

Parkinson's Medication Q&A

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Disclaimer

- I cannot answer certain specific questions, as I will not have sufficient background information and medication history to make a proper recommendation.
- I will address some commonly asked questions based on my training and personal experience.
- I will **always** emphasize and stress the importance of communicating with your healthcare team about specific questions regarding your health and well-being.

Abbreviations

- Parkinson's disease (PD)
- Levodopa/carbidopa (levocarb)
 - Brand name: Sinemet
- Immediate-release (IR)
- Controlled-release (CR)
- Over-the-counter (OTC)

Additional Questions from PD Meds Q&A
(October 30th, 2020)

Q: Should I take more or less levocarb before dental appointment requiring freezing?

- Continue regular dosing schedule

Q: Can levocarb help with micrographia?

- May provide a slight improvement

Q: Medications and hallucinations

- Hallucinations are a possible side effect of medications used to treat PD:
 - Levodopa, dopamine agonists, MAO-B inhibitors, COMT inhibitors (entacapone), anticholinergics, NMDA receptor antagonists (amantadine)
- Hallucinations can also occur in later stages of PD and not be due to dopaminergic medications
- Sudden onset of hallucinations? Possible sign of infection, dehydration, etc.

Q: Supplements that might counteract levodopa?

- Space from iron
 - Affects the absorption of levodopa

Talk to Your Pharmacist

Q: OTC medications that should not be taken with levocarb?

- Things to consider:
 - What other medical conditions do you have?
 - What other medications are you taking?
 - May be unable to perform a drug interaction check with natural health products
- MAO-B Inhibitors (e.g. selegiline, rasagiline, safinamide)
 - Drug interactions with OTC and prescription medications

Talk to Your Pharmacist

Q: Recommended spacing for PD medications with OTC and prescription medications?

- It depends on the medications
- For the following, space from other medications by 2 hours
 - Polyethylene glycol 3350 (PEG 3350)
 - e.g. RestoraLAX, Lax-A-Day
 - Psyllium
 - e.g. Metamucil

Talk to Your Pharmacist

Q: I am taking RestoraLAX for my constipation, and I was instructed to space it 2 hours from my medications, but I take a levocarb tablet every 3 hours. What do I do?

- Medicinal compound: polyethylene glycol 3350 (PEG 3350)
- Just space it the best you can
 - Take it in-between the 2 doses, leaving approximately 1 and ½ hours spacing on either side

Q: Is there a maximum daily dose of Sinemet?

- Take as many doses as you need to manage PD symptoms*
 - Tailored to your needs

Q: On a very low dose of Sinemet. When I try to increase it, I get a lot of fatigue

- What dose are you on? What have you tried in regards to titrating it up? Are you increasing slowly?
- Investigate other issues that may be contributing to fatigue
 - How is your sleep? Waking up in the middle of the night?
- Other possible strategies

Navigating Side Effects

- In most situations, side effects will go away on their own within a couple weeks of being initiated on a new medication
- Experiencing nausea? Take the medication with a small amount of food
- Experiencing drowsiness? Has the medication been increased by small increments over a short period of time?
 - E.g. Take $\frac{1}{2}$ tablet three times a day for 7 days, then increase to 1 tablet three times a day

Q: Advised to take CBD oil 2 hours prior to bedtime to help with sleep. Can I take levocarb at the same time?

- Side effects of CBD: drowsiness, fatigue, diarrhea
- CBD may lower blood pressure?
 - Non-motor symptom of PD: low blood pressure
 - Side effect of levodopa: orthostatic hypotension
- Taking with other medications that cause drowsiness?

Cannabis and Parkinson's Disease

- Two main cannabinoids found in cannabis
 - Cannabidiol (CBD)
 - Tetrahydrocannabinol (THC)
- May be used in pain, sleep, anxiety?
- Things to think about:
 - PD symptoms and side effects of PD medications: balance, dizziness, drowsiness, low blood pressure, confusion, hallucinations
 - Need for more high quality evidence/studies to help determine efficacy and safety, mixed results from studies, small studies, no control or placebo in studies, standardized formulation?, different strains?, ratio of CBD to THC – what ratio for those with PD?
- GP, neurologist opinion?

Cannabis Medical Clinics

- Medicinal Cannabis Resource Center
 - <http://mcrci.com/>
 - Vancouver based patients
- Greenleaf Medical Clinic
 - <https://greenleafmc.ca/>

Q: Night sweats associated with medication? (takes levodopa at 9:00 pm)

- Wearing-off of levodopa
 - Transitioning from “ON” state to “OFF” state
- What time are you going to bed? Taking a dose in the middle of the night? How many times are you waking up in the middle of the night?
- Taking IR or CR? Taking both?

Q: How medications can affect sleep

- Some drugs can be stimulating, whereas others can be sedating and cause drowsiness
 - Stimulating (side effect: insomnia)
- Examples of drugs that might cause insomnia if taken too late in the day:
 - PD medications: MAO-B inhibitors (e.g. selegiline, rasagiline, safinamide), amantadine
 - Non-PD medications: venlafaxine, bupropion

Q: Vitamin D (1200 IU/day for 12 months) prevented the deterioration of PD?

- Original study:
 - Suzuki M, Yoshioka M, Hashimoto M, et al. Randomized, double-blind, placebo-controlled trial of vitamin D supplementation in Parkinson disease. *Am J Clin Nutr.* 2013;97:1004-13.

Q: Taking both an IR and CR tablet together at the same time?

