



## A Briefing Note for GPs and Primary Care Practitioners

### Mental Health and Parkinson's

Produced in conjunction with Parkinson's UK

[www.parkinsons.org.uk/cymru](http://www.parkinsons.org.uk/cymru)

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Parkinson's is a complex, progressive neurological condition that has traditionally been described as a motor disorder. However, it is now increasingly recognised that much more than the motor system is affected.

The co-existence of mental health problems and motor problems in Parkinson's should not be surprising as like Parkinson's, mental ill health can also be due to changes in the chemicals that control brain function. It is now recognised that symptoms of mental ill health, particularly depression and anxiety, occur more commonly in Parkinson's than in other, equally disabling conditions.

#### Treating mental health problems

The good news for the GP is that there is a lot more you can do for your patient with Parkinson's, particularly when it comes to the mental health aspects of the condition. By recognising the variable presentation and symptoms in a timely way the most appropriate treatment can be initiated.

#### Anxiety problems in Parkinson's

- In Parkinson's, anxiety may be based on the very real fear of learning to cope with a disability but it can also be related to changes in brain chemicals.
- Some people with Parkinson's have anxiety related to the 'on/off' state of their motor symptoms. When 'off' and less able to move well, they may develop significant anxiety symptoms.
- If your patient experiences mild and intermittent anxiety then measures such as avoiding stimulants, including caffeinated drinks, alcohol and cigarettes may be helpful.
- If anxiety is specifically related to motor function, then refer back to a Movement Disorders Specialist and/or Parkinson's Nurse for a medication review as in such cases, increasing anti-Parkinson's medication may be beneficial.
- For anxiety symptoms that do not respond to changes in anti-Parkinson's medication regimes, a trial of either talk therapy, such as Cognitive Behavioural Therapy (CBT) or psychiatric medications may be helpful. It is imperative that both treatments are commenced by an expert in the field and a referral should be made accordingly.

## WaMH in PC Wales Mental Health in Primary Care Information Sheet 5

#### Mood changes in Parkinson's

It is important to differentiate between the feeling of sadness and actual depression in Parkinson's.

Sadness is an entirely normal emotion that is commonly experienced as a response to various life events. When given the diagnosis of a chronic long term condition, such as Parkinson's, sadness may well be one of the emotions experienced.

Depression is more than experiencing transient feelings of sadness or unhappiness. Depression can present in various ways and generally refers to the diagnosis of a persistent state of low mood that lasts for a protracted time and is accompanied by disturbances in thinking, sleep, appetite, energy and sexual drive.

Depression is a significant factor causing poor quality of life, over and above the effects of the physical symptoms of Parkinson's. Depression also has a negative impact on the affected person's family and carer, sometimes leading to the carer themselves developing symptoms of depression and needing to seek help from their GP.

Depression is a treatable condition. If your patient is showing signs of mild to moderate depression, such specialised talk therapies as Cognitive Behaviour Therapy (CBT) are recognised as the first-line treatment for depression, although there is no convincing evidence that such treatment works for those with Parkinson's.

If symptoms of depression are persistent, then a more thorough medical investigation needs to be undertaken to rule out any other physical causes of depressive symptoms, such as thyroid abnormalities. Other causes of depression like symptoms include being under-medicated for the motor effects of Parkinson's. Refer to the Movement Disorders Specialist and/or Parkinson's Specialist Nurse for a medication review.

If there is no response to the changes in medication then drug therapy involving anti-depressant medication may be considered. There is no evidence to suggest that one anti-depressant is any better than any other in Parkinson's, therefore a doctor should use one she/he feels confident to prescribe or refer onto a specialist especially if there is a failure to respond as expected.

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## Thinking and memory changes in Parkinson's

Most people with Parkinson's will experience some degree of intellectual or thinking impairment during the course of their condition. This is mild cognitive impairment. In the later stages of Parkinson's, some go on to develop pervasive thinking and memory problems, dementia, which has a significant impact on their ability to undertake everyday activities.

Mild cognitive impairment involves complex thinking—such as planning for the near future, multi-tasking, or shifting quickly between different cognitive or thinking tasks.

As a GP you are best placed to reassure that such changes are understandable and do not necessarily indicate the start of dementia. You could discuss with the patient and carer several interventions that could be helpful in maintaining independence such as:

### Visual prompts

- Calendars in most rooms
- Calendar clocks
- White boards for daily tasks list
- Clear notices on cupboards for contents

### Routine and organisation

- Trying to avoid change in daily routine
- Keeping work spaces clutter free and well organised

### Memory aids

- 'Memory Basket' to keep keys, wallet, glasses etc.
- Reminder notices on doors to lock
- Medication dispensers to prompt timely medication taking

### Verbal strategies

- Keeping explanations clear and simple
- Providing multiple sources of information to convey the same message
- Limiting instructions to single tasks

### Maintain independence

- Fostering independent completion of tasks but help if task appears overwhelming
- Maintaining a stimulating environment
- Trying to maintain hobbies and social contacts

Dementia is a general term that refers to a syndrome in which a significant impairment in at least two different cognitive functions, such as memory and language, occurs.

Parkinson's dementia may present in different ways but tends to be characterised by slowness of thinking, poor recall, executive dysfunction, impaired concentration and attention, and less verbal output.

## Stages of dementia in Parkinson's and resulting impairments

### Stage 1 (early phase)

- Cognitive (thinking) changes become evident; some social withdrawal
- Depression, hallucinations and delusions may present: memory relatively preserved
- Some difficulty in undertaking complex tasks

### Stage 2 (middle phase)

- Behavioural problems may be more evident
- Memory more impaired
- Fluctuating confusion more obvious
- Day-to-day tasks become difficult to do independently
- Apathy and excessive daytime sleepiness prominent

### Stage 3 (late phase)

- Overall cognitive and physical decline
- Mobility and continence very impaired
- Will need 24-hour care

One of the most important things to do if there is a suspicion that a person with Parkinson's might be developing dementia is to acknowledge and detect the problem. A referral to a specialist needs to be made so that a correct assessment on the stage of dementia can be made.

The Parkinson's medication will need to be re-evaluated and a compromise will have to be reached between optimum management of the motor symptoms versus optimum management of the dementia symptoms.

Use of anti-Parkinson's medication can cause confusion, hallucinations, falls and excessive daytime sleepiness. Hence, it may be necessary to gradually reduce and withdraw certain medications to improve the person's mental state.

**Every hour, someone in the UK is told they have [Parkinson's](#).**

**Because we're here, no one has to face Parkinson's alone.**

We bring people with Parkinson's, their carers and families together via our network of [local groups](#), our website and [free confidential helpline 0808 800 0303](#). Specialist nurses, our supporters and staff provide information and training on every aspect of Parkinson's.

**w: [www.parkinsons.org.uk/professionalsnetwork](http://www.parkinsons.org.uk/professionalsnetwork)**

(network for all health and social care professionals)

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