

Depression and Parkinson's disease



FACT SHEET 32



This fact sheet was produced in association with Parkinson's Australia

WHAT IS PARKINSON'S DISEASE?

Parkinson's disease is a neurological condition that primarily affects body movements. At present, there is no known cause or cure. Degeneration of nerve cells in the brain that produce the chemical transmitter dopamine results in a loss of the chemical in the regions of the brain responsible for movement. People with Parkinson's do not necessarily develop all of the symptoms associated with the disease, which may progress quickly or gradually over years.

Common symptoms include:

- tremors: continuous, involuntary shaking of part of the body
- slowed movement and difficulty moving smoothly
- stiffness in the muscles: difficulty relaxing muscles even when they are resting
- loss of spontaneous movement
- impaired balance and coordination.

These primary symptoms may affect and disrupt many daily tasks and activities such as walking, talking, writing, dressing and eating.

People can also experience "non-motor" symptoms resulting in problems with sleep, fatigue, constipation and difficulties multi-tasking.

Around 80,000 Australians have Parkinson's disease.¹ Every day, 25 people are newly diagnosed with Parkinson's disease. Although the age of onset is typically over 60, 15 per cent of people with Parkinson's are diagnosed before the age of 50.

WHAT IS DEPRESSION?

Depression is not just a low mood, but a serious health condition which also affects biological functioning and well-being for a sustained period of time – more than a few days or weeks. People with depression find it hard to carry out their normal daily activities. Depression can seriously affect a person's physical and mental health.

Symptoms include:

- an uncharacteristic, lengthy period of sadness
- loss of interest in regular activities
- feeling worthless
- tiredness
- disturbed sleep
- changes in appetite
- negative thoughts and feelings.

WHAT IS THE LINK BETWEEN DEPRESSION AND PARKINSON'S DISEASE?

About half of the people diagnosed with Parkinson's disease will experience depression at some stage.² Severe depression is seen in about 20 to 40 per cent of cases.³ Sometimes, the depression can be more disabling than the Parkinson's itself, therefore correct diagnosis and treatment are essential for maintaining a high quality of life. Depression is treatable and a person can recover with the right advice and help.

The diagnosis of Parkinson's disease in itself can be a trigger for depression. Adapting to the disease involves multiple adjustments to a person's life and can dramatically affect day-to-day functioning. Changes to a person's social life, work pattern and financial situation may cause excessive stress and sadness.

1 Access Economics Report for Parkinson's Australia: *Living with Parkinson's Disease, Challenges and Positive Steps for the Future*, June 2007.

2 Treatment of depression and anxiety in Parkinson's disease – a pilot study using group cognitive behavioural therapy, F. Feeney et al. Australia. Published in *Clinical Psychologist* April 2005.

3 Depressive disorders and anti-Parkinson drug treatment: a case register study, M. Brandt-Christensen et al. Denmark. Published in *Acta Psychiatrica Scandinavica*, November 2007.

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Studies have found Parkinson's disease alters areas of the brain that are crucial to the control of mood and emotions. In some case studies, depression preceded a diagnosis of Parkinson's.⁴

In most cases, the co-existence of the two conditions is thought to be a combination of trying to adjust to major life changes, together with biological changes in the brain caused by Parkinson's disease.

Parkinson's disease can disrupt relationships with family and friends which may be due to problems such as increased fatigue, stigma associated with the condition or embarrassment about symptoms – all of which may make it difficult for the person to ask for and get the help they need. People with Parkinson's disease often feel isolated and shut off from loved ones, making it harder to recover from depression. If depression goes untreated, it can also compound the symptoms of Parkinson's disease.

In some cases, the depression may be linked to problems with the dose and timing of Parkinson's medication. The situation may be improved by having the doctor review the medications.

HOW TO TELL THE DIFFERENCE BETWEEN SYMPTOMS OF PARKINSON'S DISEASE AND SYMPTOMS OF DEPRESSION

Carers and family members are often the first to notice signs of depression in a person with Parkinson's disease. Sometimes, it can be tempting for them to ignore the symptoms of depression because they don't want to cause further upset, but it is strongly advised they talk openly with the person about their observations and encourage the person to seek more information and treatment.

Some symptoms of Parkinson's disease are easily confused with depression – apathy, slowed movement, limited facial expression, voice changes, stooped posture and general deterioration in health. Nevertheless, these may be signs of depression, particularly if there seems to have been a noticeable worsening of these symptoms.

To find out if a person may be depressed, ask the person whether he/she:

- feels sad
- finds it difficult to enjoy things he/she used to enjoy doing
- is feeling negative, pessimistic or hopeless about things.

⁴ Depression in Parkinson's disease – a review, A. Lieberman. USA. Published in *Acta Neurologica Scandinavica* February 2005.

As a general guide, a person may be depressed, if for more than **TWO WEEKS** they have:

- Felt sad, down or miserable most of the time
- Lost interest or pleasure in most of their usual activities.

If the answer to either of these questions is 'YES', complete the symptom checklist below. If the answer was not 'YES' to either of these questions, it is unlikely that the person has a depressive illness.

- Lost or gained a lot of weight OR Had a decrease or increase in appetite
- Sleep disturbance
- Felt slowed down, restless or excessively busy
- Felt tired or had no energy
- Felt worthless, excessively guilty OR Felt guilty about things without a good reason
- Had poor concentration OR Had difficulties thinking OR Was very indecisive
- Had recurrent thoughts of death

Add up the number of ticks for the total score: _____

It's important to note that **scores provide only an indication as to whether someone may have depression.** If you have ticked **five or more** of these statements, a health professional should be consulted.

WHAT TREATMENTS ARE AVAILABLE?

