

New Dopamine-enhancing Drugs

Once Upon A Pill was finished in 2003, and since that time, new Parkinson's drugs continue to hit the shelves. Readers of this book, and visitors to our website, sometimes write to me asking whether or not a new drug is "dopamine-enhancing."

The rule of thumb is this: if the drug helps a person with Parkinson's move better in any way, shape or form, it is a dopamine-enhancing drug. Also, if an anti-parkinson's drug is supposed to moderate or reduce depression by altering neurotransmitter levels, even levels of serotonin or norepinephrine, it is, indirectly, a dopamine-enhancing drug.

Two types of anti-parkinson's drugs are *not* dopamine-enhancing drugs. the sedative-type drugs that reduce tremor and, in some cases, anxiety. These are usually anticholinergic drugs. They cause a person to move more slowly, but in those Parkinson's cases where tremor is more of a problem than slowness or rigidity, these drugs may be prescribed.

the adrenaline-increasing drugs such as amantadine. The effectiveness of these drugs is very short – only a few weeks or a few months. They are not frequently prescribed.

All the other antiparkinson's drugs, including MAO inhibitors, dopamine agonists, and drugs that in anyway influence dopamine levels, dopamine receptors, dopamine vesicles, dopamine reuptake, dopamine breakdown, or anything else to do with dopamine, for purposed of my book and for purposes of our warnings that we will not work with a person who has *ever* taking "dopamine-enhancing drugs" for more than three weeks, *are dopamine-enhancing drugs*.

An interesting finding that might be illuminating for the reader who is not yet taking medication is this: I get frequent emails from people who *have* been taking the newer antiparkinson's drugs, the ones that are not mentioned by name in my 2003 book, telling me that their specific drugs are not dopamine-enhancing because they only "prevent the breakdown of dopamine" or some such. When I get queries about these same drugs from people who are *not* yet taking the drugs, the writers seem to understand that the drugs *are* dopamine-enhancing just from reading about how they work.

For example, I get cheery emails telling me that MAO inhibitors such as Rasagiline, Azilect, methamphetamine, and so on, aren't dopamine-enhancing substances because they don't put *new* dopamine in the body, they "merely" prevent the normal breakdown of dopamine, thus allowing dopamine to build up to the unnaturally high levels needed to overcome the mental inhibitions of Parkinson's.

I hope this will answer all questions about whether or not any given new drug is dopamine-enhancing.