



Parkinson's Foundation

Depression and PD: Treatment Options

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Better Lives. Together.

Objective

- To discuss the applications of Cognitive-Behavioral Therapy (CBT) to the treatment of depression in PD (dPD).

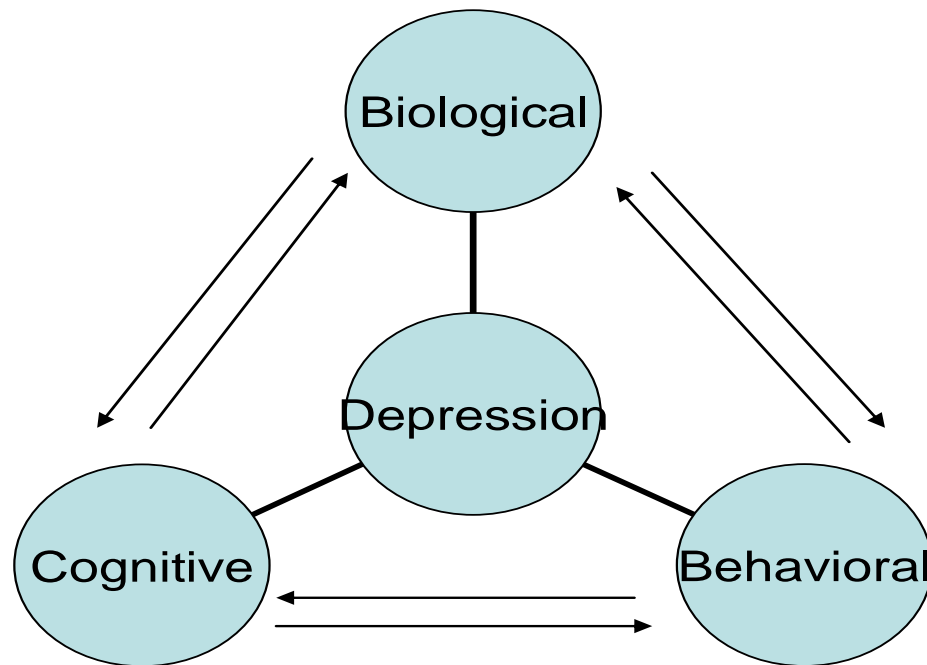
Cognitive-Behavioral Therapy (CBT)

- Evidence-based psychotherapy
- Targets **thoughts** and **behaviors**
- **Skills-based**
- Very suitable for enhancing **effective coping** and treating depression in PD

CBT: Key Points of Emphasis

Multiple interacting causal factors

Causes of Depression



Examples of 1:1 Interventions

- **Increasing meaningful and social activities**

- OLD
- NEW
- MODIFIED



- **EXERCISE !!!!!**

- **Problem solving for physical limitations**

- Pacing of activities
- Appropriate daily goals/ less rigid demands
- Plan around “off-time”
- Walk 10 minutes 3x a day instead of 30 minutes at a time
- Follow through with referrals for PT, OT, and Speech



Examples of 1:1 Interventions

- **Anxiety management and relaxation**

- Breathing exercises
- Progressive muscle relaxation
- Guided visualization
- Worry control



- **Sleep hygiene**

- Using bed for sleep only
- Relaxing before bedtime
- Keeping regular sleep hours
- Limiting excess time in bed, daytime naps, caffeine, or alcohol in the evening

