

## Depression in Parkinson's Disease

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## Background to Parkinson's Disease

- Progressive Degenerative Neurological Disorder
- Movement-reduced, problems initiating, rigidity
- Gait
- Memory
- Sleep Disturbance
- Excess Saliva, excessive daytime sleepiness
- insomnia
- Mood Disturbance

## Effects on Quality of Life

- problems with physical functioning, eg walking,
- falls
- lowered self esteem, self image
- social isolation
- pain
- body discomfort
- sexual problems

## Factors affecting Quality of Life

- Severity but not completely
- Falls
- frequent/unpredictable "off-periods"
- "freezing"
- sleep problems
- akinesia (early morning, night-time)
- how diagnosis communicated
- reduced sense of optimism

## Depression in Parkinson's Disease

- Prevalence -30-40%
- 2 Peaks -At or Before Onset(in 25% of Patients with PD), or at Advanced stage of condition
- Associated with a high care-giver burden
- may go undetected { up to 74% of people with depression in Parkinson's do not receive treatment}
- Patients may receive inadequate treatment (ie medical treatment for inadequate period of time or at an insufficient dose

## Risk factors

- adverse life events-bereavement, other illness, chronic pain
- family history
- previous episode of Depression
- previous traumas
- female
- young age of onset
- reduced quality of life
- severe disability

## Problems with Diagnosis of depression in Parkinson's Disease

- Symptoms in common eg
- fatigue
- apathy, reduced motivation, slowing
- facial immobility
- sleep disturbance
- Weight Loss
- Agitation
- Is Depression an intrinsic part of PD?

## Core Symptoms of Depression

- NB. Depression is an illness and needs to be distinguished from normal sadness
- SYMPTOMS OF DEPRESSION ARE
- sustained, pervasive lowering of mood
- reduced interest { eg sport, family members, hobbies, reading etc.}
- Pessimism, lack of enjoyment, no sense of humour, suicidal thoughts
- anxiety, irritability
- note -guilt feelings, completed suicide relatively uncommon in depression associated with Parkinson's Disease

- Apathy
- Motor slowing
- Memory problems
- All above common to PD and Depression
- Accurate diagnosis important as over- and under-diagnosis may occur

## Causes

- Presence of Risk Factors makes person more vulnerable to suffer from Depression
- Reduced Quality of Life {slides 3-5}
- Chemical abnormalities-reduced Noradrenaline, Serotonin, Dopamine

## Treatment

- Effective management Parkinson's Disease *with attention to improving quality of life*
- Effective management of Depression
- Same Principles regarding treatment of Depression in those without PD are applicable

## Treatment of Parkinson's Disease

- Medications L-Dopa {"Sinemet"}, Ropinirole ["Requip"], Pramipexole (Mirapexin) "Stalevo" etc.
- Reduce 'Freezes' and 'off periods'
- Deep Brain Stimulation {available?}
- Physiotherapy
- OT-home modifications, walking aids, prevention of Falls
- Support
- Encourage normal living and activities as much as possible; improve *quality of Life* poss

## Management of Depression

- Education, Psychotherapy (CBT), Support
- Anxiety management-relaxation therapy, exercise, CBT, aromatherapy
- Management of "Freezes"/ "on/off Periods"
- Medication- SSRIs eg "Prozac"[well tolerated]
- SNRIs-"Efexor", Cymbalta (well tolerated)
- Tricyclic AntiDepressants "Prothiaden"(effective but more side effects)
- Deep Brain Stimulation may help
- More Research on effective treatments needed

## Issues related to Depression in PD

Detection rates need to improve

Side effects of medications-  
SSRIS eg Prozac  
sweating, insomnia, sexual problems,  
weight gain;  
suicidal feelings rare - *stop taking  
/seek help immediately if occur*  
Worsening of movement problems;  
[discontinue slowly].

## Tricyclics-"Prothiaden"

- Effective but
- dry mouth, sedation, constipation, lowered postural blood pressure leading to falls getting out of bed or standing from sitting
- worsening of prostate symptoms or glaucoma
- effects on the heart

## Summary

- Depression is common and treatable in PD
- More investigation/research needed on effective treatments
- Treatment needs to be multi-dimensional.
- Medications have a role and are well tolerated; side effects do occur but should not deter use.
- Emphasis should be on prevention and improving quality of life
- THANK YOU FOR YOUR ATTENTION