

APATHY IN PARKINSON'S DISEASE

Apathy occurs in as many as 40% of people with Parkinson's disease (PD), yet it remains one of the more misunderstood non-motor symptoms. Current research identifies apathy as a condition separate from depression and anxiety, two common mood-related symptoms of PD. However, all three of these conditions are more likely to be caused by physiological changes in the brain than by psychological reactions to having PD. In short, apathy in Parkinson's can be understood as a biological disorder.

People who experience apathy are generally less interested in taking part in activities that help maintain their level of functioning. This can be extremely frustrating for carepartners and caregivers. Improving understanding of apathy is very important for individuals with PD and members of their support network.

Symptoms

Apathy relates to behavioural changes including, but not limited to:

- reduced interest in people and activities
- reduced spontaneous interactions with other people or pets
- lack of motivation and decreased initiation of activities
- flat/dampened affect (an inability to express emotions)
- changes in mood or thinking
- little or no goal-directed behaviour

Causes

Apathy in Parkinson's often results from disruption in brain pathways, as well as decreased levels of dopamine. Some cognitive problems common to PD, such as short-term memory loss and difficulty initiating behaviours, are also associated with the development of apathy. Living with a chronic condition may also cause individuals to become apathetic.

Apathy and Depression

An individual who is experiencing apathy may have symptoms that are similar to those associated with depression, such as low energy and lack of interest. They may speak slowly or not at all for long periods of time. Apathy does not, however, share all cardinal symptoms of depression, such as sadness, hopelessness, irritability, or suicidal ideation.

Apathy and Fatigue

Fatigue is extremely common in people with Parkinson's, and it shares many symptoms with apathy, including low energy, lack of interest in activities, and low motivation. However, fatigue is often related to medication management. Bradykinesia (slowness of movement), dyskinesia, and medication on/off periods can be unpredictable and exhausting.

Improved medication management can relieve fatigue, but not apathy. If symptoms of fatigue persist despite taking all medication on time, they are more likely associated with apathy.

Apathy and Motor Symptoms

People with PD can have difficulty expressing themselves. Many people will experience decreased facial animation, causing them to appear sad or disinterested when, in fact, they are not. The “Parkinson’s mask” is often misunderstood for apathy by carepartners and medical staff. Compounding this problem are the vocal changes experienced by people with PD, including softer and slower speech. Assumptions about apathy, depression, and anxiety should not be made on the basis of facial expression or speech in people with PD.

Impact on Carepartners

Apathy typically has a greater negative impact on carepartners than on the person with PD. Many carepartners report feeling frustration with the person they care for, and it is not uncommon for a carepartner to feel they are working harder than the person with PD. Without an understanding of the nature of apathy in Parkinson’s, a carepartner may start to see the person they care for as lazy, defiant, bored, difficult to motivate, and generally unwilling to help themselves. This can become a highly stressful situation resulting in significant strain on the relationship.

Behavioural Treatment

Sometimes, people with PD do not realize the impact of apathy on their lives, and the lives of their loved ones. It is important to bring forth any changes observed in the person with PD to the attention of their healthcare team. If a diagnosis of apathy is given, lifestyle changes may be encouraged, including:

- Exercise. Physical activity has been shown to help people manage the symptoms of PD.
- Scheduling for physical, social, and cognitive activities.
- Maintaining a regular sleep schedule. When well rested, people are better able to perform daily tasks and live fuller lives.

Some medication may be helpful in individual cases. As with any symptom of Parkinson’s, apathy should be discussed with a healthcare professional, and no new medications should be taken without medical supervision.

Additional Resources

Depression and Anxiety Helpsheet | Parkinson Society BC | bit.ly/pddepressionanxiety

Living Alone with Parkinson’s | Parkinson Society BC | bit.ly/livingalonewithpd