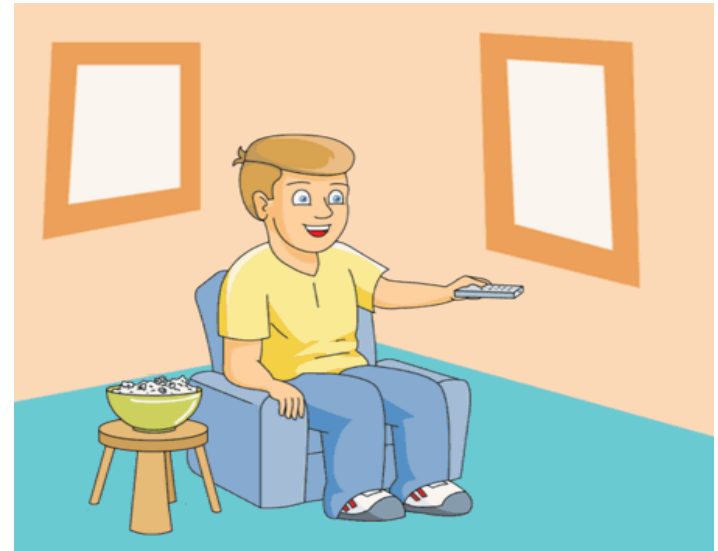


Examples of 1:1 Interventions

- **Thought monitoring and restructuring**

- ❖ Rethink the big picture

- Catch the negative thought
- Press pause
- Rewind
- Replay



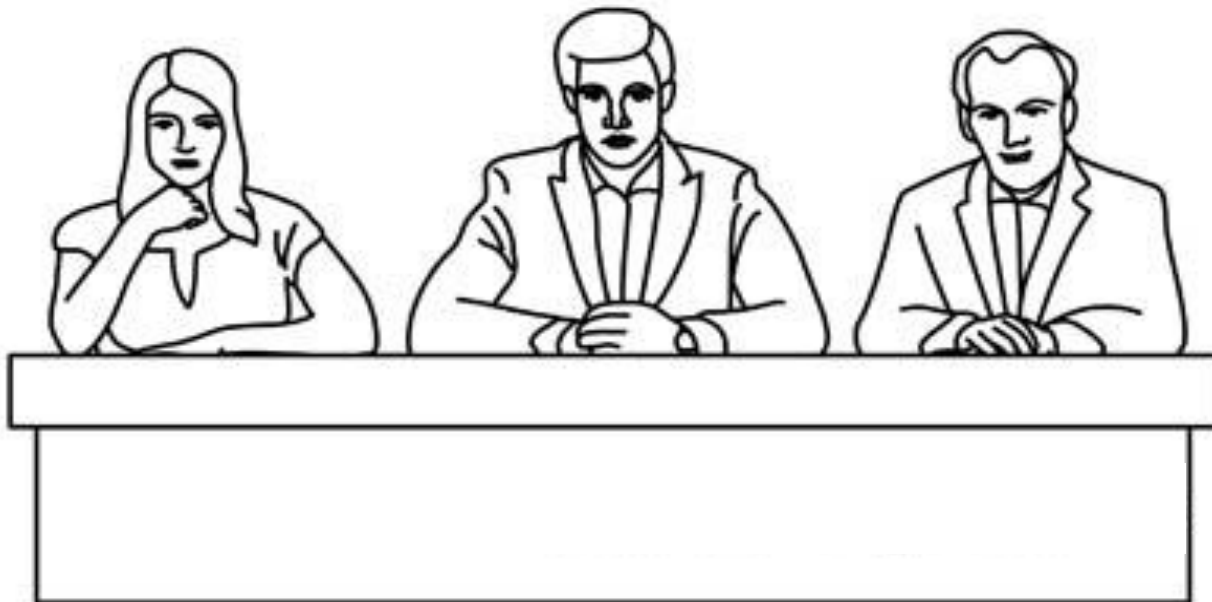
- **Multiple methods/techniques**

Thought Log Example

Situation	Emotion	Thought
Doing volunteer work	Hopeless	I am not capable of contributing. My life is meaningless.
Not invited to lunch with colleagues	Depressed	My PD makes my friends uncomfortable.
Thinking about going to a party	Anxious Scared	It will be horrible if people see me shake.

Are Your Thoughts Balanced?

What would a jury of your peers decide?



Examine the “Evidence”

Situation: Freezing in the bathroom

Automatic Thought: I'm helpless

Evidence For: I was alone in the bathroom in the middle of the night and unable to move.

Evidence Against: This happens quite a bit, so I planned in advance. I had my cell phone in my pocket. I called my wife on the house phone and she helped me back to bed.

Rationale Response: Even though I was physically unable to move my feet, I was able to help myself out of the situation (thus I am not helpless).

Behavioral Experiment

Negative Thought or Prediction:

“It will be impossible to have dinner in a restaurant because of my tremor.”

Experiment:

I will go to the Olive Garden with my spouse on Saturday at 6 pm.

Outcome:

I was able to eat dinner at the Olive Garden. I ordered food that did not need to be cut and requested a straw and lid for my diet coke. I enjoyed getting out of the house. There were no leftovers to bring home.

