Medicines that must be avoided in people with Parkinson’s disease

This is only a small selection — many other medicines can worsen Parkinson’s symptoms or interact with Parkinson’s medicines. Check the contraindications on the prescribing information carefully before starting any new medicine.

**Antinausea medicines to avoid**
- metoclopramide (e.g. Maxolon)
- prochlorperazine (e.g. Stemetil)

The above medicines are a common cause of serious adverse effects in people with Parkinson’s. Domperidone (Motilium) is usually recommended if an oral medicine is appropriate and ondansetron (e.g. Zofran) IV if an oral medicine is not appropriate. Note: Ondansetron is contraindicated in patients on apomorphine.

**Antipsychotic medicines to avoid**
- chlorpromazine (e.g. Largactil)
- haloperidol (e.g. Serenace)
- olanzapine (e.g. Zyprexa)
- risperidone (e.g. Risperdal)

**Some antidepressants and some blood pressure lowering medicines**

Check the contraindications on the prescribing information carefully before starting any new antidepressant medicine or any new blood pressure medicine.
Types of Parkinson’s disease medicines

Dopamine replacement
The mainstay of Parkinson’s treatment is dopamine replacement (levodopa) in combination with a dopa-decarboxylase inhibitor (carbidopa or benserazide) to reduce peripheral side effects of levodopa.

- levodopa/carbidopa (Sinemet, Kinson)
- levodopa/benserazide (Madopar)
- levodopa/carbidopa/entacapone (Stalevo).

Levodopa stays in the blood for only 60–180 minutes, but has a longer action — especially in early Parkinson’s. In some people with more advanced Parkinson’s, it may only last 60–120 minutes, leading to ‘on’ / ‘off’ motor fluctuations. Possible side effects include nausea (initially), hypotension, motor fluctuations, hallucinations and dyskinesia.

Dopamine agonists
These act on dopamine receptor sites in the basal ganglia, in a similar way to levodopa. They can allow a decrease in levodopa dosage and improve motor fluctuations.

- pramipexole (Sifrol, Simipex)
- cabergoline (e.g. Bergoline, Cabaser, Cobasol)
- pergolide (Permax)
- bromocriptine (Kripton, Parlodel)
- rotigotine patches (Neupro)
- apomorphine (Apomine) — injectable medicine.

Possible side effects include those for dopamine replacement. These medicines can also cause or contribute to daytime sleepiness. There are also potential risks associated with ergot-derived agonists (cabergoline, pergolide and bromocriptine) of cardiac valvular disease and pleuropulmonary/retroperitoneal fibrosis. Please note that dopamine agonists have been associated with impulse control disorder (ICD).

COMT inhibitors
These inhibit catechol-o-methyl transferase, which breaks down levodopa. This results in higher and more sustained levodopa plasma concentrations, prolonging its action. At present, there is only one medicine available on PBS:

- entacapone (Comtan).

Possible side effects include gastrointestinal upset and increased dyskinesia.

Anticholinergics
These medicines are seldom used for Parkinson’s due to a high side effect profile in the elderly and a lack of therapeutic effect. They reduce acetylcholine effects in Parkinson’s, and may be useful for treating tremor in younger people.

- benzzhexol (Artane)
- benztropine (Benztrop, Cogentin)
- biperiden (Akineton).

Possible side effects include blurred vision, dry mouth, urinary retention and constipation.

MAO type B inhibitors
These selectively inhibit monoamine oxidase B (MAO-B), one of the enzymes that catabolises dopamine in the brain, and also block dopamine reuptake. They prolong the effect of dopamine.

- selegiline (Eldepryl, Selgene)
- rasagiline (Azilect).

Possible side effects include sleep disturbances, hypotension, headache and nausea. MAO-B inhibitors have dangerous interactions with some other medicines, including pethidine and some antidepressants, and can contribute to serotonin toxicity. Check interactions before prescribing.

Amantadine
Possibly acts as an indirect dopamine receptor agonist as well as having some anticholinergic activity. It is also used for treatment of severe dyskinesias.

- amantadine (Symmetrel).

Side effects include ankle swelling and difficulty sleeping.

Treatments for advanced disease
People whose Parkinson’s symptoms are not well controlled may require one of the following advanced treatments:

- levodopa/carbidopa (Duodopa) intestinal gel — medicine is directly infused into the duodenum or upper jejunum by an electronic pump
- apomorphine (Apomine) — administered by injection or infusion subcutaneously by an electronic pump
- deep brain stimulation — a surgically implanted device electrically stimulates the brain.

The Parkinson’s Passport, Medicines List for people with Parkinson’s and Checklist for managing my Parkinson’s symptoms are available in editable PDF format for download and print from nps.org.au/parkinsons-passport and parkinsons.org.au. Copies can be ordered from Parkinson’s Australia by phoning 1800 644 189.

On time, every time with Parkinson’s medicines

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