

# Coping with the Non-Motor Aspects of Parkinson's Disease

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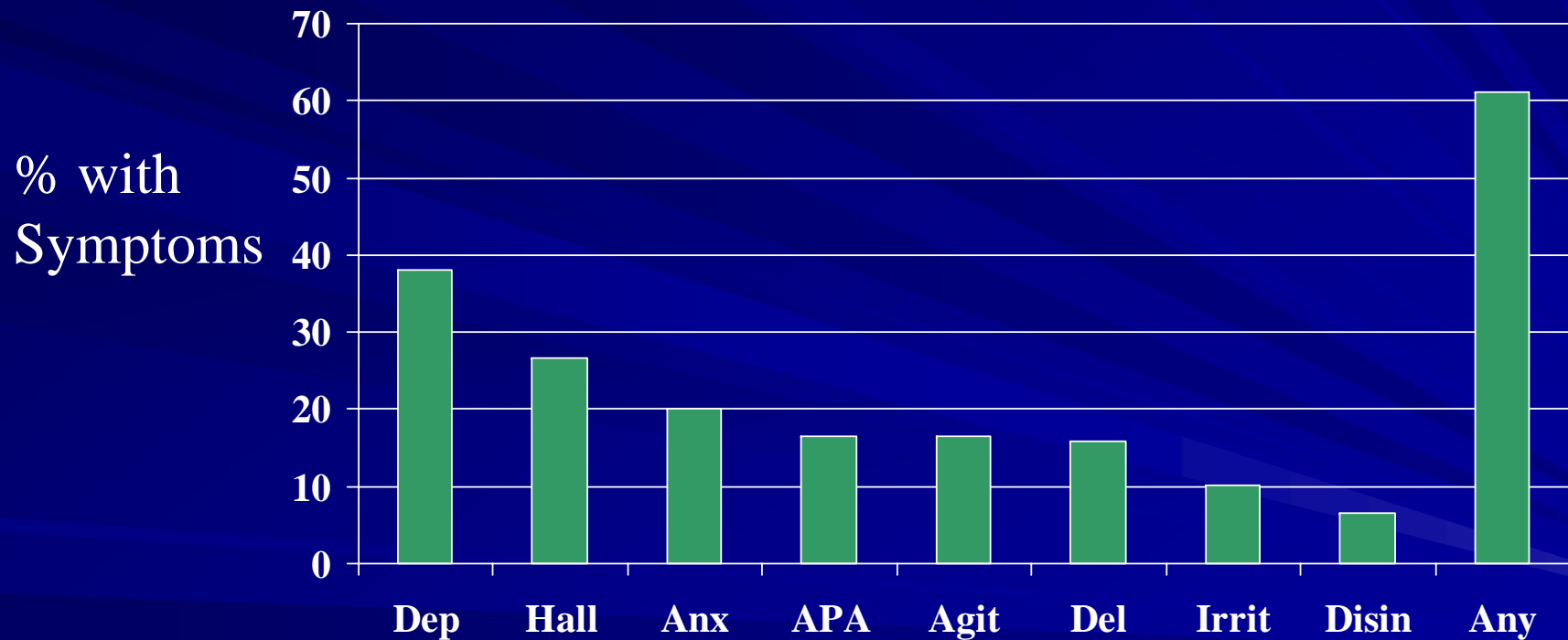
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# Non-motor or Psychiatric Symptoms in Parkinson's Disease

