

PMHNP Board Cheat Sheet

Parkinson Disease & Antipsychotics

The Key Concept

Haloperidol **does not block acetylcholine receptors**. It strongly blocks **D2 receptors**, decreasing dopamine in the nigrostriatal pathway. This creates a **relative cholinergic (acetylcholine) excess**, worsening Parkinsonian symptoms (EPS).

Easy Analogy: The Seesaw

Imagine dopamine and acetylcholine as two children on a seesaw.

Healthy: Both weigh the same → smooth movement.

Parkinson disease: The dopamine child loses weight → the acetylcholine side drops.

Haloperidol: Removes even more weight from the dopamine side.

Result: Acetylcholine appears stronger, even though the drug never touched acetylcholine.

If the question asks...	Think...
"Influences dopamine + acetylcholine"	Relative cholinergic excess (NOT direct anticholinergic action).
Highest EPS risk	Haloperidol, Fluphenazine
Strong anticholinergic drugs	Olanzapine, Clozapine, Chlorpromazine
Preferred in Parkinson psychosis	Quetiapine, Clozapine, Pimavanserin

Board Pearl ■■■■■

Parkinson disease + Psychosis = Avoid the strongest D2 blockers.

Preferred: Quetiapine, Clozapine, or Pimavanserin.