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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Drug-Induced Parkinsonism

Patient education guide · Movement Disorders · Madison Neurology LLC

What is it?

Drug-induced parkinsonism is slowness, stiffness, tremor, and balance problems caused by medications that block dopamine — most often antipsychotics (haloperidol, risperidone), anti-nausea drugs (metoclopramide, prochlorperazine), and some others (valproate, lithium, certain calcium channel blockers). It looks like Parkinson's disease but is usually reversible when the drug is stopped.

How does it happen?

The offending drug blocks dopamine receptors in the movement circuits, chemically mimicking the dopamine loss of Parkinson's disease. Older adults are most susceptible. The pattern is typically symmetric (both sides at once), which is a clue distinguishing it from Parkinson's.

Common symptoms

- Slowness and stiffness, usually affecting both sides symmetrically
- Tremor (often present both at rest and with action — atypical for Parkinson's)
- Shuffling walk, reduced arm swing, masked facial expression
- Symptoms beginning after starting or increasing a medication
- Improvement over weeks to months after the drug is withdrawn

How is it diagnosed?

Diagnosis rests on the medication timeline: symptoms beginning after the drug started. A DaTscan is normal in pure drug-induced parkinsonism (and abnormal in Parkinson's) — useful when the picture is unclear, since some drugs unmask latent Parkinson's.

How is it treated?

The treatment is removing the cause: tapering or substituting the offending medication, coordinated with the prescribing physician (psychiatric or gastrointestinal needs must still be met — alternatives exist). Most patients improve over weeks to months; recovery can take up to a year. If symptoms persist beyond 6-12 months off the drug, evaluation for underlying Parkinson's is warranted.

What does the future hold?

The majority recover substantially or completely after the drug is withdrawn. A minority are left with persistent parkinsonism — the drug having unmasked early Parkinson's disease. The practical lesson: dopamine-blocking drugs deserve periodic review in anyone taking them long-term.

Questions patients commonly ask

Q: Does this mean I have Parkinson's disease?

A: Usually not — the drug is blocking dopamine chemically; most people recover fully after it's stopped. Persistence beyond a year prompts re-evaluation.

Q: How long until I feel better after stopping?

A: Improvement typically begins within weeks but can take many months to complete.

Q: I need my anti-nausea/antipsychotic medicine — what are my options?

A: Alternatives with less dopamine blockade exist for most indications; your neurologist and prescriber will choose one together.

National support groups & resources

- **Parkinson's Foundation (Helpline)** — parkinson.org — 1-800-473-4636
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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