

DOPAMINE AGONISTS

This group of medications acts on the dopamine receptors and mimic dopamine. They can be used in combination with levodopa or alone.

SIFROL® (pramipexole)

0.125mg; 0.25mg; 1mg; 1.5mg

SIFROL ER® (Extended Release)(pramipexole)

0.375mg; 0.75mg; 1.5mg; 2.25mg; 3mg; 3.75mg; 4.5mg

This medication is taken once a day.

SIMIPEX® (pramipexole)

0.125mg; 0.25mg; 1mg

A generic form of Sifrol®.

Side effects may include nausea, dizziness (due to blood pressure changes), confusion and increased sleepiness. Some people may experience compulsive behaviour disorder in the form of gambling, eating or shopping. Increased libido has also been reported.

CABASER® (cabergoline) 1mg; 2mg

This medication is taken once a day.

PARLODEL® (bromocriptine mesylate)

2.5mg; 5mg; 10mg

KRIPTON® (bromocriptine mesylate)

2.5mg; 5mg; 10mg

Side effects as above and in addition but less frequently pulmonary or peritoneal fibrosis and cardiac valve changes may occur.

APOMINE®, MOVAPO® (apomorphine hydrochloride)

Used under specialist medical supervision. Given by intermittent subcutaneous injection or continuous subcutaneous infusion.

Apomorphine can cause severe nausea and vomiting and the specialist may prescribe MOTILIUM® (domperidone) to address this side effect.

DOPAMINE AGONISTS CONT.

NEUPRO® (rotigotine)

2mg; 4mg; 6mg; 8mg.

A transdermal (applied to skin) patch which is applied daily.

In addition to the side effects of other dopamine agonists a rash at site of application may occur.

This brochure provides information on the medications used in Parkinson's in layman's terms. It is designed to be used only as a guide. Please consult your doctor, pharmacist or Parkinson's Nurse Specialist with any queries.

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Medications Used in the Treatment of Parkinson's



IN THIS TOGETHER
parkinson's

FREE CALL 1800 644 189

Prepared in collaboration with:

Parkinson's ACT - www.parkinsonsact.org.au

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Parkinson's is a progressive neurological condition primarily related to the loss of dopamine producing cells within the brain. This brochure is intended as a guide to the medications used in the treatment of Parkinson's. Specific questions relating to your own medication should be directed to an experienced health care professional.

The management of Parkinson's can be challenging due to medication interactions and side effects. Response to medications may change over time. Timing of medications may be critical to obtain optimal benefit with minimal side effects and varies for each individual.

LEVODOPA (L-dopa)

Levodopa remains the main medication used in the treatment of Parkinson's. It is a precursor of dopamine which is reduced in Parkinson's. The addition of a decarboxylase inhibitor enables larger amounts of levodopa to pass into the brain. These medications are available in varying doses.

MADOPAR® (L-dopa + benserazide)

50/12.5; 100/25; 200/50

100/25 HBS (Long Acting)

Madopar® Rapid – 50/12.5; 100/25

NB. Madopar® Rapid must be dissolved.

SINEMET® (L-dopa + carbidopa)

100/25; 250/25

200/50 CR (Controlled Release)

KINSON® (L-dopa + carbidopa)

100/25

LEVO/CARBIDOPA (L-dopa + carbidopa)

250/25

CARBIDOPA and LEVODOPA Extended Release Tablet

50/200

CARBIDOPA and LEVODOPA Tablet USP

25/250

DUODOPA® (L-dopa + carbidopa) -20/5 per ml

A gel preparation administered by a permanent tube directly into the duodenum.

Side effects may include nausea, increased dreams, dizziness and with long term use hallucinations and dyskinesias (involuntary movements) may occur.

COMT INHIBITORS

This group of medications inhibits COMT (an enzyme which metabolises levodopa), thus making more levodopa available.

COMTAN® (Entacapone) 200mg

This is a COMT inhibitor and must be taken with a dose of levodopa. Side effects of both include an increase of levodopa effects (e.g. increased dyskinesia) and rarely diarrhoea. A harmless side effect is discolouration of urine.

The following medications contain a combination of levodopa, a decarboxylase inhibitor and entacapone.

STALEVO® (L-dopa/carbidopa/entacapone)

Stalevo® 50 (50/12.5/200)

Stalevo® 75 (75/18.75/200)

Stalevo® 100 (100/25/200)

Stalevo® 125 (125/31.25/200)

Stalevo® 150 (150/37.5/200)

Stalevo® 200 (200/50/200)

TRIDOPA® (L-dopa/carbidopa/entacapone)

A generic form of Stalevo®

Tridopa® 50 (50/12.5/200)

Tridopa® 75 (75/18.75/200)

Tridopa® 100 (100/25/200)

Tridopa® 125 (100/31.25/200)

Tridopa® 150 (150/37.5/200)

Tridopa® 200 (200/50/200)

AMANTADINE

Amantadine is an anti-viral agent that has anti-Parkinsonian effects.

SYMMETREL® (amantadine hydrochloride)

100mg

Side effects are rare but may include insomnia, confusion, a mottled rash on the legs and swollen ankles.

ANTICHOLINERGICS

This group of medications act by balancing acetylcholine and dopamine. They are useful in the treatment of tremor particularly in the younger person with Parkinson's.

ARTANE® (benhexol hydrochloride) 2mg; 5mg

BENZTROP® (benhexol hydrochloride) 2mg

COGENTIN® (benztropine mesylate) 2mg

AKINETON® (biperiden hydrochloride) 2mg

Side effects (especially in the older patient) include dry mouth, urinary retention, blurred vision and confusion.

MONOAMINE OXIDASE TYPE B INHIBITORS

This group of medications inhibits the enzyme monoamine oxidase which is responsible for the break down of dopamine within the brain.

AZILECT® (rasagiline) 1mg - taken once a day. Can be taken at any time of the day.

SELGENE® ELDEPRYL® (selegiline hydrochloride) 5mg - usually taken twice a day. It is important to take this medication no later than 1200 noon as it may cause sleep disturbance.

XADAGO™ (safinamide) 50mg or 100 mg - taken once a day at any time of the day.

MEDICATION INTERACTIONS WITH SELGENE®, ELDEPRYL®, AZILECT® & XADAGO™

WARNING: Serious reactions may occur when patients taking Monoamine Oxidase Type B Inhibitors are given Pethidine or certain types of antidepressants. Check with your health care professional before taking ANY medication if you have been prescribed with any of these medications.