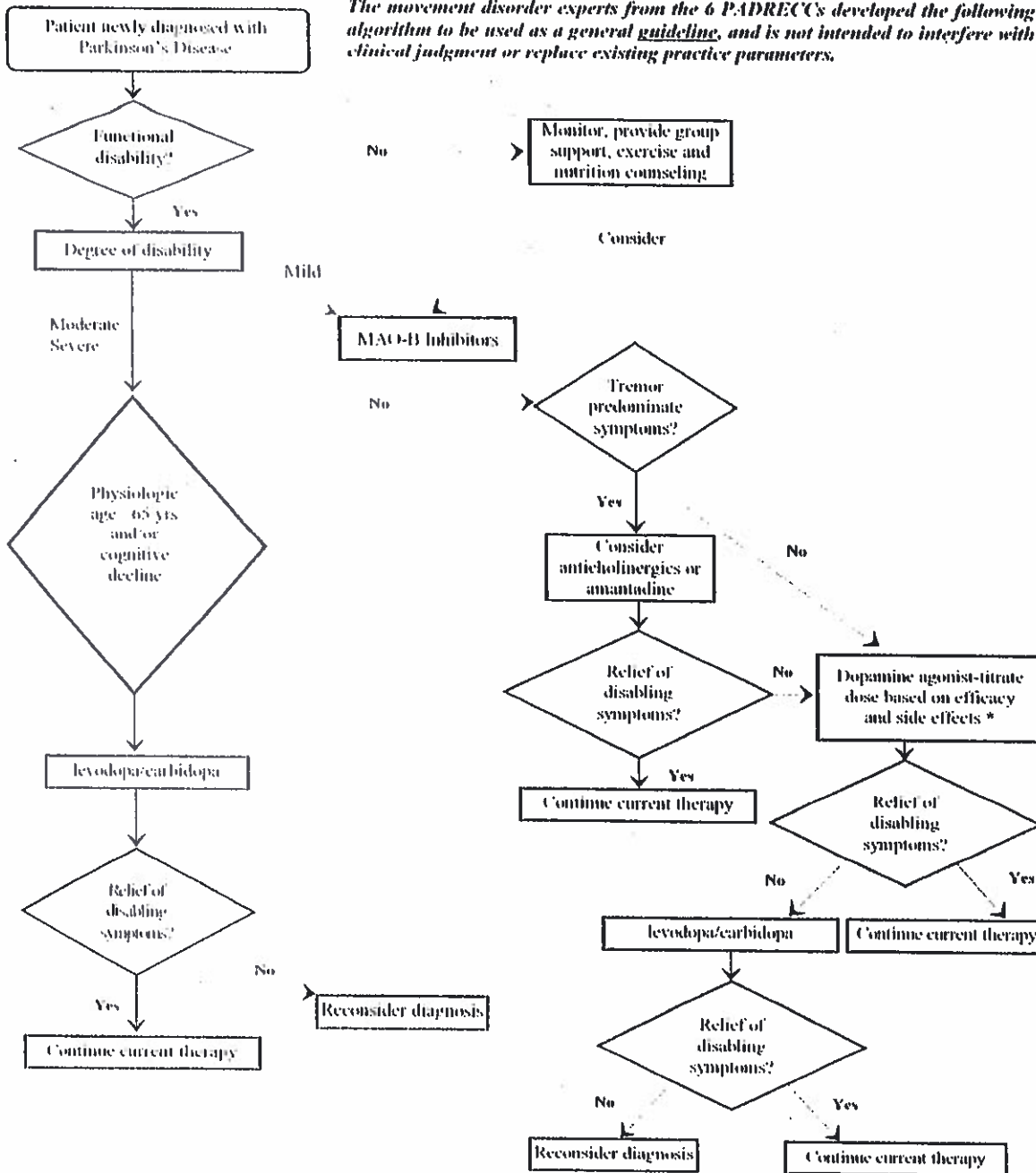


# Parkinson's Disease

## Quick Reference Guide for Initiating Therapy

The movement disorder experts from the 6 PADRECCs developed the following algorithm to be used as a general guideline, and is not intended to interfere with clinical judgment or replace existing practice parameters.



\* Assess for history of Impulse Control Disorder - type behaviors (pathological gambling, eating, spending, sexual, etc) and consider using other agents if significant history and/or concerns exist; monitor for ICD symptoms periodically during dopamine agonist therapy

Please contact one of the six  
Parkinson's Disease Research, Education and Clinical Centers (PADRECCs)  
for additional information or to arrange a consult appointment.

Philadelphia PADRECC:	215-823-5934 or 888-959-2323
Houston PADRECC:	713-794-7841
Portland / Seattle PADRECC:	503-721-1091 or 206-277-1560
Richmond PADRECC:	804-675-5931 or 800-784-8481 x5931
San Francisco PADRECC:	415-379-5530
West Los Angeles PADRECC:	310-478-3711 x48001

[www.va.gov/padreec](http://www.va.gov/padreec)

The printing of this card was supported by an unrestricted educational grant provided by Teva Neuroscience, Inc.  
Teva Pharmaceuticals, Inc. had no input on content development.  
Updated January 2010

