Medication use in Parkinson's Booklet: *for health professionals*

There are a range of medications that can help you manage and control your patient's Parkinson's symptoms along with exercise and lifestyle changes. However, there are also other medications, vitamins, minerals and supplements they must take with caution or completely avoid due to potential interactions that may worsen symptoms.

Things to remember

Managing Parkinson's means more than just taking prescribed medications... it's about understanding how all the medicines may interact with each other and any vitamins, supplements or other medications you are on for other conditions.

Some over-the-counter drugs, vitamins, supplements, and even common cold remedies can affect how Parkinson's medications work or may cause unwanted side effects.

The following lists of Parkinson's medication and other medications, supplements and vitamins that require caution when taking them in combination is not exhaustive, but offers a starting point for some of the most common interactions.

Furthermore, some use of medications to be used with caution on these lists may have benefit if the specialist knows the entire medication list and patient history and still prescribes it.

If symptoms are getting worse, give a referral for a Home Medication Review (HMR). Also look to allied health professionals, such as accredited exercise physiologists, physiotherapists, occupational therapists, speech pathologists, podiatrists and dietitians to create a multidisciplinary care team.

Medications that manage Parkinson's

The brain needs dopamine, but it can't make enough in Parkinson's. In Australia, these types of medications are commonly used:

- **Dopamine replacement** uses levodopa, a raw ingredient that turns into dopamine once inside the brain; a DDI like carbidopa or benserazide helps it get there without being wasted in the bloodstream.
- **Dopamine agonists** mimics dopamine so even if it is low, the brain still gets the signal.
- **COMT inhibitors** block the breakdown of levodopa in the bloodstream before it is able to reach the brain, helping levodopa last longer and work more smoothly.
- **MAO-B inhibitors** slow brain enzymes that clean up dopamine too quickly so the dopamine stays around longer and works better.
- **GABA-B receptor agonists** mimics the action of GABA which helps reduce nerve signals that cause muscles to tighten.
- **Anticholinergics** help tremor and rigidity by restoring the dopamine-acetylcholine balance in the brain.
- **NMDA antagonists** reduce glutamate activity helping dyskinesias and other motor symptoms.

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Oral first-line treatments

Parkinson's treatment isn't one-size-fits-all, but levodopa is still the most important medicine doctors use. It helps replace the dopamine the brain is missing and works better than anything else for improving movement and daily function. The other oral treatments (e.g. agonists and inhibitors) are often combined with levodopa to tailor therapy to each person's needs. Side-effects don't always occur and benefits often outweigh them. Always read the Consumer Medicine Information (CMI) brochure.

Medication class (what they do)	Active ingredient (brand name)	Potential side effects & considerations
Dopamine replacement (levodopa oral therapies replace lost dopamine to improve movement and reduce symptoms) *n.b. If tolerated, take on an empty stomach with a full glass of water for best results. Can take with food to help nausea, but best to avoid protein 30-60 minutes either side of a dose, but this dependent on the person.*	Levodopa + Carbidopa (Sinemet®, Sinemet CR, Kinson®)	Nausea, dizziness, dyskinesia. Sinemet has both immediate and slow release formulas.
	Levodopa + Benserazide (Madopar®, Madopar HBS)	Nausea, vivid dreams, low blood pressure. Has both immediate and slow release formulas.
	Levodopa + Carbidopa + Entacapone (Stalevo®)	Diarrhoea, dyskinesia, orange urine.
Dopamine agonist (mimics dopamine to stimulate dopamine receptors to treat motor symptoms, fluctuations, mood, sleep)	Pramipexole (Sifrol®, Sifrol ER®)	Sleep attacks, hallucinations, impulse control disorders (e.g. hypersexuality, gambling, punding, excessive hobbyism).
Monoamine Oxidase Type B Inhibitors (MAO-B) (prevent dopamine breakdown in brain to treat mild motor symptoms, fatigue, mood) *n.b. speak to a neurologist or pharmacist about the potential of serious interactions (e.g. avoid St John's Wort, pethidine, tramadol, SSRI antidepressants, some antibiotics and cough suppressants)*	Selegiline (Eldepryl®, Selgene®)	Insomnia, nausea. Avoid late dosing; may interact with SSRI antidepressants and other serotonergic drugs.
	Rasagiline (Azilect®)	Headache, joint pain. May have mild symptomatic benefit.
	Safinamide (Xadago®)	Headache, insomnia, nausea. May have fewer interactions than selegiline; caution with antidepressants.
Catechol-O-methyltransferase (COMT) inhibitors (prevents levodopa breakdown in the bloodstream to treat motor fluctuations and extends levodopa's effects n.b. only used with c/l and never on its own).	Entacapone (Comtan®, *n.b. also combined with c/l in Stalevo® above*)	Diarrhoea, orange urine.
	Opicapone (Ongentys®)	Insomnia, dry mouth.

