

Pimavanserin

Nuplazid

For hallucinations and delusions related to Parkinson's disease. The aim is less distress and safer daily life, not simply making you sleepy.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ONCE DAILY

WITH OR WITHOUT FOOD

For patients and care partners. Use the dose on your own prescription.

What it is used for

May reduce seeing or hearing things that others do not, or strongly held beliefs that are not based in reality, when related to Parkinson's disease.

It does not treat movement symptoms or cure dementia. It is not approved for every cause of confusion or psychosis.

How it works

It acts mainly on a serotonin receptor involved in brain signaling. Unlike many antipsychotics, it does not meaningfully block dopamine D2 receptors.

This helps explain why it can be useful in Parkinson's disease. The diagram is not a promise of benefit, and motor symptoms and balance still need attention.

What to expect over time

FIRST DAYS

Keep the prescribed daily routine. It is not a quick extra dose for an upsetting episode.

AROUND WEEKS 4-6

Benefit may become clearer. Track how often symptoms occur and how distressing they are.

AT FOLLOW-UP

Review benefit, confusion, swelling and walking. Get help sooner for severe or sudden changes.

Taking your medication

The usual dose is one 34 mg capsule daily. Certain interacting medicines require a prescribed 10 mg tablet instead. Do not make that change yourself.

Swallow the capsule, or sprinkle all its contents on 1 tablespoon of applesauce, yogurt, pudding or liquid nutritional supplement. Take immediately without chewing; do not save the mixture.

If a dose is missed, take it when remembered unless the next is near; skip then. Never double. Discuss stopping or several missed doses with your care team.

When to get help

Emergency: fainting with a racing/irregular heartbeat, collapse, trouble breathing, or tongue/face swelling. Call 911.

Call promptly: new confusion, worsening hallucinations, a change in heartbeat, trouble walking or a fall. Sudden severe confusion needs urgent assessment.

Immediate danger: if symptoms put anyone at risk, seek emergency help. Do not take an extra dose to manage the situation.

Early side effects

Swelling, nausea, constipation, confusion or sleepiness can occur. Tell your team if these interfere with eating, walking or daily activities.

Other effects to discuss

Motor symptoms did not worsen on average in a six-week trial, but individual problems can occur. Report new unsteadiness or unusual movements.

What to keep track of

Bring notes on hallucinations, beliefs, sleep and function. A care partner can help spot changes. Your clinician may check heart rhythm or blood salts when your risks or symptoms call for it.

Before you start

Discuss fainting, an irregular/slow heartbeat, a personal or family history of long QT, low potassium/magnesium, kidney disease and past allergy. Antipsychotics increase death risk in older adults with dementia-related psychosis. Parkinson-related approval does not remove this warning; discuss the expected benefit and risks.

Medicines & interactions

Heart-rhythm medicines

Some combinations are unsafe because both medicines change the heart's electrical timing. Have your full list checked.

Infection medicines

Certain antibiotics or antifungals may raise drug levels or affect heart rhythm. Check before starting them.

Seizure drugs & herbs

Carbamazepine and St. John's wort can interfere with treatment. Do not start, stop or substitute them without a review.

Parkinson medicines

Adding this drug does not by itself require a carbidopa/levodopa change. Keep those doses as prescribed; discuss all changes with your treating team.

Everyday tips

Keep a short symptom diary and bring your medicine list to every appointment.

Use a daily reminder or agreed care-partner routine so doses are not missed or repeated.

Keep familiar surroundings calm and safe. Ask the care team for a plan for distressing episodes.

Report falls, poor intake or new illness early. Care partners should ask for support too.

Your questions, answered

Will it make me too sleepy?

That is not the goal, but sleepiness can happen. Avoid driving or risky tasks until you know how you feel; discuss alcohol and sedating medicines.

What if it is not helping?

Tell your prescriber what has and has not changed. Do not increase the dose yourself; the diagnosis, medicines or treatment plan may need review.

What about pregnancy or nursing?

Tell your prescriber. Human safety information is limited, so treatment and any infant monitoring need an individual plan.

Can I stop when things settle?

Talk with your team first. Symptoms can return; the medicine and its active breakdown product leave the body slowly.

Storage & safety

Keep in its closed container at room temperature, away from heat, moisture and children; protect capsules from light. For a suspected overdose, call US Poison Control: 1-800-222-1222; call 911 for severe symptoms.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://www.dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=1e6bea44-57d6-4bac-9328-46e1ee59f83b>
 2. <https://www.medlineplus.gov/druginfo/meds/a616032.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC