Leeds and York Partnership NHS
NHS Foundation Trust

Medicines Management & Pharmacy Services (MMPS)

Psychotropic drug use in Parkinson's disease

There is a high prevalence of mental health problems in patients with Parkinson's disease.

Approximately 25% will suffer from major depression some time during their illness, a further 25% will experience milder depression and 25% suffer from an anxiety disorder.

25% experience psychosis and up to 80% will develop dementia in the later stages of their illness.

Depression in Parkinson's disease

SSRIs are considered to be the first line antidepressants to be used.

Occasionally patients experience a worsening of motor symptoms.

If SSRIs are combined with selegiline there is an increased risk of serotonin syndrome occurring.

Amitriptyline at low dose has been shown to be effective.

Higher doses of tricyclic antidepressants are not well tolerated because of their anticholinergic and alpha-blocking effects.

ECT – depression and motor symptoms usually respond well.

Psychosis in Parkinson's disease

Clozapine is licensed for the treatment of psychosis in Parkinson's disease.

Initial dose is 6.25 – 12.5mg daily increased slowly to 25 – 37.5 mg daily.

Higher doses 50 – 100mg daily are occasionally required.

Monitor as for clozapine use in schizophrenia.

Clozapine is not currently commissioned for this use by Primary Care, Leeds.

Cholinesterase inhibitors may be helpful particularly if the patient is also suffering from dementia.

ECT – psychosis and motor symptoms usually respond well.

Dementia in Parkinson's disease

Cholinesterase inhibitors have been shown to cause some improvement in cognition and daily living activities. There is most experience with **rivastigmine.**

Memantine has been shown to have some beneficial effect in one randomised control trial.

Further information on the treatment of depression in Parkinson's disease is available at How should depression be treated in a patient with Parkinson's disease? - NeLM

References

(1) Maudsley Prescribing Guidelines; 11th edition; 2012

(2) BNF 64; September 2012

(3) Cochrane Database Syst. Rev 2006; CD004747

For further information: www.choiceandmedication.org/leedsandyorkpft

Provenance

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