Other oral treatments

Parkinson's treatment isn't one-size-fits-all, but levodopa is still the most important medicine doctors use. It helps replace the dopamine your brain is missing and works better than anything else for improving movement and daily function. These oral treatments are often combined with levodopa to tailor therapy to each person's needs.

Medication class (what they do)	Active ingredient (brand name)	Potential side effects & considerations
Anticholinergis (Acetylcholine antagonists are used for tremor, dystonia, drooling, and muscle stiffness in PD by restoring the dopamine-acetylcholine balance in the brain)	Benztropine (Cogentin®) Trihexyphenidyl (formerly Artane®) Procyclidine (Kemadrin)	Limited effectiveness for bradykinesia or rigidity. May help with drooling due to anticholinergic dry mouth effect. Use with caution and close monitoring. Consider speech pathology before prescribing for sialorrhoea. Avoid in people over 70 or with cognitive impairment. Never stop suddenly, always talk to your care team first.
GABA-B agonist (Skeletal muscle relaxant used for spasticity, muscle cramps, off-period dystonia)	Baclofen (Clofen®)	Off-label in PD; drowsiness, dizziness, nausea, headache, confusion, hallucinations, seizures, withdrawal symptoms. Use with caution and close monitoring as evidence is mixed.

Non-oral medications used in Parkinson's

These therapies are typically used in advanced Parkinson's when oral medications are no longer effective or cause significant motor fluctuations. They offer more consistent symptom control by bypassing the digestive system. Remember, always consult a healthcare professional before starting or stopping a medication.

Medication class (what they do)	Active ingredient (brand name)	Potential side effects & considerations
Dopamine agonists (mimics dopamine to stimulate dopamine receptors to treat motor symptoms, fluctuations, mood, sleep; rescue dose is for rapid relief of "off" episodes; continuous infusion reduces motor fluctuations)	Once-daily patch you stick to your skin: Rotigotine (Neupro®)	Can cause skin irritation at patch site. Other side effects are daytime sleepiness; also monitor for impulse control disorders (ICDs) like hypersexuality, gambling, punding, and excessive hobbying. Alternative to oral dopamine agonists.
	Subcutaneous injection/pen for rescue doses or continuous delivery infusion pump: Apomorphine hydrochloride (Apomine® / Movapo®)	Nausea, sleepiness, impulse control issues. Ondansetron (antiemetic that treats nausea and vomiting) should **not** be used with Apomorphine.
Dopamine replacement gel (continuous levodopa/ carbidopa infusion advanced motor fluctuations)	Levodopa + Carbidopa intestinal gel via PEG-J (Duodopa®)	Nausea and vomiting, dyskinesia (involuntary movements), headache, dizziness or lightheadedness, dry mouth, constipation, insomnia, anxiety or depression, orthostatic hypotension (drop in blood pressure when standing). Requires surgery & careful maintenance of infusion site. Potential for redness, swelling, or pain at the stoma site, infections (including cellulitis), tube blockages or dislodgement, abdominal discomfort or bloating if not maintained properly.
Dopamine replacement infusion (24-hour levodopa delivery reduce motor fluctuations and "off" time.)	Subcutaneous infusion pump (similar to an insulin pump) Foslevodopa + Foscarbidopa (Vyalev®)	Infusion site reactions may include redness, swelling, pain and infections if not looked after properly. Other potential side effects are dyskinesia (involuntary movements), falls and balance issues, anxiety, depression, and insomnia, UTIs, constipation, nausea, abdominal discomfort. Cartridge needs refrigeration.

Vitamins & supplements requiring caution in Parkinson's

When taking Parkinson's medications, especially levodopa-containing drugs like Sinemet, Kinson, Madopar, or Stalevo, certain vitamins, minerals, and supplements can interfere with how well the medicine works or may increase potential side effects..

