

Parkinson's Disease Depression and Anxiety

Parkinson's disease is classified as a movement disorder and in recent years the non-motor symptoms, including changes in mood, have been acknowledged as components of the disease. At least 50% of people with Parkinson's experience depression and/or anxiety.

Symptoms of depression may include pervasive feelings of sadness, an unstoppable sense of hopelessness, feelings of being overwhelmed, feeling afraid, being anxious, not being able to make decisions, having little energy, deriving only a little pleasure in things that used to be of interest, sleep disturbances (too much or too little), or appetite disturbances (increased or decreased).

Symptoms of anxiety may include nervousness, worrying, feeling jittery, and may not have a direct cause, or may seem to be an over-reaction.

Causes of Depression and Anxiety

Depression and anxiety in Parkinson's disease can be caused by the very understandable reaction to your initial diagnosis and to changes you experience as the disease progresses. It is normal to be worried about your symptoms and to wonder what is coming in the future.

Depression and anxiety can also be caused by changes in your brain chemistry. In addition to decreasing the amount of available dopamine, Parkinson's can affect other circuits and neural pathways that control your mood. In many cases, depression and anxiety can appear prior to the onset of the physical symptoms of Parkinson's but can occur at any time during its course. Some people don't know why they have become depressed or anxious and many look back over the years and realize they developed these symptoms prior to the onset of the motor symptoms, such as tremor or rigidity, which lead to the diagnosis of Parkinson's.

Some of the Barriers to Diagnosis and Treatment

Depression and anxiety are treatable, however, a number of factors can delay early diagnosis and treatment. Some of these factors include:

- Mental health concerns still have a stigma attached to them. Some people may feel embarrassed about what they are experiencing, thinking that they should just "get on with it". Other people may deny feeling depressed or anxious when it is mentioned by other people. Many healthcare professionals, including family physicians, are unaware that mood disorders are part of Parkinson's. Depression and anxiety may go unnoticed and untreated.
- People may not understand that these changes are a result of having Parkinson's, making the symptoms more difficult to talk about.

- Some of the physical symptoms of Parkinson's mimic those of depression. For example, lack of facial expression, fatigue and slowed thinking processes can make a person appear depressed when they are not. As a result, the diagnosis of Parkinson's depression can be difficult.

Successful treatment depends on you being able to communicate your symptoms and feelings to your health care professional.

Coping with Depression and Anxiety

Depression and anxiety can have a profound impact on your quality of life. They can also decrease your ability to respond positively to treatment. Left untreated, depression or anxiety may impact your ability to control your illness and decrease your ability to enjoy life. If you feel depressed or if you are anxious about going out, it is difficult to do the things that are critical to managing PD such as socializing, talking to people, exercising and many others things that you would normally enjoy doing.

A variety of effective treatment options are available to help with depression and anxiety. Here are some important points to consider:

- **FIRST** – understand that depression and anxiety are real illnesses, that they are actual symptoms of PD, and that they can be treated.
- Listen to your family and your physician if they suggest that you might be depressed or have difficulty coping.
- Some non-medication strategies for dealing with depression include: daily exercise, participating in a support group, talk therapy with a trained counsellor and practicing mindful meditation.
- If you start taking medication for depression, remember that it can take several weeks before you feel better.
- Early side-effects usually disappear as your body gets used to the new drug.
- There are many types of medication for depression and anxiety. If the first one doesn't seem to help, ask your doctor about other options.
- You need the support of your family and friends at this time. Don't hesitate to ask for help, even if it is just setting aside a time to talk.

Ask yourself the following questions:

- Has my sleep pattern, appetite, energy level or sexual function changed significantly?
- Am I more irritable and anxious than I used to be?
- Am I having difficulty concentrating?

If the answer to any one of these questions is yes, talk to your doctor.

See also the *Parkinson's Disease: Introductory Guide* (developed by Ron Postuma, MD, MSc and Julius Anang, MD, through McGill University Health Centre Patient Education Office.)

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