

## Help Avoid Errors With Carbidopa/Levodopa

About 90,000 people in the US are diagnosed with Parkinson's disease each year...and you'll need to **sort through carbidopa/levodopa options**.

Carbidopa/levodopa is the most effective option for tremor, rigidity, or slow movement...and often one of the first meds prescribed.

And we know the variety of formulations and dosages make this med rife for errors during transitions of care.

Use this table to see how oral carbidopa/levodopa products stack up.

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

Ensure carbidopa/levodopa is continued on admission. In rare cases, abruptly stopping these can lead to symptoms that resemble neuroleptic malignant syndrome.

Do NOT default to standard med admin times...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.

Be aware that ER capsules are not interchangeable. For example, *Rytary* capsules may be opened and the beads sprinkled on food...but *Crexont* capsules should NOT be opened.

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

Get our resources, *Drugs for Parkinson's Disease* and *Parkinson's Disease Therapy*, for more on treatment options, cost, and a stepwise approach to treatment.

### Key References:

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