

The dosage of **L-dopa** (Levodopa) for Parkinson's disease is highly individualized and depends on the stage of the disease, the patient's weight, and how well their symptoms respond to the medication.¹ It is almost always prescribed in combination with **Carbidopa** (e.g., Sinemet) to ensure the L-dopa reaches the brain and to reduce nausea.

As an AI, I cannot provide a medical prescription, but I can outline the standard protocols used by neurologists in 2026.

1. Typical Starting Dosage

For someone just beginning treatment (Levodopa-naive), the goal is to start low and "titrate" upward slowly to minimize side effects like nausea or dizziness.²

- **Standard Starting Dose:** 25 mg Carbidopa / 100 mg Levodopa, taken **one tablet 3 times a day.**³
- **Low-Start Option:** Some doctors begin with 10/100 mg tablets to check for sensitivity.
- **Adjustment:** If well-tolerated, the dose is typically increased by one tablet every 3 to 7 days until symptoms are controlled.

2. Maintenance Dosage Range

Once a therapeutic level is reached, most patients fall into these daily ranges:

Stage	Typical Daily Levodopa Dose	Frequency
Early Stage	300 mg – 600 mg	3 times daily
Moderate Stage	600 mg – 1,200 mg	3 to 5 times daily
Advanced Stage	1,200 mg – 2,500 mg+	Every 2 to 3 hours

Note on Carbidopa: At least **70 mg to 100 mg of carbidopa** per day is usually required to prevent the levodopa from breaking down in the bloodstream before it hits the brain.⁴

3. Maximum Recommended Doses

While there is no "hard cap" for every patient, clinical guidelines usually suggest:

- **Immediate Release (IR):** Usually capped around **2,000 mg** per day, though advanced cases may go higher under strict supervision.⁵
 - **Extended Release (ER):** Formulations like **Rytary** or **Sinemet CR** often require higher total daily milligrams (up to 2,500 mg) because they are absorbed differently.⁶
 - **Subcutaneous Infusion (Vyalev):** A newer 24-hour continuous delivery method that can provide the equivalent of up to **2,500 mg** of levodopa daily.⁷
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4. Critical Usage Factors

- **Protein Interaction:** High-protein meals can block the absorption of L-dopa.⁸ For best results, take the medication **30–60 minutes before a meal** or 2 hours after.
- **The "On/Off" Phenomenon:** As the disease progresses, a dose may wear off before the next one is due ("Off" time). Neurologists manage this by increasing the frequency of doses rather than just the amount.⁹
- **Dyskinesia:** If the dose is too high, you may experience involuntary "fidgety" movements.¹⁰ This is a sign that the dosage needs to be lowered or the timing adjusted.

5. Common Side Effects to Monitor

- **Nausea/Vomiting:** Often occurs if there isn't enough carbidopa or if taken on a completely empty stomach early in treatment.
- **Orthostatic Hypotension:** A sudden drop in blood pressure when standing up.¹¹
- **Hallucinations:** More common at higher doses or in older patients.¹²