

# **Drug-Induced Parkinsonism in the Elderly**

## *Summary*

Of 95 new cases of Parkinsonism referred to a department of geriatric medicine, 48 (51%) were associated with prescribed drugs. Clinical features in drug-induced and idiopathic cases were very similar, including the proportion with typical tremor.

25% of patients with drug-induced Parkinsonism (DIP), could not walk when first seen, and 45% required hospital admission (for a median stay of 23 days, range 5 to 101). The clinical features of DIP resolved permanently in two-thirds of cases in a mean of 7 weeks, but with a range of 1 to 36 weeks. Five cases of DIP initially resolved by idiopathic Parkinsonism developed after an interval of 3 to 18 months.

Perhaps some old people have low striatal dopamine levels and a small neuroleptic effect tips them into over Parkinsonism or unmasks latent idiopathic disease.

The commonest offending drug was prochlorperazine (Stemetil) – 21 cases. In no case did this drug seem to be indicated.

Pamela J Stephen & J Williamson, *University Department of Geriatric Medicine, City Hospital, Edinburgh EH10 5SB*  
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## **Clinical example – Dr Frank Nicklason, Royal Hobart Hospital**

Mrs B took Stemetil medication for about 5/6 years until September 1995 when a blackout occurred and she was taken to the Royal Hobart Hospital. She had been initially prescribed Stemetil to prevent dizziness when standing and walking, (she was using firstly one walking stick then two sticks and on occasion a walking frame). The initial prescribed dose was 3 Stemetil per day. After about 3 years she had a heart attack. After convalescence, 6 Stemetil per day were prescribed by her doctor. At this time the doctor indicated that if the dizziness still occurred he would increase the dosage to 9 Stemetil per day. (This never occurred.) During her hospitalisation the administration of Stemetil was stopped.

About mid 1994, when Mrs B was seated, her legs would start to shake. Gradually this shaking extended to her jaw and at the same time she experienced difficulty holding a cup of liquid in her hands. The shaking was so severe the liquid would often spill from a half full cup. It was thought that Mrs B was in the first stages of Parkinson's disease. The constantly moving jaw resulted in severe mouth ulcers caused by the rubbing of her teeth and she found eating to be very painful. Almost anytime of the day (morning, afternoon or night) visitors would arrive to find Mrs B sleeping or dozing. She appeared to be drugged.

Gradually, after ceasing the Stemetil medication, the shaking in Mrs B's legs and hands stopped and finally her jaw became still. It was many weeks before the ulcers in her mouth cleared and she was able to eat without pain. Mrs B is now very alert and only on very rare occasions is she dozing when visitors arrive. She is reading a book a day and is a completely different person from the person she was when taking Stemetil.