

Drug Information Table

Dopamine-replacement Drugs – levodopa/carbidopa (Sinemet)

Therapeutic Use	Administration	
<ul style="list-style-type: none"> • Relieves symptoms of Parkinson's disease • Addition of carbidopa (at least 75 mg/day) allows for reduced dose of levodopa and prevents some adverse effects 	<ul style="list-style-type: none"> • Begin administration with low doses to reduce side effects of levodopa (daily doses of levodopa greater than 1,000 mg have increased side effects) • Advise patient that it can take up to 6 months for full response to levodopa/carbidopa to occur • Monitor for loss of drug effect and "on-off" episodes and report these to provider • Immediate-release tablets begin working within 30 min, then begin to wear off • Extended-release tablets work over 4 to 6 hr but can take up to 2 hr to begin working in the morning 	
Side/Adverse Effects	Interventions	Patient Instructions
<ul style="list-style-type: none"> • Nausea, vomiting 	<ul style="list-style-type: none"> • Addition of carbidopa (at least 75 mg/day) relieves GI symptoms 	<ul style="list-style-type: none"> • Advise patient to take drug with food if necessary but to avoid high-protein foods, which decrease absorption
<ul style="list-style-type: none"> • Darkening of urine and sweat 	<ul style="list-style-type: none"> • Observe patient's urine and sweat for a change in color 	<ul style="list-style-type: none"> • Warn patient that darkening of urine and sweat can occur
<ul style="list-style-type: none"> • Orthostatic (postural) hypotension 	<ul style="list-style-type: none"> • Monitor patient for this effect and prevent falling 	<ul style="list-style-type: none"> • Instruct patient to move slowly to sitting/standing position
<ul style="list-style-type: none"> • Dyskinesias, tremors, twitching, and other movements 	<ul style="list-style-type: none"> • Administer amantadine (Symmetrel) as ordered to decrease dyskinesias • Lower dose of levodopa for dyskinesia • Increase bedtime dose of levodopa for dystonia in morning • Give dose four times (instead of three times) daily if symptoms present a couple hours before next dose 	<ul style="list-style-type: none"> • Instruct patient to inform provider if dyskinesias develop • Avoid high-protein foods, which decrease absorption
<ul style="list-style-type: none"> • Symptoms of psychosis; hallucinations, paranoia 	<ul style="list-style-type: none"> • Decrease levodopa/carbidopa dosage • Administer 2nd generation antipsychotics, such as quetiapine (Seroquel) to relieve symptoms 	<ul style="list-style-type: none"> • Instruct patient to notify provider if these symptoms occur
<ul style="list-style-type: none"> • On-off episodes (random times throughout day where Parkinson's disease symptoms potentiate) 	<ul style="list-style-type: none"> • Use controlled release Sinemet (if previously using immediate-release tablets) • Administer dopamine agonist (e.g., pramipexole [Mirapex]) • Administer COMT inhibitor (e.g., entacapone [Comtan]) • Administer MAO-B inhibitor (e.g., selegiline [Eldepryl]) 	<ul style="list-style-type: none"> • Instruct patient to notify provider if these symptoms occur • Avoid high protein foods which decrease absorption
Contraindications	Precautions	Interactions
<ul style="list-style-type: none"> • Narrow-angle glaucoma • History of melanoma • Psychosis, suicidal thoughts 	<ul style="list-style-type: none"> • Older adults • Existing renal, hepatic, respiratory, or endocrine disorders • Wide angle glaucoma • Peptic ulcer disease • Depression, bipolar disorder 	<ul style="list-style-type: none"> • Traditional (1st generation) antipsychotics and preparations with vitamin B₆ decrease levodopa/carbidopa action • MAOI antidepressants within 2 weeks can cause hypertensive crisis • High protein meals decrease levodopa/carbidopa action • Anticholinergic drugs increase response to levodopa/carbidopa