

Understanding 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 Parkinson's. While apathy is a separate condition, it is similar to depression and anxiety in that all three symptoms (apathy, depression and anxiety) are more likely caused by physiological changes in the brain than by psychological reactions to having Parkinson's. In short, apathy is often a biological disorder associated with PD.

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/caregivers. Greater understanding of apathy and Parkinson's is very important for individuals with PD and members of their support network. The purpose of this Help Sheet is to give an overview of how apathy can differ from other Parkinson's related symptoms and to provide ideas for self-care and coping.

What are the symptoms of apathy?

Apathy relates to behavioural changes including but not limited to:

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

What causes apathy in PD?

Apathy in PD often results from physiological changes in the brain; specifically, 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.

Apathy can also be caused by an individual's emotional reaction to living with a chronic condition. Apathy may be closely related to depression and anxiety, conditions which are treatable.

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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, for example:

- sadness
- hopelessness
- irritability
- thoughts of suicide
- anxiety

Apathy and fatigue

Fatigue is an extremely common symptom of Parkinson's. Fatigue has many similarities to apathy such as low energy, lack of interest in activities and low motivation. Fatigue, however, often relates to medication management. Bradykinesia (slowness of movement), dyskinesia and medication on/off periods can be unpredictable and exhausting.

Improved medication management can provide some relief from these symptoms, and thereby reduce fatigue. If the symptoms of low energy, lack of interest in activities and low motivation are not resolved with improved medication management, they may be symptoms of apathy.

Apathy and motor symptoms of PD

It is common for people with PD to have decreased facial expression, which can make a person appear sad or disinterested when, in fact, they are not. The "Parkinson's mask" is often misunderstood by carepartners/caregivers and medical staff because the person appears apathetic. Compounding this problem is the soft voice common to PD. Lack of facial expression and a soft voice can lead to erroneous assumptions on the part of others that the person with PD is apathetic and/or depressed. It is possible that the person with Parkinson's is not apathetic but, rather, is having difficulty expressing him/her-self.

The impact on carepartners/caregivers

Apathy is a symptom that typically has a greater negative impact on carepartners/caregivers than on a person with Parkinson's. Many carepartners report feeling frustrated with the person they care for and it is not uncommon for a carepartner/caregiver to feel they are working harder than the person with Parkinson's. Without an understanding of the nature of apathy in PD, a carepartner/caregiver may start to see the person they care for as lazy, defiant, bored, difficult to

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motivate and generally unwilling to help themselves. This can become a highly stressful situation resulting in significant strain on the relationship.

Behavioural Treatment for Apathy

Sometimes people with PD don't realize the impact apathy is having on their lives, as well as those of their loved ones. It is important to bring forth any changes observed in the person with PD to the attention of the medical team. If a diagnosis of apathy is given, lifestyle changes may be encouraged:

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

Some medication, although limited, may be helpful in individual cases. It is thus recommended to seek guidance from a medical professional.

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