

Supplementary Online Content

Pahwa R, Tanner CM, Hauser RA, et al. ADS-5102 (amantadine) extended-release capsules for levodopa-induced dyskinesia in Parkinson disease (EASE LID Study): a randomized clinical trial. *JAMA Neurol*. Published online June 12, 2017. doi:10.1001/jamaneurol.2017.0943

eFigure 1. Change in UDysRS Total Score—Subgroups at Week 12 (mITT Population)

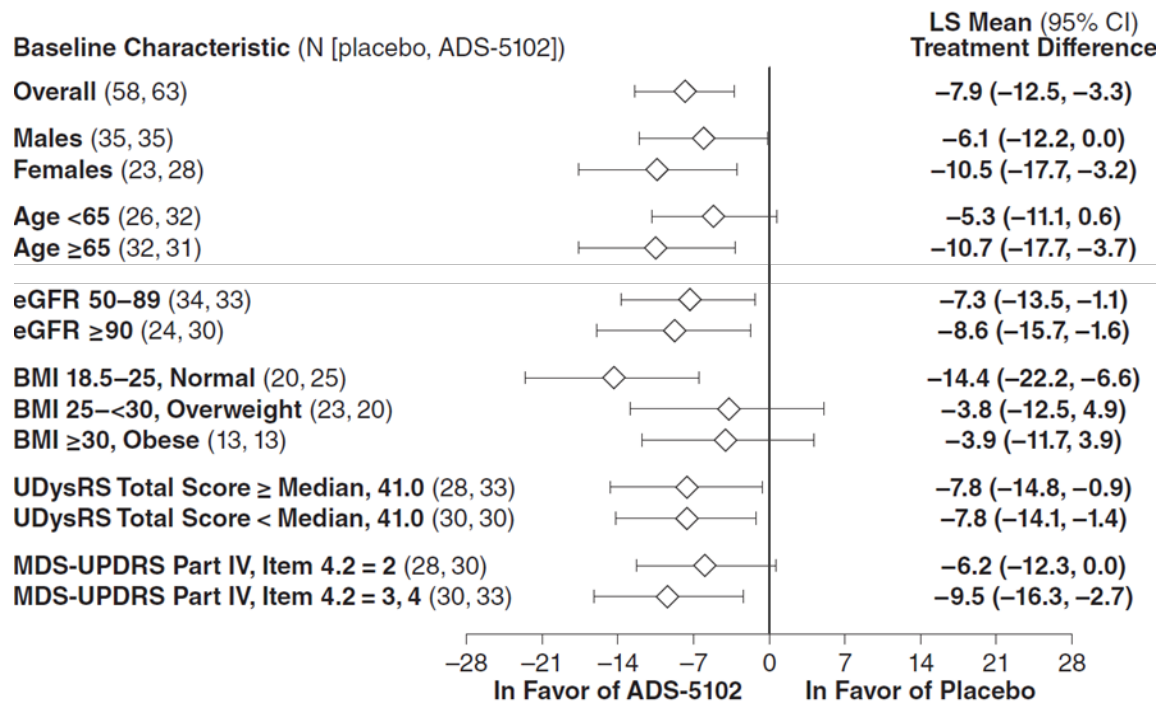
eFigure 2. Synchronized Time Profiles of Patient-Reported Diary States at 12 Weeks

eFigure 3. Synchronized Time Profiles of Patient-Reported Diary States at 24 Weeks