There is a range of treatments that can be effective for people with depression and Parkinson's. Treatment may include psychological therapies and/or medication.

Psychological treatments

- **Cognitive Behaviour Therapy (CBT)** is one of the most researched psychological therapies and has a lot of evidence to support its effectiveness in treating people for depression and anxiety disorders. It teaches people to think realistically about common difficulties, helping them to change their thought patterns and the way they react to certain situations. Behavioural therapy approaches have been shown to be very helpful for many anxiety disorders.



- **Interpersonal Therapy (IPT)** has also been researched and found to be effective for treatment of depression. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Medication

Antidepressant medication can play a role when people become severely depressed or when other treatments are ineffective in the treatment of depression. Deciding which antidepressants are best for a person can be complex. There is a range of factors that should be discussed with a doctor before starting antidepressants.

Antidepressant medication can take 14 to 21 days before beginning to work effectively. The prescribing health professional should discuss differences in effects and possible side-effects of medications. Stopping medication should only be done gradually, on a doctor's recommendation and under supervision.

It's important to note that occasionally antidepressants will worsen the symptoms of Parkinson's. If this occurs, advice should be sought from the treating doctor. Finding the most suitable antidepressant may take time, so patience is needed.

A study by The University of South Australia found tricyclic antidepressants were more effective than selective serotonin reuptake inhibitors to treat people with Parkinson's disease.⁵ People require different treatments suited to their individual needs, so it is vital to discuss treatment options in detail with a doctor.

It is important any current medication for Parkinson's disease, including over-the-counter preparations and herbal or natural remedies, is reviewed by a medical practitioner before starting a course of antidepressants. Talk to the doctor or pharmacist to rule out the possibility of adverse interaction between any medications being taken.

Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

The Therapeutic Goods Administration (Australia's regulatory agency for medical drugs) and manufacturers of antidepressants do not recommend antidepressant use for treating depression in young people under the age of 18. For more information see *beyondblue* **Fact sheet 11 – Antidepressant medication**.

HELPFUL TIPS FOR MANAGING DEPRESSION

If you suspect you or a person for whom you care may have depression – or you have been diagnosed with depression:

- speak to a doctor about your concerns
- accept help, support and encouragement from family and friends
- reduce isolation by becoming involved in social activities
- exercise regularly (see *beyondblue* **Fact sheet 8 – Keeping active**)
- eat healthily and include a wide variety of nutritious foods (see *beyondblue* **Fact sheet 30 – Healthy eating for people with depression, anxiety and related disorders**)
- achieve and maintain a healthy weight
- limit alcohol intake (see *beyondblue* **Fact sheet 9 – Reducing alcohol and other drugs**)
- go to a doctor for regular check-ups.

ADVICE FOR CARERS

When a person has Parkinson's disease and depression, it can affect family members, carers and friends. Carers may be at increased risk of depression, so it's important you look after your own health.

- Make sure you eat well, exercise regularly, get enough sleep and avoid alcohol and other drugs.
- Allow yourself time to relax and do what you enjoy. Plan activities like social outings and gentle exercise.
- Look for symptoms of depression in yourself and seek help at the earliest sign.
- Seek support from professionals. This may involve having counselling or attending a carer support group.
- Find ways to ease the load e.g. taking Carer's Leave from work.
- Involve other family members and friends and accept offers of help.
- For more information about caring for someone with depression and anxiety, while also taking care of yourself, see the *beyondblue* *Guide for Carers – Caring for others, caring for yourself*, and also the *beyondblue* DVD – *Carers' Stories of Hope and Recovery*. Both are available to order free of charge from www.beyondblue.org.au or by calling the *beyondblue* info line on **1300 22 4636**.

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WHERE TO GET HELP

- **The treating neurologist** is probably the best person to speak to if you are feeling depressed. Neurologists often work closely with other Parkinson's-specific health professionals and can help the person and carers to make decisions about the type of treatment, help and support that is needed.
- **A doctor who is a General Practitioner (GP)** is also a good first step. In some cases, the person may be referred to a mental health specialist like a psychiatrist or psychologist.
- **Psychiatrists** are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Some psychiatrists use psychological treatments such as CBT and IPT.
- **Psychologists, Social Workers and Occupational Therapists in mental health** specialise in providing non-medical (psychological) treatment for depression and related disorders.

MEDICARE REBATES

A rebate can be claimed through Medicare for psychological treatments when a GP, psychiatrist or paediatrician refers a person to a registered psychologist, social worker or occupational therapist. A rebate can be claimed for part of the cost for up to 12 individual consultations (18 in exceptional circumstances) and 12 group sessions in a calendar year. For more details, ask the referring medical practitioner or see *beyondblue* **Fact sheet 24 – Help for depression under Medicare.**

For a list of health professionals with expertise in treating depression, go to the *beyondblue* website www.beyondblue.org.au and click on Find a Doctor or other Mental Health Practitioner or call the *beyondblue* info line on **1300 22 4636** (local call cost from a landline).

MORE INFORMATION

beyondblue: the national depression initiative

www.beyondblue.org.au

Information on depression, anxiety and related disorders, available treatments and where to get help

***beyondblue* info line 1300 22 4636**

For information on depression, anxiety and related disorders, available treatments and referral only (local call cost from a landline)

To order a free copy of the DVD *Depression and Parkinson's Disease* click Get Information then click Order *beyondblue* resources or call the info line.

Parkinson's Australia

www.parkinsons.org.au

1800 644 189

For information, support and referral for people with Parkinson's, their friends, carers and relatives, visit the Parkinson's Australia website or call the information line where you can also order a free copy of the DVD *Depression and Parkinson's Disease*.

Carers Australia

1800 242 636

www.carersaustralia.com.au

Information, referral and support for carers

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