

# Ensure Patients With Parkinson's Get the Right Med Regimens

You can **reduce mishaps with first-line meds for Parkinson's disease**.

Meds don't slow progression of this movement disorder. But they can improve symptoms, such as stiffness or tremors.

And to maintain this symptom control during a hospital admission, it's critical to ensure right meds, doses, times, etc.

**Levodopa/carbidopa** (*Sinemet*, etc) will be used first in many cases...since it's the most effective option. But long-term use can lead to dyskinesias...uncontrolled, involuntary movements.

Avoid product-selection errors with levodopa/carbidopa. Multiple forms are available, including IR tabs...ODTs...ER tabs...ER caps (*Rytary*)...and the new *Dhivy*.

*Dhivy* is a 100 mg/25 mg tab with 3 score lines. Patients can **divvy**, or divide it, into 4 segments...for small dose adjustments.

Don't automatically substitute other levodopa/carbidopa IR tabs for *Dhivy*. A pharmacist will need to get the order changed.

**Dopamine agonists** (pramipexole, ropinirole, etc) are another option...especially in younger patients, such as under age 60.

That's because these meds have a lower risk of dyskinesias than levodopa. But dopamine agonists are less effective. They can also cause impulse control disorders (gambling, etc) and other problems.

Watch for look-alike/sound-alike errors. *Mirapex* can be mistaken for *Miralax*...or *ROPINIrole* for *risperiDONE*. Plus *ROPINIrole* and *risperiDONE* have overlapping strengths, dosage forms, and dosing.

**MAO-B inhibitors** (rasagiline, selegiline, etc) seem less effective than other initial therapies...but may be better tolerated.

A downside is their host of drug interactions...such as with amphetamines, antidepressants, and many other meds.

On med histories, try to document when patients last took their MAO-B inhibitor. Clinicians may need this info to guide whether and when an interacting med can be given.

And always document ACTUAL times patients take ANY Parkinson's meds at home...since delays or missed doses could worsen symptoms.

See our resource, *Drugs for Parkinson's Disease*, to learn more about other treatment options.

## Key References:

-Neurology. 2021 Nov 16;97(20):942-957

-Am Fam Physician. 2020 Dec 1;102(11):679-691

Hospital Pharmacy Technician's Letter. May 2022, No. 380511

Cite this document as follows: Article, Ensure Patients With Parkinson's Get the Right Med Regimens, Hospital Pharmacy Technician's Letter, May 2022

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