- Some individuals find being on both levocarb formulations throughout the day helpful in managing their PD
- Everyone is different, find what works for you!

Q: What medications help treat tremor?

- Some may find that levodopa does not help treat their tremor
- Anticholinergics (e.g. trihexyphenidyl, benztropine)
 - Side effects: drowsiness, dry mouth, blurred vision, constipation, confusion, memory impairment

Q: When should I start taking medication for Parkinson's disease?

- You should start medication if PD symptoms are affecting your quality of life and/or ability to perform your daily activities
- Stiffness or slowness preventing you from exercising?
- Impacting quality of life?
 - Ability to spend time with family and friends, ability to travel, ability to work, engage in hobbies

Scenario

- Individual decides not to start levodopa because it may not help with tremor
 - At this time they are not experiencing any other PD symptoms (e.g. stiffness, bradykinesia, balance problems) and are continuing to stay active
- Six months later, rigidity and bradykinesia become apparent and affects their ability to perform daily tasks. This individual starts medication therapy for their PD.

Q: Will this individual not experience as much benefit from medication due to delaying its start?

Delay Starting Medication?

- “My Parkinson’s is preventing me from _____, but I want to save the effects of levodopa for later on when I really need it...”
- Progression of PD and loss of dopaminergic neurons over time
- Possible risks and drawbacks in delaying treatment?
 - Delaying medication: experience unsteadiness, falls

Q: PD medications stop working after a few years?

- PD medications **do not** stop working or become less effective; you do not build a tolerance to the medication
- Rather, we may just need to adjust them over time
 - It is the progression of PD over time that affects how we respond to levodopa

Q: Will this individual not experience as much benefit from medication due to delaying its start?

Q: What do I do if I forget to take my dose?

- If you are not too close to your next dose, take the dose that you forgot as soon as you remember, and continue with regular schedule
 - **OR** shift the remaining doses of the day accordingly (depends on your situation/circumstance)
- If you are too close to your next scheduled dose, skip the missed dose and take your next scheduled dose as planned
 - Do not take both doses
- Ask your pharmacist

Q: What is the difference between generic and brand name?

- A generic drug is a copy of a brand name drug produced by another manufacturer
- Generic and brand name drugs have the same medicinal ingredient(s)
 - May have different non-medicinal ingredients
- Generic drug manufacturers have to prove to Health Canada that their drug is bioequivalent to the brand name

Q: Between levocarb CR and IR, is one better than the other? I'm on levocarb CR.

- CR tablets are meant to be taken whole and the onset of action (i.e. how long it takes to start working) takes a little bit longer
- Some people do well on the CR formulation in regards to their symptom management, whereas others will not
 - Unpredictable and delayed onset of action
- IR tablets can be split, dosing can be more easily adjusted, and the onset of action is often more predictable

Q: I have been taking my levocarb with meals as instructed by my doctor. Should I not?

- These instructions were likely given to help address the side effect of nausea
- Tolerance to the side effects of levodopa should develop after a couple weeks of starting the medication
- Taking levodopa with food may reduce absorption
- If your medication is working well when you take it with meals, you can continue doing so, and monitor for any changes to the management of PD symptoms

Q: I heard you have to space levodopa from protein?

- Protein may block the absorption of levodopa, thus decreasing its effectiveness
- Everyone with PD has a different experience with protein intake and levodopa
- If experiencing delayed on (i.e. long time for medication to “kick in”), examine your protein intake

“I take a levocarb tablet before I go to bed, but I’m still waking up in the middle of the night, and it takes me a long time to get back to sleep”

- Chew a levocarb IR tablet and take with a carbonated beverage to help speed up onset of action
- Update your healthcare provider(s) at your next appointment

Q: Currently taking Synthroid and levodopa. What is the best way to take them?

- Synthroid (levothyroxine) is used to treat hypothyroidism
- Synthroid is best taken on an empty stomach
 - Space by 4 hours from aluminum, magnesium, calcium, iron supplements, simethicone (Gas-X)
 - 60 minutes before coffee/tea (?)
 - 30 to 60 minutes before meals (and other medications*)
 - Certain medications need to be spaced from Synthroid for a longer period of time (talk to your pharmacist)

Q: Currently taking Synthroid and levodopa. What is the best way to take them?

- Example #1:
 - 7:00 am: Synthroid (with water)
 - 7:30 am: Levodopa (with water)
 - 8:00 am: Breakfast with coffee or tea
- Example #2:
 - 7:00 am: Synthroid (with water)
 - 8:00 am: Levodopa (with water)
 - 8:30 am: Coffee or tea
 - 9:00 am: Breakfast

Q: L-Tyrosine for Parkinson's?

- According to Natural Medicines, there is insufficient reliable information about the clinical effects of tyrosine for Parkinson's disease

Q: Is Rytary available in Canada? When will it be?

- Rytary is an extended-release formulation of levodopa/carbidopa and is available in the United States
- No information on when and if it will be available in Canada

Q: When will Sinemet be available again?

- Sinemet is brand name levodopa/carbidopa
- Active shortage of Sinemet, both 100 mg/25 mg and 250 mg/25 mg
- Estimated end date: December 31st, 2021
 - Last updated on January 22nd, 2021 by drugshortagescanada.ca

More Information on PD Medications?

- Go to <https://www.parkinson.bc.ca/>
- Click **Resources & Services**
- Click **Resources** (in left-hand menu)
- Under **Index of Resources**, click **Treatment/Medication**
- Look for **Parkinson's Medication Series | Amy Tran**

Thank You!