

Medications To Be Avoided Or Used With Caution in Parkinson's Disease

This medication list is not intended to be complete and additional brand names may be found for each medication.

Every patient is different and you may need to take one of these medications despite caution against it. Please discuss your particular situation with your physician and do not stop any medication that you are currently taking without first seeking advice from your physician. Most medications should be tapered off and not stopped suddenly.

Although you may not be taking these medications at home, one of these medications may be introduced while hospitalized. **If a hospitalization is planned, please have your neurologist contact your treating physician in the hospital to advise which medications should be avoided.**

Medications to be avoided or used with caution in combination with Selegiline HCL (Eldepryl®, Deprenyl®, Zelapar®), Rasagiline (Azilect®) and Safinamide (Xadago®)

Medication Type	Medication Name	Brand Name
Narcotics/Analgesics	Meperidine Tramadol Methadone Propoxyphene	Demerol® Ultram® Dolophine® Darvon®
Antidepressants	St. John's Wort	Several Brands
Muscle Relaxants	Cyclobenzaprine	Flexeril®
Cough Suppressants	Dextromethorphan	Robitussin® products, other brands — found as an ingredient in various cough and cold medications
Decongestants/Stimulants	Pseudoephedrine Phenylephrine Ephedrine	Sudafed® products, other brands — found as an ingredient in various cold and allergy medications
Other medications that inhibit Monoamine oxidase	Linezolid (antibiotic) Phenelzine Tranlycypromine Isocarboxazid	Zyvox® Nardil® Parnate® Marplan®

Note: Additional medications are cautioned against in people taking Monoamine oxidase inhibitors (MAOI), including other opioids (beyond what is mentioned in the chart above), most classes of antidepressants and other stimulants (beyond what is mentioned in the chart above). However, there are patients who have successfully taken these medications in combination. Please discuss these medications with your neurologist. Antidepressants that are also MAOIs are absolutely contraindicated.

Medications to be avoided or used with caution in all patients with Parkinson's disease

Medication Type	Medication Name	Brand Name	Mechanism of Action
Typical Antipsychotics	Chlorpromazine Fluphenazine Haloperidol Loxapine Thioridazine Thiothixene Trifluoperazine Pimozide Perphenazine	Thorazine® Prolixin® Haldol® Loxitane® Mellaril® Navane® Stelazine® Orap® Trilafon®	Block D2 (dopamine) receptors in the brain, which can worsen Parkinson's symptoms
Atypical Antipsychotics	Risperidone Olanzapine Ziprasidone Aripiprazole Lurasidone Paliperidone Iloperidone Brexpiprazole Cariprazine Asenapine	Risperdal® Zyprexa® Geodon® Abilify® Latuda® Invega® Fanapt® Rexulti® Vraylar® Saphris®	Block dopamine receptors, but dissociate from the receptor more quickly than typical antipsychotics. They also tend to block serotonin receptors in addition to dopamine receptors. The result is less parkinsonism than that caused by the typical antipsychotics.
Antiemetics (used to treat nausea or vomiting)	Chlorpromazine Droperidol Metoclopramide Prochlorperazine Promethazine	Thorazine® Inapsine® Reglan® Compazine® Phenergan®	Block D2 (dopamine) receptors in the brain, which can worsen Parkinson's symptoms
Drugs to treat hyperkinetic movements such as chorea and tardive dyskinesia	Tetrabenazine Deutetrabenazine Valbenazine	Xenazine® Austedo® Ingrezza®	Decrease dopamine stores
Antihypertensives	Reserpine	Serpalan	Decreases dopamine stores
	Methyldopa	Aldomet®	Inhibits an enzyme which converts L-dopa into dopamine in the brain
Antidepressants	Phenelzine Tranlycypromine Isocarboxazid	Nardil® Parnate® Marplan®	Block monoamine oxidase non-selectively. If taken in combination with certain classes of PD meds, these medications could result in dangerous increases in blood pressure and agitation
	Amoxapine	Asendin®	Although classified as a tricyclic anti-depressant, it can also block dopamine receptors

Note: If an anti-psychotic that blocks dopamine receptors needs to be used, atypical anti-psychotics are better choices than typical antipsychotics. Clozapine (Clozaril®) and Quetiapine (Seroquel®) are dopamine blockers with the least risk of worsening Parkinson symptoms. Pimavanserin (Nuplazid®) is a serotonin inverse agonist and was approved specifically for use as an anti-psychotic in patients with Parkinson's disease.

© Revised and Updated by Rebecca Gilbert, MD, PhD, APDA Vice President, Chief Scientific Officer – March 2018

The information contained in this supplement is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician.

AMERICAN PARKINSON DISEASE ASSOCIATION • (800) 223-2732 • apdaparkinson.org