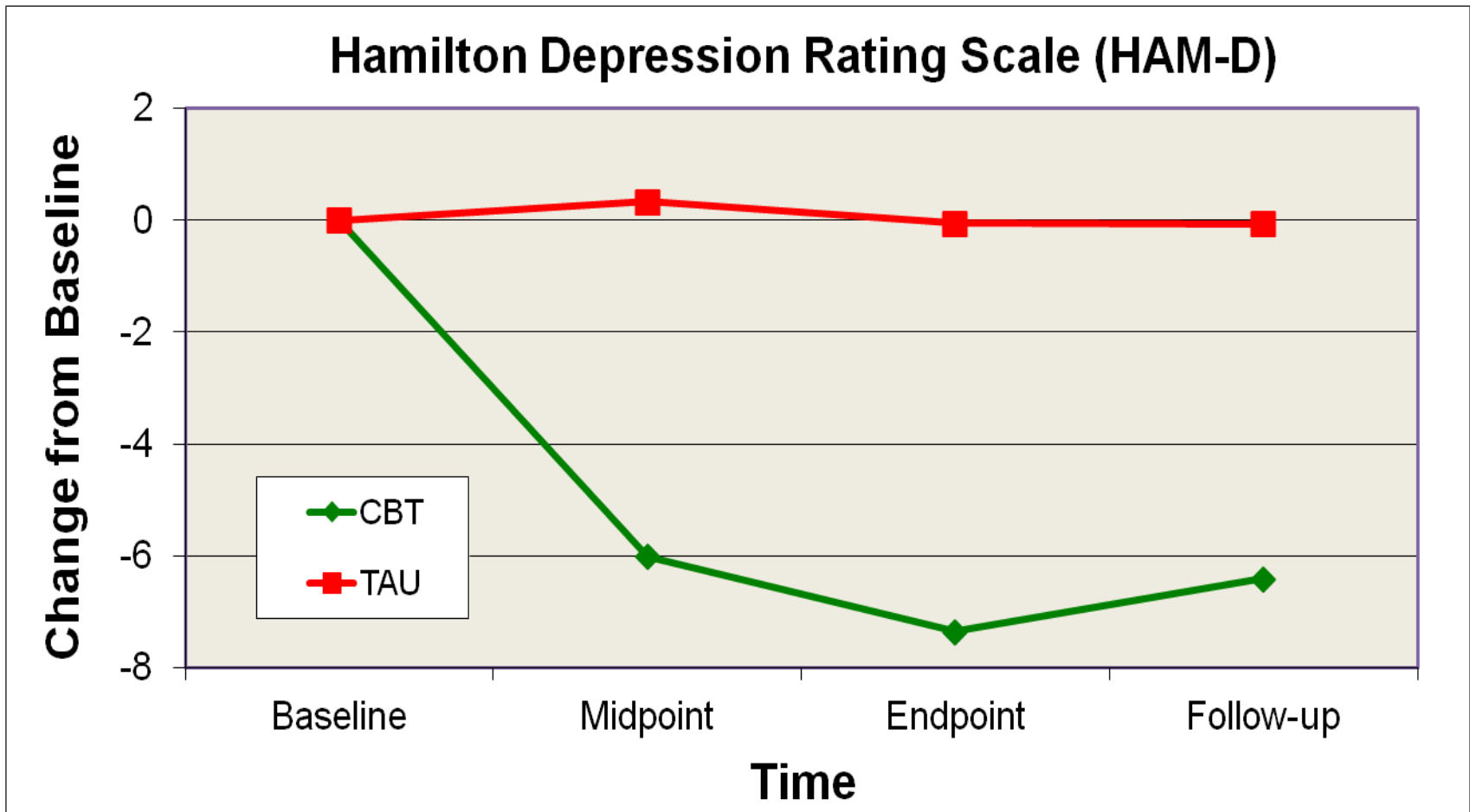
Summary Sheet

Negative Thought	Revised Thought
I am not accomplishing anything anymore.	I am still accomplishing many things for my family and community, even though I am no longer working in my business.
I am rapidly deteriorating.	The neurologist said that I was the same that I was six months ago and she did not change my medication.
Our future is bleak	We can still have a meaningful life despite the symptoms of Parkinson's disease.
Nobody at the party will talk to us.	At least some people at the party will talk to us. It is highly unlikely that we will be completely ignored.

