

# Mental health and Parkinson's



Parkinson's is classified as a movement disorder, because it involves damage to the parts of our brain that influence the speed, quality, fluency, and ease of movement. While movement symptoms are more visible, non-motor symptoms, including mental health changes, have a significant impact on the quality of life of people with Parkinson's. At least 50% of people with Parkinson's experience depression and/or anxiety.

## Identifying anxiety and depression

To determine whether you are experiencing mental health changes, ask yourself the following questions:

- Have my sleep patterns, appetite, energy levels, or sexual function changed recently?
- Am I more irritable and anxious than I used to be?
- Do I experience physical symptoms, such as a racing heart, chest tightness, or rapid breathing?
- Am I having difficulty concentrating?
- Do I have motivation to engage with life?

If the answer to even one of these questions is yes, you may be experiencing depression and/or anxiety.

Depression and anxiety do not develop in all people with Parkinson's but are common symptoms of the disorder. If you are experiencing symptoms of depression and/or anxiety, **talk to your doctor.**

## Causes of mental health changes

Mental health changes in Parkinson's can be caused by the reaction to your diagnosis, and to changes you experience as the disorder progresses. It is normal to worry about your symptoms and to wonder about the future. Depression and anxiety can also be caused by changes in your brain changes because of Parkinson's itself.

In addition to decreasing the amount of available dopamine, Parkinson's can affect other circuits and neural pathways that play a role in your mental health. In many cases, depression and anxiety precede the onset of the physical symptoms of Parkinson's, particularly those such as tremor or rigidity, which finally lead to diagnosis.

## Barriers to diagnosis and treatment

Depression and anxiety are treatable, but a number of factors can delay early diagnosis and treatment, such as:

- Mental health concerns are stigmatized. Some people can feel embarrassed about what they are experiencing and ignore their mental health. Others may also deny being depressed or anxious.
- Many health care professionals, including family physicians, are unaware that mood and anxiety disorders can be part of Parkinson's. Depression and anxiety can go unnoticed and untreated for this reason.
- The general public does not understand that changes in mental health are a result of Parkinson's, making these symptoms more difficult to discuss openly.
- Some of the physical symptoms of Parkinson's mirror those of depression. For example, the lack of facial expression, fatigue, and slowed thinking processes can make someone appear depressed when they are not. As a result, the diagnosis of depression can be difficult.
- Apathy is another common non-motor symptom of Parkinson's, though it is separate from depression<sup>1</sup>. Because apathy can also be present in depression, health care professionals unfamiliar with Parkinson's may have a difficult time telling the two conditions apart.

**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 of these questions is yes, talk to your doctor.**

## **Coping with depression and anxiety**

Mental health problems 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 can make self-management difficult, and hinder your ability to live a full and happy life with Parkinson's.

These symptoms may also keep you from socializing, exercising, and enjoying your usual hobbies. A variety of effective treatment options are available to help with depression and anxiety. Here are some important points to consider:

- Depression and anxiety are real illnesses, and legitimate symptoms of Parkinson's that can and should be treated. An outside perspective is important. If your loved ones or doctor suggest that you appear to have symptoms of anxiety or depression, be sure to take their concerns seriously, and seek help.
- If you start taking medication for depression, remember that it may 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 you try does not seem to be helping, ask your doctor about other options.
- The support of friends and family is crucial during episodes of depression and anxiety. Do not hesitate to ask for help, even if just to set aside a time to talk to someone.

- Counselling may help you monitor your mental health changes and provide you with support in establishing self-management strategies.
- Exercise is a great mood booster. Consider incorporating a daily exercise routine into your life. If you need inspiration for Parkinson's-friendly exercises, visit [Parkinson Canada's CareFinder](#).

## Additional resources

- Understanding depression, apathy and anxiety in Parkinson's (blog) | <https://www.parkinson.ca/understanding-depression-apathy-and-anxiety-in-parkinsons/>
- Mental Health and Parkinson's (webinar) | <https://youtu.be/MID8aD-ngwQ>
- Parkinson Canada Peer Support Programs | <https://parkinson.ca/resources/support-groups>

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### References:

1. Ineichen, C. & Baumann-Vogel, H. (2021). Deconstructing apathy in Parkinson's disease: challenges in isolating core components of apathy from depression, anxiety, and fatigue. *Frontiers in Neurology*, 12. <https://doi.org/10.3389/fneur.2021.720921>

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