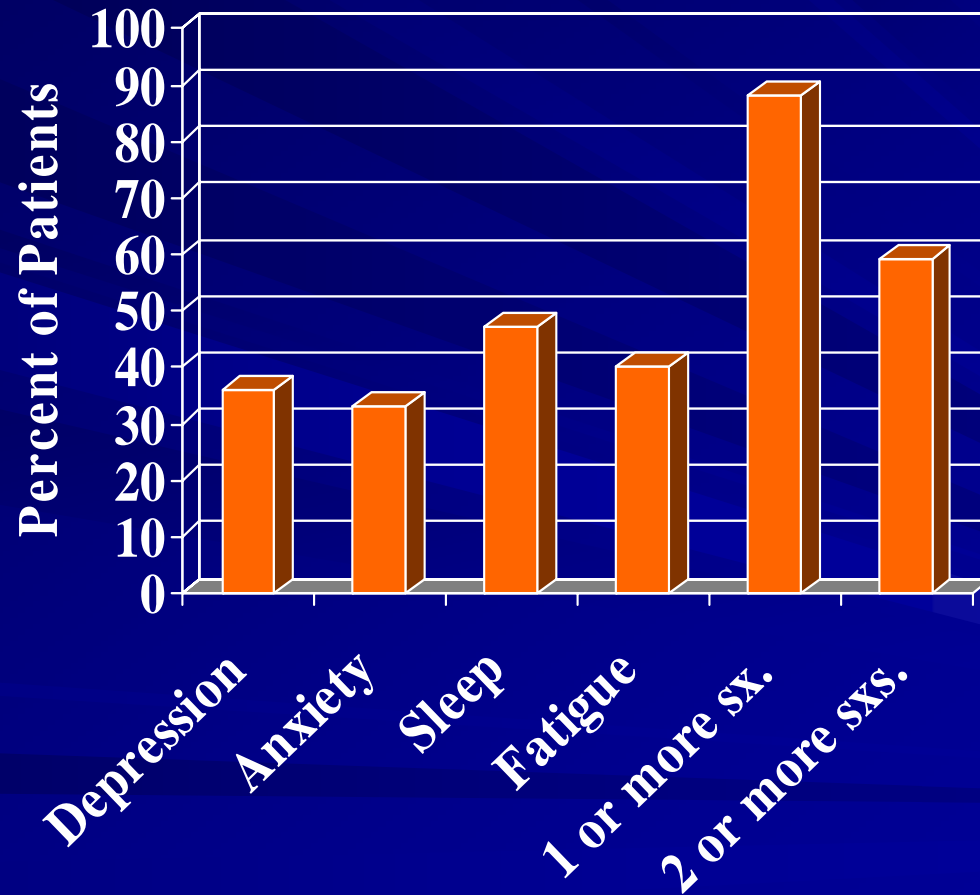
- Depression
  - Anxiety
  - Sleep
  - Psychosis
  - Drug Reactions
- These issues are very important and **very** under researched

# Neuropsychiatric Symptoms in a Community-Based Sample of PD Patients



(Aarsland et al, JNNP 1999; 67: 492)

# Psychiatric Symptoms in PD



Shulman, 2001

# Depression

# Parkinson's Disease and Depression: What We Know

- It is a common problem
  - About 50% have some depression
- It has a major impact on functioning
  - Faster progression of motor symptoms
  - Greater decline in cognitive skills
  - Greater decline in ability to care for self
- It has a major impact on quality of life and family relationships

