DOCTOR'S ALERT!
Mood Disturbances in Parkinson's Disease

Overview

- Depression and/or anxiety are common in Parkinson's, affecting at least 50% of people at some point in their disease.
- Depression is more likely to occur in Parkinson's than in other chronic diseases of similar disability, and is unrelated to disease severity or duration.
- Anxiety and depression precede the motor symptoms in 30% of patients.
- These conditions have a strong negative impact on quality of life, and have a destructive impact on the symptoms of Parkinson's.
- Depression and anxiety in Parkinson's can be treated effectively if recognized.

Depression

Depression occurs as part of the neurodegenerative changes that cause Parkinson's, but may also occur as a reaction to the diagnosis. Some features of depression are less common in Parkinson's, such as feelings of guilt or worthlessness and suicidal ideation. **An exception is increased suicide in patients with subthalamic nucleus deep-brain stimulation,** so these patients must be monitored closely. Depression is frequently underdiagnosed and under-treated in Parkinson's due to the overlap of the symptoms of depression and the symptoms of Parkinson's, such as:

- Loss of appetite and weight
- Loss of libido
- Loss of energy
- Sleep problems
- Slowness of movement and thinking

The Hamilton depression scale (HAM-D), the Beck depression inventory (BDI), the Hospital anxiety and depression scale (HADS), the Montgomery-Asberg depression rating scale (MADRS), and Geriatric depression scale (GDS) have been shown to be valid instruments for screening depression in Parkinson's.

Anxiety

The most common anxiety disorders in Parkinson's are panic attacks (often during "off-periods"), generalized anxiety disorder (GAD), and simple and social phobias.

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The symptoms include:

- Apprehensiveness
- Nervousness
- Irritability
- Feelings of impending disaster
- Palpitations and hyperventilation
- Insomnia

There is no recommended rating scale for anxiety in Parkinson's. The Beck anxiety inventory (BAI), Hospital anxiety and depression scale (HADS), the Zung self-rating anxiety scale (SAS), the Anxiety status inventory (ASI), and the Hamilton anxiety rating scale (HARS) are all suggested.

Management

- Both depression and anxiety can be associated with "off-drug" fluctuations, and could improve with Parkinson's medication.
- The first step is to determine whether the mood symptoms correlate with the motor symptoms. If mood symptoms occur only when the patient is in an "off" state, adjustment of Parkinson's medication is required.
- Antidepressants can be successful in treating depression in Parkinson's (tricyclics, trazodone, SSRIs, SSNRIs, SNRIs, and mirtazapine).
- For anxiety, SSRIs remain the treatment of choice. Benzodiazepines should be used with caution.
- SSRIs should be used with caution or avoided in patients taking MAO inhibitors.
- Non-pharmacological treatment can be effective for mild depression and anxiety (e.g. counselling, patient education, massage therapy, light therapy, CBT).

A diagnosis of Parkinson's changes the lives of individuals and their families.

If you have patients with Parkinson's, refer them to us. We are here to help.

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Sources: Aarsland D. et al. Neuropsychiatric symptoms in Parkinson's disease. Movement Disorders 24(15): 2175-2186. (2009)

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Rodriguez-Oroz MC et al. Initial clinical manifestations of Parkinson's disease: features and pathophysiological mechanisms. Lancet Neurol 8: 1128–39. (2009)

Voon V, Krack P, Lang AE, et al. A multicentre study on suicide outcomes following subthalamic stimulation for Parkinson's disease. Brain 2008;131:2720–2728.