the brain to begin with, and those who have off/on motor fluctuations.

(An ON state = adequate dopamine present in the brain and the person can perform tasks normally. An OFF state = insufficient dopamine is present - the person becomes very slow, stiff; tremor may increase; and the person may have difficulty dressing or walking.)



Sandie Jones

Sandie Jones trained as a registered nurse, specializing in psychiatry. In 1998, she joined Parkinson Canada, and is now an integral part of the Information & Referral team. In this role she has provided information on support, education, medical aspects, coping strategies, community services, and other information about Parkinson's disease and its management, not only to people living with Parkinson's disease and their families, but to professionals working with these people as well. This role has given her a comprehensive insight into the problems of people living with Parkinson's disease, as well as their carepartners.



Some folks may think if protein is going to affect the benefit from my medication then I just won't eat protein anymore - BAD IDEA! That would have serious consequences for a person's general health.

There are a couple of things you can do to get around this problem:

1. After consulting with your specialist, you could take your meds on an empty stomach, either one hour before your meals or two hours after a meal. If you simply can't tolerate taking the meds on an empty stomach, take it with a slice of bread, or a piece of fruit. Avoid all proteins at this time.
2. You could shift your protein intake to later in the day, so levodopa absorption is enhanced during the earlier hours when you want to be more active.

Before making ANY changes to your medication timing, please discuss with your specialist!

Remember, everyone is different. If you are taking levodopa and have not noticed any adverse effects from dietary protein, then you will not benefit from either of the above suggestions. It might be a good idea to pay attention to this now that you are aware of it, as changes may have been gradual. Also, those of you who are not taking levodopa, there is no need to follow the above suggestions.

In summary, only those people who have a clear loss of benefit when they take levodopa with a protein meal and folks who are experiencing poorly controlled motor fluctuations may benefit from this info. Again, before making ANY changes to your medication timing, please discuss with your specialist!

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This article does not substitute for medical advice specific to an individual, but is for general information purposes. Please speak to your doctor(s) for all diagnostic and therapeutic information.