

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



*** Please ensure you complete all 4 steps**

IS YOUR PARKINSON'S PATIENT EXPERIENCING ACUTE DETERIORATION IN THEIR MOTOR SYMPTOMS? (tremor, bradykinesia, rigidity, speech)
Deterioration within the last month

YES

1. Is infection present?
NB: PD patients do not always display signs of infections therefore please consider carrying out the tests below:
1) Urinalysis if positive send to microbiology
2) Blood tests inc FBC, U&Es, CRP, TFTs
3) Examine chest
4) Any wounds, infected rashes?

YES

POSITIVE INFECTION SCREEN:
Once treated patient should return to their normal level of functioning

2. Is the patient constipated?
Bowels opened within the last 2 days (or consistent with patient's normal bowel habit)

YES

CONSTIPATION PRESENT:
Treat accordingly (NB: laxative of choice in PD is Macrogol (Laxido) but choice of laxative depends on individual patient)

3. Has the patient been prescribed any new medications within the last month?

YES

Is it one of the medications listed overleaf?

NO

YES

Please consider discontinuing medication (unless anti-psychotic or lithium) or use an alternative & symptoms should improve after two weeks. Consider a referral to the pharmacist for a medication use review

4. Is the patient taking their medications as prescribed? (Correct doses and times)

NO

YES

Consider simplifying the drug regimen if possible in conjunction with PD nurse. Also refer to community pharmacist or GP dispensary for assessment under DDA if necessary

Refer to Parkinson's Nurse 01209 881655

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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.