

# *APPENDICES*



## Appendix 1

# LISTS OF DOPAMINE-ENHANCING DRUGS

This appendix has two lists. The first lists drugs most frequently used in treating Parkinson's disease as of 2003. The second list is a list of other drugs that also enhance dopamine. We do not accept into our program anyone taking drugs from either list.

### List I: The PD drugs and their various names

#### *Explanation of List I*

Most drugs have several names: the name of the chemical itself and the drug's various nicknames. These nicknames are usually trademarked names, owned by the company that makes the drug. After a drug's patent has expired, any manufacturer can make the drug and sell it under its chemical name, or the new manufacturer can create a new nickname.

Sometimes the various names designate the form of the drug. For example, Deprenyl is L-deprenyl hydrochloride in liquid form, and Eldepryl is a trademarked name of the same chemical placed in a pill form. The drug mechanism and side effects are still the same, no matter what name is used. However, sometimes the matrix (liquid or pill format and inert fillers) may yield a superficial difference in effect or speed of effect.

In another example, in the case of Sinemet, the company currently making a generic form of the Sinemet CR (controlled release) can use a slightly different mechanism for the slow release mechanism, but both the original manufacturer and the manufacturer of the generic version are using the same *active* ingredients: a blend of levodopa and carbidopa – only the matrix that delivers the slowed release of the payload is different between the trademarked and the generic. In the text of this book and in the following appendices, the antiparkinson's drugs are referred to by the name in the right-hand column below. Other names by which these same drugs are known are listed in the left-hand column.

<u>Drug name</u>	<u>Name used in this book</u>
Amantadine	Amantadine
Amantadine hydrochloride	Amantadine
Apo-Trihex	Artane
Artane	Artane
Artane-Sequels	Artane
Atapryl	Eldepryl
Atenolol	Atenolol
Bromocriptine	Bromocriptine
Bromocriptine mesylate	Bromocriptine
Cabergoline (Europe)	Cabergoline
Carbex	Eldepryl

## Appendix 1

Comtan	Comtan
Deprenyl	Eldepryl
Eldepryl	Eldepryl
Entacapone	Comtan
L-deprenyl hydrochloride	Eldepryl
Levodopa-carbidopa	Sinemet
Madopar (Europe)	Sinemet (equivalent)
Mirapex	Mirapex
Mirtazapine	Mirtazapine
Parlodel	Bromocriptine
Pergolide	Permax
Pergolide mesylate	Permax
Permax	Permax
Pramipexole hydrochloride	Mirapex
Requip	Requip
Remeron	Mirtazapine
Ropinirole	Requip
Ropinirole hydrochloride	Requip
Selegeline	Eldepryl
Selegeline hydrochloride	Eldepryl
Selpak	Eldepryl
Sinemet	Sinemet
Sinemet CR	Sinemet
Symmetrel	Amantadine
Tasmar	Tasmar
Tolcapone	Tasmar
Trihexane	Artane
Trihexy-2 or 5	Artane

## List II: Wellbutrin, Valium, Prozac, Xanax, and other dopamine-enhancing drugs

### *Explanation of list II*

Because of the extreme shift in susceptibility to addiction that occurs during recovery from Parkinson's, we no longer accept into our program anyone who is using dopamine-enhancing drugs. While these drugs may or may not be safe for the general population (a widely controversial subject), and may not be very addictive to a person with Parkinson's, they all have the potential to become hideously addictive to a person who is recovering from Parkinson's disease. Therefore, we will not accept into our program any person who is currently taking any of the following drugs, or who, during the preceding six months, has taken them more than fourteen times (two weeks' worth).

The majority of these dopamine-enhancing drugs are antidepressant, anti-anxiety, pain-killer, or antispasmodic drugs. New variations of these drugs are coming out every year. It would be impossible to list them all by name.

If you are taking a drug that is not on this list and wish to determine whether or not a drug may be a dopamine-enhancing drug, learn the mechanism of the drug. Either read the insert provided with the drug and available on the drug's website or talk with your pharmacist to determine if the drug is a tricyclic, an SSRI, a GABA enhancer (including benzodiazepines), or a drug that in any way enhances, sustains, provides, or elevates levels of serotonin, norepinephrine, or GABA. If the drug does any of these functions, it is also, indirectly, enhancing dopamine and should be considered an addictive drug, and many of the issues discussed in this book will apply.<sup>1</sup>

Not all drug labeling is honest regarding addiction. Words like "accommodate" or "toleration" are tip offs that a drug is addictive. Drug manufacturers know that the label "addictive" is bad for business. Therefore, they will go to great costs, even flat out lies, in their advertising. For example, the manufacturers of the drug Xanax, a highly addictive medication, run ads in publications for the general public touting it as a safe alternative to addictive medications, specifically noting that it is a *non-addictive* drug. The physician's instructions for this drug, however, have long warned that this drug is dangerously addictive. The advertisers get around this by noting in the small print that this drug is not addictive *when* used as directed. The actual directions for this drug state that the drug should not be taken for more than two weeks.

