

Understanding Parkinson's Medications

A Guide for Patients, Families & Caregivers

Parkinson's disease (PD) affects brain circuits that control movement and may also cause sleep, mood, thinking, and other non-movement symptoms. Medications can improve daily function, but no currently established symptomatic drug cures Parkinson's disease. Treatment is individualized and often changes over time.

What can Parkinson's medications help with?

- Reduce slowness, stiffness, and sometimes tremor; improve walking and everyday activities.
- Manage "OFF" periods, when medication effects wear off and symptoms return.
- Treat selected non-motor symptoms such as hallucinations, depression, constipation, or sleep problems with separate, carefully chosen therapies.
- Medication response varies; balance benefits against hallucinations, low blood pressure, sleepiness, and involuntary movements (dyskinesias).

Medication categories: quick reference

The following lists commonly used U.S. medications and representative brand names; brands, formulations, and availability may change.

Class	Examples (generic; familiar brands)	Main role / key cautions
Levodopa + decarboxylase inhibitor	Carbidopa/levodopa (Sinemet, Rytary, Crexont); inhaled levodopa (Inbrija); carbidopa/levodopa intestinal gel (Duopa); foscarnidopa/foslevodopa infusion (Vyalev)	Most effective motor-symptom treatment. May cause nausea, orthostasis, hallucinations, dyskinesia, and wearing-off.
Dopamine agonists	Pramipexole (Mirapex); ropinirole (Requip); rotigotine patch (Neupro); apomorphine injection (Apokyn), sublingual film (Kynmobi; availability varies)	Stimulate dopamine receptors; may cause sleep attacks, edema, hallucinations, and impulse-control disorders.
MAO-B inhibitors	Rasagiline (Azilect); selegiline (Eldepryl, Zelapar); safinamide (Xadago)	Help preserve dopamine effects; review drug interactions and serotonin-related precautions.
COMT inhibitors	Entacapone (Comtan); opicapone (Ongentys); tolcapone (Tasmar); carbidopa/levodopa/entacapone (Stalevo)	Extend levodopa benefit. May worsen dyskinesia; tolcapone carries serious liver-toxicity warning.
Amantadine	Amantadine immediate-release; extended-release (Gocovri, Osmolex ER)	May reduce dyskinesia or OFF time; can cause confusion, hallucinations, edema, livedo reticularis; adjust for kidney function.
Adenosine A2A antagonist	Istradefylline (Nourianz)	Add-on for OFF episodes; may worsen dyskinesia or hallucinations.
Anticholinergics	Trihexyphenidyl (Artane); benztropine (Cogentin)	Sometimes used for tremor in younger patients; generally avoided in older adults because of confusion, constipation, urinary retention.

How medication plans change over time

- Early Parkinson's: carbidopa/levodopa is often preferred when movement symptoms affect quality of life; choices depend on age, symptoms, and individual risks.
- Wearing-off: adjust timing or formulation, or consider an add-on such as a COMT inhibitor, MAO-B inhibitor, dopamine agonist, or istradefylline.
- Dyskinesia: adjust levodopa dosing or consider amantadine; do not make changes without clinician guidance.
- Advanced fluctuations: specialized options include rescue therapies, continuous infusion systems, and device-based treatments after movement-disorders evaluation.

Common side effects and important risks

- Dizziness or low blood pressure on standing can cause falls. Rise slowly and report fainting.
- Nausea, constipation, daytime sleepiness, and sudden sleep episodes can occur; avoid driving if sleepy.
- Hallucinations, delusions, confusion, or agitation may be medication-related, particularly with dopamine agonists, amantadine, and anticholinergics.
- Dyskinesias are involuntary twisting or writhing movements that can develop with dopaminergic treatment.
- Dopamine agonists can trigger gambling, compulsive shopping, binge eating, or hypersexual behavior; families may notice changes before the patient does.
- Abrupt withdrawal or major reduction of dopaminergic therapy can cause severe rigidity, fever, confusion, and a potentially life-threatening syndrome. Never stop Parkinson's medications suddenly without medical direction.

