

Combating Depression and Parkinson's Disease



Depression is one of the major, and most common, challenges for people living with Parkinson's disease (PD). Everyone feels sad from time to time and it is normal to experience stress when faced with a difficult disease such as PD. However, sadness can become a significant problem if it manifests into clinical depression and is left untreated.

We have only recently begun to recognize how common PD-related depression is and its impact on daily life. The Parkinson's Outcomes Project, the largest clinical study of PD through the Parkinson's Foundation Centers of Excellence, found that taken together, mood, depression and anxiety have the greatest impact on health status — even more than the motor impairments commonly associated with the disease. Fortunately, previous studies have also shown that treating depression is one of the most significant ways to improve quality of life.

It is especially important for people with PD to discuss even subtle changes in mood with their doctor as soon as they arise because, for many doctors, diagnosing depression can be difficult to differentiate from symptoms of Parkinson's — such as a masked facial expression, sleep problems and fatigue — which overlap with symptoms of depression.

Sadness Versus Depression

While sadness is temporary, depression is persistent, and the people who experience it find that they cannot enjoy life as they used to. At least 40 percent of people with PD experience clinical depression at some time during the disease. It may occur early or late in the course of the disease and the person who is depressed may find that some days are better than others.

10 signs of Depression in Parkinson's

- 1. Excessive worrying**
- 2. Persistent sadness**
- 3. Crying**
- 4. Loss of interest in usual activities and hobbies**
- 5. Increased fatigue and lack of energy**
- 6. Feelings of guilt**
- 7. Loss of motivation**
- 8. Complaints of aches and pains**
- 9. Feelings of being a burden to loved ones**
- 10. Ruminations about disability, death and dying**

People with these symptoms should discuss them with a doctor.

Depression causes personal suffering and also appears to intensify problems with mobility and memory. A person with PD, or his or her care partner or physician, may at first dismiss the signs of depression because they assume that it is normal to be depressed when faced with this illness. This can lead to feelings of helplessness and confusion, which may make the problem worse.

Causes of Depression in PD

There is no clear cause of depression but most specialists agree that it is probably a combination of factors. Research suggests that experiencing depression early in the disease may be directly due to PD-related chemical changes in the brain. Parkinson's causes changes in areas of the brain that produce serotonin, norepinephrine and dopamine — chemicals that are involved in regulating mood, energy, motivation, appetite and sleep. In addition, the frontal lobe of the brain, which is important in controlling mood, is known to be underactive in PD.

It is very important to address depression because it can affect other symptoms and quality of life. If you are concerned that you or a loved one may be depressed, discuss symptoms with your doctor. There are several ways to treat clinical depression. It is important to find the method that works best for you.

TIP

Because PD Depression is so common, the Parkinson's Foundation recommends that all people with PD:

- ✓ **Get screened for depression at least once a year.**
- ✓ **Discuss all changes in mood with their healthcare professional and doctor.**
- ✓ **Bring a family member to doctor's appointments to discuss changes in their mood.**

Treating PD Depression

People with PD who experience uncontrolled "on-off" periods and freezing episodes are more prone to depression, so speak with your doctor about the best approach to controlling these symptoms first. The same is true of some other, non-motor symptoms of PD — for example, poor sleep, constipation and fatigue — that need to be treated to decrease the burden of living with the disease.

Regular exercise can help treat the symptoms of depression and PD. Eating a healthy diet is another approach that can help your overall wellness. Staying involved in social and recreational activities is also important. Have something to look forward to, whether a hobby or socializing with friends and family.

Receiving help from professionals and peers can help you learn to cope with stress, improve social relationships and find solutions to practical day-to-day impairments. The Parkinson's Outcome Project found that rates for depression were lowest among patients receiving care from clinics with the most active approach to counseling. Cognitive Behavioral Therapy, a type of counseling, has been shown to be especially effective in people with PD.

Lastly, know that there are many medications available for depression in PD. Studies have suggested that one class of antidepressants, called "dual reuptake inhibitors," which affect both serotonin and norepinephrine, improve depressive symptoms in people with PD.

The pharmacological treatment of depression in PD needs to be individualized and may involve a variety of strategies. Make sure your doctor knows that Asendin® (amoxopine) is not an appropriate antidepressant for people with PD. If you or your loved one is currently taking an antidepressant that does not appear to be helping, ask your doctor if a different agent may work better.

Learn more about PD-related depression and other mental health symptoms by requesting a copy of our book *Mood: A Mind Guide to Parkinson's* at [Parkinson.org/Books](https://www.parkinson.org/Books). You can also request more information by calling **1-800-4PD-INFO (473-4636)**.

Learn more about medications that should never be given to people with PD and our Aware in Care campaign at [AwareInCare.org](https://www.AwareInCare.org).