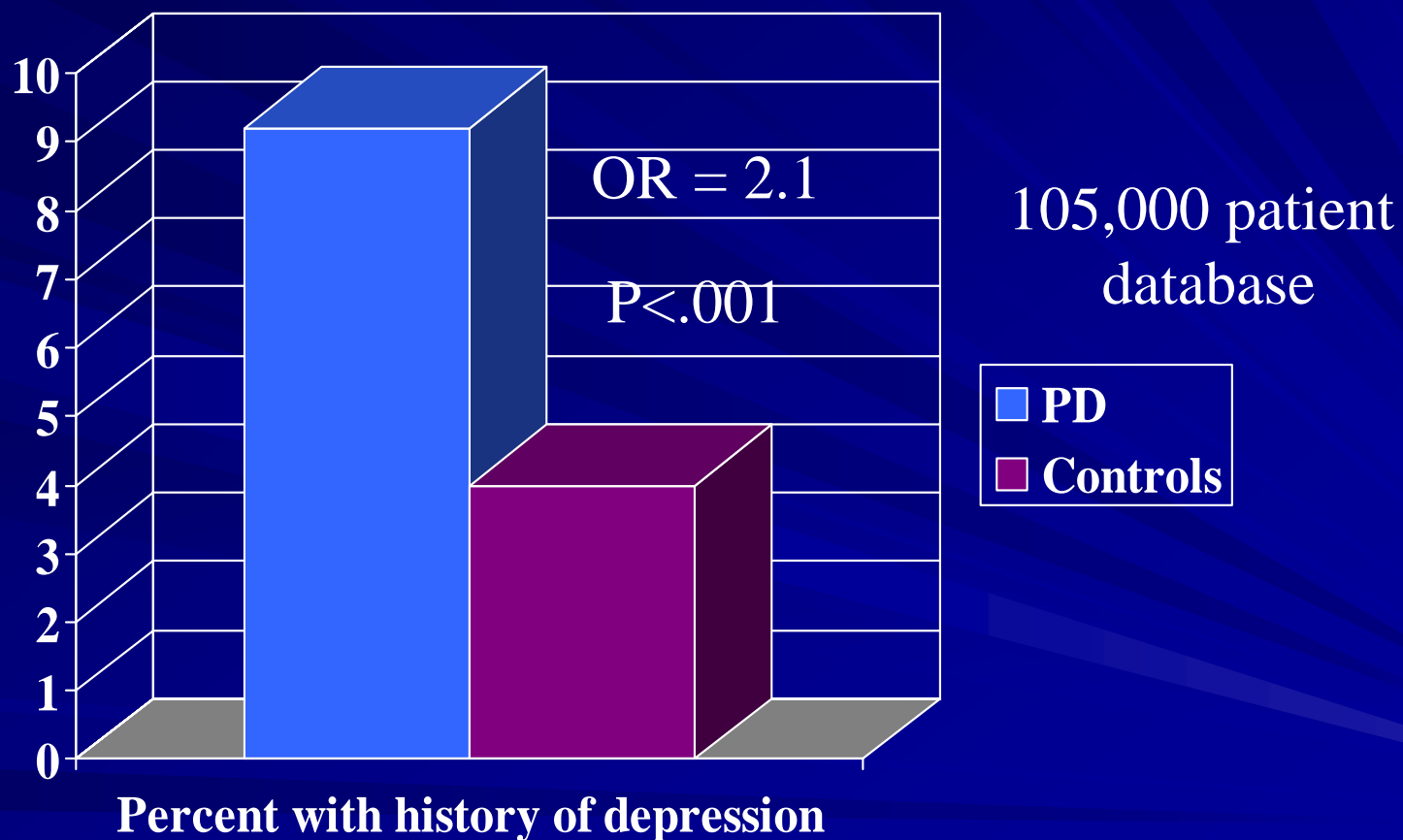
# Symptoms of Depression

- Sadness or crying
- Lack of interest and motivation and pleasure
- Appetite changes
- Sleep problems
- Fatigue
- Feelings of guilt or worthlessness
- Feelings of helplessness or hopelessness
- Thoughts of being better off dead
- Problems with concentration and memory
- Decrease in libido
- Thoughts that life lacks meaning or purpose

# Parkinson's Disease And Depression: Clinical Presentation

- Depression often precedes motor illness
- Overlap of symptoms with PD
  - slowing, fatigue, poor sleep, concentration
- High levels of anxiety
- Difficulties with executive functioning
- Very involved family members
- Significantly lower suicide rate

# A History of Depression Is Common In Patients With PD



Leenjtens AF, et al. Mov Dis, 2003

## Depression in PD: Risk Factors

- All of the following factors may confer risk but probably do not direct us to a cause
  - Anxiety
  - “Off” symptoms
  - Age of onset – younger > older
  - Sleep difficulties
  - Cognitive impairment
  - Rigidity and postural instability

# Cause of Depression in Parkinson's Disease

- Probably not a simple psychological reaction to illness and disability
- Probably a mix of neurochemical changes that accompany PD and the stress of living with the illness

# Causes of Depression in Parkinson's Disease

- Probably related to neurodegeneration
  - Serotonin – low mood
  - Dopamine - decreased reward and apathy and low motivation
- Clearly there are psychosocial issues (e.g., how patients and families think, feel, and react) that complicate the course

# What Is Stressful About Having Parkinson's Disease?

- 70% of patients experience stress from:
  - Bodily symptoms
  - Social interaction/withdrawal
- AND PERCEPTION OF
  - Lack of efficiency (slower to do things, harder to be “perfect” or detail oriented)
  - Helplessness
  - Dependency
  - Loss of control
  - Burden

# Psychological Issues

- In a vicious cycle, depression and anxiety have profound effects
- Depression and anxiety increase motor problems
- This increases depression and anxiety
- Which worsens motor performance, etc.

# Breaking the Vicious Cycle

- *Cognitive-Behavioral Therapy (CBT)*
  - Increasing meaningful and social activities
  - EXERCISE
  - Problem solving for physical limitations
  - Stress management and relaxation
  - Rethinking the big picture
- Promising Pilot Data

# What About Medication for Depression?

- Few well-controlled studies
- Nonetheless, there is a general consensus on effectiveness
- Choice of drug is based on individual
- Typical medications are called SSRIs
  - Prozac, Zoloft, Paxil, etc.
- Many others
  - Remeron, Effexor, Wellbutrin, etc.