CBT Outcome Data in PD

- **First RCT of CBT for dPD**
 - 80 PWP and caregivers
 - **Intervention:**
 - » CBT + clinical monitoring + standard care
 - **Control:**
 - » Clinical monitoring + standard care
- **10 sessions 1:1 CBT for PD patient**
- **4 supplemental caregiver educational sessions**
- **10-week treatment period/ 1-month follow-up**

Depression Outcomes

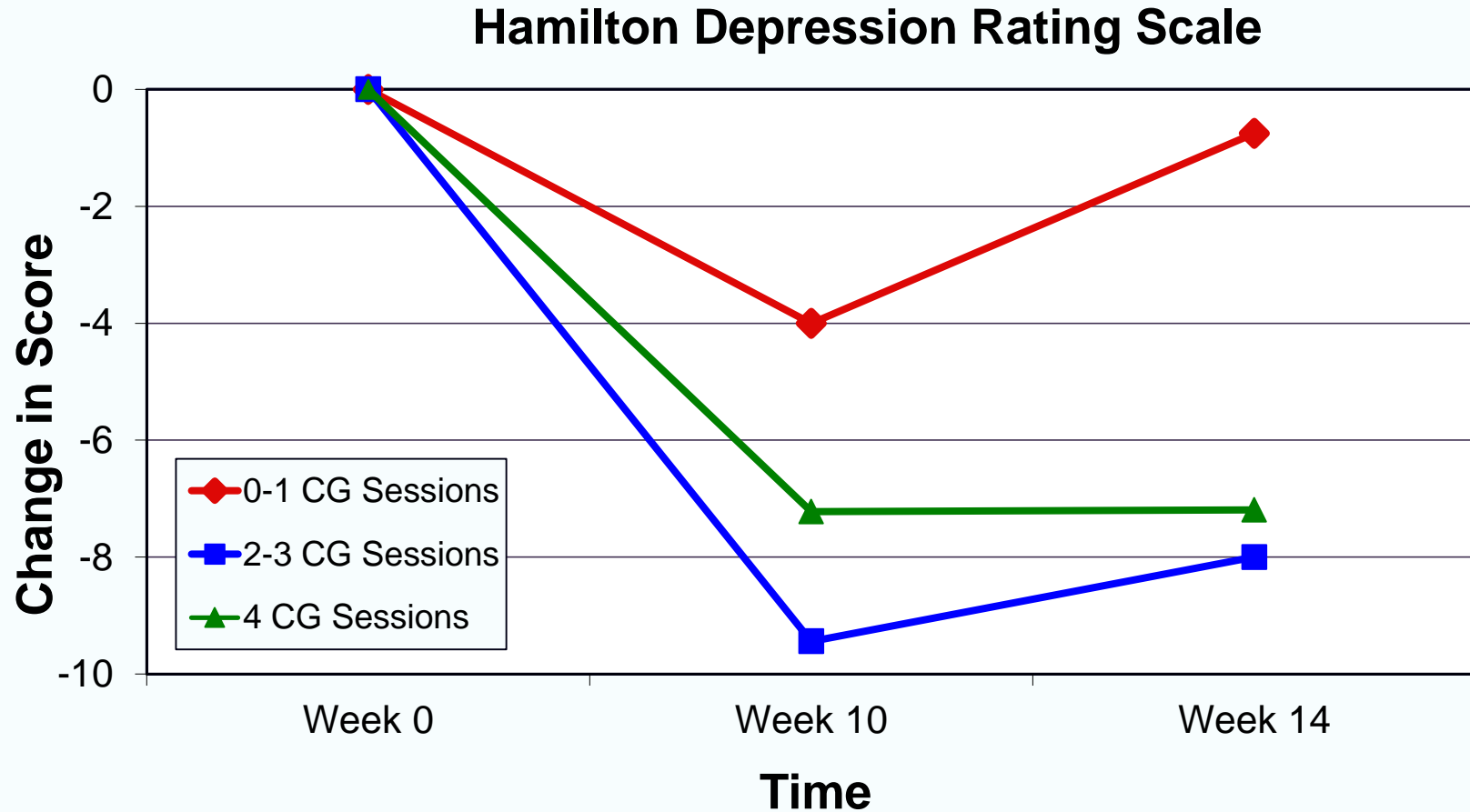


Other Important Outcomes

- ***Secondary Outcomes Improved!!***
 - Anxiety
 - Coping – positive reframing
 - Quality of Life – social functioning
 - Motor Function
 - Negative Thoughts

