

Managing with depression in Parkinson's disease

Robert Daly MB MPH
MRCPsych ABPN
Consultant, St Ita's Hospital and
Beaumont Private Clinic
Senior Lecturer, Dept of Psychiatry, RCSI

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Talk overview

- Define and discuss depression
- Review ten pointers for helping manage depressive symptoms

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What is depression?

- A syndrome with mood and physical symptoms
- Like PD, it's diagnosed clinically
- Symptoms occur along a spectrum
- Cause is unclear, but changes in chemical messengers implicated
- Common- 10 to 20% lifetime risk generally, 40 to 50% prevalence in PD

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Depression defined

- Commonest diagnostic criteria are those of APA, called DSM 4
- Mood changes- feeling 'depressed or down most of the day nearly every day', plus accompanying symptoms.....

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Depression defined (cont)

- Sleep disturbance
- Poor interest
- Guilt feelings
- Low energy
- Impaired concentration
- Diminished appetite
- Absence of pleasurable feelings
- Low libido

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Depression defined (cont)

- Concerning symptoms indicative of worsening include
 - Feeling very bleak, or hopeless (pervasively) or that life isn't worth living
 - Hearing or seeing things
 - Becoming v. run down eg bedbound

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PD and depression share many symptoms

- Slow movements, stooped posture, changes in facial expression
- Poor memory and concentration, and indecision
- Poor appetite, fatigue, impaired sleep, low energy
- Physical complaints

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Ten Pointers for Helping Manage Depression and Depressive Symptoms

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10 Beware of non-compliance

- Compliance rule of 1/3's
- Poor compliance not common in PD
- Depression → ↓ attention/ concentration/ memory → limited recall on recovery → poor subsequent compliance

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9 “Denial isn’t just a river in Egypt”

- Alcohol = single biggest complicating factor in depression
- Alcohol precipitates and perpetuates depression
- Heed alcohol intake warnings
- Have frequent alcohol-free days

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8 Prescribe exercise

- NICE guidelines recommend exercise
- Aerobic > anaerobic
- Outdoor > indoor
- Helps counter osteoporosis and heart disease (↑ in depression)
- Avail of ‘on’ periods

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7 Understanding antidepressants

- Antidepressants work well for depression
- Many different types available
- Similar efficacy across classes
- Not addictive/ no ‘immunity’
- Balance between efficacy and side effects

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7 Understanding antidepressants

- Take enough medicine for long enough
- Don't stop medication without discussing with doctors
- Some, not all, side effects lessen
- Commoner side effects can include nausea, dizziness, headache, poor sleep

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6 Talk about your feelings

- Talking to partner/ family/ friend helps you
- Talking combats the isolating, withdrawing effects of depression
- Verbalizing helps add clarity and perspective to emotions
- Diary, noting moods and events

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5 Mood problems aren't always depression

- 70% of people w. PD have depressive symptoms
- May represent other emotional complaint eg frustration, irritability
- Normal mood response
- Anxiety
- Adjustment reaction
- Other related neuropsychiatric problem eg delirium, panic

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4 Other medical problems can cause depression

- Hypothyroidism, B12 deficiency, especially in women
- Menopause- particular risk
- Heart disease, lung disease
- Medications
- NB make sure specialists communicate with GP and with each other

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3 "It's the therapist, not the therapy"

- Talking therapies are very helpful for mild to moderate depression
- No clear preferred psychotherapy
- People value ability to empathise, listen, be concerned
- Supportive and cognitive approaches prominent now
- Brief focussed interventions useful

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2 Embrace self- help

- Depression ↔ passivity
- Over-reliance on medical model common
- Self- help groups useful eg GROW, AWARE
- Learn how to manage anxiety
- Become better informed
- Get involved in your recovery

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1 Patience

- Recovery takes time
- Medication takes time
- Full recovery slow
- Fluctuant recovery common
- Natural course is towards recovery

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