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An Overview of Parkinson's Medication used in Multiple System Atrophy

Introduction

This leaflet is for people with MSA, their carers and their family members. It provides information about the drugs most commonly used to help manage the condition and is aimed at increasing your understanding of the available drugs rather than prescribing what may be of benefit.

Whilst there is no specific treatment for MSA, some of the symptoms may be managed by Parkinson's Medications. They are not effective for everyone with MSA, but may be beneficial for some, particularly those who have Parkinson type symptoms.

We cannot advise on ideal combinations or provide details about the strengths or duration of action for each medication. Each person with MSA will respond differently to medication and you should discuss these issues with your Neurologist, Specialist or Parkinson's Nurse Specialist (PNS).

The cause of Parkinson's symptoms

The cause of Parkinson's is still unknown but it occurs due to a loss of nerve cells in the brain. The lost nerve cells are responsible for producing a chemical in the body called dopamine. Dopamine is a chemical that transmits messages to parts of the brain involved with the coordination of movement. So the loss of the dopamine producing cells causes a lowering of dopamine in the body which causes a loss of control over bodily movement.

A common treatment of the symptoms of Parkinson's is to increase the dopamine levels. The increased levels of dopamine allow greater control over bodily movement. Common Parkinson's medication attempt to increase the dopamine levels in different ways. And it is these different ways that form the basic medication groups.

Types of Parkinson's drugs used in MSA

Levodopa

Levodopa is one of the main drugs used in the treatment of Parkinson's symptoms. Levodopa is a chemical building block that the body converts into dopamine, increasing the levels of dopamine in the brain.

Levodopa can come in branded and unbranded forms. Other names for Levodopa include:

- Co-beneldopa (Madopar or Madopar CR)
- Co-careldopa, (Caramet CR, Sinemet, Sinemet Plus, Sinemet CR, Half Sinemet CR, Lecado)
- Co-careldopa plus entacapone (Stalevo)

Levodopa can cause nausea and vomiting: Domperidone (Motilium) is the most common anti-sickness drug prescribed to prevent this.

Dopamine Agonists

Dopamine agonists are drugs that work by heightening the activity of dopamine receptors in the brain. This makes it easier for the brain to receive dopamine signals. In management of Parkinson's it is sometimes given in conjunction with Levodopa, the Levodopa increases the amount of dopamine and the agonist increases the ability to receive that dopamine.

Dopamine agonists come in branded and unbranded forms. Common names for dopamine agonists include:

- Pramipexole (Mirapexin, Mirapexin prolonged release)
- Ropinirole (Adartrel, Ralnea XL, Requip, Requip XL, Rotigotine (Neupro))

Monoamine Oxidase Type B (Mao-B) Inhibitors

MAO-B is an enzyme that the body releases to break down any left over dopamine. This left over dopamine is there because the dopamine receptors only need so much in order to receive the brain signal. The excess dopamine is then destroyed and MAO-B inhibitors work by breaking down the MAO-B before it gets chance to destroy the dopamine, which increases the chance for a signal to be received. Again, in Parkinson's treatment it is common for them to be used in conjunction with other drug types.

MSA and Parkinson's Medication

MAO-B Inhibitors come in generic and brand forms. Commonly called:

- Rasagiline (Azilect)
- Selegiline (Eldepryl, Zelapar)

Glutamate Antagonist

It isn't entirely clear yet how glutamate antagonists work but possibly they inhibit the action of glutamate receptors which increases dopamine release and blocks the re-uptake of dopamine. This will increase the likelihood of dopamine messages being transmitted through the brain. In Parkinson's treatment it is not prescribed very often and has only a mild impact on main symptoms but can have a positive effect on tiredness and stiffness.

The only glutamate antagonist drug used in Parkinson's treatment is called:

- Amantadine (Symmetrel)

Finding the best medication

Everyone living with MSA is different and the illness affects them as an individual. Because of this there is no 'correct' dose or medication. Finding the best medication, dose and timing may take some time and will need some changes along the way. Because the symptoms of MSA can change over time, your medication will sometimes have to change, too.

While you may be able to talk to your GP about any side effects of medication you experience, or speak to them about issues that aren't related to the condition, ideally, you should discuss Parkinson's medication with your Neurologist, Specialist, Parkinson's Nurse Specialist (PNS) or Pharmacist. It is important not to make any changes to your own medication without talking to your specialist or PNS first.

If you should develop any side effects from medication do discuss this with your specialist or PNS before stopping the medication. **It can be dangerous to stop taking Parkinson's medication suddenly. Generally these medications should be reduced gradually with the advice and guidance of your PNS.**

Other medication

If you have other medical conditions, this may have an effect on your Parkinson's symptoms and how effective the Parkinson's drugs can be. Some medications for other conditions can make Parkinson's symptoms worse (see below).

- If you have a problem with your digestive system, such as constipation (which is a common symptom in MSA), this may affect how well your drugs enter your bloodstream and may reduce the effectiveness of the medication.
- Parkinson's drugs can interact with drugs used for other conditions. Herbal or complementary treatments may also impact on Parkinson's drugs.
- If you want to take a non-prescription medicine, check with your pharmacist first that it is safe.



MSA and Parkinson's Medication

- Anti-sickness, travel remedies, decongestants or cold remedies can affect some Parkinson's medications. If you need to use these, check with your pharmacist which one is safest to use.

Your specialist, Parkinson's Nurse Specialist or pharmacist can give you advice on specific interactions with different medications.

Drugs to avoid

Some drugs can bring on Parkinson's-like symptoms or react badly with Parkinson's drugs and should be avoided unless they're recommended by a specialist.

These are some (but not all) of the drugs to avoid in MSA:

- Metoclopramide (Maxalon)
- Prochlorperazine (Stemetil)
- Chlorpromazine (Largactil)
- Fluphenazine (Modecate)
- Fluphenazine with nortriptyline (Motival)
- Perphenazine (Fentazin/Triptafen)
- Trifluoperazine (Stelazine)
- Flupenthixol (Fluanxol/Depixol)
- Haloperidol (Serenace/Haldol)

If you have any queries about medication, contact your Specialist, Parkinson's Nurse Specialist or pharmacist.

Further information

Parkinson's UK

Website contains detailed information about Parkinson's drugs.

W: www.parkinsons.org.uk/about-parkinsons/treating-parkinsons.aspx

The electronic Medicines Compendium (eMC)

Contains accessible information about medicines licensed in the UK and patient medicines guides.

W: www.medicines.org.uk

NHS Choices – Medicines

Information about medications and side effects and contains an online search facility for finding your local pharmacist.

W: www.nhs.uk/medicine-guides/pages/default.aspx

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