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Treatment of psychosis in Parkinson's disease: safety considerations.

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Abstract

Psychosis only rarely occurs in patients with untreated **Parkinson's disease**. Much more commonly, **psychosis** is induced by drug **therapy** for **Parkinson's disease** and is the strongest known risk factor for nursing home placement. Delusions are less frequent than hallucinations, but are more concerning as they are often paranoid in nature. **Treatment** begins with a search for correctable infectious, toxic, and metabolic aetiologies. If symptoms persist, anti-**Parkinson's disease** medications are slowly reduced. However, withdrawal of these drugs usually worsens parkinsonism and is often not tolerated. Certain atypical antipsychotics can be used to treat **psychosis** without compromising motor function. The choice of atypical antipsychotic is largely based on ease of use and adverse effect profile as most have comparable efficacy in improving **psychosis**. Currently, there are five marketed atypical drugs - clozapine, risperidone, olanzapine, quetiapine and ziprasidone. Ziprasidone is the only agent whose adverse effect profile has not been reported in **Parkinson's disease**. The most common adverse effects of clozapine in **Parkinson's disease** are sedation, orthostatic hypotension and sialorrhoea. Sedation is generally helpful since these patients are frequently awake at night and tend to have worse behavioural problems then. Clozapine does not induce deterioration of motor function, but it has the potential to cause agranulocytosis, which is idiosyncratic and not dose-related. In risperidone-treated **Parkinson's disease** patients, reported adverse effects include somnolence, sialorrhoea, dizziness, palpitations, constipation, delirium, fatigue, leg cramps, depression, urinary incontinence and hypotension. Although in some **Parkinson's disease** studies, risperidone has been well tolerated, others have shown that many patients are unable to tolerate the drug due to deterioration of motor function. While an initial study of olanzapine in **Parkinson's disease psychosis** showed the drug to be effective without deterioration of motor function, succeeding reports demonstrated a deleterious effect of the drug on motor functioning. The most common adverse effects of quetiapine in **Parkinson's disease** patients are sedation and orthostatic hypotension. There is a lack of double-blind trials; however, cumulative reports involving >200 **Parkinson's disease** patients strongly suggest that quetiapine is well tolerated and effective. Unlike clozapine, it does not improve tremor and may induce mild deterioration of motor function. Recently, cholinesterase inhibitors have been reported to alleviate **psychosis** in **Parkinson's disease**. Although ondansetron, an antiemetic with antiserotonergic properties, has been reported to relieve **psychosis** in **Parkinson's disease**, its prohibitive cost has prevented further study in this population. Electroconvulsive **treatment** is generally reserved for the patient with **psychotic** depression who is unable to tolerate any pharmacological **therapy**.

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