Medications for Movements

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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?
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