

MEDICATIONS ASSOCIATED WITH DRUG INTERACTIONS OR WORSENING OF PARKINSON'S DISEASE SYMPTOMS

Anti-depressants

Monoamine oxidase inhibitors (MAOIs)

Phenelzine	<i>Nardil</i>	Tranylcypromine	<i>Parnate</i>
Moclobemide	<i>Arima, Aurorix, Clobemix, Mohexal</i>		

Tricyclic and Tetracyclic anti-depressants

Amitriptyline	<i>Endep, Tryptanol</i>	Clomipramine	<i>Anafranil, Clopram, Placil</i>
Dothiepin	<i>Dothep, Prothiaden</i>	Doxepin	<i>Deptran, Sinequan</i>
Imipramine	<i>Tofranil, Melipramine</i>	Nortriptyline	<i>Surmontil</i>
Mianserin	<i>Lumin, Tolvon</i>		

Selective Serotonin Re-uptake Inhibitors (SSRIs) and Serotonin-Noradrenaline Re-uptake Inhibitors (SNRIs)

Citalopram	<i>Cipramil</i>	Fluvoxamine	<i>Luvox, Faverin</i>
Reboxetine	<i>Edronax</i>	Fluoxetine	<i>Erocap, Lovan, Prozac, Zactin, Auscap</i>

The following drugs from the above group are commonly utilized under specialist supervision.

Paroxetine	<i>Aropax, Paxtine</i>	Venlafaxine	<i>Efexor</i>
Mirtazapine	<i>Avanza, Remeron</i>	Sertraline	<i>Zoloft</i>

Anti-emetics

Metoclopramide	<i>Maxolon, Pramin</i>	Prochlorperazine	<i>Stemetil, Stemizine</i>
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Anti-psychotics

Amisulpride	<i>Solian</i>	Chlorpromazine	<i>Largactil</i>
Clozapine	<i>Clopine, Clozaril</i>	Flupenthixol	<i>Fluanxol</i>
Fluphenazine	<i>Anatensol, Modecate</i>	Haloperidol	<i>Serenace</i>
Pericyazine	<i>Neulactil</i>	Pimozide	<i>Orap</i>
Risperidone	<i>Risperdal</i>	Thiothixene	<i>Navane</i>
Thioridazine	<i>Aldazine</i>	Trifluoperazine	<i>Stelazine</i>
Zucloptexol	<i>Clopixol</i>		

Anti-histamines

Promethazine	<i>Phenergan, Avomine</i>	Methdilazine	<i>Dilosyn</i>
Trimiprazine	<i>Vallergan</i>		

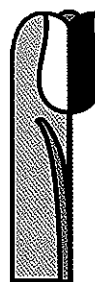
Anti-hypertensives and Anti-anginals

Avoid: Methyl dopa.

Caution with Calcium Channel antagonists, ACE Inhibitors, Angiotension II Blockers and *Imdur*.

Others

Bupropion	<i>Zyban</i>	Lithium	<i>Lithicarb, Quilonum SR</i>
Tetrabenzine	<i>Nitoman</i>	Phenytoin	<i>Dilantin</i>



MEDICATIONS TO BE GIVEN WITH CAUTION TO PEOPLE WITH PARKINSON'S DISEASE (FOR HEALTH PROFESSIONALS)

Second Edition – July 2007

Parkinson's disease is a complex condition and often associated with co-morbidities. Many medications used for the treatment of other medical conditions have the potential to alter or interfere with the brain's dopamine system and their detrimental effect on Parkinson's disease is sometimes overlooked, i.e. increased risk of confusion, hallucinations, postural hypotension and motor disturbances such as bradykinesia and dyskinesia.

However, the need to effectively treat other medical conditions and the possibility of causing or worsening existing Parkinson's disease has to be considered.

