

Spotlight on Parkinson's Disease: Healthy Minds, Addressing Your Mental Health

Parkinson's disease (PD) affects many aspects of well-being. For many people with PD, changes to their mental health are as concerning or more concerning than the changes to their physical abilities. To best maintain your well-being as you live with your PD, it is important to understand what these changes are and to recognize them when they occur. The good news is that there are treatments available that can help you cope with their effects. As with all aspects of PD, it is critical to talk with your health care team about mental changes you may be experiencing.

Cognitive Impairment

Cognition refers to thinking and remembering, and includes the entire range of skills that are part of these activities, including analyzing, judging, imagining, and planning. In PD, the cognitive skills that are most frequently affected are those involved in paying attention, planning, problem solving, and remembering where items are. "Mild cognitive impairment" (MCI) occurs in about 25% of people with PD, and may begin quite early in the disease. The impairments of MCI are not enough to interfere significantly with activities of daily living. More significant cognitive impairment is termed "dementia." Dementia is also common in PD, though exactly how common is still under investigation. Dementia does interfere with activities of daily living, and requires an increased level of care. When dementia begins within one year of motor symptoms, the diagnosis "Dementia with Lewy bodies" (DLB) is used instead of Parkinson's disease dementia (PDD). The brain changes that cause other forms of dementia, including Alzheimer's disease and vascular dementia, may also occur in a person with PD, and may cause dementia as a result.

MCI and dementia are assessed by health care professionals by asking questions and performing tests of cognitive skills, including learning and memory. Often, the care partner is asked to provide some information as well, since he or she is likely to have observed important changes that can help fill in the whole clinical picture. During the cognitive evaluation, you will be asked about a wide range of possible contributors to cognitive impairment, including poor sleep, illnesses, episodes of low blood pressure, depression, and apathy. A health care professional may perform blood or other laboratory

tests to look for conditions that may contribute to cognitive impairment. Treating these conditions can improve cognition independent of changes caused by PD. Some medications can cause confusion or slowed thinking, and thereby increase cognitive problems, and changing these medications can also help.

Drugs that treat cognitive impairment are available, although the effects are modest and vary from person to person. The drugs used are rivastigmine, donepezil, and galantamine. These drugs were tested and approved for treatment of Alzheimer's disease, and rivastigmine was also tested and approved for treatment of PD. As with any drug, make sure you understand the possible side effects before beginning treatment. Many non-medical strategies can help minimize the impact of cognitive impairments. These include using reminders or alarms to prompt the person with PD to take medications or do other tasks; maintaining a regular routine; labeling drawers for important items, and keeping those items in the same place all the time; maintaining mental and social stimulation, through games, activities, hobbies, and other pursuits; good nutrition; and regular exercise. Adult day care services may provide the care partner with a much-needed break during the day. Driving safety becomes especially important for people with PD and cognitive impairment, and should be evaluated.

Depression

Depression is characterized by feelings of persistent sadness, loss of interest in things that were formerly pleasurable, feelings of helplessness or hopelessness, and changes in appetite. It can also present as cognitive problems, such as poor concentration, attention, learning, and memory. Depression affects up to 50% of people with PD, higher than the rate among those without PD. "Reactive" depression, which develops in response to a disabling illness such as PD, is common. But for many people with PD, their depression is thought to be an underlying part of their disease, just as much as tremor or slowed movements. Depression may be a challenge to diagnose in PD, since some other symptoms of PD, such as sleep changes, weight loss, or low energy, mimic changes seen in depression.

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There are several steps that everyone with PD should take for better health that may also improve depression, including getting enough sleep and getting regular exercise. There are no drugs that are approved specifically for treatment of depression in PD. Drugs used to treat depression in the general population however, are used in patients with PD as well. These treatment options include selective serotonin reuptake inhibitors or SSRIs, such as sertraline and paroxetine; and selective serotonin and norepinephrine reuptake inhibitors or SSNRIs, such as venlafaxine. Tricyclic antidepressants such as nortriptyline and desipramine can also be used, although they cause more side effects than the other types of antidepressants and are therefore used less frequently. A form of psychological counseling called cognitive behavioral therapy may also be helpful, as may attending a support group for people with PD.

Anxiety

Anxiety is common in PD, can be present even before diagnosis, and can reduce quality of life. Anxiety produces feelings of nervousness, worry, or impending doom, and may be accompanied by a racing heart, sweating, and difficulty breathing. Anxiety may also cause the person with PD to avoid social situations, increasing social isolation. Anxiety often accompanies depression and is often treated with the anti-depressants mentioned above. Other drugs called benzodiazepines (including diazepam and clonazepam) can be used to treat anxiety. Again, understanding the potential side effects before starting any medication is crucial. Like depression, anxiety may respond to cognitive behavioral therapy or participation in a support group.

Psychosis

Psychosis is characterized by having thoughts or perceptions that don't have a basis in reality. In PD, the most common symptoms of psychosis are hallucinations (seeing, hearing, or sensing things that are not really there) and delusions (false beliefs). If psychosis begins suddenly, a health care professional will look for other illnesses that can trigger psychosis, such as a urinary tract infection.

Psychosis may occur as a result of the PD disease process itself, or as a side effect of dopaminergic drugs used to treat PD (for example, levodopa or dopamine agonists). Mild hallucinations may not be troublesome for those who understand they are not real, and may not need to be treated. More intense hallucinations, however, can cause anxiety and confusion. Delusions can be troubling and may reduce the quality of life for the person with PD and the care partner. If psychosis is troublesome, lowering PD meds is the first management option to try. However, this can cause more difficulty with movement. If lowering medication is not sufficiently effective to reduce psychosis or if the patient can't tolerate a decrease in medication, other treatment options can be tried. Pimavenserin is approved for treatment of psychosis in PD. Other drugs, not approved specifically for PD, are also used including clozapine and quetiapine.

For additional information or assistance, please call the American Parkinson Disease Association at 800-223-2732 or online at apdaparkinson.org.

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