Vitamin or supplement	Where found	Reason for caution
Certain herbal or energy supplements	**St. John's Wort:** can interact with MAO-B inhibitors (e.g., rasagiline, selegiline, safinamide) and cause serotonin syndrome[#]. **Ginseng:** may increase side effects like jitteriness or insomnia. **Yohimbe:** can raise blood pressure dangerously, especially with MAO-B inhibitors.	**Why:** May interact with Parkinson's medications, especially MAO-B inhibitors, increasing serotonin syndrome[#] risk. Unregulated, mail-orders from USA may not be what it says.
Vitamin B6 (Pyridoxine) in doses over 50mg/day	Vitamin B6 RDI in adults is ~1.3–1.7 mg/day (easily met from food). Upper safe limit (Australian recommendations currently under TGA review): 50 mg/day from supplements. Many "mega-dose" supplements for energy, PMS, or nerve health have 100 to 500 mg n.b. these are the risky ones if taken long-term. May also be found in energy drinks. Some cases of neuropathy have been reported even at 50–100 mg/day in sensitive people. Stopping high-dose B6 usually leads to gradual improvement over months, but in severe or prolonged cases, nerve damage can be permanent.	**Why:** High dose B6 causes a sensory peripheral neuropathy with symptoms like: • Tingling, burning, or numbness in hands and feet • Loss of balance or coordination • "Stocking-glove" distribution of symptoms. This happens because excess B6 is toxic to nerve cells, particularly those in the dorsal root ganglia. **What to do:** Do not take B6 unless directed by a dietitian or your GP.

[#]Serotonin syndrome is a serious health problem that happens when there's too much serotonin (a neurotransmitter similar to dopamine) in the brain. It can cause symptoms like high body temperature, shaking, confusion, and muscle twitching, and needs immediate medical attention or it can be fatal.

Vitamins & supplements requiring caution in Parkinson's

When taking Parkinson's medications, especially levodopa-containing drugs like Sinemet, Kinson, Madopar, or Stalevo, certain vitamins, minerals, and supplements can interfere with how well the medicine works or may increase potential side effects..

Vitamin or supplement	Where found	Reason for caution
Iron supplements	Iron supplements (look for ferrous sulfate, ferrous fumarate, etc.). Also applies to multivitamins with iron.	**Why:** Iron binds to levodopa in the gut and reduces absorption. **What to do:** Separate iron and levodopa doses by at least 2 hours.
High-protein amino acid supplements	Protein supplements (e.g. whey, casein, BCAAs)	**Why:** Levodopa competes with dietary protein and amino acids for absorption and entry into the brain. **What to do:** Usually fine if timed away from levodopa doses. For some people, a protein redistribution diet (most protein in the evening) improves symptom control (n.b. only do this under dietitian or neurologist guidance).
Mucuna pruriens (velvet bean) aka "natural levodopa"	Health food stores as powders, capsules, or extracts. Traditional Ayurvedic medicine. Natural supplements marketed for mood, energy, or neurological support.	**Why:** Supplements have unregulated dosages so you never know how much you are actually getting. It contains natural levodopa, which can interact unpredictably with prescription levodopa, leading to excessive or erratic dopamine levels, nausea and GI issues as potential side effects. **What to do:** Avoid unless prescribed and monitored by your neurologist or dietitian.

Medications requiring caution in Parkinson's

These medicines aren't always unsafe, but they should only be used with guidance from a specialist. A doctor who knows about Parkinson's disease can help avoid problems like low dopamine levels, bad reactions with other drugs, or making movement and thinking issues worse. Always talk to a GP, neurologist or Parkinson's expert before starting or stopping these treatments.

Medication class	Examples Active ingredient (brand names)	Reason for caution
Antidepressants (treats depression)[#]	**MAO Inhibitors:** • Phenelzine (Nardil®) • Tranylcypromine (Parnate®) • Moclobemide (Amira, Aurorix®, Clobemix, Mohexal)	May interact with selegiline or rasagiline (MAO-B inhibitors), increasing risk of serotonin syndrome[#] or hypertensive crisis.
	Selective Serotonin Reuptake Inhibitors (SSRIs) & Selective Noradrenaline Reuptake Inhibitors (SNRIs): • Citalopram (Celapram, Ciazil, Cipramil®, Citalobell, Talam) • Escitalopram (Esitalo, Esipram, Lexam, Lexapro®, Loxalate) • Fluoxetine (Auscap, Fluoxebell, Movox, Voxam, Zactin®) • Reboxetine (Edronax®)	May interact with MAO-B inhibitors and increase serotonin levels excessively, leading to **serotonin syndrome[#]**.
	SSRIs & SNRIs that may be prescribed: • *Mirtazapine (Avanza, Avanza SolTab, Axit, Mirtazon)* • *Paroxetine (Aropax, Extine, Paxtine)* • *Sertraline (Concorz, Eleva, Sertraline, Sertra, Setrona, Xydep, Zoloft®)* • *Venlafaxine (Efexor, Efexor XR®)*	Can be taken under specialist supervision.
	Tricyclic Antidepressants (TCAs): • Clomipramine (Anafranil, Placil) • Dothiepin (Dothep, Prothiaden) • Doxepin (Deptran, Sinequan) • Imipramine (Tofranil, Tolerade) • Mianserin (Lumin, Tolvon) • Nortriptyline (Allegron®) • Trimipramine (Surmontil®)	Anticholinergic effects may worsen cognitive symptoms and cause confusion, dry mouth, constipation, and urinary retention.