eTable. Summary of Most Common Adverse Events by Time to Onset

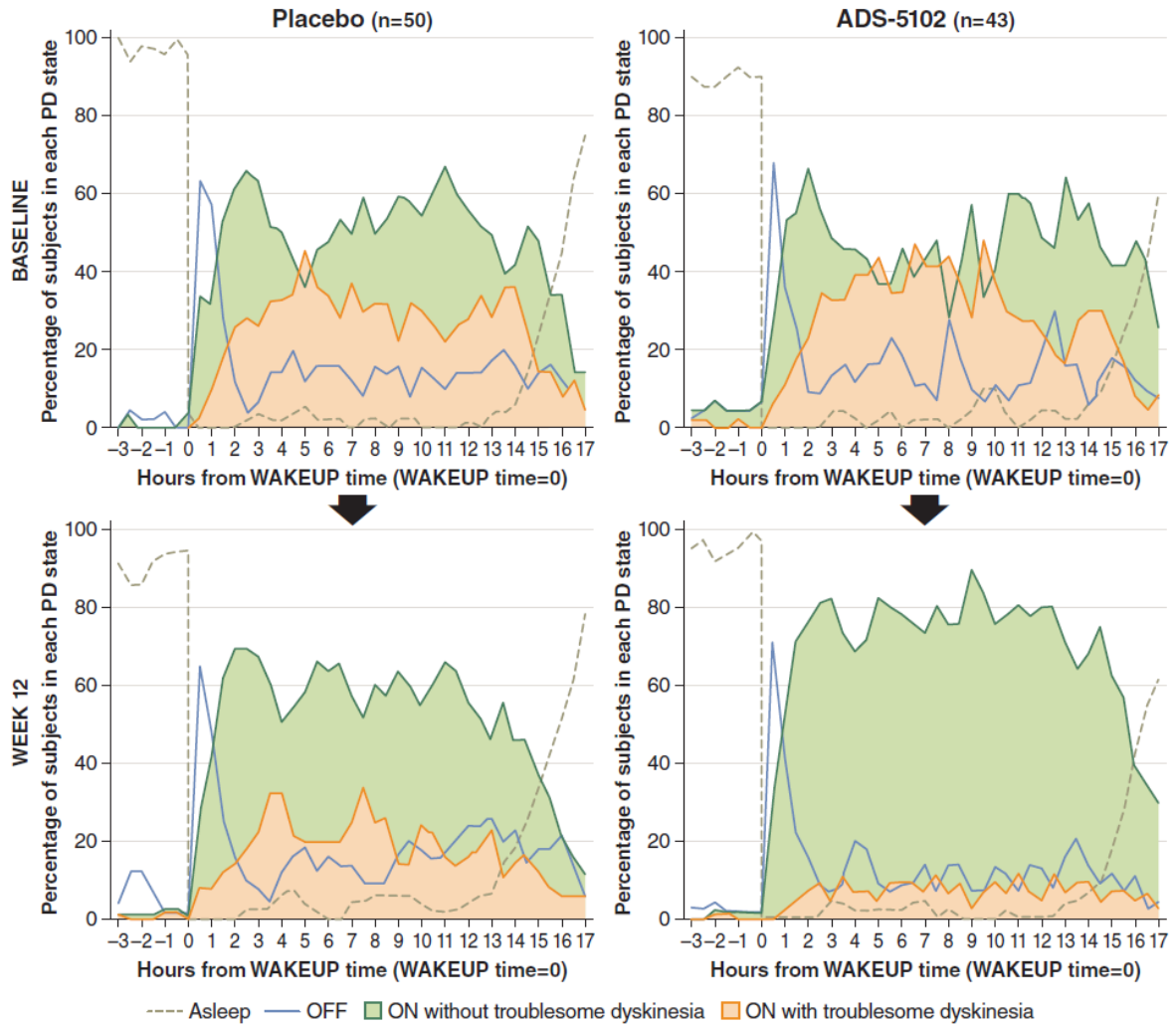
This supplementary material has been provided by the authors to give readers additional information about their work.

eFigure 1. Change in UDysRS Total Score—Subgroups at Week 12 (mITT Population)



