**DOPAMINE AGONISTS ARE STILL FUNDAMENTAL IN THE TREATMENT OF PD – YES**

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Dopamine agonists are only partial agonists compared to levodopa, they may cause somnolence and impulse control disorders. Why should we still use them? There is no doubt that dopamine agonists hold promise to prohibit patients from becoming dyskinetic. It has been shown in several studies that dopamine agonists cause dyskinesia in an extremely small number of patients (3%) and reduce the percentage of patients with dyskinesia when they are used in a combination therapy with levodopa. In a recent study it could also be shown that the addition of a dopamine agonist (ropinirole) reduced the occurrence of dyskinesias compared with patients who continued to use only levodopa. Thus, there is convincing evidence that dopamine agonists reduce the risk of becoming dyskinetic and it is believed that this is due to their long plasma half-life time. Recently, very long acting dopamine agonists have been developed after cabergoline (with a plasma half-life time of 68 hours) has become a drug of second-choice due its possible generation of a heart valve stenosis. These are the dopamine agonistic rotigotine patch and the extended release preparations of ropinirole and pramipexole which may reduce risks such as somnolence and impulse control disorders due to their different pharmacokinetic profile with less steep peaks. Besides motor effects some dopamine agonists also act in treatment of depression, which could be demonstrated especially for pramipexole. Taken together, dopamine agonists are extremely useful in treating motor and some non-motor features of idiopathic Parkinson's disease. It is still open, whether they, in addition, provide disease modification.