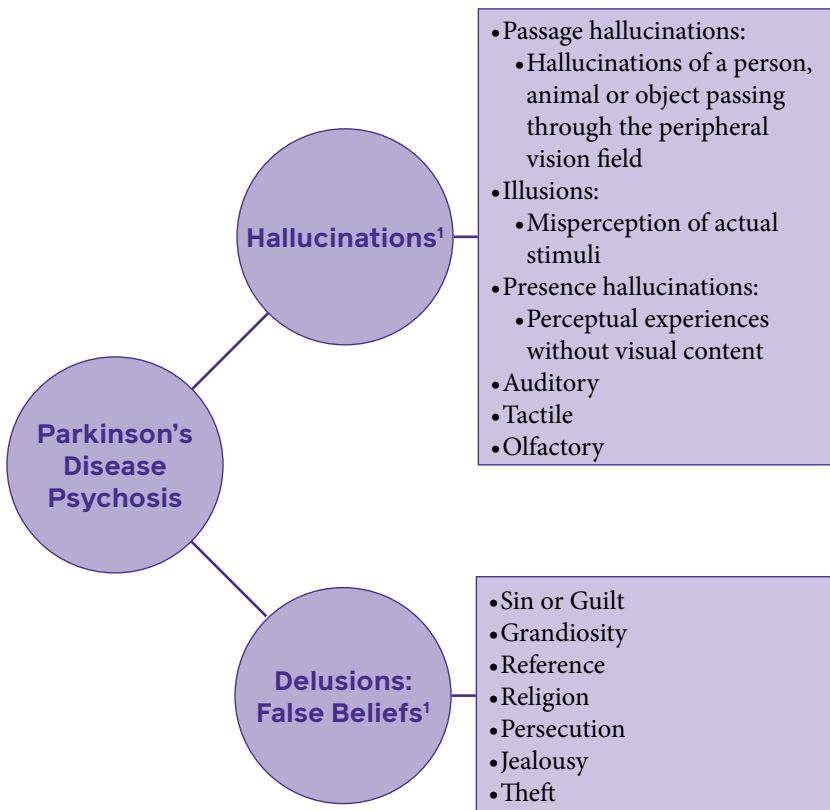




# QUICK REFERENCE DOCUMENT FOR CHANGING ANTIPSYCHOTIC REGIMENS FOR TREATMENT OF PARKINSON'S DISEASE PSYCHOSIS (PDP)



PDP is a serious, common complication of Parkinson's disease characterized by hallucinations and delusions.<sup>2</sup> Risk factors for PDP include higher age of onset, high doses of dopaminergic medications, and sleep disorders.<sup>2</sup> Some long-term care residents with PDP “may need specific types of psychotropic medications...indefinitely.”<sup>3</sup> When selecting an antipsychotic for treatment of PDP, it is important to consider the dopamine antagonism of the medication.<sup>2,4</sup> Pimavanserin has “no appreciable activity” at dopaminergic receptors, while other antipsychotics have some level of dopaminergic activity.<sup>4</sup>

The Movement Disorders Society (MDS) Commissioned Review states that the atypical antipsychotics clozapine and pimavanserin are “clinically useful” in treatment of PDP.<sup>5</sup> The review classifies quetiapine as “possibly useful” in treatment of PDP, and states that all atypical antipsychotics must be used cautiously in all patients with dementia-related psychosis.<sup>5</sup> The AGS Beers Criteria® recommends avoiding antipsychotics except in FDA-approved indications such as PDP.<sup>6</sup> Clozapine and quetiapine have been used off-label for PDP.<sup>7</sup>

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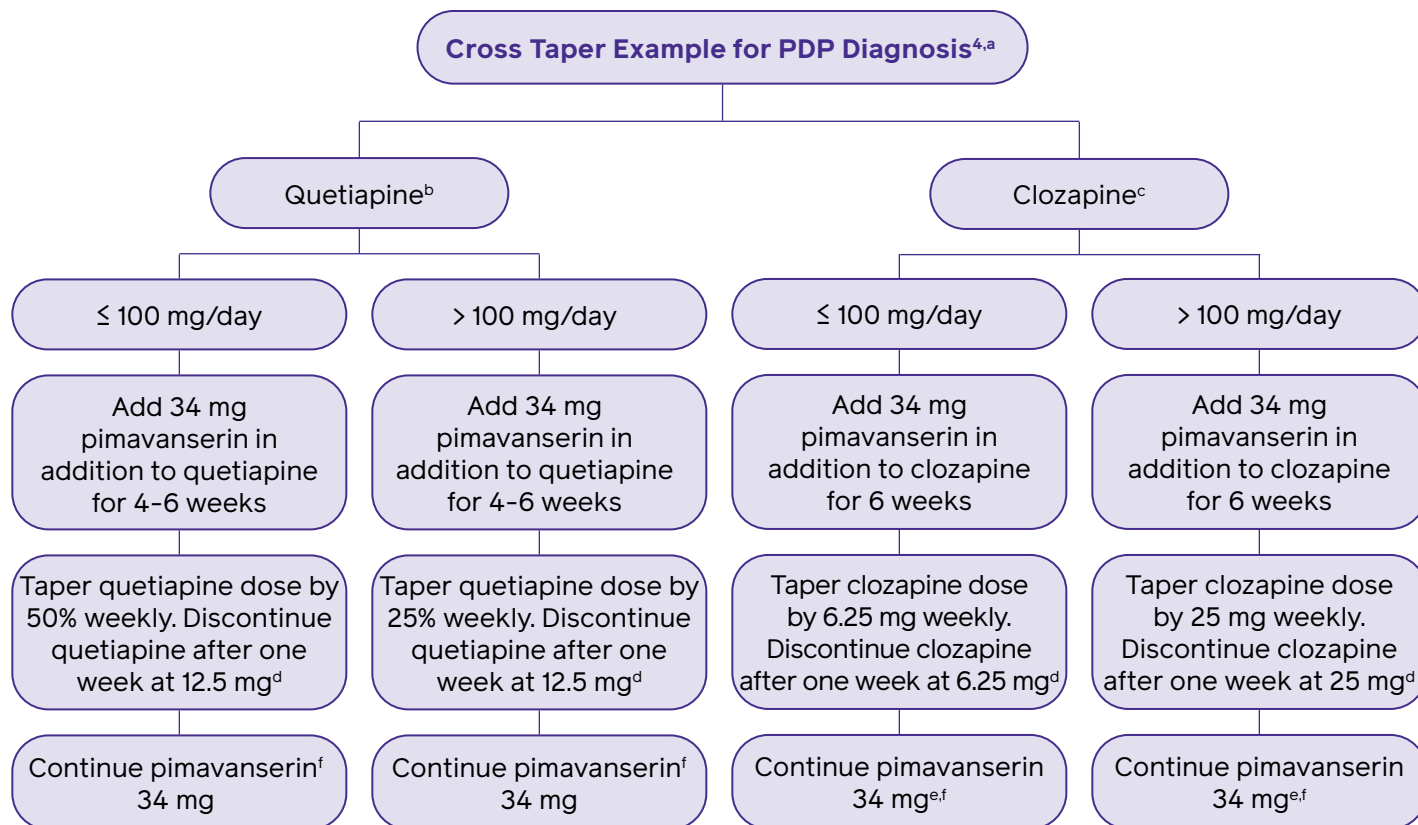
*This document was developed by Delaney McCarthy, PharmD; Dagmara Zajac, PharmD; and Avra Thomas, PharmD, BCGP, with funding supported by Acadia Pharmaceuticals. It is based on data available at the time of writing in March 2024 and may not be all-encompassing. Patient specific considerations should be considered at all times.*

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## Quick Reference Document for Changing Antipsychotic Regimens for Treatment of PDP

- There are currently no controlled trials regarding this transition in therapy.<sup>4</sup>
- Considerations of this transition include maintaining consistent 5-HT<sub>2A</sub> antagonism and reducing side effects.<sup>4</sup>



### Prior to initiating therapy and throughout the treatment course, assess:<sup>8</sup>

- Any contributing medical factors
- Any concurrent medications that could induce psychosis
- Nonpharmacological strategies
- How to best individualize treatment

Haloperidol, risperidone, and olanzapine have a high risk of motor side effects due to dopamine antagonism and are not recommended in PDP.<sup>4</sup>

a. Algorithm based on Black et al.<sup>4</sup>

b. Contains black box warning for increased mortality in elderly patients with dementia-related psychosis, as well as for suicidal thoughts and behaviors.<sup>9</sup>

c. Contains black box warnings for increased mortality in elderly patients with dementia-related psychosis, severe neutropenia (REMS), orthostatic hypotension, seizure, and myocarditis.<sup>10</sup>

d. If efficacy is reduced, pause taper for one week, and then re-attempt dose reduction. A patient may need to continue both medications if added benefit is present.<sup>4</sup>

e. Monitor absolute neutrophil counts (ANC) for 2 weeks after clozapine discontinuation.<sup>4</sup> Refer to manufacturer prescribing information for more details.<sup>10</sup> Maintain patient on clozapine registry (REMS) for at least 2 months following discontinuation.<sup>4</sup>

f. Pimavanserin (Nuplazid), approved in 2016,<sup>11</sup> is a selective 5HT<sub>2A</sub> receptor inverse agonist/antagonist with “no appreciable activity” at dopaminergic receptors<sup>4</sup> that is FDA - approved for treatment of PDP.<sup>11</sup> The recommended starting dose is 34 mg/day, and 10 mg/day for patients taking strong CYP3A4 inhibitors. It contains a warning for QTc prolongation, and adverse events observed in clinical trials include edema and confusion.<sup>11</sup> Pimavanserin has a black box warning for increased mortality in elderly patients with dementia-related psychosis. It is “not approved for the treatment of patients with dementia who experience psychosis unless their hallucinations and delusions are related to Parkinson’s Disease.”<sup>11</sup>

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