Letters to the Editor

Potentially Inadequate Medications in the Elderly: PRISCUS 2.0

First Update of the PRISCUS List

by Nina-Kristin Mann, Prof. Dr. rer. medic. Tim Mathes, Prof. Dr. med. Andreas Sönnichsen, Prof. Dr. rer. medic. Dawid Pieper, Elisabeth Klager, M.Sc., Dr. med. Mahmoud Moussa, and Prof. Dr. med. Petra A. Thürmann in issue 1–2/2023

Evaluations Are in Part Implausible and Not Reasonable

We read the publication by Mann et al. regarding the PRISCUS List 2.0 with great interest (1). Adapting pharmacotherapy to the special requirements of elderly persons is without argument justified, but the dichotomization created by the Delphi procedure into "potentially inadequate medication" (PIM) or non-PIM has resulted in recommendations that lack a scientific evidence base and deviate from the clinical expert consensus of the international Parkinson specialist societies. The following evaluations of anti-Parkinson medications are partly implausible and misleading:

All MAO-B inhibitors are classified as PIM and recommended as an alternative to the dopamine agonist ropinirole (and in the detailed PRISCUS LIST rotigotine), although dopamine agonists were identified as clearly having more adverse effects in a large "real world" comparison study (2).

Ropinirole (and rotigotine) are listed as an alternative to two non-ergot-dopamine agonists that were classified as PIM: piribedil and pramipexole. As regards geriatric adverse effects, differences between these dopamine agonists can't be concluded for hallucinations/delirium nor for orthostasis (3).

Amantadine should in fact be used restrictively on older persons and current guidelines recommend it only in case of dopaminergic induced hyperkinesia as the medication of choice. In this indication the use of levodopa or dopamine agonists as recommended in the PRISCUS List is counterproductive.

In sum, the recommendation concluded from the PRISCUS List to use preferentially dopamine agonists as alternatives to MAO-B inhibitors or amantadine in older persons is misleading and even dangerous in geriatric patients because of the particularly high risk of adverse effects of dopamine agonists. We advise a revision of the recommendations of the PRISCUS List for anti-Parkinson treatment with support and input from neurologists.

DOI: 10.3238/arztebl.m2023.0083

References

1. Mann NK, Mathes T, Sönnichsen A, et al.: Potentially inadequate medications in the elderly: PRISCUS 2.0—first update of the PRISCUS list. Dtsch Arztebl Int 2023; 120: 3–10.
2. Med Collaborative Group et al.: Long-term effectiveness of dopamine agonists and monoamine oxidase B inhibitors compared with levodopa as initial treatment for Parkinson's disease (PD MED): a large, open-label, pragmatic randomised trial. Lancet 2014; 384: 1196–205.
3. Claus X, Warnecke Die Parkinson-Therapie beim älteren Menschen. Internistische praxis 2022; 66, 117–26.

Prof. Dr. med. Georg Ebersbach
Neurologisches Fachkrankenhaus für Bewegungsstörungen/Parkinson
Beelitz-Heilstätten
ebersbach@kliniken-beelitz.de

Prof. Dr. med. Tobias Warnecke
Klinik für Neurologie und Neurologische Frührehabilitation
Schwerpunkt Parkinson-Syndrome und andere Bewegungsstörungen
Osnabrück

Conflict of interest statement

GE received payments from AbbVie, Esteve, Stada, BIAL, and Desitin for participating in advisory boards. He was paid lecture fees by AbbVieBial,, Esteve, Stada, und Zambon.

TW received advisory fees from AbbVie, Zambon, Biall, and Kyowa. He was paid lecture fees by AbbVie, Bial, Desitin, Zambon, Stada, and Esteve.

"Consensus Based" Alternative Recommendations Are Disconcerting

The PRISCUS List is a very important instrument for the evaluation of medications for elderly people (1). Such lists have an enormous standardizing effect—non-adherence will have to be supported by sound reasons in case of a dispute. This is especially so for drugs that were unequivocally categorized as "potentially inadequate medication" (PIM). We were involved in the development process of the list—and we still have concerns regarding the substances named as alternatives to the PIM. The consensus process does not always allow for sufficient discussion. The following examples of "consented" alternative recommendations, however, seem disconcerting to us:

- Melatonin is a largely ineffective substance that is barely prescribable, which is suggested as an alternative to levomepromazine and promethazine in sleep disorders. The potential for harm caused by those two substances is undisputed—pharmacological measures should not have been recommended as an alternative.
- DPP4 inhibitors are suggested as alternatives for sulfonylureas. Their potentially most severe adverse effect—hypoglycemia—is well known. Instead of suggesting a largely ineffective substance (2), the guideline conform alternative is aiming for higher targets for glycated hemoglobin in older persons.
- Potential adverse effects of tricyclic antidepressants are a problem. The suggested alternative, however—citalopram—is just as poorly tolerated (3).
- Memantine is named as an alternative to pentoxifylline and naftidrofuryl, pyritinol and piracetam,