# General Information on Antidepressants

- All may have side effects
- These side effects are individual
- Doses need to be adjusted individually
- They take at least three weeks to work

# Many Questions Remain: We Need to Find Answers

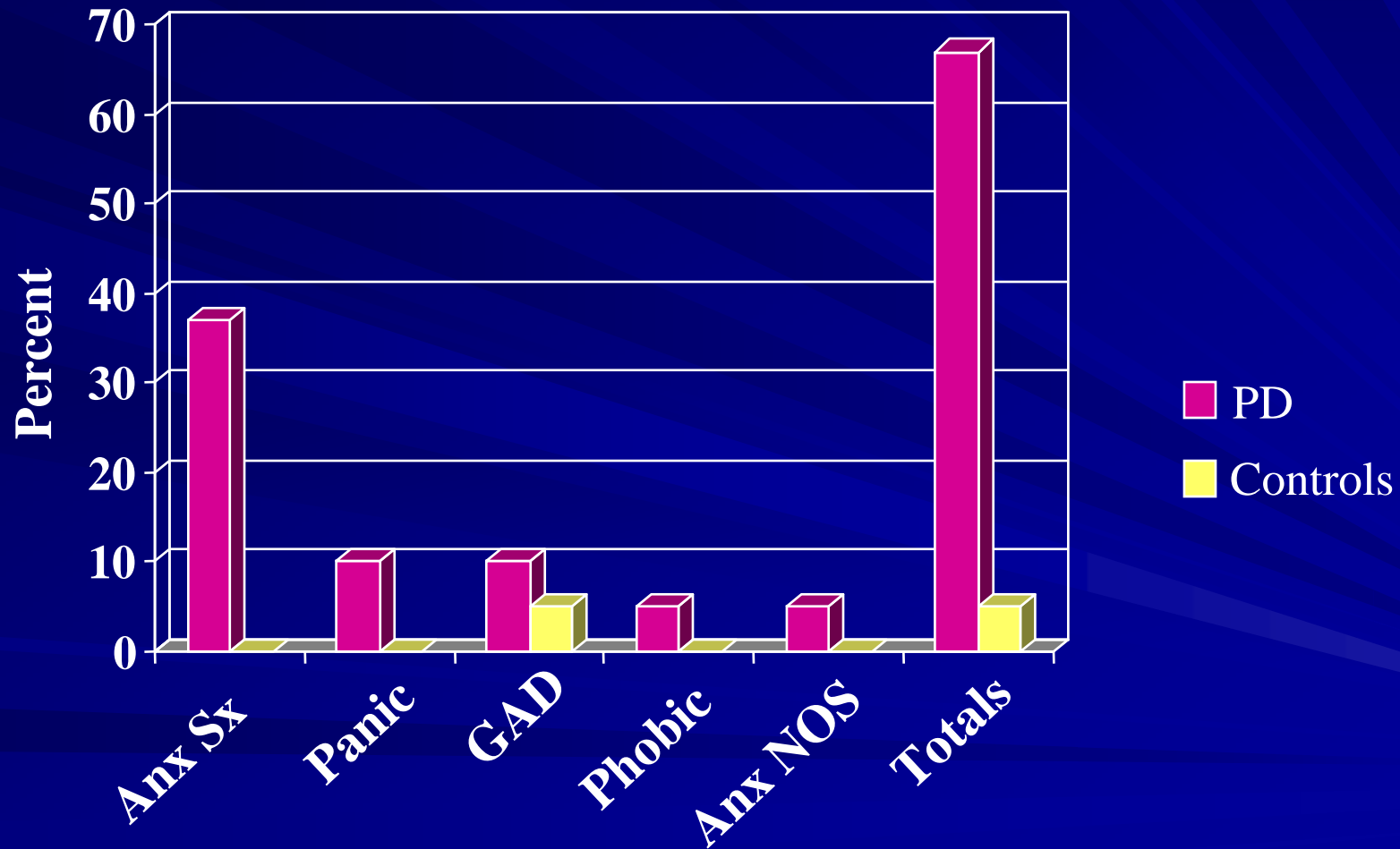
- Do antidepressants work as well as we think?
- Do antidepressants improve quality of life?
- Do some antidepressants work better than others in individuals with PD?
- What is the role of other therapies?

