

Mental Health Changes in Parkinson's Disease

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MENTAL HEALTH CHANGES IN PARKINSON'S

Depression and demoralization

Mania

Fatigue and apathy

Anxiety and motor worsening

Delusions and hallucinations

Loss of mental function

Sleep disorders

Sexual dysfunction

Loss of impulse control

Pain

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DEPRESSION AND DEMORALIZATION

More common than not...

Older and worse disease more vulnerable...

Rarely recognized and more rarely treated...

Highly treatable (especially if significant change from baseline)

Effective therapies (meds, psychological interventions, behavioural change, electroconvulsive therapy)

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MANIA

Rare but dangerous...

Get them in hospital...

More common with Sinemet abuse and after deep brain stimulation...

Highly treatable (anti-manic medications, containment in hospital, regulation of sleep and restoration of drives and rhythms, and changing stimulation parameters)

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FATIGUE AND APATHY

Another tragically under-recognized problem...

Usually the individual does not care and so clinicians don't hear of complaints...

Very often due to the slow progressive disconnection of the frontal lobe from the brainstem...

Therefore progressive cognitive difficulties may accompany and these changes are harder to treat (but still worth trying with stimulating medications if the individual is suffering)...

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ANXIETY AND MOTOR WORSENING

A highly disabling symptom of the disease often excessively misattributed to poor coping and premorbid personality traits...

Very common and almost always interferes with motor control (dread/fear/worry lessen the effect of Sinemet)...

Needs to be discussed with the doctor even if the person has high trait (lifelong) anxiety, as it could be provoked by medication, related to timing of medication, time of day, sleep disturbance, depression, and is highly treatable...

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DELUSIONS AND HALLUCINATIONS

If early in the disease, usually due to medication excess or side-effect...

If later in the disease, usually due to disease duration and an associated loss of cognitive function...

#1 reason patients end up in a facility...as dementia is progressing and their insight into their psychotic symptoms is diminishing...

Previously untreated if not a problem for patients and caregivers, we know now that early treatment can prevent later worsening and we have effective medications and electroconvulsive therapy to do so.

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LOSS OF MENTAL FUNCTION

Sadly, as our ability to diagnose the condition earlier and earlier becomes a reality, and people are living longer with it, we are realizing that the majority of patients with long courses of Parkinson's will experience dementia...

Our treatments are limited but if tolerable Alzheimer's medications are more useful in Parkinson's than in Alzheimer's...

A minority of patients develop diffuse Lewy body disease, a variant of Parkinson's with far worse episodes of confusion and a more disabling course of disease.

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SLEEP DISORDERS

No definitive correlation between sleep deprivation and worsening of motor functioning or many more people would complain...

All sorts of sleep problems (insomnia and sleep behaviour problems)...beware the dreaming patient may punch and kick...

Disease is to blame but pain, medications, and depression and anxiety don't help...

One of the easiest things to treat in Parkinson's

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SEXUAL DYSFUNCTION

Loss of libido and sexual dysfunction (erectile dysfunction and genital arousal difficulties) are more common than not...

Paraphilias and hypersexuality are uncommon but highly problematic when they occur...

Bring attention to these changes to the physicians helping to treat the condition in case they are treatable and/or risky...

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LOSS OF IMPULSE CONTROL

Sound the alarms!!

The effects are devastating...

The culprit is almost always the medications (dopamine agonists like pramipexole or ropinirole most commonly)...

Gambling, sexual acting out, theft, alcohol and substance use...and often in individuals who were previously risk averse...

Sound the alarms!!

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PAIN

Pain occurs for a multitude of reasons in Parkinson's...

It occurs often and may often be purely due to physical factors such as the impact of the neuromuscular disease on the person's skeleton...

The emotional contributors and causes to pain in Parkinson's are often overlooked...

Bring this symptom up with physicians so it can be properly assessed and treated...

SUMMARY

Non-motor mental health symptoms can be devastating and are often overlooked...

They include emotional changes, changes in behaviour and perception and cognition, and changes in drives...

These symptoms can worsen motor functioning...

Symptoms are often treatable or reversible...

Some can be lethal (depression, mania, psychosis)...

If in doubt, blame the disease and not the individual's failed adaptation to the disease...

Bring these symptoms to the physician's attention for proper understanding and management...

Caregivers need to look after themselves as well...