Guidance for switching from off-label antipsychotics to pimavanserin for Parkinson’s disease psychosis: an expert consensus


In the original publication “Guidance for switching from off-label antipsychotics to pimavanserin for Parkinson’s disease psychosis: an expert consensus,” by Black et al. (2018), the authors regret the errors found in Table 1; Boxes 1, 3, and 4; and Figure 1. The correct Table 1, Boxes 1, 3, and 4, and Figure 1 are given below.

### TABLE 1. Receptor binding affinities for select antipsychotic agents

<table>
<thead>
<tr>
<th>Drug</th>
<th>D2</th>
<th>5HT1A</th>
<th>5HT2A</th>
<th>D1A</th>
<th>D2C</th>
<th>M1 (central)</th>
<th>M2 (peripheral)</th>
<th>H1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pimavanserin</td>
<td>-</td>
<td>-</td>
<td>++++</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>++++</td>
<td>-</td>
<td>++++</td>
<td>++</td>
<td>-</td>
<td>++</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Clozapine</td>
<td>++</td>
<td>-</td>
<td>++++</td>
<td>++</td>
<td>-</td>
<td>++</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>++</td>
<td>-</td>
<td>++++</td>
<td>++</td>
<td>-</td>
<td>++</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>++++</td>
<td>-</td>
<td>++++</td>
<td>+++</td>
<td>-</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
</tbody>
</table>

**Effects of Blockade**

- Antagonist, antagonistic; 5HT/5HT2A, serotonin/histaminergic; D, dopamine; H, histamine; M, muscarinic.
- Potent blockade: increased blood pressure, hypotension.
- Moderate blockade: memory, cognition, extrapyramidal symptoms.
- Weak blockade: weight gain, sedation, anticholinergic.

**Potential Withdrawal/Rebound Effects**

- Extrapyramidal: akathisia, akinesia, akinesia, dyskinesia, tardive dyskinesia.
- Cardiovascular: orthostatic hypotension, hypertension.
- Nervous system: anxiety, agitation, insomnia, irritability, somnolence.
- Other: weight gain, sedation, anticholinergic.

**Note:**

- Weak binding affinity (100 > Ki > 1000)
- Moderate binding affinity (10 > Ki > 10)
- Strong binding affinity (1 > Ki > 0.1)
- Very strong binding affinity (Ki < 0.1)

**Abbreviations:** 5-HT = serotonin; α = adrenergic; D = dopamine; H = histamine; M = muscarinic.

**Ki (nM) values are derived from functional antagonist R-SAT™ assays (ACADIA, San Diego, CA, USA).**

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In addition, the authors would like to make the following text corrections and clarifications:

Page 405:
- The MDS EBM was published in 2011.

Page 406:
- The doses in the early phase 2b/3 study were placebo, 8.5, and 34 mg/d.
- The \( P \)-value for the hallucination and delusions subscales was 0.0012.
- Sleep quality, caregiver burden, etc. were exploratory outcomes.

Page 407:
- The QT prolongation for pimavanserin is 5-8 msec.

The original publication has been corrected to reflect these changes.

REFERENCE: