

MEDICAL ALERT

I have **PARKINSON'S DISEASE**
which could make me move slowly and
have difficulty standing or speaking.

I AM NOT INTOXICATED.
Please call my family or physician for help.

NPF | NATIONAL PARKINSON FOUNDATION
Improving care, Improving lives

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www.parkinson.org

Important information for the treating physician(s) regarding Parkinson's disease.

Parkinson's disease patients can be under treatment with brain pacemakers and/or medications. Receiving medications on time is critical. See the important considerations and contraindications listed on the back of this card.

MY NAME

HOME ADDRESS

PERSON TO CALL

PHONE

ADDRESS

PHYSICIAN

PHONE

ALLERGIES

OTHER MEDICAL CONDITIONS

MEDICATIONS AND DIAGNOSTIC TESTS THAT MAY BE CONTRAINDICATED IN PARKINSON'S DISEASE:

ANTI-PSYCHOTICS: Drugs that belong to the class of medications known as "typical," "conventional" or "older-generation" antipsychotics block dopamine and several other receptors in the brain. Examples of these include haloperidol, thioridazine, etc. These medications should not be used if at all possible. Other "atypical" or "newer-generation" antipsychotic drugs have also been reported to worsen parkinsonism and are also best avoided, but if any are needed, quetiapine or clozapine have consistently shown to benefit Parkinson's disease patients with minimal worsening.

NAUSEA/GI DRUGS: Drugs such as prochlorperazine (Compazine), metoclopramide (Reglan), or promethazine (Phenergan) may block dopamine receptors and worsen PD resulting in the possibility of other movement disorders. Alternate drugs such as domperidone (Motilium), trimethobenzamide (Tigan), and ondansetron (Zofran) should be considered.

CENTRAL NERVOUS SYSTEM ACTIVE DRUGS: Drugs such as benzodiazepines, muscle relaxants, bladder control medications and other medications used for sleep and pain are frequently used in PD, but may lead to confusion, hallucinations and other symptoms. While not contraindicated in Parkinson's disease, they should be used as necessary under a physician's guidance. While selective serotonin reuptake inhibitors (SSRIs such as fluoxetine, sertraline, paroxetine) have been reported to worsen parkinsonism, this is rare and most neurologists will frequently use these medications for depression in PD. Only amoxapine, an older anti-depressant, contains dopamine receptor blocking properties, and therefore should be avoided.

MEDICAL DEVICES: Many Parkinson's disease patients have deep brain stimulators implanted to aid in controlling symptoms. The "pacemaker(s)" is located in the chest region with a wire leading to the brain. The device may be switched off by utilizing a strong magnet held over the pacemaker(s) for 2-3 seconds. Patients may also have a remote control device that is capable of turning off the pacemaker(s) so that procedures such as EKGs can be performed without interference. MRIs should not be performed unless your hospital has MRI safe experience and a neurologist turns the device to 0.0 volts. The MRI should never be performed below the head (neck, chest, abdomen, arms, legs), and in cases where the pacemaker(s) is placed in the abdomen. It is best to consult the implanting physician prior to consideration of any MRI study, or for any procedure requiring electrocautery, ultrasound or diathermy.