Special considerations for older adults and dementia

- The safest effective regimen is often the simplest: levodopa may be better tolerated than dopamine agonists or anticholinergics in older adults.
- Parkinson's disease dementia and Lewy body dementia increase vulnerability to hallucinations, confusion, sedation, and orthostatic hypotension.
- New hallucinations or sudden confusion also warrant evaluation for infection, delirium, dehydration, sleep loss, and medication interactions.
- If psychosis is distressing or dangerous, the team may simplify triggering Parkinson's medicines and consider targeted treatment. Pimavanserin (Nuplazid) is FDA-approved for hallucinations and delusions associated with Parkinson's disease psychosis; quetiapine and clozapine may be used selectively, with important monitoring considerations.
- Many dopamine-blocking antipsychotics and nausea medicines (for example, haloperidol or metoclopramide) can markedly worsen parkinsonism; always tell clinicians the patient has Parkinson's disease.

Timing matters

Give Parkinson's medications at the prescribed times, including during hospital stays. Delayed or missed levodopa doses can lead to major loss of mobility, swallowing difficulties, or distress. Ask the care team about alternatives if swallowing is impaired or the patient is temporarily unable to take oral medicines.

Other symptoms may need different treatments

Symptom	Common approaches to discuss
Cognitive decline	Assessment for Parkinson's disease dementia; rivastigmine (Exelon) is FDA-approved for mild-to-moderate dementia associated with Parkinson's disease.
Hallucinations / delusions	Look for triggers, review medications, and discuss specialist treatment if symptoms are distressing or unsafe.
Depression / anxiety	Psychotherapy and carefully selected antidepressants; review interactions and fall risk.
Sleep problems / REM sleep behavior disorder	Sleep assessment, safety measures, and individualized treatment; sedating drugs may worsen falls and confusion.
Constipation / low blood pressure	Hydration and dietary or medical strategies tailored to swallowing, heart, kidney, and autonomic conditions.

What to expect when starting or changing medication

- The prescriber reviews symptoms, falls, cognition, hallucinations, sleep, kidney/liver health, and all prescriptions and supplements.
- Start with a clear target symptom and a practical dosing schedule; many treatments are adjusted gradually.
- Track ON time, OFF time, involuntary movements, dizziness, sleepiness, hallucinations, and any compulsive behavior.
- Report new confusion, falls, fainting, severe vomiting, or dramatic behavioral changes promptly.
- Do not crush extended-release products or change infusion/patch systems without specific instructions.

Questions families can ask the prescriber

- Which symptom are we treating, and how will we know the medicine is working?
- What time must each dose be given, and what should we do if a dose is late or missed?
- Could this medication worsen memory, hallucinations, blood pressure, or sleepiness?
- What symptoms should trigger an urgent call? Which medication combinations should be avoided?
- Would a movement-disorders specialist, physical therapy, speech/swallow evaluation, or occupational therapy help?

Medication and symptom tracking

Medication / dose / time	Target symptom	Benefit noticed	Side effects / questions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When to seek urgent medical help

- Seek emergency care for high fever with severe stiffness or confusion, a sudden inability to move or swallow, chest pain, severe breathing difficulty, or loss of consciousness.
- Contact the treating clinician promptly for new hallucinations with unsafe behavior, repeated falls, fainting, extreme daytime sleepiness, or compulsive behaviors.
- If symptoms change suddenly over hours or days, consider delirium or another acute medical illness rather than assuming Parkinson's progression.

Reliable patient and caregiver resources

- Parkinson's Foundation — Parkinson.org | 1-800-4PD-INFO (1-800-473-4636). Educational materials, helpline, and care resources.
- Michael J. Fox Foundation — michaeljfox.org. Patient-friendly treatment information and research updates.
- American Parkinson Disease Association — apdaparkinson.org | 800-223-2732. Education, exercise, and support resources.
- National Institute of Neurological Disorders and Stroke — ninds.nih.gov. Parkinson's disease overview and research.
- MedlinePlus — medlineplus.gov/parkinsonsdisease.html. General information and medication education.
- For current medication-specific precautions, ask for the FDA-approved Medication Guide or prescribing information at accessdata.fda.gov.

Key takeaways

- Parkinson's medications often improve movement and independence, but benefits and side effects must be reviewed over time.
- Older adults and people with dementia are particularly sensitive to confusion, hallucinations, low blood pressure, and falls.
- Taking medication on time is essential; do not stop dopaminergic therapy abruptly.
- Treatment works best when patients, families, primary care, neurology, and rehabilitation clinicians communicate regularly.

Educational information only. This handout does not replace individualized medical advice. Medication availability, brand names, and labeling can change; review the current prescribing information with your healthcare team.