

### Management of psychosis in Parkinson's disease

Psychosis occurs in over 50% and dementia in approximately 80% of persons with Parkinson's disease. Treatment with non-selective atypical and typical antipsychotics significantly increases mortality rates in Parkinson's disease; as well as other dementias. Research on the most commonly used antipsychotic in Parkinson's, quetiapine, has not revealed significant reduction in Parkinson's psychotic symptoms. Antipsychotic use, due to dopamine antagonism, is associated with unsteady gait and motor dysfunction; which exacerbates pre-existing Parkinsonian symptoms. Persons with Parkinson's disease are already at risk for falls with gait asymmetry, short strides and increased stride duration. Parkinson's patients have an increased hip fracture risk. The newly FDA-approved selective serotonin inverse agonist, pimavanserin, offers targeted treatment at the 5-HT<sub>2A</sub> receptor site responsible for Parkinson's psychosis; without affecting dopaminergic receptor binding. Research reveals a decrease in hallucinations and delusions in Parkinson's psychosis without worsening of motor symptoms. An evidence-based/case study format will present management of Parkinson's psychosis with or without dementia, using FDA-approved treatment; as opposed to antipsychotics with full black box warnings that are commonly prescribed. Clinical outcomes, cost-effectiveness, quality of life, decreased risk for emergency room visits, hospitalizations and mortality and will be discussed.

### Biography

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