## Medications Used to Treat Parkinson's Disease

Medication Name <sup>du</sup> (generic name)	Start Dose	Typical Daily Dose	Common SEs
<b>Sinemet</b> (carbidopa/levodopa)	25/100 1/2 tab TID	25/100 1 tab TID	1 = Nausea, orthostatic hypotension, dyskinesias, hallucinations
<b>Sinemet CR</b> (carbidopa/levodopa controlled-release)	25/100 1 tab TID	25/100 or 50/200 1-2 tabs TID	
<b>Parcopa</b>	25/100 1/2 tab TID	25/100 1 tab TID	
<b>Comtan</b> (entacapone)	1 (200mg) tab per Sinemet dose	1 (200mg) tab per Sinemet dose	1, urinary discoloration, diarrhea
<b>Stalevo</b> (carbidopa/levodopa/entacapone)	12.5/50/200 mg TID or 25/100/200 mg TID	25/100/200 mg TID	
<b>Requip</b> (ropinirole HCl)	0.25 mg TID	2.0-5.0 mg TID	1, impulse control disorder (ICD), edema, sedation
<b>Requip XL</b> (ropinirole extended release)	2 mg daily	12-24 mg daily	
<b>Mirapex</b> (pramipexole)	0.125 mg TID	0.5-1.5 mg TID	
<b>Azilect</b> (rasagiline)	0.5 mg daily	1 mg daily	1, 2
<b>Eldepryl</b> (selegiline)	1 tab daily	1 tab daily-BID (*last dose at noon)	1, 2, psychosis, insomnia <sup>b</sup>
<b>Symmetrel</b> (amantadine)	100 mg daily	100 mg TID	pedal edema, psychosis, levido reticularis
<b>Artane</b> (trihexyphenidyl HCl)	1 mg BID	1 mg BID 2 mg TID	Psychosis, cognitive decline, constipation, urinary retention, dry mouth blurred vision
<b>Cogentin</b> (benztropine mesylate)	0.5 mg BID	1-2 mg BID	

### Side Effect Key

1: Nausea, orthostatic hypotension, dyskinesias, hallucinations

2: Potential drug interactions with SSRIs (selective serotonin reuptake inhibitors)

ICD: Impulse Control Disorder (pathological/impulsive behaviors: gambling, spending, eating, sexual)

## WEST LA NEURO MOVEMENT DISORDERS CLINIC INSTRUCTIONS

### NOTES

- Be sure you are in the correct clinic location: **1267** WLA-Neuro Movement Disorders
- Use Note title "Neurology Clinic Followup Note" for return patients, and "Neurology Clinic New Consult" for new patients – be sure to link to consult (let attending know if you cannot link to consult)
- Be sure to Identify the attending as an Additional Signer for your note

Be sure to place **RTC ORDER** in CPRS *before patient leaves room*

- Orders → WLA Outpt Clinics Order Menu → Neurology Clinic → Return to Clinic → WLA-NEURO MOVEMENT DISORDER
- If patients are also seen by NeuroPsych, then a separate RTC order is required for that clinic WLA-NEUROPSYCHIATRY 1
- Usual f/u for our patients is every 3-4 months, if need to be seen sooner ask attending, and check "Overbook" box

### NEUROPHARMACOLOGY

- Review Short Note (assess medication compliance) and Long Note (if applicable, review medication history, side effects, motor and non-motor symptom checklist)
- Put in medication orders *before patient leaves room* so they can be processed on the spot in clinic
- Patient should be instructed to stop by the NeuroPharm room on their way out of clinic

For other **ORDERS** (labs, imaging, etc), please order them **UNDER THE ATTENDING'S NAME** so that we get notified of the results

- Click on the location box next to patient's name (should say "1267 Feb 21,17 13:00", for example)
- Choose the attending's name from the drop down menu to change provider
- When you go to sign the orders, it will say you cannot sign. Choose "Save without Signature"

### Patient Instructions

- Please use instruction sheet provided by Patricia
- PADRECC Voicemail: 310-478-3711 x48001, for patients to call with any questions

Don't forget to completely fill out **ENCOUNTER** information for each visit

- New patient consultation – 60 minutes - 99245 (complex)
- Established patients – 30 minutes – 99214 (detailed) or 99215 (complex, if 2+ diagnoses)
- If applicable, add 96116 for MMSE or MOCA
- If applicable, check *Service Connection* box and/or *Agent Orange Exposure* box
- Add attending as the Primary Provider for the encounter
- Choose one primary diagnosis (PD, ET, etc). Many patients have secondary diagnoses that we address as well (REM sleep behavior disorder, depression, anxiety, dementia/MCI, etc)
- **Patient Ed Tab** – all patients should receive "Disease Specific Information".

## WEST LA NEURO MOVEMENT DISORDERS CLINIC INSTRUCTIONS

---

- Other common Education Topics include “VA-Medications”, “Exercise/Fitness”, “VA-Safety/Home/Falls”, “Complementary Therapies” (for mindfulness, meditation, acupuncture, etc)
- **Exams Tab** – Select “Neurological exam”. Add “General Exam” for all new patients.
- Special circumstances for Fellows:
  - For NEW DBS evals Encounter: add code 99358 (1hr of indirect services/chart review) and 99401 (15 mins counseling)
  - DBS Programming – Procedures Tab: select “Neurostimulators”, then “Analyze Neurostim,Complex, up to 1hr” 95978 or “Analyze Neurostim, Simple” 95971; or click on “Other Procedure” and type in 95970 if you interrogate the stimulator without reprogramming it. For initial programming, type in 95979 (additional 30 mins) in addition to selecting 95978
  - DBS intraoperative testing – Procedures Tab: 95961 (1<sup>st</sup> hour). Add 95962 (additional hour for bilateral)
  - Botulinum toxin – Procedures Tab: select “Neurology/Seizure”, then the appropriate Chemodenervation procedure. Add 50 modifier for bilateral procedure (Blepharospasm, Cervical dystonia). For EMG guidance, add 95874 under “Muscle testing/EMG”.
  - Secure Message Workload Credit
    1. After replying to the message, select 'save as a CPRS note' and 'change status to complete'.
    2. Select the entire conversation string so that it will all be in the CPRS note.
    3. Go to CPRS and open the secure messaging note.
    4. Edit the encounter: 99444 Online E&M provided by MD, etc.