



Parkinson's Disease Fact Sheet

About Parkinson's Disease

Parkinson's disease is a progressive, incurable neurological disorder associated with a loss of dopamine-generating cells in the brain that results in a complex array of symptoms. It is primarily associated with progressive loss of motor control, but there are many more non-motor symptoms. Parkinson's impacts an estimated 13,300 people in British Columbia and 100,00 people in Canada.

Critical Clinical Care Considerations

- To avoid serious side effects, Parkinson's patients need their medications **on time, every time** — do not skip or postpone doses. Symptoms, appearance and needs can change dramatically throughout the day based on medication timing, and this is not always predictable.
- Write down the exact times of day medications are to be administered so that doses are given on the same schedule the patient follows at home.
- Do not substitute Parkinson's medications.
- Do not stop levodopa therapy abruptly.
- Resume medications immediately following procedures, unless vomiting or severely incapacitated.
- If an antipsychotic is necessary, use quetiapine (Seroquel®) or clozapine (Clozaril®).
- Be alert for symptoms of dysphagia (trouble swallowing) and risk of pneumonia.
- Ambulate as soon as medically safe. Patients may require assistance.

Common Symptoms of Parkinson's Disease

Motor

- Shaking or tremor at rest
- Bradykinesia or freezing—being stuck in place when attempting to walk
- Low voice volume or muffled speech
- Lack of facial expression
- Stiffness or rigidity of the arms, legs or trunk
- Trouble with balance and falls
- Stooped posture
- Decreased ability to swallow (dysphagia) and drooling

Non-Motor

- Depression
- Anxiety
- Constipation
- Cognitive decline and dementia
- Impulse control disorders
- Orthostatic hypotension
- Pain
- Hallucinations and psychosis
- Sleep disturbances
- Sexual dysfunction
- Urinary dysfunction

Typical Parkinson's Medications

L-DOPA	Dopamine Agonist	MAO-B Inhibitors	Anti-Cholinergics	COM-T Inhibitors	Other
carbidopa/levodopa (Sinemet® or Sinemet CR®)	ropinirole (Requip®)	rasagiline (Azilect®)	trihexyphenidyl (formerly Artane®)	entacapone (Comtan®)	amantadine (Symmadine®, Symmetrel®)
carbidopa/levodopa oral disintegrating	pramipexole (Mirapex®)	selegiline (L-deprenyl, Eldepryl®)	benztropine (Cogentin®)	tolcapone	
carbidopa/levodopa/entacapone (Stalevo®)	rotigotine (Neupro®)	zydis selegiline HCL Oral disintegrating	ethopropazine (Parsitan®)	carbidopa/levodopa/entacapone (Stalevo®)	
	apomorphine (Apokyn®)			*has L-DOPA in formulation	
	bromocriptine (Parlodel®)				

Medications that may be Contraindicated in Parkinson's Disease

Medical Purpose:	Safe Medications:	Medications to Avoid:
Antipsychotics	quetiapine (Seroquel [®]), clozapine (Clozaril [®])	avoid all other typical and atypical anti-psychotics
Pain Medication	most are safe to use, but narcotic medications may cause confusion/ psychosis and constipation	if patient is taking MAOB inhibitor such as selegiline or rasagiline (Azilect [®]), avoid meperidine (Demerol [®])
Anesthesia	request a consult with the anesthesiologist, surgeon and Parkinson's doctor to determine best anesthesia given your Parkinson's symptoms and medications	if patient is taking MAOB inhibitor such as selegiline or rasagiline (Azilect [®]), avoid: meperidine (Demerol [®]), tramadol (Ultram [®]), droperidol (Inapsine [®]), methadone (Dolophine [®] , Methadose [®]), cyclobenzaprine, halothane
Nausea/ GI Drugs	domperidone (Motilium [®]), ondansetron (Zofran [®]), dolasetron (Anzemet [®]), granisetron (Kytril [®])	metoclopramide (Maxeran [®]), promethazine (Histanil [®]), droperidol, prochlorperazine (Compazine [®]), droperidol (Inapsine [®]), prochlorperazine (Stemetil [®])
Antidepressants	fluoxetine (Prozac [®]), sertraline (Zoloft [®]), paroxetine (Paxil [®]), citalopram (Celexa [®]), escitalopram (Cipralex [®]), venlafaxine (Effexor [®])	aripiprazole (Abilify [®])

Special Alert: Drugs such as benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain may lead to confusion, hallucinations and other symptoms.

Share this with your doctor

If you have a Deep Brain Stimulation device (DBS):

MRI Warning

- In order to safely have an MRI with DBS in place, a "HEAD TRANSMIT/RECEIVE COIL" MUST be used. Not all facilities have this coil.
- MRI should not be performed unless the hospital has MRI experience imaging a DBS device safely and the DBS device is turned to 0.0 volts.
- MRI should never be performed if the pacemaker is placed in the abdomen or below and MRI should not be used to image structures of the body lower than the head (neck, abdomen, arms, legs or below) as dangerous heating of the lead could occur.

EKG and EEG Warning

- Turn off the DBS device before conducting EKG or EEG.
- Diathermy should be avoided.



The *Aware In Care* campaign aims to help people with Parkinson's get the best care possible during a hospital stay. For more information please visit www.awareincare.org or www.parkinson.bc.ca/awareincare, or call 1.800.668.3330.