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Recommendations on the Drug Treatment of Psychosis in Parkinson's Disease

To the Editor:

In an otherwise excellent and balanced summary of the problem of psychosis in parkinsonian patients, Hasnain et al[1] make the unfortunate recommendation of equating quetiapine and risperidone for the treatment of psychotic symptoms in non-demented patients with Parkinson's disease. They also fail to note that in the trials of clozapine for treating Parkinson's disease psychosis, demented patients were included, and in one subgroup analysis there were no differences in efficacy between demented and non-demented subjects with Parkinson's disease.[2]

Although the authors are clearly correct in noting that the only double-blind, placebo-controlled trials of quetiapine for the treatment of Parkinson's disease psychosis showed no benefit,[3-5] these trials also concluded that the drug caused no worsening of motor symptoms. All open-label trials of quetiapine have been positive,[6] whereas risperidone's motor side effects have often been extreme.[7,8] It is true that the published reports on risperidone have been mixed in terms of the motor side effects,[6] but The American Academy of Neurology's task force on practice parameters in the treatment of Parkinson's disease published its recommendations in 2006[9] recommending quetiapine as the drug of first choice for treating psychosis in Parkinson's disease, although noting that there are no level 1 data to support its use, with clozapine as the second-line choice. I think it highly unlikely that any Parkinson's disease specialist would recommend risperidone until quetiapine, clozapine, aripiprazole, and cholinesterase inhibitors had failed.

We suggest that risperidone, which causes all the extrapyramidal side effects of the first generation of antipsychotics, be removed as a recommended treatment for patients with Parkinson's disease psychosis.

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