[#]Serotonin syndrome is a serious health problem that happens when there's too much serotonin (a neurotransmitter similar to dopamine) in the brain. It can cause symptoms like high body temperature, shaking, confusion, and muscle twitching, and needs immediate medical attention or it can be fatal.

Medications requiring caution in Parkinson's

These medicines aren't always unsafe, but they should only be used with guidance from a specialist. A doctor who knows about Parkinson's disease can help avoid problems like low dopamine levels, bad reactions with other drugs, or making movement and thinking issues worse. Always talk to a GP, neurologist or Parkinson's expert before starting or stopping these treatments.

Medication class	Examples Active ingredient (brand names)	Reason for caution
Cardiovascular (treats heart & blood pressure conditions & chest pain)	🚫 **Avoid:** Methyldopa ⚠️ **Use with Caution:** • Calcium channel blockers (e.g. amlodipine) • ACE inhibitors (e.g. perindopril) • Angiotensin II receptor blockers (e.g. irbesartan) • Imdur (isosorbide mononitrate)	May worsen low blood pressure and Parkinson's symptoms including increases the risk of dizziness, fainting, or falls. *n.b. these drugs are under constant development so it's important that your doctor knows you have Parkinson's before prescribing anything for your heart issues.*
Cough suppressant *n.b. many over-the-counter flu and cough medicines contain multiple active ingredients*	Dextromethorphan, may also contain active ingredients like pseudoephedrine, antihistamines, or acetaminophen.	May worsen symptoms like tremors or confusion. May interact with Selegiline, Rasagiline, or Safinamide (MAO-B inhibitors), increasing risk of serotonin syndrome[#]
Dopamine -depleting agents (CNS agent that treats Huntington's chorea, severe tics)	Tetrabenazine	Depletes dopamine, which is already deficient in Parkinson's; can worsen motor symptoms.
Mood Stabilisers (treats mood disorders e.g. bipolar)	• Bupropion (Clorprax, Prexaton, Zyban SR) • Lithium (Lithicarb, Quilonum SR), Phenytoin (Dilantin)	May interfere with neurological function and worsen tremor.

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Medications requiring caution in Parkinson's

These medicines aren't always unsafe, but they should only be used with guidance from a specialist. A doctor who knows about Parkinson's disease can help avoid problems like low dopamine levels, bad reactions with other drugs, or making movement and thinking issues worse. Always talk to a GP, neurologist or Parkinson's expert before starting or stopping these treatments.

Medication class	Examples Active ingredient (brand names)	Reason for caution
Pain relief	Morphine, hydromorphone Muscle relaxants • Cyclobenzaprine (Flexeril) Opioids and analgesics • Meperidine (Demerol) • Tramadol (Ultram) • Methadone (Dolophine) • Dextromethorphan (found in many OTC cough meds) Pethidine	Use morphine with caution. May worsen constipation and confusion. Muscle relaxants like Cyclobenzaprine can dangerously raise blood pressure when combined with MAO-B inhibitors. Opioids & analgesics may cause serotonin syndrome[#] when combined with MAO-B inhibitors Pethidine with MAO-B inhibitors (Azilect, Xadago, Eldepryl) due to a risk of fatal reactions.
Smoking cessation aid (treats depression & helps stop smoking)	Bupropion (Clorprax, Prexaton, Zyban SR)	May lower seizure threshold and interact with dopaminergic medications; caution with MAO-B inhibitors.

[#]Serotonin syndrome is a serious health problem that happens when there's too much serotonin (a neurotransmitter similar to dopamine) in the brain. It can cause symptoms like high body temperature, shaking, confusion, and muscle twitching, and needs immediate medical attention or it can be fatal.

