

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

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