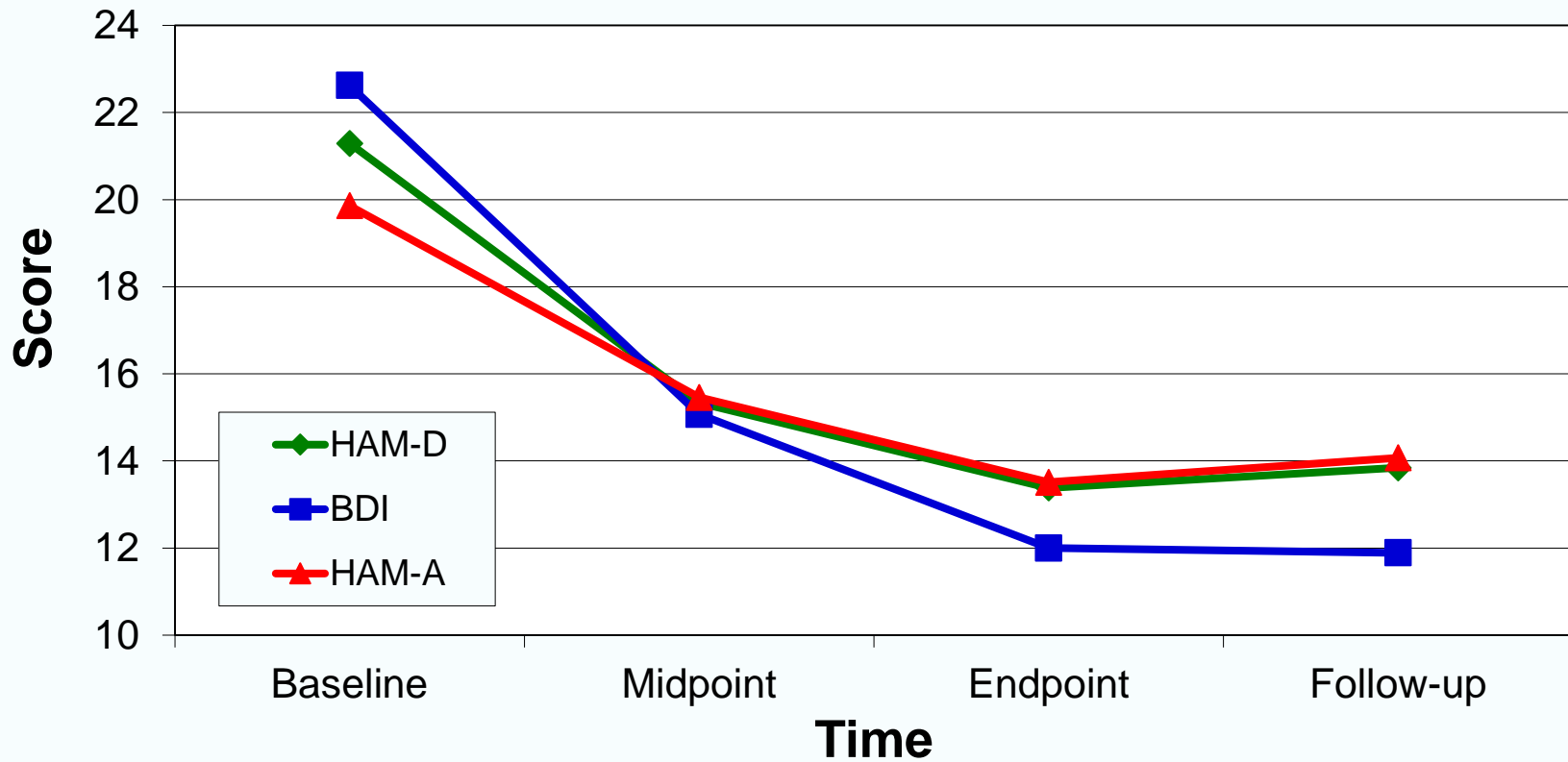


Caregiver Participation Matters



Telephone-Based CBT

Depression & Anxiety



Conclusions

- YOUR MOOD IS ONE CRITICAL ASPECT OF LIVING WITH PD THAT YOU CAN CONTROL!
- DON'T SUFFER IN SILENCE!
- EFFECTIVE NON-PHARMACOLOGICAL TREATMENTS ARE AVAILABLE!
- **Stand alone or in conjunction with ADM**





Resources



Parkinson's HelpLine :
(800) 4PD-INFO
contact@parkinson.org
Monday through Friday
9:00 AM – 6:00 PM ET



Centers of Excellence

- Worldwide network of 42 leading academic medical centers

Search for one near you at
www.parkinson.org/search



Fact Sheets and Brochures

- Parkinson's Q&A
- Combating Depression in PD
- Apathy and PD



Web - Expert Briefings on:

- Apathy or Depression: Which One is It?
- A Closer Look at Anxiety and Depression in PD