

Medications To Be Avoided Or Used With Caution in Parkinson's Disease

The manufacturers of these medications may not list Parkinson's disease as an absolute contraindication; however, better choices within a medication class may be suggested. Some of these medications alter the brain's dopamine system causing an increase in Parkinson's symptoms, others may chemically interact with Parkinson's medications and cause side effects. This is not intended to be a complete list and additional brand names may occur for each medication. If you have any questions about this list, please talk to your physician or pharmacist.

Medications That Should Be Avoided

| Medication | Chemical Name | Brand Name | Mechanism of Interaction |
|---|--|--|---|
| Older Antipsychotics (used to treat behavioral disorders) | Chlorpromazine Fluphenazine Haloperidol* Loxapine Thioridazine Thiothixene Trifluoperazine Pimozide | Thorazine® Prolixin® Haldol® Loxitane® Mellaril® Navane® Stelazine® Orap® | Block dopamine receptors in the brain, worsening PD symptoms |
| Antiemetics (used to treat nausea or vomiting) | Chlorpromazine Droperidol Metoclopramide Prochlorperazine Promethazine | Thorazine® Inapsine® Reglan® Generics® Generic | Block dopamine receptors in the brain, worsening PD symptoms |
| Antihypertensives (used to decrease blood pressure) | Reserpine Methyldopa | Serpalan® Aldomet® | Decrease dopamine stores and activity, worsening PD symptoms |
| Antidepressants (used to treat depression) | Phenelzine Tranlycypromine | Nardil® Pamate® | Inhibit monoamine oxidase. Should not be taken in patients receiving levodopa, may increase blood pressure, fever, or agitation |
| | Amoxapine | Generics® | Block dopamine receptors in the brain, worsening PD symptoms |

Note: There may be additional brand names for each medication. This is not intended to be a complete list.

* The package insert for Haldol® (haloperidol) lists use in patients with Parkinson's disease as a contraindication

Medications that should not be taken with Selegiline HCL (Eldepryl, Deprenyl, Zelapar) and Rasagiline (Azilect)

| Medication | Chemical Name | Brand Name |
|--|---|--|
| Narcotic/Analgesic | Meperidine Tramadol Methadone Propoxyphene | Demerol® Ultram® Dolophine® Darvon® |
| Antidepressants | Mirtazapine St. John's Wort | Remeron® Several Brands |
| Muscle Relaxants | Cyclobenzaprine | Flexeril® |
| Cough Suppressant | Dextromethorphan | Numerous Brands |
| Decongestants/ Appetite Suppressants (found in cough, cold, allergy, and sinus medicines) | Pseudophedrine Phenylephrine Ephedrine | Sudafed® Sudafed PE® |

Note: There may be additional brand names for each medication. This is not intended to be a complete list. Using these agents with selegiline or rasagiline increases the risk of one or more of the following: high blood pressure, increased heart rate, respiratory depression, seizures, tremors, fever, confusion, or behavior changes.

Medication classes that should be discussed with doctor or pharmacist

Newer Antipsychotics:

Clozapine (Clozaril) and quetiapine (Seroquel) have the least risk of worsening Parkinson symptoms and are the treatments of choice for drug induced hallucinations and psychosis.

Antidepressants:

Some agents within this class may worsen PD symptoms, increase confusion, or interact with some of your PD medications.

Antihistamines:

These are found in cough, cold, allergy, and sleep medications. When taking these medications, the elderly are at an increased risk of the following side effects: blurred vision, confusion, constipation, urinary retention, and dry mouth. The newer antihistamines loratadine (Claritin®) and desloratadine (Clarinex®) may have less side effects than older antihistamines. Cetirizine (Zyrtec®) may or may not have less risk. Topical eye or nose sprays/drops have the least risk of these side effects.

Non-prescription medications and supplements:

Some of these agents may interact with PD medications. They may not be contraindicated; however, an adjustment in the timing of the medication may be needed. For example, iron supplements may decrease the absorption of levodopa and these medications should be spaced as far as possible.

The above tables were compiled by Maria Tan, Pharm .D. candidate and Mary Wagner, Pharm.D., MS Ernest Mario School of Pharmacy at Rutgers, the State University of New Jersey.

The information contained in this supplement is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician.

For additional free copies of this supplement, please call or visit the website

AMERICAN PARKINSON DISEASE ASSOCIATION
(800) 223-2732 • www.apdaparkinson.org

© Copyright APDA, Inc. Reprinted August 2016