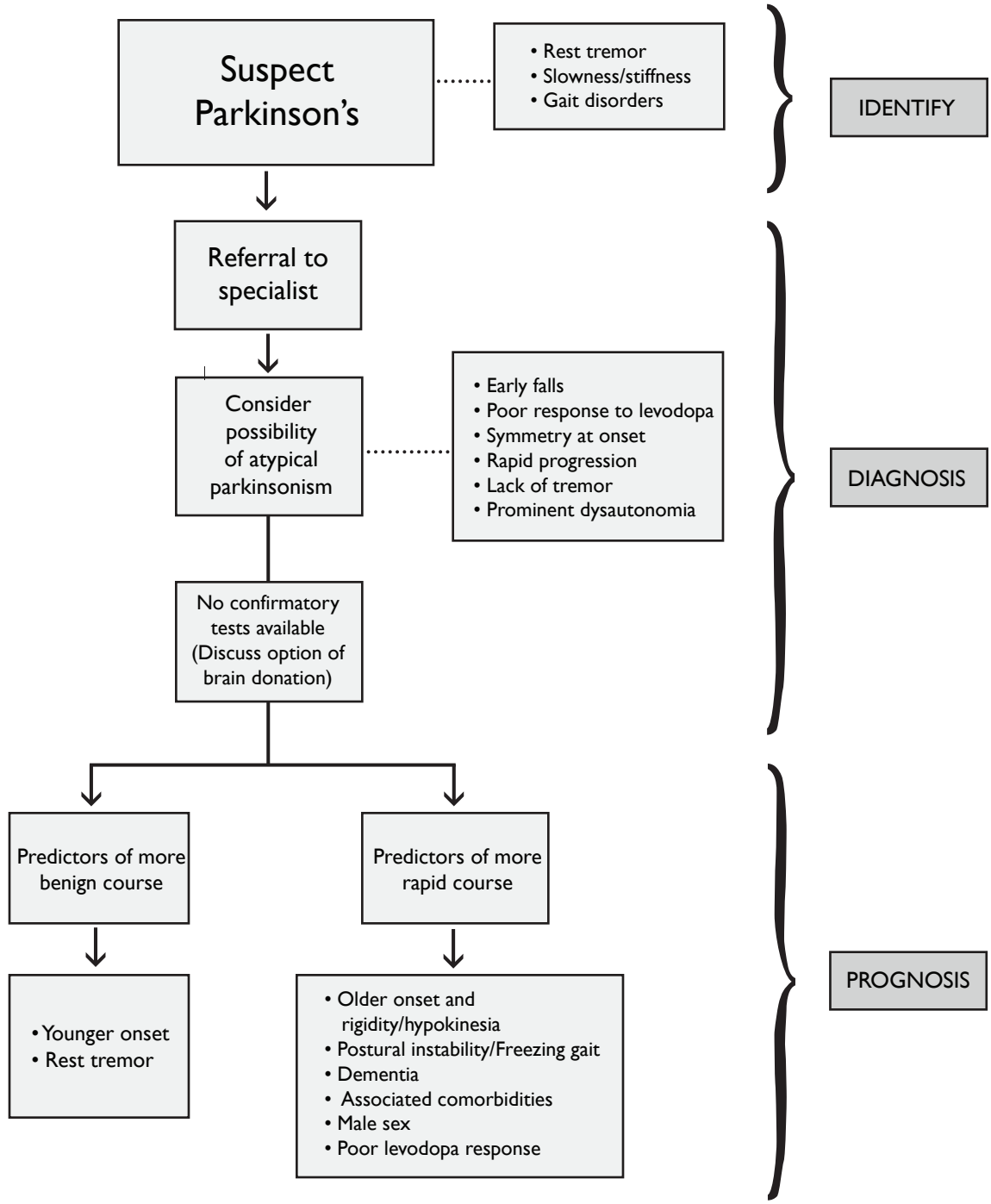
Parkinson's Disease Quick Reference Guide

Parkinson Society Canada
Société Parkinson Canada

Diagnosis and Prognosis



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www.parkinsonclinicalguidelines.ca

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Pharmacological Therapy for Motor Symptoms in Early PD

The choice of drug first prescribed should take into account clinical and lifestyle characteristics and patient preference, after the patient has been informed of the short- and long-term benefits and drawbacks of the drug classes.

Medications Effective for Early Symptomatic Treatment (currently available in Canada)*	
• MAO-B inhibitors (A) - rasagiline - selegiline	• Dopamine agonists - pramipexole (A) - ropinirole (A) - bromocriptine**
• Levodopa (A) - levodopa/carbidopa - immediate release - levodopa/benserazide - immediate release	• Amantadine (D)
	• Anticholinergics (B) - benztropine - ethopropazine - procyclidine - trihexyphenidyl

Pharmacological Therapy for Motor Symptoms in Later PD

Levodopa is the most effective treatment for PD. In the early stages of disease, the clinical response to levodopa is prolonged; however, within a few years the duration of benefit from each dose may become progressively shorter.

Treatment Options for Motor Complications*	
Reduce Off Time	
First Line	**Other Options**
Entacapone (A)	Levodopa modified release (B)
Rasagiline (A)	DBS STN (C)
Pramipexole (B)	DBS GPi (D)
Ropinirole (B)	
Reduce Dyskinesia	
Amantadine (C)	
Deep brain stimulation (DBS) subthalamic nucleus (STN) (C)	
DBS globus pallidus internus (GPi) (D)	

Non-Motor Symptoms of PD	
Mental Health	
Depression	Reported to occur in up to 50% of cases of PD Maintain high index of suspicion; clinical features of depression overlap with the motor features of PD
Psychotic symptoms	Typical progression from illusions of presence, through pseudo hallucinations to true hallucinations. Paranoia is a common accompaniment. Not all hallucinations require treatment
Dementia	Frequency increases with disease duration Simplification of medications will minimize potential central nervous system effects that accentuate the cognitive dysfunction
Sleep Disorders	Include insomnia, excessive daytime somnolence, REM sleep behaviour disorder and restless legs syndrome Advised to be aware of their provincial legislation regarding driving in patients who are experiencing sleep attacks
Autonomic Disturbances	
Urinary dysfunction	Most common forms are urgency, frequency and nocturia Prostatic hypertrophy must be ruled out in men
Constipation	Dysmotility in PD is caused by lower GI dysfunction and a slowing of transit time through the entire GI tract Good quality data is lacking for most suggested therapies for constipation in PD
Erectile dysfunction	In addition to the dysautonomia caused by the PD, mood dysfunction, motor disability and side effects of medications may also contribute significantly. Add sildenafil
Orthostatic hypotension	Causes include: poor intake of fluids; side-effects of general medications such as antihypertensives, antidepressants, diuretics; other medical conditions such as cardiac dysfunction, diabetic neuropathy, PD dysautonomia; and side-effects of all PD medications especially dopamine agonists.
Other autonomic disturbances that should be treated appropriately: Excessive sweating, sialorrhoea, weight loss, dysphagia	

Level of evidence indicated after each type of therapy

****a non-ergot-derived agonist is preferred in most cases***

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