# Anxiety

## Anxiety and PD: Main Points

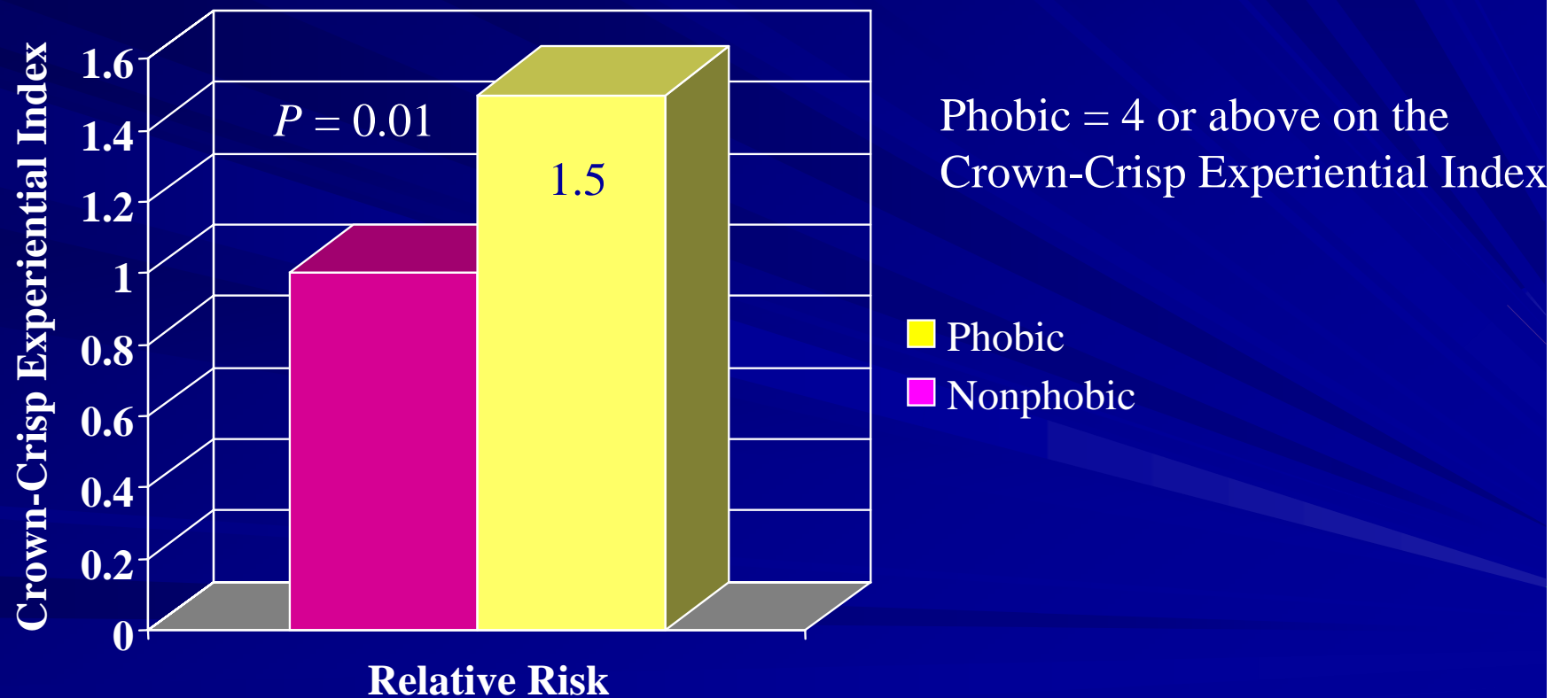
- Very common
- Often predates the motor symptoms of PD
- Usually co-occurs with depression
- Often worse during "off" periods
- May worsen with cognitive deterioration
- Treatment is unstudied

