

Accepted Manuscript

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PII: S0022-510X(16)30863-2

DOI: doi: [10.1016/j.jns.2016.12.070](https://doi.org/10.1016/j.jns.2016.12.070)

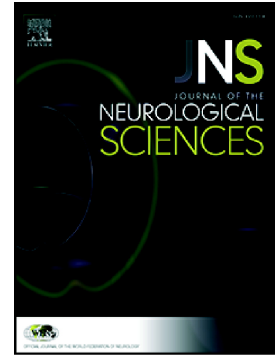
Reference: JNS 15062

To appear in: *Journal of the Neurological Sciences*

Received date: 21 December 2016

Revised date: 27 December 2016

Accepted date: 30 December 2016



Please cite this article as: Xin Xin Yu, Hubert H Fernandez , Dopamine agonist withdrawal syndrome: A comprehensive review. The address for the corresponding author was captured as affiliation for all authors. Please check if appropriate. *Jns*(2016), doi: [10.1016/j.jns.2016.12.070](https://doi.org/10.1016/j.jns.2016.12.070)

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Dopamine Agonist Withdrawal Syndrome: A Comprehensive Review

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Abstract

Dopamine agonists are effective and widely used treatments for Parkinson disease (PD). However, patients on dopamine agonists may experience significant side effects which necessitate dose tapering or discontinuation. Dopamine agonist withdrawal syndrome (DAWS) is a complication that affects up to 19% of PD patients who undergo a dopamine agonist taper. It was initially described in 2010 as a severe stereotypical cluster of psychiatric and physical symptoms occurring with dopamine agonist withdrawal. Identified risk factors for DAWS include impulse control behavior disorders (ICD) and higher dopamine agonist dosage. There are emerging data suggesting that the dopamine agonist withdrawal in the setting of history of deep brain stimulation may also be a risk factor. Currently there is no standard treatment for DAWS. Therefore early recognition of risk factors is crucial for prevention. It's important to closely monitor for withdrawal symptoms in high-risk patients undergoing a dopamine agonist taper.

Keywords

Parkinson disease, Dopamine agonist, Dopamine agonist withdrawal syndrome, Impulse control disorder

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Introduction

Dopamine agonists are effective and widely used treatments for motor symptoms of Parkinson disease (PD). They have been prescribed as first line monotherapy in early stage of PD, as well as adjunctive therapy to levodopa, with reliable efficacy. However, patients on dopamine agonists may experience significant side effects, such as hallucinations, cognitive changes, and impulse control disorders (ICD), which necessitate consideration of dose reduction or discontinuation. There is no specific guideline on how dopamine agonists should be tapered or stopped. Patients exhibit variable tolerability of a dopamine agonist taper. Some patients have no problem at all when discontinuing a dopamine agonist or when switching to a different dopaminergic medication. Some patients experience a transient worsening of motor symptoms for which the addition of another dopaminergic medication such as levodopa may help. Finally, a subset of patients experience physical and psychiatric symptoms such as

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