References:

Health Direct Medicines information https://www.healthdirect.gov.au/medicines

Medications to be Used with Caution for People with Parkinson's - 15th edition (2023)

NPS Medicine-wise https://www.nps.org.au/medicine-finder/

Waller, S., Williams, L., Morales-Briceño, H., & Fung, V. S. C. (2021). Diagnosis and management of Parkinson's disease. Australian Journal of General Practice, 50(11), 763–768.

Grannell L. Drug interaction resources: mind the gaps. Aust Prescr 2020;43:18–23. https://doi.org/10.18773/austprescr.2020.005

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Medications used at end-of-life in Parkinson's

At the end-of-life, swallowing may become an issue when taking oral medications. Here are alternative ways to take dopamine replacement therapies and adjunct therapies with contraindications noted.

Medication name	Purpose (how it works)	End-of-life alternative	Contra-indications & cautions
Levodopa + carbidopa (e.g. Sinemet, Kinson)	Replaces dopamine Converts to dopamine in the brain	Subcutaneous infusion (e.g. VYALEV® n.b. requires expert input from a specialist medical or nursing team) or transdermal patch (off-label).	**Do not** crush controlled-release tablets. Avoid abrupt withdrawal.
Levodopa + benzeraside (Madopar)			
Pramipexole, ropinirole	Dopamine agonist Mimics dopamine at receptors	Consider transdermal rotigotine patch.	Risk of hallucinations, hypotension. Avoid in delirium. n.b. risk of DAWS (dopamine agonist withdrawal syndrome) if stopped suddenly.
Rotigotine patch	Dopamine agonist Continuous transdermal delivery	Continue if tolerated	Skin irritation. Avoid in severe confusion.
Rasagiline, selegiline	MAO-B inhibitors Prevent dopamine breakdown	Not recommend discontinuing if non-oral administration (e.g., PEG or NG) remains available.	Risk of serotonin syndrome with SSRIs, opioids.
Entacapone	COMT inhibitor Extends levodopa effect	Discontinue if oral route not viable	No non-oral alternative. May worsen diarrhoea.
Domperidone	Anti-nausea Blocks peripheral dopamine receptors	Continue if tolerated	Safer than metoclopramide. Monitor QT interval.
Metoclopramide, prochlorperazine	Anti-nausea Blocks central dopamine receptors	Avoid	Worsens Parkinson's symptoms.

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APPENDICES: Helpful resources

The following resources designed for PwP can be found as separate pdfs on our website.

Parkinson's medications infosheet
- An infosheet on using, organising, storing and managing medications.

Levodopa infosheet
- An infosheet on levodopa and levodopaphobia.

Safe & simple medication tips
- An infosheet on using, organising, storing and managing medications.

Checklist for managing my Parkinson's symptoms
- Checklist to provide to support workers, hospital, respite or aged care home to know what their symptoms are and tips on how to help manage them.

Symptom tracking
- If they need to track your symptoms due to medication changes, we have an hourly tracking sheet available.
- There are many apps and online templates available for symptom tracking. Find one that suits you most.

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Medication use in Parkinson's

There are a range of medications that can help you manage and control your Parkinson's symptoms along with exercise and lifestyle changes. However, there are also other medications, vitamins and supplements you must take with caution or completely avoid due to potential interactions that may worsen your symptoms.

Things to remember

Managing Parkinson's means more than just taking your prescribed medications... it's about understanding how all the medicines you take may interact.

Some over-the-counter drugs, vitamins, supplements, and even common cold remedies can affect how your Parkinson's medications work or may cause unwanted side effects. That's why you should always talk to your GP, neurologist, or pharmacist before starting **anything** new, or if you are trying to stop any medications you were prescribed.

If symptoms are getting worse for you on medications alone, don't be afraid to ask your GP for referrals for a Home Medication Review (HMR) where your pharmacist can also help answer any questions that you may have about your meds, supplements, vitamins and minerals you might take and give advice on how to optimise your regime.

If you're having trouble remembering which medicines to take when your pharmacist might be able to make you a pharmacy pack (also called a blister pack or a Webster pack). These help you take the right medicines at the right time.

If you are a veteran you may be eligible for the Dose Administration Aid service which provides you with a medicine organiser pack.

Medications that manage Parkinson's

Your brain needs dopamine, but it can't make enough. In Australia, these types of medications are commonly used:

- **Dopamine replacement** uses levodopa, a raw ingredient that turns into dopamine once inside your brain; carbidopa helps it get there without being wasted in your bloodstream.
- **Dopamine agonists** mimics dopamine so even if it is low, your brain still gets the signal.
- **COMT inhibitors** block the breakdown of levodopa in your bloodstream before it is able to reach the brain, helping levodopa last longer and work more smoothly.
- **MAO-B inhibitors** slow brain enzymes that clean up dopamine too quickly so the dopamine stays longer and works better.
- **GABA-B receptor agonists** mimics the action of GABA which helps reduce nerve signals that cause muscles to tighten.
- **Anticholinergics** block acetylcholine, which becomes relatively overactive in the brain.
- **NMDA antagonists** reduce glutamate activity helping dyskinesias and other motor symptoms.

