

Avoid Transitions of Care Errors With Parkinson's Meds

You can help **prevent med errors when managing first-line meds for Parkinson's disease during transitions of care.**

Expect to see levodopa/carbidopa as the initial med in many cases, especially for older adults. It's the most effective med for tremor, rigidity, or bradykinesia.

But dyskinesia risk is higher with levodopa, especially in younger patients. Nearly all patients develop it with long-term use.

That's why a dopamine agonist (pramipexole, etc) may be used first in many younger patients...despite being less effective. Be aware of side effects...hallucinations, orthostatic hypotension, etc.

Look for an MAO-B inhibitor (selegiline, etc) to be used initially for patients with milder symptoms. These meds seem less effective than other first-line options...but may be better tolerated.

During med histories, document exact formulations (immediate- versus extended-release, etc) and home administration times.

Ensure any of these Parkinson's meds are continued on admission.

This is especially important with levodopa/carbidopa or dopamine agonists. In rare cases, abruptly stopping these can lead to symptoms that resemble neuroleptic malignant syndrome.

Do NOT default to standard med admin times on admission...use the patient's home schedule. Small changes in dose timing may worsen symptoms.

Check to see if Parkinson's meds are on your hospital's "time-critical" list to help ensure on-time dosing. For example, consider allowing no more than 30 minutes for early or late administration.

Use caution if you switch extended-release Parkinson's meds to immediate-release...such as for enteral administration. Consider working with neuro...equivalent doses and intervals can be tricky.

Watch for interactions. For instance, avoid using meds that can worsen Parkinson's symptoms by blocking dopamine receptors...such as metoclopramide or haloperidol.

If an antipsychotic must be used, try low-dose quetiapine.

Compare meds in our resource, *Drugs for Parkinson's Disease*, and review our treatment algorithm. Also get our *Parkinson's Medication Transitions of Care Checklist* to help prevent errors.

Key References:

-Neurology. 2021 Nov 16;97(20):942-957

-Am Fam Physician. 2020 Dec 1;102(11):679-691

-<https://www.ismp.org/resources/delayed-administration-and-contraindicated-drugs-place-hospitalized-parkinsons-disease?id=103> (4-29-22)

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