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Abstract

Parkinson`s disease (PD) is a relentlessly progressive disease without definitive curative, restorative or stabilizing treatments. As PD advances, there is progressive degeneration of dopaminergic neurons mostly in the nigrostriatal pathway, and non dopaminergic neurons including neuroadrenergic, cholinergic, serotonergic in widespread areas of the brain. These cellular changes lead to clinical manifestation with progressive motor complication include fluctuation and dyskinesias, and non motor include depression, hallucinations, psychosis, and dementia. The treatment of advanced PD is challenging as the presence of each of these symptoms must be considered when developing a pharmacological approach.

Goal of management are “reduce off time”, make the response as predictable, and alteration in medications should be gradual with as few as possible. Options available for treating motor fluctuations include CR carbidopa/levodopa, MAO B inhibitor, COMT inhibitors and dopamine agonist. Amitriptiline may be considered for depresium, clozapine for psychosis, and for PD with dementia, rivastigmin and donepezil are probably effective

Abstrak

Penyakit parkinson (PD) adalah penyakit progresif bandel tanpa adanya pengobatan kuratif, restoratif atau obat definitif untuk menstabilkan. Ketika penyakit ini berkembang terjadi degenerasi progresif neuron dopaminergik yang umumnya berada pada jaras nigrostriatum, dan neuron-neuron non dopaminergik termasuk neuron non adrenergik, kholinergik, serotoninergik diarea otak yang tersebar luas. Perubahan sel-sel ini menyebabkan manifestasi klinis dengan komplikasi motorik progresif, termasuk fliktuasi, diskinesia dan nonmotor seperti depresi, halusinasi psikosis dan demensia. Pengobatan PD lanjut merupakan tantangan, karena setiap gejala harus dipertimbangkan ketika merencanakan pendekatan farmakokinetik. Prinsip manajemennya adalah mengurangi “off time” mengusahakan respon sedapat mungkin bisa diramalkan, dan setiap perubahan harus perlahan-lahan. Opsi terapi untuk fluktuasi motorik termasuk carbidopa/levodopa lepas lambat, MAO B inhibitor, COMT inhibitor dan dopamin agonist. Amitriptilin mungkin dipertimbangkan untuk depresi, clozapin untuk psikosis dan untuk PD dengan demensia, rivastigmin dan donepezil ada kemungkinan efektif

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