Case 13 (Part 3) - November 2017

SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

End-stage Parkinson's Disease (PD) can present unique issues for medication prescribing. Pharmacists can help assist with specific recommendations in this setting.

End-stage Parkinson's Disease

Unfortunately George has suffered a large stroke. He is now bedbound, unable to swallow, and requiring 24-hour nursing care. Following discussion with his wife, the focus for George is good symptom management to keep him comfortable.

Rigidity

For patients with PD one of the primary symptoms in the last days of life is pain related to rigidity, especially if medications are ceased abruptly. A rotigotine patch may be an option to help manage PD motor symptoms in a patient who cannot swallow.

Converting usual PD medications

Conversion of a patient's usual PD medications can be calculated using an online OPTIMAL calculator (see useful resources). This UK resource was developed to guide conversion of medications for either nasogastric tube (NGT) administration, or a patch when a NGT is unsuitable. A downloadable PDF of a recommended regime is generated.

Rotigotine patch practice points

Neupro® transdermal patch (rotigotine) is a dopamine agonist (DA) available in a 2, 4, 6 and 8mg/24 hour patch. It can be a useful option with topical once-daily application. Reduced doses are recommended if the patient has delirium or dementia as DAs can increase confusion. They are also emetogenic, especially when initiating.

Recommendations for George

- Initiating a rotigotine patch 8mg/24 hours based on George's usual regime (Sinemet® 100/25mg tablet five times a day and Madopar Rapid® 62.5mg mane).

  Note that PBS supply is restricted to combination with levodopa so it would need to be supplied on a private prescription. Close monitoring is recommended.
- Anticipatory prescribing for end of life symptoms may require some modification.
- Use ondansetron (non-PBS indication) as the preferred antiemetic. Dopamine antagonists such as metoclopramide, haloperidol and prochlorperazine should be avoided in PD as they will exacerbate rigidity.
- Antipsychotics (dopamine antagonists) should be avoided. Subcutaneous midazolam or clonazepam (non-PBS) may help to relieve restlessness and agitation.
- Pain can be treated with opioids as appropriate. Subcutaneous midazolam or clonazepam (non-PBS) may also help with relieving rigidity.

Useful resources

- Parkinson's Australia
- Parkinson's calculator (OPTIMAL)
- The Michael J Fox Foundation

For more information

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