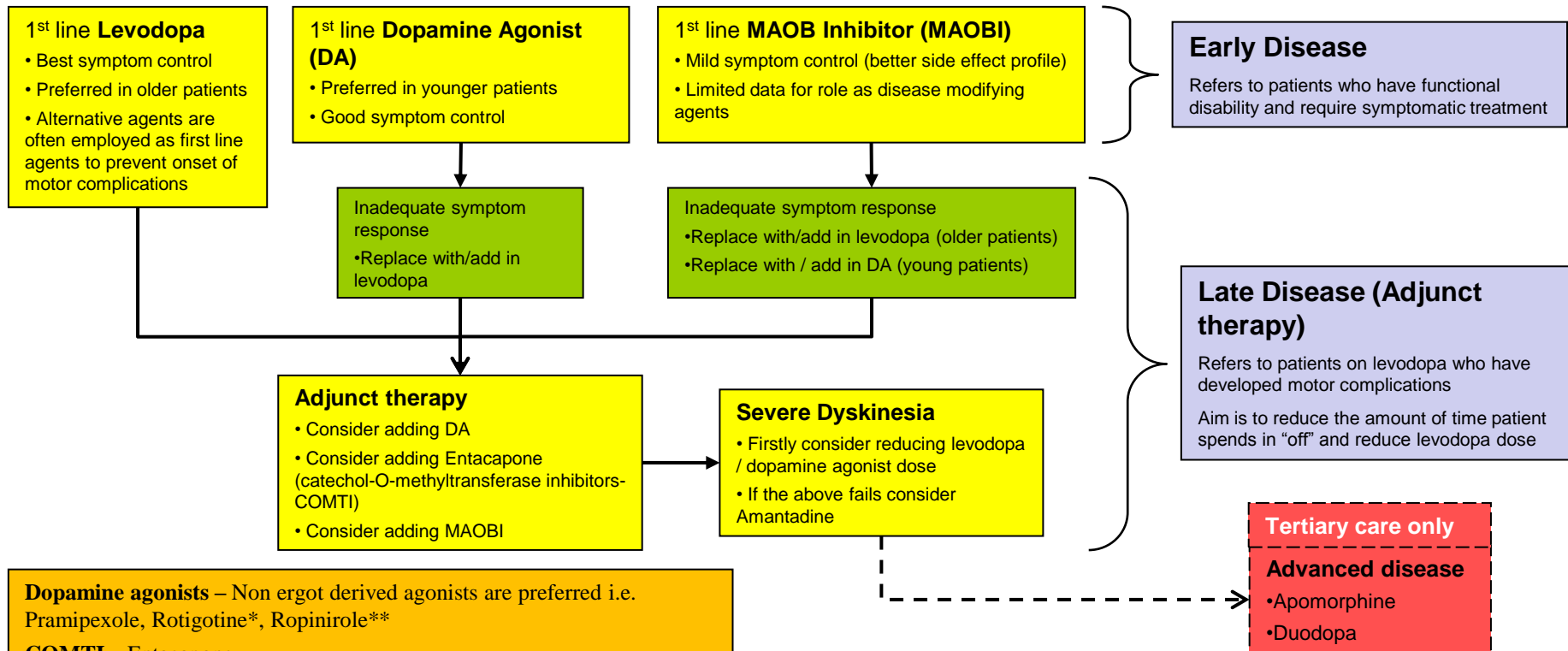


# Drug therapy for Parkinson's disease - specialist initiation only

It is not possible to identify a universal first-choice drug therapy for people with early PD. The choice of drug first prescribed should take into account:

- Clinical (i.e. severity of motor deficits and patient co-morbidities) lifestyle characteristics
- Patient preference, after the patient has been informed of the short- and long-term benefits and drawbacks of the drug classes



**Dopamine agonists** – Non ergot derived agonists are preferred i.e. Pramipexole, Rotigotine\*, Ropinirole\*\*

**COMTI** – Entacapone

**MAOBI** – First Line: Selegiline. Second-line: Rasagiline\*\*\*

\* patches restricted to patients in whom the oral route is unavailable or as a trial prior to more invasive therapies (e.g. apomorphine infusion)

\*\* modified-release form restricted to patients stabilised on the immediate-release preparation but unable to comply with the thrice-daily dosing

\*\*\* patients who are intolerant to selegiline

Document Reference	Prepared by:	Date
Parkinson's disease drug therapy pathway (new)	Katti Nwosu, Dr Gary Hotton, Dr Wit Woothipoom, Dr Richard Perry	February 2015
Consultation via NCL Formulary Pharmacists	BCF, GOSH, MEH, RFH, RNOH, UCLH, WH, Edgware Community Hospital	March 2015
Approval by NCL JFC (version 1.0)	N/A	April 2015