

Medications for Movements

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Karl Kieburtz, MD, MPH

University of Rochester Medical Center

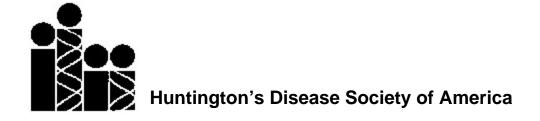


DISCLOSURE

Research Grants (to UR) From: NIH, FDA, Amarin, Boehringer-Ingelheim, Medivation, Neurosearch

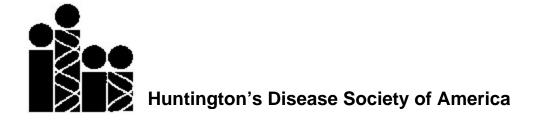
Consulting Paid to UR (or charities): Abbott, Antipodean, Boehringer-Ingelheim, Ceregene, Eisai, FoldRx, Lilly, Legal consulting, Merz, Novartis, Pfizer, Prestwick, Teva, Schering Plough, Schwarz, UCB, Vernalis, Welding

Personal Payments: FDA, CME talks (various sponsors)



Movements

too few – slowness, stiffness too many – chorea, dystonia both happen in HD



Too many

avoid stimulants (caffeine, nicotine) buildup & weight objects (utensils, cups) adequate rest & sleep



Too many

Dopamine blockers
Dopamine depleters
Glutamate blockers
Others



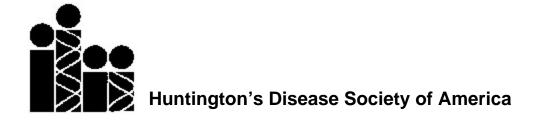
Dopamine blockers

Haloperidol and "classic neuroleptics" Quetiapine and "atypical neuroleptics" Sulpiride, tiapride - Europe



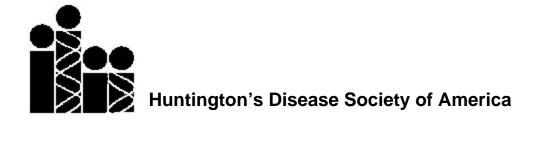
Dopamine depleters

Tetrabenazine



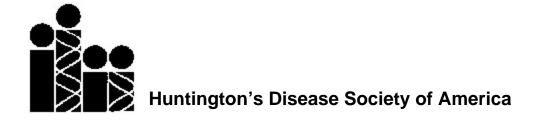
Glutamate blockers

Amantadine Memantine Riluzole



Other

Clonazepam



Too few

levodopa pramipexole and other "agonists



Principles of Drug Treatment

Use when movements interfere with function

Start low and go slow (usually)

Re-evaluate frequently – is it worth it?



Huntington's Disease Society of America

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