This brochure is designed to provide information on those drugs that most commonly cause problems for people with Parkinson's disease. It is not an exhaustive list and therefore a specialist in Parkinson's disease, or a pharmacist, should be consulted before any medications are taken by patients with Parkinson's disease. This publication covers only medications currently available in Australia.

The stamp below is used in Parkinson's rehabilitation facilities to highlight the most commonly encountered medications adversely affecting Parkinson's patients.

**NO MAXOLON (METOCLOPRAMIDE) / STEMETIL (PROCHLORPERAZINE)
NO HALOPERIDOL / RISPERIDONE / PERICYAZINE**

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LEVODOPA AND DOPAMINE AGONISTS

(*Sinemet, Sinemet CR, Madopar, Madopar HBS, Kinson*)

Medication	Interaction	Action
Baclofen (<i>Lioresal, Clofen</i>)	Increased risk of hallucinations, confusion, headache, nausea and symptoms of PD	Try to avoid combination
Benzodiazepines	Diazepam and nitrazepam may reduce effect of levodopa and increase muscle tone	May be used together but monitor for decline in cognition and symptom control
Anti-emetic drugs (See front page)	Will oppose effects of levodopa and will make disease worse	Use alternatives such as domperidone (<i>Motilium</i>) or ondansetron (<i>Zofran</i>)
Anti-hypertensive and anti-anginal drugs*	May increase hypotensive effect of levodopa	Monitor postural blood pressure
Anti-psychotic drugs*	May oppose effect of levodopa and may make disease worse	Avoid the combination or use small doses of Quetiapine or Olanzapine (Seroquel and Zyprexa)
Phenytoin	May reduce effect of levodopa	Monitor closely
Isoniazid	May reduce levodopa concentration in plasma and reduce control of PD	Monitor closely

*See back page

Bromocriptine¹ (*Parlodel, Kripton*), Cabergoline (*Cabaser*), Pergolide (*Permax*)

Medication	Interaction	Action
Anti-psychotic drugs*	May oppose effects of bromocriptine, cabergoline and pergolide, and may make disease worse	Avoid the combination or use small doses of Quetiapine or Olanzapine (Seroquel and Zyprexa)
Erythromycin	Increases the absorption and decreases the metabolism of bromocriptine	Monitor for signs of dopamine agonist toxicity or choose another antibiotic
Sympathomimetic drugs (cough and cold remedies)	Potential to cause hypertension and seizures	Avoid combination

*See back page

AMANTADINE (*Symmetrel*)

Medication	Interaction	Action
Anti-cholinergics	Confusion, hallucinations, nightmares, gastrointestinal disturbances	Avoid combination
Bupropion (<i>Zyban</i>)	As above	Avoid combination

SELEGILINE

(*Eldepryl, Selgene*)

Medication	Interaction	Action
Pethidine	Risk of serotonin syndrome** and other potentially life-threatening reactions	Avoid combination – use morphine
Moclobemide	Increased risk of tyramine-mediated hypertensive episodes	Avoid combination
SSRIs*	Risk of serotonin syndrome** and other potentially life-threatening reactions	Avoid combination
Tricyclic anti-depressants*	Risk of serotonin syndrome** and other potentially life-threatening reactions	Avoid combination
MAOIs*	Hypertensive crisis – potentially life-threatening	Do not give selegiline for two to three weeks after ceasing MAOI
Clozapine	Risk of serotonin syndrome** and other potentially life-threatening reactions	Avoid combination
Dextromethorphan (cough suppressant)	Risk of serotonin syndrome**	Avoid combination

**serotonin syndrome may exhibit as signs of sweating, high temperature, restlessness, tremor, confusion, myoclonus, ataxia and hyperreflexia

*See back page

Patients with Parkinson's disease have severe and difficult to treat constipation: use caution when prescribing narcotic analgesia, e.g. codeine phosphate, morphine.

Patients with Parkinson's disease often have severe and challenging depression: Tramadol hydrochloride has the potential to interact with SSRIs and lead to increased confusion and delirium.