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Vitamins, minerals & supplements

When you're taking Parkinson's medications especially those containing levodopa like Sinemet®, Madopar®, or Stalevo®, t's important to know that some vitamins, minerals, and supplements can affect how well your medication works. These interactions can reduce the benefits of your treatment or increase the risk of side effects.

For example, iron supplements (including multivitamins with iron) can interfere with how your body absorbs levodopa. If you need to take iron, try to space it at least two hours apart from your Parkinson's medication.

Similarly, high-protein meals can also compete with levodopa for absorption in the gut, which may make your medication less effective. Your doctor or dietitian can help you find a balance that works for you.

Some herbal or over-the-counter supplements, like St John's Wort, 5-HTP, or dextromethorphan (found in many cough medicines), can interact with Parkinson's medications and increase the risk of serotonin syndrome, a rare but very serious condition.

High dose B6 (greater than 50mg) may cause sensory peripheral neuropathy with symptoms like:

- Tingling, burning, or numbness in hands and feet
- Loss of balance or coordination.

This happens because excess B6 is toxic to nerve cells, particularly those in the dorsal root ganglia. Do not take B6 unless directed by a dietitian or your GP, preferably after a blood test to look at B6 levels.

Macuna has an unregulated dosage, though it contains "natural" levodopa. It can interact unpredictably with prescription levodopa, leading to excessive or erratic dopamine levels, nausea and GI issues as a side effect.

Always check with your pharmacist, dietitian or neurologist before starting anything new, even if it's "natural."

Medications to be used with caution

Some medications aren't necessarily unsafe for people with Parkinson's, but they do need to be used with caution. These include certain **antipsychotics, anti-nausea drugs, pain medications, and even some over-the-counter cold and flu remedies.** These medicines can interfere with dopamine levels, worsen movement symptoms, or cause unwanted side effects like confusion or hallucinations. That's why it's important to check with a health professional before starting anything new, even if it seems minor.

A GP or Parkinson's Nurse who understands Parkinson's can help avoid problems like drug interactions, serotonin syndrome, or worsening of motor and non-motor symptoms. For example, medications like metoclopramide (for nausea) or haloperidol (for agitation) can block dopamine and make symptoms worse. Others, like tramadol or dextromethorphan, may interact with Parkinson's medications and increase the risk of serious side effects. Even some antidepressants and sleep aids need careful monitoring.

Some medications and substances must be avoided completely when you're taking Parkinson's treatments. Certain drugs, such as meperidine (Demerol®), tramadol, methadone, and dextromethorphan (found in many cough medicines), can interact dangerously and may lead to serotonin syndrome.

If you're prescribed a new medication, always let your GP, pharmacist, or neurologist know you're living with Parkinson's. They can help check for interactions and suggest safer alternatives if needed. Also inform members of your care team.

Never stop or change your medications without medical advice, even if you're worried about side effects. A tailored approach is key to staying safe and getting the most benefit from your treatment.

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Levodopa: still the gold standard for Parkinson's

Since 1967, Levodopa has been the most powerful medicine we have for treating Parkinson's, and it still is! Dopamine-producing cells in the brain cannot keep up with demand in Parkinson's, which leads to symptoms (similar to how diabetics lose insulin production and struggle to regulate blood sugar unless it is replaced). Dopamine replacement is the first-line and most effective treatment for Parkinson's.

Levodopa

Levodopa, an amino acid supplement, actually becomes dopamine inside your brain. That's why it's considered the "gold standard" and is the most effective treatment for tremor, stiffness, and slowness. Like all medications, levodopa may have side effects, but these can often be managed with medication adjustments or other therapies.

Levodopa works well, but it doesn't stay in the body for long on its own. That's why it's paired with a helper medication called a dopa decarboxylase inhibitor (DDI), protecting the levodopa in your body and helping it reach the brain. Common DDIs include Carbidopa (found in Kinson® and Sinemet®) and Benserazide (in Madopar®). For example, Kinson® 125 contains 100 mg of Levodopa and 25 mg of Carbidopa.

Levodopa turning to dopamine in the brain is great, but it also needs some neurons there to soak it up.

