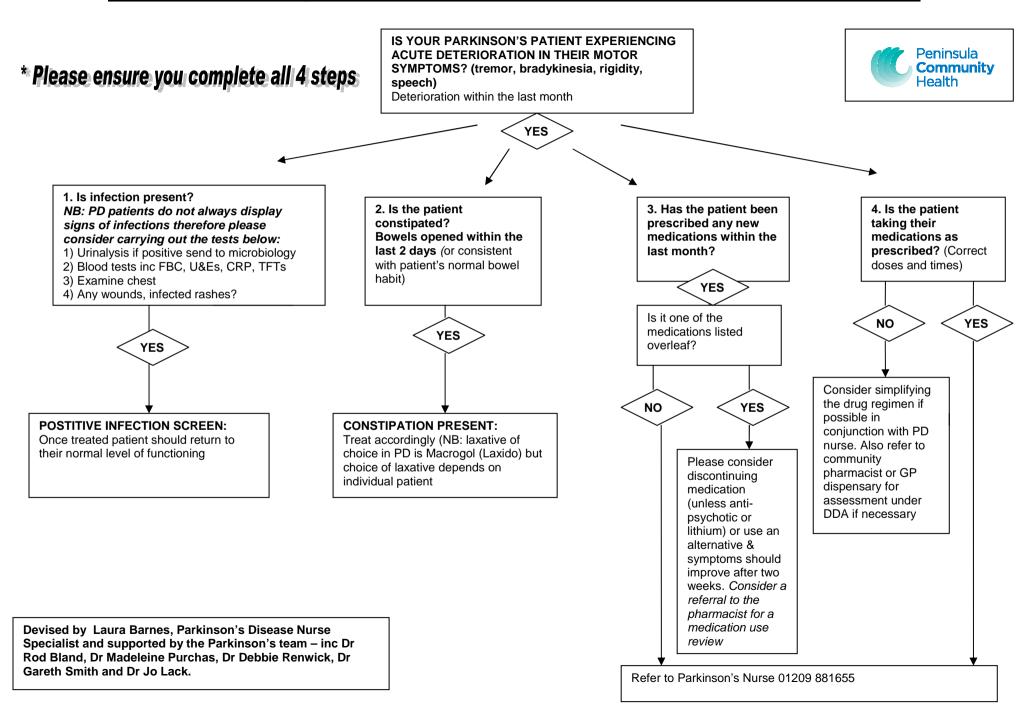
Pathway for the Management of Acute Deterioration in Parkinson's Disease (PD) Symptoms



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Medications associated with a worsening of Parkinson's disease symptoms

Anti-emetics:

Metoclopramide (Maxolon) Prochlorperazine (Stemetil) Cyclizine (Valoid)

Anti-histamines:

Alimemazine Tartrate (Alimemazine) Chlorphenamine (Piriton) Clemastine (Tavegil) Promethazine Hydrochloride (Phenergan)

It is mainly the older antihistamines as stated above that can cause problems in Parkinson's symptom control. Deterioration in Parkinson's symptoms is less likely in the non-sedating antihistamines (acrivastine, bilastine, cetirizine, loratadine, desloratadine, fexofenadine, mizolastine, and rupatadine) as they only penetrate the blood brain barrier to the slight extent.

Local formulary choices include generic loratadine and cetirizine

Others:

Lithium (Priadel, Camcolit, Liskonum) Cinnarizine (Stugeron, Arlevert)

Anti-psychotics will cause deterioration in Parkinson's symptoms. Atypical anti-psychotics may be safer than typical anti-psychotics, but may have been prescribed to control Parkinson's psychosis. Please **do not stop treatment** but seek further advice.

NB: Please refer to the British National Formulary appendix 1: interactions when prescribing new medications for patients taking anti-parkinsonian medications.