Is there enough evidence for the use of antipsychotics in pd psychosis? No

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Many PD patients develop in the advanced stages of their disease psychosis. Mostly, this is related to treatment with dopamine agonists, anticholinergics, amantadine or comedication. For this reason, it is mandatory to make a careful analysis of all drugs used by PD patients. Common treatment is started by tapering-off or cessation of such drugs, starting with anticholinergics, amantadine and then dopamine agonists. If this is not helpful or sufficient the use of antipsychotics is normally initiated. In general, most developed country can use clozapine and in some countries off-label use of quetiapine may be an option and finally in some countries pimavanserine is licensed. Pimavanserin has a unique mechanism of action relative to other antipsychotics, behaving as a selective inverse agonist of the serotonin 5-HT_{2A} receptor, with 40-fold selectivity for this site over the 5-HT_{2C} receptor and no significant affinity or activity at the 5-HT_{2B} receptor or dopamine receptors. The drug has met expectations for a Phase III clinical trial for the treatment of Parkinson`s disease psychosis. Side effects were leg oedema and there is some concern with respect to QTc time prolongation. Clozapine has also major constraints due to its problems with possible agranulocytosis which make frequent blood test mandatory. In addition, clozapine may cause a delirium. Thus, many neurologists have a tendency to use quetiapine which is believed to have a sufficient efficacy in modest PD psychosis. And here comes the problem: we don’t have any convincing study which would show a real high potency of quetiapine in treatment of PD psychosis. Thus, all existing anti-psychotic drugs show major limitations and thus it may be best to avoid psychosis by careful selection of PD drugs.