# Parkinson's Disease and Anxiety

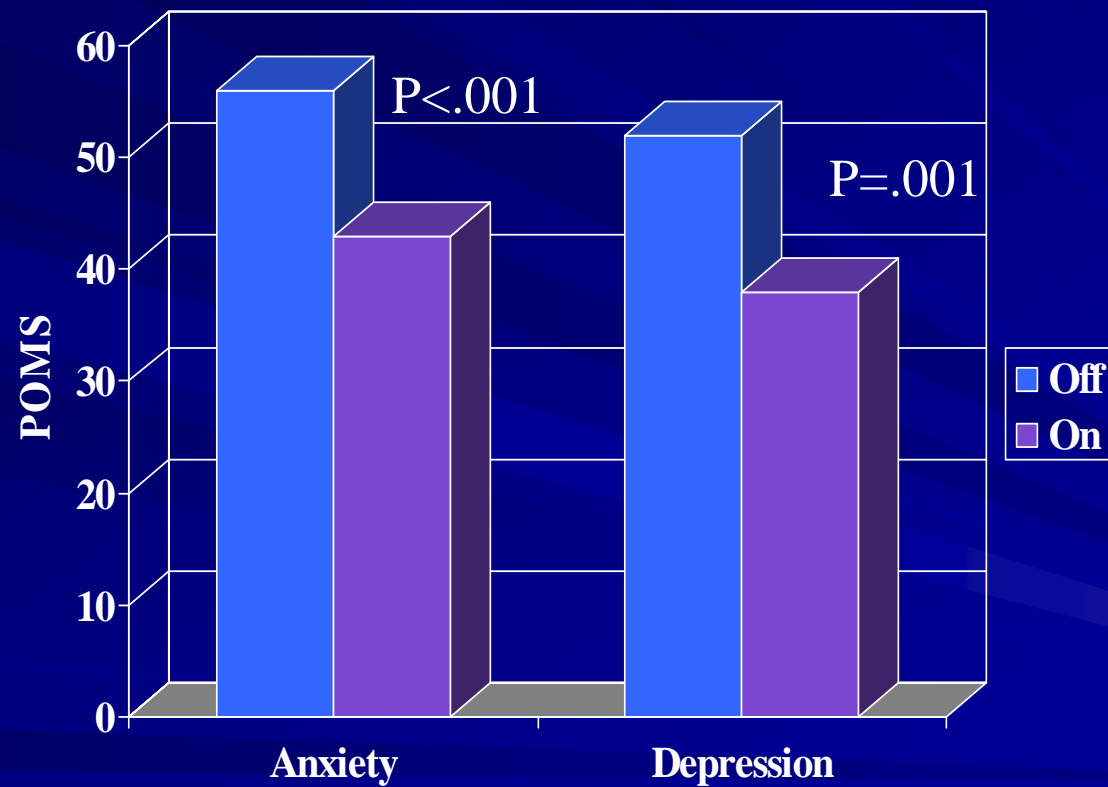


# Phobic Anxiety and Risk of Developing PD

38,815 subjects followed prospectively for 12 years



# Anxiety and Motor Fluctuations



Menza, et al. Mov Disor 1990;5:148-151.

# Treatment of Anxiety in Parkinson's Disease

- Few data on treatment
- Maximize treatment of movements, including “on-off”
- Treat depression and other co-morbidities
- Do typical treatments work?
  - SSRIs and other antidepressants
  - Buspirone
  - Benzodiazepines
  - Atypical antipsychotics—quetiapine and clozapine
  - CBT
- Encourage exercise and healthy living

Sleep

# Typical Sleep Problems in PD

- Difficulty falling asleep
- Difficulty staying asleep
- Early morning wakening
- Poor quality sleep
- Muscle stiffness and twitches
- Vivid dreams
- Morning headaches
- Sleep apnea

# Other Sleep Problems in PD

- Nightmares, night terrors
- Rapid Eye Movement (REM) Behavior Disorder
- Nocturnal hallucinations
- Excessive daytime sleepiness
- Sleep attacks

# What To Do About Sleep

- Discuss with your doctor
  - formal sleep evaluation
- Optimization of PD treatment and adjustment of medications
- Optimization of treatment of medical and psychiatric conditions

# Treatment of Sleep Disorders in PD

- Exercise
- Intermittent use of sleep medications
  - Eszopiclone (Lunesta), zolpidem (Ambien), etc.
- Some medications may help daytime sleepiness
  - Modafinil (Provigil), methylphenidate (Ritalin), amantadine (Symmetrel)

# Sleep Hygiene

- Regular sleep hours
- Avoid excess time in bed
- Regular get-up time, regardless of sleep quality
- Avoid daytime naps
- Use bed for sleep
- Relaxation
- Physical activity
- Sunlight in AM
- Bedroom quality
  - noise,
  - temperature,
  - humidity, etc.
- Avoid evening stimulants
- Avoid large evening meals

# What Can I Do?

- Talk to your doctor
- Talk to support group members
- Participate in clinical research

# Clinical Trials for Non-Motor Symptoms at RWJMS

CALL DR. MATTHEW MENZA, M.D.

732-235-5886 (Allison)

1-888-RWJ-HOPE

or

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