

I-123-FP-CIT SPECT Untersuchung

KEIN Absetzen folgender Medikamente erforderlich:

	Wirkstoff
Dopaminomimetika	Levodopa und Kombinationsmedikamente mit peripheren Decarboxylase-Hemmern: Levodopa (<i>Dopaflex®</i> , <i>Madopar®</i>)
Dopamin-Agonisten	Apomorphin (<i>APO-Amp.®</i>) Bromocriptin (<i>Pravidel®</i>) Cabergolin (<i>Cabaseril®</i>) Lisurid (<i>Dopergin®</i>) Pergolid (<i>Parkotil®</i>) Pramipexol (<i>Sifrol®</i>) Ropinirol (<i>Requip®</i>)
Anticholinergika (Ausnahmen s.u.)	Biperiden (<i>Akineton®</i>) Orphenadrin (<i>Norflex®</i>) Procyclidin (<i>Osnervan®</i>) Trihexyphenidyl (<i>Artane®</i>)
MAO-B Inhibitoren	Selegilin (<i>Movergan®</i> , <i>Xilopar®</i>) Rasagilin (<i>Azilect®</i>)
COMT-Inhibitoren	Entacapon (<i>Comtess®</i>) Tolcapon (<i>Tasmar®</i>)
NMDA-/ Glutamatrezeptorblocker	Amantadin (<i>PK-Merz®</i> , <i>Amantadin®</i>)
Cholinesterase-Inhibitoren	Donepezil (<i>Aricept®</i>) Galantamin (<i>Reminyl®</i>) Rivastigmin (<i>Exelon®</i>)
Trizyklische Antidepressiva	Amitriptylin (<i>Saroten®</i> , <i>Syneudon®</i>) Doxepin (<i>Aponal®</i> , <i>Espadox®</i> , <i>Mareen®</i>) Trimipramin (<i>Herphonal®</i> , <i>Stangyl®</i>) Maprotilin (<i>Ludiomil®</i>) Mianserin (<i>Tolvin®</i>) Nortriptylin (<i>Nortrilen®</i>) Trazodon (<i>Thombran®</i>)
MAO-Inhibitoren und sonstige Antidepressiva	Moclobemid (<i>Aurorix®</i>) Mirtazapin (<i>Remergil®</i>) Reboxetin (<i>Edronax®</i> , <i>Solvex®</i>)
β-Blocker	Atenolol (<i>Atenolol®</i>) Propranolol (<i>Dociton®</i>) Metoprolol (<i>Beloc®</i>)
Ca-Kanalblocker	z.B. Amlodipin, Nifedipin, Verapamil
Sedativa/Barbiturate	z.B. Clonazepam, Diazepam
Neuroleptika	z.B. Clozapin, Olanzapin, Risperidon
Antiemetika, Antihistamine, Anxiolytika, Benzodiazepine, Hypnotika Außnahmen s.u.	

Abzusetzende Medikamente/Substanzen vor I-123-FP-Cit SPECT

Wirkstoff	Medikamentenname	Notwendige Dauer des Absetzens
-----------	------------------	--------------------------------

Psychostimulantien

Methylphenidat	Ritalin [®] , Methylphenidat [®] , Medikinet [®] , Concerta [®]	2 d
Dextroamphetamin		7 d
Bupropion	Zyban [®]	8 d
Modafinil	Vigil [®]	3 d
Mazindol		3 d
Phentermin	Adipex [®] , Fastin [®]	14 d
Norpseudoephedrin	Antiadipostum [®] , MicroprontN [®] , Amorphan [®]	1 d
Metamfepramon	Tempil [®]	1 d
Amphetamin		7 d
Methamphetamin		3 d
Cocain		2 d

Anticholinergika

Benzatropin		5 d
-------------	--	-----

Antidepressiva

Sertralin	Zoloft [®] , Gladem [®]	6 d
-----------	---	-----

Nur bei i.v. Applikation abzusetzen

Hyoscin/Scopolamin	Scopoderm [®]	5 d
Phenylephrin		1 d
Ketamin	Ketanest [®]	1 d
Pethidin	Dolantin [®]	1 d

Nur bei intrathekaler Applikation abzusetzen

Fentanyl	Actiq [®] , Durogesic [®]	1 d
----------	---	-----

Inhalationsanästhetika

Isofluran	Forene [®]	1 d
-----------	---------------------	-----