

## PARKINSON'S DISEASE

# Fact Sheet for Nurses

Parkinson's disease is a progressive, incurable neurological disorder associated with a loss of dopamine-generating cells in the brain that results in a complex array of symptoms. It is primarily associated with progressive loss of motor control, but there are many more non-motor symptoms. Parkinson's impacts an estimated one million people in the United States.

### Critical Clinical Care Considerations

- **To avoid serious side effects, Parkinson's patients need their medications on time, every time — do not skip or postpone doses.**
- **Do not substitute Parkinson's medications or stop levodopa therapy abruptly. Doing so may cause a life-threatening condition called neuroleptic malignant syndrome (NMS).**
- **Write down the exact times of day medications are to be administered so that doses are given on the same schedule the patient follows at home.**
- **Resume medications immediately following procedures, unless vomiting or severely incapacitated.**
- **If an antipsychotic is necessary, use pimavanserin (Nuplazid), quetiapine (Seroquel) or clozapine (Clozaril). DO NOT use haloperidol (Haldol).**
- **Be alert for symptoms of dysphagia (trouble swallowing) and risk of pneumonia. Consult with SLP is recommended.**
- **Ambulate as soon as medically safe. Patients may require assistance. Consult with PT is recommended.**

### Medications That May Be Contraindicated in Parkinson's Disease

MEDICAL PURPOSE	SAFE MEDICATIONS	MEDICATIONS TO AVOID
<b>Antipsychotics</b>	<b>pimavanserin</b> (Nuplazid, FDA approved to treat Parkinson's disease psychosis) <b>quetiapine</b> (Seroquel) <b>clozapine</b> (Clozaril)	avoid all other typical and atypical antipsychotics
<b>Pain Medication</b>	<b>most are safe to use</b> , but narcotic medications may cause confusion/psychosis and constipation	<i>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid:</i> <b>meperidine</b> (Demerol)
<b>Anesthesia</b>	request a consult with the anesthesiologist, surgeon and Parkinson's doctor to determine best anesthesia given your Parkinson's symptoms and medications	<i>if patient is taking MAO-B inhibitor such as selegiline or rasagiline (Azilect), avoid:</i> <b>meperidine</b> (Demerol) <b>tramadol</b> (Rybix, Ryzolt, Ultram) <b>droperidol</b> (Inapsine) <b>methadone</b> (Dolophine, Methadose) <b>propoxyphene</b> (Darvon, PP-Cap) <b>cyclobenzaprine</b> (Amrix, Fexmid, Flexeril) <b>halothane</b> (Fluothane)
<b>Nausea/GI Drugs</b>	<b>domperidone</b> (Motilium) <b>trimethobenzamide</b> (Tigan) <b>ondansetron</b> (Zofran) <b>dolasetron</b> (Anzemet) <b>granisetron</b> (Kytril)	<b>prochlorperazine</b> (Compazine) <b>metoclopramide</b> (Reglan) <b>promethazine</b> (Phenergan) <b>droperidol</b> (Inapsine)
<b>Antidepressants</b>	<b>fluoxetine</b> (Prozac) <b>paroxetine</b> (Paxil) <b>escitalopram</b> (Lexapro)	<b>sertraline</b> (Zoloft) <b>citalopram</b> (Celexa) <b>venlafaxine</b> (Effexor)
		<b>amoxapine</b> (Asendin)

The Parkinson's Foundation **Aware In Care** campaign aims to help people with Parkinson's get the best care possible during a hospital stay. For more information please visit [Parkinson.org/AwareInCare](http://Parkinson.org/AwareInCare) or call 1-800-4PD-INFO (473-4636).



Parkinson's Foundation



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PHILANTHROPIC FOUNDATION

## Common Symptoms of Parkinson's Disease

### Motor

- Bradykinesia (slowness of movement)
- Decreased ability to swallow (dysphagia) and drooling
- Freezing—being stuck in place when attempting to walk
- Lack of facial expression
- Low voice volume or muffled speech
- Stiffness/rigidity of the arms, legs or trunk
- Stooped posture
- Tremor or shaking at rest
- Trouble with balance and falls

### Non-Motor

- Anxiety
- Cognitive decline and dementia
- Constipation
- Depression
- Hallucinations and psychosis
- Impulse control disorders
- Orthostatic hypotension
- Pain
- Sexual dysfunction
- Sleep disturbances
- Urinary dysfunction

## Typical Parkinson's Medications

### L-DOPA

- carbidopa/levodopa** (Sinemet or Sinemet CR)
- carbidopa/levodopa oral disintegrating** (Parcopa)
- carbidopa/levodopa/entacapone** (Stalevo)
- carbidopa/levodopa extended-release capsules** (Rytary)
- carbidopa/levodopa enteral solution** (Duopa)

### DOPAMINE AGONISTS

- ropinirole** (Requip)
- pramipexole** (Mirapex)
- rotigotine** (Neupro)
- apomorphine** (Apokyn)

### MAO-B INHIBITORS

- rasagiline** (Azilect)
- selegiline** (l-deprenyl, Eldepryl)
- selegiline HCL oral disintegrating** (Zelapar)

### ANTI-CHOLINERGICS

- trihexyphenidyl** (formerly Artane)
- benztropine** (Cogentin)
- ethopropazine** (Parsitan)

### COMT INHIBITORS

- entacapone** (Comtan)
- tolcapone** (Tasmar)
- carbidopa/levodopa/entacapone** (Stalevo)
- \*has L-DOPA in formulation*

### OTHER

- amantadine** (Symadine, Symmetrel)
- extended-release amantadine** (Gocovri, Osmolex ER)

**Special Alert:** Drugs such as benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain may lead to confusion, hallucinations and other symptoms.

**Consequences of Untimely Medication Administration:** As PD medications wear off motor symptoms return which can impact a patient's ability to function. PD patients are at risk for:

- Falls—due to rigidity, postural instability, freezing and bradykinesia
- Aspiration pneumonia—due to dysphagia from impairment in the muscles needed for swallowing
- Incontinence—due to rigidity and bradykinesia which impairs the ability to get to the bathroom
- Skin breakdown—due to the inability to change position freely
- Emotional distress—due to feelings of helplessness, frustration, anxiety, fear, depression, embarrassment

**If the patient has deep brain stimulation device (DBS) or uses Duopa Therapy** consult the Deep Brain Stimulation (DBS) Precautions post card, Duopa Therapy Precautions post card, and the Special Considerations pages within the Hospital Action Plan.