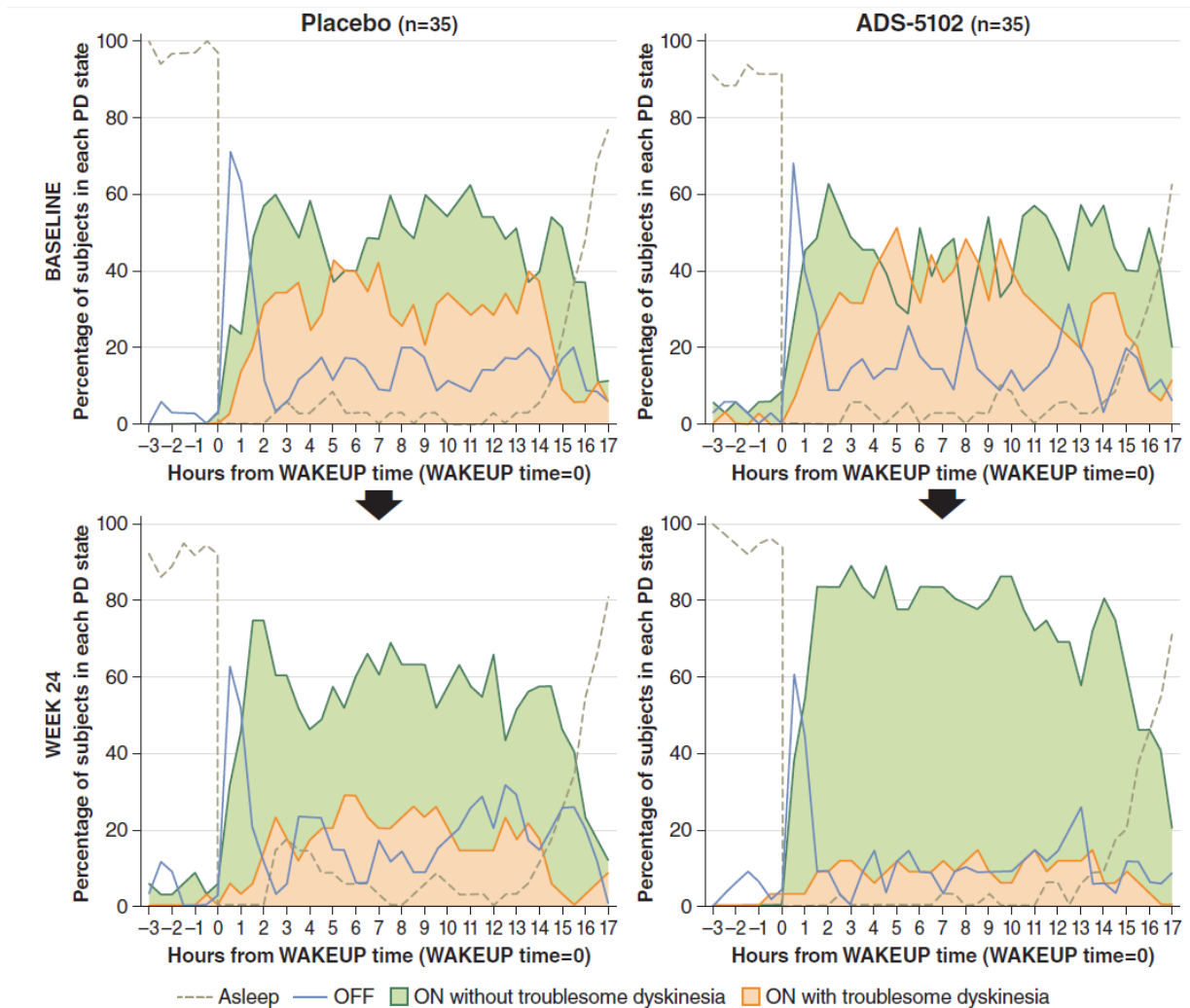
BMI, body mass index; CI, confidence interval; eGFR, estimated glomerular filtration rate; LS, least squares; MDS-UPDRS, Movement Disorder Society–Unified Parkinson’s Disease Rating Scale; mITT, modified intent-to-treat; UDysRS, Unified Dyskinesia Rating Scale.

eFigure 2. Synchronized Time Profiles of Patient-Reported Diary States at 12 Weeks



For each patient, 12-week PD diary data were evaluated and a patient-specific WAKEUP time was identified. WAKEUP time was defined as the beginning of the first 4 consecutive diary entries after 3:00 AM that did not contain a single “ASLEEP” entry. Patient diary times were adjusted to align each patient’s data to WAKEUP ($t = 0$), and the percentages of patients in each diary state were plotted for the next 17 hours for the placebo and ADS-5102 groups (bottom row). For comparison, an identical analysis was performed using the baseline period PD diary data (top row). PD, Parkinson’s disease.

eFigure 3. Synchronized Time Profiles of Patient-Reported Diary States at 24 Weeks



For each patient, 24-week PD diary data were evaluated and a patient-specific WAKEUP time was identified. WAKEUP time was defined as the beginning of the first 4 consecutive diary entries after 3:00 AM that did not contain a single “ASLEEP” entry. Patient diary times were adjusted to align each patient’s data to WAKEUP (t = 0) and the percentages of patients in each diary state were plotted for the next 17 hours for the placebo and ADS-5102 groups (bottom row). For comparison, an identical analysis was performed using the baseline period PD diary data (top row). PD, Parkinson’s disease.

eTable. Summary of Most Common Adverse Events by Time to Onset

Preferred Term	Baseline to Week 13		Week 13 to Week 25 ^a	
	Placebo (n=60)	ADS-5102 (n=63)	Placebo (n=51)	ADS-5102 (n=53)
Visual hallucinations	1 (1.7)	12 (19.0)	0	3 (5.7)
Peripheral edema	0	12 (19.0)	0	3 (5.7)
Dizziness	0	12 (19.0)	0	2 (3.8)
Dry mouth	0	11 (17.5)	0	0
Constipation	3 (5.0)	9 (14.3)	0	1 (1.9)
Fall	5 (8.3)	7 (11.1)	0	3 (5.7)
Anxiety	1 (1.7)	5 (7.9)	0	1 (1.9)
Livedo reticularis	0	4 (6.3)	0	2 (3.8)
Auditory hallucinations	0	4 (6.3)	0	1 (1.9)
Abnormal dreams	1 (1.7)	3 (4.8)	1 (2.0)	1 (1.9)
Depression	1 (1.7)	1 (1.6)	0	3 (5.7)

Data are n (%). ^aDenominators are the number of patients on study beyond 13 weeks of treatment.