More specifically, levodopa treats motor symptoms like:

- Bradykinesia (slow movement)
- Rigidity (stiff muscles)
- Tremor (shaking)
- Postural instability (balance problems)
- Shuffling walk
- Trouble starting movements
- Freezing episodes.

Delaying levodopa treatment can actually make overall motor function worse. Starting early can help you move better, feel better, and enjoy life more.

Levodopa & non-motor symptoms

Non-motor symptoms levodopa may also help with:

- **Sleep disturbances:** May improve sleep by reducing nighttime rigidity or tremor.
- **Fatigue:** Can help if fatigue is linked to motor effort or "off" periods.
- **Mood (depression/anxiety/apathy):** Sometimes improves mood indirectly by enhancing mobility and independence.
- **Cognitive fluctuations:** May stabilise attention and alertness during "ons".
- **Pain:** Can reduce pain caused by rigidity or dystonia.
- **Urinary urgency:** Occasionally improves if urinary issues are linked to motor fluctuations.
- **Drooling (sialorrhea):** May help by improving swallowing and facial muscle control.

What symptoms levodopa **doesn't** typically help with:

- Constipation
- Orthostatic hypotension (low blood pressure/dizziness when sitting to standing)
- REM sleep behaviour disorder (acting out your dreams, shouting out while asleep)
- Hallucinations or delusions
- Dementia or significant cognitive decline.

NOTE: Symptoms still do vary from person to person, can fluctuate throughout the day and do change over time. Not every person will experience every symptom listed here.

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Safe & simple medication tips

A guide for people living with Parkinson's and those who support them

Managing medications can be tricky, especially when there are lots to keep track of. These tips are designed to help you feel more confident and stay safe when storing, using, and organising your medicines.

Storing medicines

- Some medicines need to be kept in a certain way e.g. in the fridge or away from sunlight. Your pharmacist will let you know how and where to store each one.
- Always check the label to make sure you're taking the right medicine, at the right time, to the right person.

How medicines are taken

- Not all medicines are taken by mouth. Some may be given by injection, through a skin patch, or another method. Always check first.
- If swallowing is hard, check with your pharmacist or doctor before crushing any tablets, some medicines **must** be taken whole.
- If you're unsure, ask your pharmacist or doctor how the medicine should be taken.

Keeping track of medications

- Using digital health tools like my health app and e-scripts are a really easy way to have all your medication information at your fingertips (in your phone).
- You may be given a printed list of your medicines, what they're for, and when to take them. If you don't have one and would like one, speak to your pharmacist, GP or care team.
- Some medicines are taken at set times each day, while others are taken only when needed, like pain relief.

Staying organised

- If you are managing several prescriptions, apps like my health app and e-scripts can make it much easier to reorder and see how many refills are left.
- If you're taking several tablets, several times per day, a pill box can help. These have compartments for each day and time, and are available at most chemists or online.
- You can fill the pill box yourself, or ask your pharmacist to do it. They can put your medications into a Webster pack (a weekly pack made up by your pharmacist with all your medicines sorted and labelled).

Safe Disposal

- If you're using syringes or needles, ask about a sharps disposal container available from your chemist or local council.
- If a medicine is no longer needed or expired, return it to the chemist for safe disposal.

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Checklist for managing my Parkinson's symptoms

Please keep this checklist in my hospital notes during this admission.

Name & date:

Parkinson's causes difficulties in movement and other motor and non-motor symptoms, due to low levels of the brain chemical dopamine. Symptoms may include slowness, tremor, depression, anxiety, sleep problems and pain. Symptoms vary from person to person, fluctuate throughout the day and change over time.

Special Considerations (circle one): I have a deep brain stimulation (DBS) device. I have a Duodopa Pump. I have a VYALEV Pump.

I have ticked the symptoms below that apply to me (n.b. 2-page document).

- [ ] **Please help me have my medicines on time, every time**
  The timing of my medicines is very important for managing my Parkinson's symptoms. An hour late may mean I am extremely slow, sitting rigid and in pain for that hour. This could make my symptoms harder to manage. Please see my Medicines List for my dose and timing instructions.

- [ ] **I can manage my own medicines**
  Please let me manage and take my Parkinson's medicines myself. This may make it easier for me to take them on my currently prescribed "at-home" schedule.

- [ ] **Please manage my pain**
  Analgesics may not help if I have pain from muscle rigidity or dystonia. If I get pain in an 'off' time or because my medicines were late, Parkinson's medicines will often relieve it. If I get pain even when I have my Parkinson's medicines on time, I need them reviewed. Referring me to a physiotherapist may also help.

