

# Parkinsons New Zealand fact sheet



## PARKINSON'S AND DEPRESSION

There is no question that a diagnosis of Parkinson's disease represents a serious life change, and it is only natural to worry about the future. You will probably have 'good' and 'bad' days, and feelings of sadness, discouragement, irritability and frustration are all understandable. Importantly, try to be kind to yourself on days when you feel fed-up or frustrated.

It will help to share any anxieties with your family and friends, gain good professional advice and take advantage of local support networks.

However, if you start to experience more serious feelings of sadness or withdrawal, you may be suffering from depression.

This fact sheet looks at depression and Parkinson's and covers some of the treatment options available to deal with this condition.

If you or your family thinks that you are suffering from depression, don't be afraid to ask for help or advice.

### **You are not alone - it's a common problem**

Depression is very common among people with Parkinson's, though exactly how common is hard to measure. However, it is estimated that as many as half of people with Parkinson's may suffer from depression at some point during their illness.

Part of the difficulty in determining just how widespread depression is in PD is that the symptoms of the two disorders overlap. Some of the possible symptoms of Parkinson's can be confused with depression.

### **Typical signs of depression:**

- Persistent sad, anxious, or 'empty' mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being 'slowed down'
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Restlessness, irritability

If you are experiencing a number of these symptoms for more than one week you should talk to your doctor.

Anxiety, pessimism, irrationality, and suicidal thoughts without suicidal behavior are more common. Anxiety may occur by itself (without depression) and is more common in Parkinson's independently of depression. Guilt and self-reproach are less common. Most patients with depressive symptoms experience mild-to-moderate depression, while major depression is seen less often. Symptoms of depression may be present before diagnosis and may occur at any time. Most often these symptoms appear around the same time as the onset of motor fluctuations.

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## Why is it a common problem?

Depression is more common among people with Parkinson's than in the general population, but experts are not sure why this is true. One theory is that depression is a reaction to the stress of coping with the diagnosis and the effects of PD; however, studies have shown that rates of depression in Parkinson's patients are relatively higher than in those with other disabling chronic illnesses such as osteoarthritis. This supports the second theory, that depression is a result of the neurodegeneration (progressive loss of brain cells) that also causes the movement symptoms of PD. It is common to think of PD as affecting only the substantia nigra (small region in the brain that is involved in controlling movements and degenerates in Parkinson's disease). The fact is that cells in many other areas of the brain are also affected, some of which are known to be implicated in depression.

Whatever the cause, the effect of depression on the person with PD can be devastating. Several studies, including a recent worldwide survey, have indicated that:

- Depression may be the single most important factor determining quality of life in people with PD
- Depression may have a greater impact than severity of motor symptoms.

The impact spreads to family members as well - studies show that depression may **cause** more strain on the caregiver than motor impairments associated with Parkinson's.

## Treatment options - counselling

The good news is that depression, once recognised, can usually be treated quite effectively in most patients. Individualised psychosocial counselling may help people to identify their problems and concerns and to formulate an appropriate coping strategy. For some people, talking about how they are feeling improves their mood. Such "talk therapy" can be especially effective for overcoming social withdrawal. Counselling may also help to reopen communication lines between the patient and family members, as these interactions may have become strained from the burdens of both PD and depression.

However, it can be difficult to access psychotherapy or counselling and they may be expensive. Medication can be considered instead of or in addition to non-medical treatments.

## Treatment options - medication

Depression can be treated with medications and, in recent years, many advances have been made in this field. Levodopa, dopamine agonists, and selegiline themselves have antidepressant effects, though the effects are not strong.

Antidepressants take up to six weeks before they start to work. Some treatments may fail to show an improvement. If there is no improvement or only a slight improvement in symptoms after 6 to 8 weeks on one antidepressant then another medication should be considered.

There are side effects with all antidepressants but most people will not experience these to any great extent.

Two classes of antidepressants are commonly prescribed. The tricyclic antidepressants (TCAs) include desipramine (Pertofran) and nortriptyline (Norpress).

Some people may find that these drugs worsen their Parkinson's symptoms, namely orthostatic hypotension, dry mouth, constipation, and confusion. Selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac, Fluox), citalopram (Arrow-Citalopram), and paroxetine (Aropax) may avoid most of these problems, but can cause other side effects such as insomnia, agitation, nausea, and sexual dysfunction. Both types of agents have been shown to be effective in PD patients. There is some concern about using SSRIs in patients also taking Selegiline although this is unusual. Anyone taking Selegiline should consult their doctor about what is best for them.

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When coming off antidepressants, the dose should be tapered off gradually under supervision to prevent rebound effects such as irritability, anxiety, headache and dizziness.

St John's Wort is a herbal preparation available in New Zealand that has some efficacy for depression, although it has not been properly studied in Parkinson's Disease and may interact with some Parkinson's medications. If you are interested in taking this treatment, make sure you discuss it with your doctor to avoid problems. A reasonable dose generally costs around \$50/month.

## First step - talk to your doctor

So remember: Depression is common in Parkinson's. It can have serious consequences, but it can be effectively treated. Be sure to ask your doctor if you think you might be depressed. As with any medical problem, recognition of the problem is the first step on the road to effective treatment.

## Useful resources

### Telephone services

Healthline 0800 611 116

Samaritans 0800 726 666 (freecall number for lower North Island)

Lifeline 0800 543 354

See your White Pages for further local contact phone numbers

### Websites

[www.outoftheblue.org.nz](http://www.outoftheblue.org.nz) – this mental health website has excellent information as well as links to support groups throughout New Zealand.

[www.familydoctor.co.nz](http://www.familydoctor.co.nz) – a comprehensive website with information on many health topics including depression.

[www.headspace.org.nz](http://www.headspace.org.nz) – this website provides plain English information about depression and anxiety.

## Tips for staying positive

- Understand Parkinson's, its cause and its treatment
- Find a good doctor you can trust and talk to
- Take control of your future and take an active role in your symptom management
- Remember your successes
- Keep doing the things you enjoy
- Pace yourself - know and accept your limitations
- Accept help when you need it
- Try not to ignore any problems
- Remember - you are not alone!