Parkinson's is a progressive neurological condition characterised by tremor, stiffness, slowness of movement and postural instability. The symptoms are primarily due to depletion, in the brain, of the neurotransmitter dopamine. This leads to an imbalance with other neurotransmitters. The majority of medications used to treat Parkinson's aim to replace or increase the levels of dopamine within the brain.

Many medications used in the treatment of other medical conditions have the potential to alter or interfere with the brain's dopamine system and may be overlooked as having a detrimental effect on Parkinson's. It is important to consider the possibility that treatment of other medical conditions may cause or exacerbate existing Parkinson's symptoms.

YOUR DOCTOR MAY DECIDE THE USE OF THESE MEDICATIONS IS JUSTIFIED

This leaflet provides information on those medications that most commonly cause problems for people with Parkinson’s. It is not an exhaustive list and therefore a doctor or pharmacist must be consulted before any medications are taken by people with Parkinson’s. This includes complementary medicines or medicines available ‘over the counter’ at pharmacies, health food stores and supermarkets.

This leaflet focuses on medication interactions and medications that are known to worsen the symptoms of Parkinson’s. This brochure refers to medications available in Australia. Please note that overseas these medications may be known by different trade names.

Throughout the leaflet, brand names are in **bold italics**.

### Special Considerations if Taking Azilect, Eldepryl, Selegiline or Selgene

These medications must not be taken in combination

<table>
<thead>
<tr>
<th>Medication</th>
<th>Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pethidine</td>
<td>Risk of serotonin syndrome* and other potentially life-threatening reactions</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Risk of serotonin syndrome* and other potentially life-threatening reactions</td>
</tr>
<tr>
<td>SSRIs</td>
<td>Risk of serotonin syndrome* and other potentially life-threatening reactions</td>
</tr>
<tr>
<td>Dextromethorphan (cough suppressant)</td>
<td>Risk of serotonin syndrome*</td>
</tr>
<tr>
<td>Moclobemide</td>
<td>Increased risk of raised blood pressure</td>
</tr>
<tr>
<td>Tricyclic anti-depressants</td>
<td>Risk of serotonin syndrome* and other potentially life-threatening reactions</td>
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<tr>
<td>Clozapine</td>
<td>Risk of serotonin syndrome* and other potentially life-threatening reactions</td>
</tr>
<tr>
<td>St John’s Wort</td>
<td>Risk of serotonin syndrome*</td>
</tr>
<tr>
<td>Ciprofloxacin (antibiotic)</td>
<td>Risk of increased levels of Azilect</td>
</tr>
<tr>
<td>Norfloxacin (antibiotic)</td>
<td>Risk of increased levels of Azilect</td>
</tr>
</tbody>
</table>

*Serotonin syndrome is a potentially fatal condition which can present as increased temperature, shivering, changes in mental status, raised blood pressure, restlessness and muscle twitching (myoclonus).

**If you are contemplating surgery**

- Talk to your doctor and anaesthetist before surgery and give them a current list of your medications;
- If admitted to hospital give staff a copy of your medication list and this leaflet.

This edition was reviewed by Dr B I Vieira, Consultant Physician and Janet McLeod, Parkinson’s Nurse Specialist.

Endorsed by Parkinson’s Australia and distributed by Parkinson’s W.A.
Medications Associated with Interactions or Worsening of Parkinson’s Symptoms

Antiemetics (Used for nausea and vomiting)

Maxolon, Pramin
Stemetil, Stemzine, Nausetil

Metoclopramide
Prochlorperazine

Antihistamines (Used for colds and hayfever)

Phenergan, Avomine, Fenezal
Vallergan, Vallergan Forte

Promethazine
Trimeprazine

Antidepressants (Used for depression)

Monoamine oxidase inhibitors (MAOIs)

Nardil
Parnate
Amira, Aurorix, Clobemix

Phenelzine
Tranylcypromine
Moclobemide

Tricyclic and Tetracyclic anti-depressants

Anafranil, Placidil
Dothep, Prothiaden
Depranol, Sinequan
Tofranil, Tolerade
Alegren
Lumin, Tolvon
Surmontil

Clomipramine
Dothiepin
Imipramine
Nortriptyline
Mianserin
Trimipramine

Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Noradrenaline Reuptake Inhibitors (SNRIs)

Cipramil, Ciazil, Citalobell, Talam, Celapram
Lexapro, Esitalo, Lexam, Esipram, Loxalate
Luvox, Faverin, Moxov, Voxam
Lovan, Prozac, Fluohexal
Zactin, Auscap, Fluoxebell
Edronax

Citalopram
Escitalopram
Fluvoxamine
Fluoxetine
Fluoxetine
Reboxetine

Antipsychotics
(Used for sedation and treatment of hallucinations)

Serenace
Neulactil
Largactil
Fluanxol
Modecate
Orap
Navane
Stelazine
Clopixol
Risperdal, Rispa, Ozidal, Rixadone

Haloperidol
Pericyazine
Chlorpromazine
Flupenthixol
Fluphenazine
Pimozide
Thiothixene
Trifluoperazine
Zuclopenthixol
Risperideone

THE FOLLOWING MEDICATIONS ARE COMMONLY UTILISED UNDER SPECIALIST SUPERVISION IN PARKINSON’S

Clozaril, Clopine
Seroquel
Zyprexa, Zyprexa Zydos

Clozapine
Quetiapine
Olanzapine

Cardiovascular
(Used for heart conditions and blood pressure)

THE MEDICATIONS IN THIS GROUP ARE UNDER CONSTANT DEVELOPMENT THEREFORE IT IS VITAL THAT THE PRESCRIBING DOCTOR IS AWARE OF PARKINSON’S AS A DIAGNOSIS AND THAT THERE IS A RISK OF LOW BLOOD PRESSURE DUE TO PARKINSON’S. THE MEDICATIONS USED IN THE TREATMENT OF PARKINSON’S CAN OFTEN CAUSE A LOWERING OF BLOOD PRESSURE UPON STANDING.

AVOID: METHYLDOPA. CAUTION WITH CALCIUM CHANNEL ANTAGONISTS, ACE INHIBITORS, ANGIOTENSION II BLOCKERS AND IMDUR.

Other medications to be used with caution include

Buspar
Dilantin
Lithicarb, Quilonum SR
Tetrabenazine
Clorprax, Prexaton, Zyban SR

Buspironne
Phenytoin
Lithium
Tetrabenzaine
Bupropion

Special Considerations if Apomorphine (Apomine, Movapo) is Used to Manage Parkinson’s

Nausea and vomiting are side effects of Apomorphine. Ondansetron (antiemetic) should not be used with Apomorphine.