- [ ] **Help me get moving if I freeze**
  Humming a marching tune, counting or helping me imagine I'm going up stairs can get me moving again. You can also help me get out of bed by giving simple step-by-step instructions. Please do not rush me... it could make me anxious and actually slow me down.

- [ ] **Nighttime issues**
  I have trouble turning in bed, even though I may be mobile during the day. Please look for pressure areas and help me in and out of bed for toileting. A bed pole and referring me to a physiotherapist may also help. I may also experience nocturia, so a nighttime catheter may be needed. I could experience RBD, acting out dreams or talking during sleep.

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Checklist for managing my Parkinson's symptoms, p2

- [ ] **Use my 'on' times for activities**

In my 'on' times, the Parkinson's medicines are working and I am best able to move. In my 'off' times, symptoms such as tremor, slowness, stiffness, speech, balance, fatigue, anxiety and depression are at their worst.

Timing my activities, such as showering and meals, during 'on' times will make things easier and I will need less help.

- [ ] **Help with my swallowing difficulties**

I may eat my meals slowly if I have trouble swallowing. Please don't assume I have finished a meal if I have paused, and I may need my meal reheated at times.

Refer me to a speech pathologist if I show signs of swallowing difficulties, such as coughing or choking on food or drinks. If I can't swallow, I may need my medicines reviewed so I can take them through a nasogastric tube or use non-oral alternatives.

- [ ] **Prevent falls**

Sometimes I lose my balance, which makes me fall. Referring me to a physiotherapist can help for balance and walking problems. I may be dizzy when I get up too quickly, which can also lead to falls. Checking my blood pressure when lying and standing, and giving fluids (if appropriate) may help.

- [ ] **Be patient and listen carefully**

I need time to speak and my voice may be soft. My face may not express my emotions: even if I don't smile, I do appreciate your help.

I also have the following:

- [ ] Tremor
- [ ] Constipation
- [ ] Sleep disturbances
- [ ] Memory problems
- [ ] Slowness in thinking
- [ ] My handwriting may be affected
- [ ] Concentration problems
- [ ] Impulse control disorders
- [ ] Continence issues
- [ ] Anxiety
- [ ] Depression
- [ ] Hallucinations, delusions or psychosis
- [ ] My movements and ability to move may fluctuate
- [ ] My speech may appear slurred or my voice volume may be soft
- [ ] My lack of facial expression may affect my communication and my ability to display emotions
- [ ] If my medications are missed, my symptoms WILL worsen
- [ ] Dyskinesias (movements I can't control)
- [ ] **I MUST NOT** have Haldol, Maxolon, Stemetil or Phenergan (haloperidol, metoclopramide, prochlorperazine, or promethazine hydrochloride)

On time, every time with Parkinson's medicines

Reasonable care is taken to provide accurate information at the date of creation. This information is not intended as a substitute for medical advice from health professionals. Do not use the information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this document. Health professionals should rely on their own expertise and enquiries when providing medical advice or treatment. To the fullest extent permitted by law, Parkinson's Australia disclaims all liability (including without limitation for negligence) for any loss, damage, or injury resulting from reliance on, or use of this information. Any references to brands should not be taken as an endorsement by Parkinson's Australia.

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Medication schedule

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medication	dose	time(s)

Appointments

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date & time: .....

doctor name: .....

questions for the doctor

.....

.....

.....

.....

appointments:

next steps:

Meds & symptom tracker

	*meds taken	off	on	dysk	sleep	other/notes
5am	:					
6am	:					
7am	:					
8am	:					
9am	:					
10am	:					
11am	:					
12am	:					
1pm	:					
2pm	:					
3pm	:					
4pm	:					
5pm	:					
6pm	:					
7pm	:					
8pm	:					
9pm	:					
10pm	:					
11pm	:					

Name:_____

Date:_____

How to Use This Tracker

This tool helps track how your symptoms respond to meds taken throughout the day. It can support your healthcare team in adjusting the timing and dosage of your PD meds.

- For each hour, (e.g. 7:00–7:59 = 7am row), tick the box that best describes your motor state during that time (e.g. “on,” “off,” “dyskinesia,” “asleep”).
- If you take medication during that hour, write the exact time in the ***meds taken** column.

For example: If you take a dose at 7:45pm, record it in the 7pm row.

You can complete this daily and share it with your care team to help guide your treatment or for medication reviews.

More info found at: www.parkinsons.org.au

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