

Appendix 12

ALCOHOL

The following is a case story about a person who feared alcohol more than Mirapex. Although I have used levodopa examples for much of this book (because of the preponderance of levodopa in treating Parkinson's), please be aware that any dopamine-enhancing drug will eventually have the same sort of symptoms I'm describing throughout this book, including addictiveness and semipermanent brain changes. So, in this discussion of alcohol, permit me to stray from the levodopa theme and share with you a story about Woody.

Woody

Many patients have chosen to use alcohol to ease symptoms of drug reduction, especially the insomnia. None of them have had any difficulty quitting the alcohol when they found the pain and rigidity easing up. Woody refused to drink alcohol because he had been a heavy drinker decades earlier, long before he had ever heard of Parkinson's.

He was taking Mirapex when he started our program and had gotten off it with ease. He had not been addicted. He had been completely off Mirapex for over half a year when he started having the deep fatigue in the mornings. He panicked and started taking Mirapex again at an extremely low level of .125 mg per day, a mere 1/24 of the suggested therapeutic dose. He was certain that he would be able to quit Mirapex a second time as easily as he had quit the first time; he pointed with pride to his years of sobriety and leadership in the local branch of Alcoholics Anonymous. We suggested that people who have started having recovery symptoms are extremely prone to addiction. He laughed us off. The Mirapex did not help with the fatigue in the mornings, but the rest of the day he felt wonderful, better than he had in a long time.

He continued to point to the fact that he had quit Mirapex easily prior to his Tui Na treatments. To prove to his wife that he could quit anytime, he stopped taking Mirapex. After a week with no medication, he started to feel vaguely uneasy and resumed the Mirapex. After this episode, he told his wife he had quit Mirapex twice, which, he felt, proved that this drug could have no power over him.

He increased his Mirapex again a month later, up to 1/16 of the therapeutic dose. This increase occurred just after his wife told him he was starting to act "funny, snotty and know-it-all, just like when you used to drink." When we asked why he had increased the Mirapex, he said he felt like it, and that he could do whatever he wanted. He retorted that he was fine, had never felt better in his life, and was not subject to addiction. He insisted that he had easily stopped using alcohol because of his twelve step program, and that, when he chose to, he could just as easily stop taking Parkinson's drugs. He refused to believe that his recovery symptoms were a warning that he would soon be highly addictable.

After a month during which he told his wife he could quit the Mirapex anytime, he quit taking the Mirapex to prove to her that he could take the drugs or leave

them. He stayed off the drugs for nearly a week, but when the withdrawal symptoms started, he resumed his medication at a still higher level than before, .75 mg/day. Within several weeks at this very low dose, a mere one third of that required for therapeutic effect, he began having dyskinesia for the first time in his life. He was visibly overmedicated. He announced at that point that the dyskinesia wasn't a problem since he obviously could quit Mirapex anytime. He was stronger than the drugs. He insisted that he had, in fact, succeeded in quitting three times already. No amount of logic could show him that, in fact, he had never quit – he had only been able to stay off the drugs until the withdrawal symptoms started, and then he had quickly caved in. He told us that we didn't understand.

His wife even suggested that, despite his previous use of alcohol, he might consider alcohol rather than anti-PD drugs if he felt he needed something. She felt the effects of the drugs, especially his dyskinesia and the strange look in his eye, were bizarre and much worse than anything she'd seen even when he was drinking heavily. He refused, dropped out of our program, and no longer goes to AA, where he had been a highly respected counselor for over a decade. He has now increased his drugs again, is constantly euphoric, is wracked with dyskinesia, and will tell anyone who will listen that the drugs are mild, and not to be feared: "Alcohol is dangerous, but not the PD drugs." His wife is planning to leave him soon, and he appears unaffected by this. He is a licensed family counselor.

I have run into the fear of alcohol many times, and I find it puzzling. People who have been taking mind-altering drugs that cause permanent damage and accelerate their symptoms by adding drug-induced parkinsonism to their idiopathic Parkinson's can get cold feet about having a withdrawal-easing glass of beer or a hot rum at bedtime, for fear of becoming accustomed to the alcohol. Medicinal alcohol does have a place in the roster of mild treatments that can alleviate pain in the short term. As long as care is taken when alcohol, a very mild drug, is used in the withdrawal from the heavy artillery of anti-PD drugs, it may be safe and appropriate to use alcohol in moderation.

It is also noted in the antiparkinson's drug inserts that these drugs should never be combined with alcohol. If you read carefully in the insert, what it says is that alcohol contributes to the effect of the drug, enhancing the properties of the drug and making it stronger. This is because these drugs work very much like a form of super-alcohol. When you add more alcohol to this mix, you are merely adding a bit more fuel to a fire.

However, when a person is reducing medication and hovering near pain or the insanity of drug withdrawal, it might be well to ease the suffering a bit and modify the withdrawal. If adding a spot of alcohol to the mix once or twice can make slight, quick modifications to the otherwise dangerously deficient drug level, possibly avoiding the downward spiral into withdrawal, this might be a very good thing.

Some patients have even figured that a glass of beer feels comparable to a dose of about 5 mg of levodopa, but more heavily loaded towards the relaxation area than the motor area. At any rate, none of the patients who used alcohol to help with sleep during drug reduction became addicted to alcohol.

Woody made it a point of pride to refuse alcohol, and he has been lost in a haze of drug-induced confusion and euphoria for over a year now.