CurePSP is committed to providing its constituents—patients, families, caregivers, and healthcare providers—with up-to-date educational information about living with PSP and related diseases.

Neurodegenerative diseases involve multiple physical and motor changes, but equally important are the emotional, behavioral, and cognitive effects of these diseases. The purpose of this pamphlet is to help you navigate the process of seeking evaluation and treatment of psychiatric symptoms and to understand the potential benefits and side effects of medications for those symptoms.

The facts and suggestions contained here are general guidelines intended to inform your discussions with your healthcare provider and not as prescriptions to stand on their own. Any treatment plan must consider the specific medical, psychological, and social situation of the patient and should not operate on a “cookbook” basis.

CurePSP is the leading nonprofit organization working to improve awareness, education, care, and cure for devastating prime of life neurodegenerative diseases. These include progressive supranuclear palsy (PSP), corticobasal degeneration (CBD), multiple system atrophy (MSA), and others. They often strike when people have careers, family responsibilities, and active lives. Their symptoms are incapacitating, and there are no known causes, treatments, or cures.

Research has shown that there are important links between prime of life diseases and more common neurodegenerative conditions, such as Alzheimer’s disease and Parkinson’s disease. Your support will help advance this research, provide resources for families and caregivers of patients, and better educate the healthcare community. Together, we are unlocking the secrets of brain disease.

CurePSP is a not-for-profit 501(c)(3) organization. Gifts and pledges of support are encouraged, and donations are tax deductible to the extent allowed by law.
Neurological care needs to be multifaceted and include combinations of medications, physical therapy or exercise, emotional support, speech and swallow therapy, occupational therapy, socialization, positive attitude, family involvement, hobbies and interests, and more. Optimal symptom control may also require psychiatric medications. The issue of such medication is particularly complex and requires the expertise of a neurologist, psychiatrist, or neuropsychologist who understands and can differentiate among the wide selection of medicines: those that have the best chance of working with the least side effects.

If you have the advantage of receiving your care from a specialist who sees many patients like yourself, then you may experience less of a struggle with this question. Most such clinicians work in academic medical centers. Some neurologists are experienced and comfortable taking care of psychiatric issues in their patients with neurological disorders. If you feel that you would benefit from an additional opinion from a psychiatrist, a neurologist, or a neuropsychologist who understands and can differentiate among the wide selection of medicines: those that have the best chance of working with the least side effects.

Depression: The best approach to treating depression is a combination of counseling, antidepressants, physical and mental exercise, support, social outlets, and routine. With PSP, MSA, and CBD, the medications that are typically prescribed for depression are the selective serotonin reuptake inhibitors (SSRIs) and the serotonin-norepinephrine reuptake inhibitors (SNRIs). In addition, a tricyclic antidepressant (TCA)—whose side effect can be dry mouth—may decrease drooling while helping with depression.

The antidepressants that are NOT indicated are narcotics, especially those with codeine derivatives like oxycodone, which is a component of Percocet.

Anxiety: Many anti-anxiety medications—benzodiazepines—cause drowsiness, confusion, lethargy, and/or imbalance, and can affect memory, especially in older people. Therefore, anti-anxiety drugs should be used with caution. Antidepressants like SSRIs and SNRIs have an anti-anxiety effect and are more advisable choices.

Hallucinations, Delusions, Agitation: Many of the drugs to treat these symptoms fall into the category of antipsychotics. In this classification, two drugs are typically recommended: Clozaril (generic name, clozapine) and Serquel (quetiapine). Of the two, quetiapine has the more sedating effect and therefore is often prescribed at nighttime. Clozapine’s potential to damage the bone marrow requires weekly blood tests and some paperwork and is far less widely prescribed than quetiapine.

Many other antipsychotics worsen the parkinsonian motor symptoms such as slowness and stiffness and should be avoided. In some cases, this effect can interfere with swallowing and with the ability to cough. A common example is Haldol (generic: haloperidol), which is often administered in hospitals and skilled nursing facilities to treat the agitation and hallucinations that can occur when a person with cognitive loss is moved to an unfamiliar, stressful environment. Other common antipsychotic medications that people with any sort of parkinsonian disorder should avoid include Zyprexa (olanzapine), Vraylar (cariprazine), Saphris (asenapine), Latuda (lurasidone), Geodon (ziprasidone), Risperdal (risperidone), Abilify (aripiprazole), Prolixin (fluphenazine), Thorazine (chlorpromazine), Moban (molindone), Tegretol (carbamazepine), Triavil (perphenazine and amitriptyline), Navane (thiotizone) and Mellaril (thioridazine).

Even the recommended antipsychotic drugs have side effects. The goal of treatment with antipsychotics is the balance between motor symptom control and the management of psychosis.

Impulsivity: For problems with impulse control, anti-depressants (discussed above) are often prescribed, though clear data supporting that use is not available. Another type of drug sometimes used for impulsivity are mood stabilizers like Depakote (valproic acid) and Tegretol (carbamazepine), again, without hard data for PSP, CBD, and MSA.

A special type of impulsivity is uncontrolled bursts of laughing or crying, called “emotional incontinence” or “pseudobulbar affect (PBA).” This occurs in a significant minority of people with PSP and some other disorders. A drug combination called Neudexta (dextromethorphan and quinidine) has been approved for treating people whose PBA proves disabling or embarrassing.

Memory: For memory problems, the medications prescribed are commonly those used with Alzheimer’s disease: Aricept (donepezil), Exelon (rivastigmine), and Reminyl (galantamine). While these may be worth a two-month trial, they have not been shown to help the cognitive or memory loss in people with PSP, CBD, or MSA. They can cause sedation and can speed up the action of the gastrointestinal and urinary systems, causing such side effects as bloating, gas, diarrhea, drooling, and urinary frequency, urgency.

Low Blood Pressure Warning: An important feature of MSA is low blood pressure, which can cause dizziness and even fainting. Many of the antipsychotic and anti-anxiety drugs can themselves reduce blood pressure. Therefore, people with MSA should be prescribed such medications with care.

The take-away message: We hope that these ideas and suggestions provide you with directions and options as you consider the often-complicated matter of availing yourself of psychiatric evaluation and treatment. Remember to talk with your neurologist about any emotional, behavioral, and cognitive changes you are experiencing. Together, you and your doctor will assess the changes, look for possible triggers, review all your medications and perhaps medication changes, and come up with a treatment plan that may or may not demonstrate the need for psychotropic medication.