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<sup>1</sup> In Dec, 2003, researchers published a report that dl-methylphenidate (MPH), the most commonly prescribed drug used in the treatment of attention deficit/hyperactivity disorder (ADHD), a drug that ostensibly increased only norepinephrine, is actually dopaminergic: "Evidence of a dopaminergic basis both for the actions of MPH and for the underlying neuropathy in ADHD continues to mount." (Quote from "Advances in the Pharmacotherapy of Attention-Deficit-Hyperactivity Disorder; Focus on Methylphenidate Formulations," *Pharmacotherapy*, J Markowitz, Pharm D., A. Straughn, Pharm D. K, Patrick, PhD, 10-23-03.

It is increasingly understood that all psychoactive drugs alter more than just one, officially-targeted neurotransmitter. The naïve simplicity of the mid 1980's that held that mind- and mood-altering drugs could affect one neurotransmitter without affecting the others, particularly dopamine, is hopelessly passé. This antiquated view is adhered to now only by those clinical MDs who are very behind in their continuing education classes.

## Appendix 1

Most doctors do not read the fine print. This drug is usually used to treat long-term anxiety and insomnia, and is prescribed casually, in the manner of, “Fill this prescription and take the pills whenever you are feeling stressed.” This means that this drug is nearly always offered for usage of more than two weeks – which constitutes long-term treatment, which is known to be dangerously addictive.

The manufacturers know that most doctors prescribe these drugs for the long term. But rather than emphasize more strongly the two week warning, the opposite is the case; the wording about addictive drugs in the manufacturer’s warning to physicians has changed through the years to make the drugs appear as innocuous as possible. All quotes below are from various years of the *Physician’s Drug Handbook* with regards to Xanax.<sup>1</sup> In 1992 the warning read, “Use cautiously in individuals prone to addiction or drug abuse” (p. 34). This caution has since been completely removed from the literature! In the 1997 edition, the warning included the phrase “Be sure patient understands potential for physical and psychological dependence with chronic use...” (p. 26). In this case, “chronic” means “daily, or regular.” The implication is that this drug is only meant to be taken for very short-term relief from anxiety. In 2002, the warning had again been changed to appear even more general: “Be sure patient understands potential for physical and psychological dependence with *long-term* use” (p. 24). The fine print does not explain that “long-term” means anything more than two weeks. Most patients never originally intend to use a mood-altering drug for the long term, and even many physicians do not suspect that, physiologically speaking, “long-term” can refer to anything more than one to two weeks.

The following list is not complete. New drugs are always being added to the roster, and some of the older ones have doubtless gotten past me. I receive a steady stream of emails asking about the safety of this or that new drug. I simply cannot keep up with all the new drugs. You must be your own researcher; here is a guideline: if a drug creates a general feeling of well-being or helps with sleep, it is probably addictive. This general rule applies to the nicotine, alcohol, methamphetamine, cocaine, and morphine groups, as well as the SSRIs, tricyclics, GABA enhancers, and according to the latest reports, the drugs that are used to treat attention deficit disorder. The only “feel good” drugs that do not belong in the addictive group are some of those drugs that only provide hallucinations but do not alter brain chemistry in the pleasure centers. This latter group includes mescaline and LSD.

I have only placed legal, pharmaceutically approved drugs on the list below. Illegal drugs such as ecstasy, which is a variant of methamphetamine, are not included in this list, but they *are* dopamine-enhancing and must be recognized as addictive. Illegal drugs that alter mood are usually addictive because they elevate dopamine levels, and therefore, the theories in this book regarding dopamine-enhancing medications do apply to them.

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<sup>1</sup> I chose Xanax rather randomly, maybe because Becky had used it, and maybe because the flagrant ads touting it as non-addictive are so widely distributed. I could have chosen many other drugs to make the same case; nearly all the drugmakers in this group, especially of the antianxiety and anti-depressant drugs, fit the same pattern of downplaying the risks of the drugs, if not being downright deceptive.

## List II

Alprazolam  
Ambien  
Amitriptyline  
Amoxapine  
Ativan  
Aventyl  
Bupropion  
BuSpar  
Celexa  
Citalopram  
Darvocet  
Desipramine  
Diazepam  
Doxipin  
Clonazepam  
Clorazepate  
Codeine  
Effexor  
Elavil  
Estazolam  
Fluoxetine  
Flurazepam  
Fluvoxamine  
Halcion  
Hydrocodone  
Imipramine  
Impril  
Klonopin  
Methylphenidate hydrochloride  
Morphine  
Neurontin  
Librium  
Lorazepam  
Lortab  
Luvox  
Nortriptyline  
Norpramin  
Oxazepam  
Oxycodone  
Paroxetine  
Paxil  
Percocet  
Percodan

## Appendix 1

ProSom  
Prozac  
Restoril  
Ritalin  
Rivotril  
Serax  
Sertraline  
Sinequan  
Surmontil  
Tofranil  
Triadapin  
Triazolam  
Trimipramine  
Valium  
Venlafaxine hydrochloride  
Vicodin  
Welbutrin  
Xanax  
Zoloft  
Zolpidem  
Zyban