

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

### Antidepressants

Monoamine oxidase inhibitors (MAOIs)

Phenelzine	Tranylcypromine
Moclobemide	

Tricyclic and Tetracyclic antidepressants

Dothiepin	Clomipramine
Imipramine	Doxepin
Mianserin	Nortriptyline

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

Citalopram	Fluvoxamine
Reboxetine	Fluoxetine

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

Paroxetine	Venlafaxine
Mirtazapine	Sertraline

### Antiemetics

Metoclopramide	Prochlorperazine
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### Antipsychotics

Amisulpride	Chlorpromazine
Clozapine	Flupenthixol
Fluphenazine	Haloperidol
Pericyazine	Pimozide
Risperidone	Thiothixene
Thioridazine	Trifluoperazine
Zuclophenthixol	

### Antihistamines

Promethazine	Methdilazine
Trimepazine	

### Antihypertensives and Antianginals

Avoid: Methyl dopa.

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

### Others

Bupropion	Lithium
Tetrabenzine	Phenytoin

*Medications are marketed under many names. This page lists only the generic name.*

# Health Professionals

## Medications to be given with caution to people with Parkinson's

8th Edition June 2017

Parkinson's is a complex progressive condition and is 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 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 has to be considered.

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

The stamp below is used in rehabilitation facilities to highlight the most common medications contraindicated in Parkinson's.

**NO METOCLOPRAMIDE / PROCHLORPERAZINE**  
**NO HALOPERIDOL /**  
**RISPERIDONE / PERICYAZINE**

## LEVODOPA AND COMT INHIBITORS

(Sinemet, Sinemet CR, Madopar, Madopar HBS, Kinson, Duodopa, Stalevo, Comtan)

Medication	Interaction	Action
Baclofen (Lioresal, Clofen, Stelax)	Increased risk of hallucinations, confusion, headache, nausea and symptoms of Parkinson's	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
Antiemetic drugs (See front page)	Will oppose effects of levodopa and will make condition worse	Use alternatives such as domperidone (Motilium) or ondansetron (Zofran)
Antihypertensive and antianginal drugs	May increase hypotensive effect of levodopa	Monitor postural blood pressure
Antipsychotic drugs	May oppose effect of levodopa and may make condition 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 Parkinson's	Monitor closely

## DOPAMINE AGONISTS

Apomorphine (Apomine, Movapo), Bromocriptine<sup>1</sup> (Parlodel, Kripton), Cabergoline (Cabaser), Pramipexole (Sifrol, Sifrol ER), Rotigotine (Neupro)

Medication	Interaction	Action
Antipsychotic drugs	May oppose effects of dopamine agonists and may make symptoms worse	Avoid the combination or use small doses of Quetiapine or Olanzapine (Seroquel and Zyprexa)
<sup>1</sup> 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
Antihypertensive drugs	Potential to cause postural hypotension and falls	Monitor blood pressure both supine and erect
Ondansetron	Potential to cause postural hypotension	Avoid with Apomorphine

## GLUTAMATE ANTAGONIST

Amantadine (Symmetrel)

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

## MAO-B INHIBITORS

Selegiline, (Eldepryl, Selgene), Rasagiline (Azilect)

Medication	Interaction	Action
Pethidine	Risk of serotonin syndrome** and other potentially life-threatening reactions	Avoid combination
Moclobemide	Increased risk of tyramine-mediated hypertensive episodes	Avoid combination
SSRIs	Risk of serotonin syndrome** and other potentially life-threatening reactions	Avoid combination
Tricyclic antidepressants	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, pseudoephedrine (cough suppressant and cold remedies)	Risk of serotonin syndrome**	Avoid combination

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

- Some medications have the potential to prolong the QT interval when combined with Parkinson's medications such as Amantadine and Apomorphine. Caution is advised. Refer to [www.azcert.org](http://www.azcert.org)
- Patients with Parkinson's often have:
  - Severe and difficult to treat constipation: use caution when prescribing narcotic analgesia, e.g. codeine phosphate, morphine.
  - Severe and challenging depression: Tramadol hydrochloride has the potential to interact with SSRIs and lead to increased confusion and delirium.
  - Co morbidities such as cardiovascular conditions and the medications used in the treatment of these are under constant development. The prescriber must be aware that in conjunction with the antihypertensive effect of Parkinson's and the medications used in its treatment, hypotension may occur with an added risk of postural hypotension.