

# information

## DEMENTIA AND PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

Common cognitive changes which occur with Parkinson's and are often mistaken for dementia are:

- Anxiety
- Apathy
- Bradyphrenia (slowness of thinking)
- Concrete thinking
- Masked expression
- Obsessive compulsive disorder

If sudden onset confusion with or without hallucinations occurs it is essential that reversible causes such as infection are addressed.

Dementia is a term used to describe the symptoms of a large group of neurological illnesses which cause a progressive decline in a person's functioning. It is a broad term used to describe a loss of memory, intellect, rationality, social skills and what would be considered normal emotional reactions. Not all people with Parkinson's will develop dementia.

It is estimated that dementia occurs in 30-60% of people affected by Parkinson's. Two types of dementia commonly associated with Parkinson's are Parkinson's disease dementia (PD-D) and Lewy Body Dementia (LBD). Risk factors for the development of PD-D are:

- Increased age
- Diagnosis of Parkinson's at an older age
- Longer duration of condition
- Non-tremor predominant Parkinson's

Problems with planning, sequencing, decision making and visuospatial awareness are frequently seen in PD-D and suggest a subcortical dementia. In addition visual hallucinations may occur. These changes may be seen several years after the initial motor symptoms and diagnosis of Parkinson's.

Long-term use of Parkinson's medications may result in confusion and hallucinations. Frequent monitoring by the treating specialist is essential. The decision to introduce treatment for dementia must be made on an individual basis.

LBD commonly presents earlier in the progress of the condition. Symptoms suggestive of LBD are:

- Shorter duration of condition
- Early onset hallucinations
- Fluctuating cognitive changes

Often a diagnosis of Parkinson's may be changed to LBD following the onset of the above symptoms.

People with LBD may be very sensitive to Parkinson's medications and medications used in the treatment of dementia.


Regular review by a specialist is essential.

**Alzheimer's Australia (1800 100 500) offers respite, education and support services to carers and those living with these conditions.**

For further information contact  
your state Parkinson's organisation:  
**Freecall 1800 644 189 [www.parkinsons.org.au](http://www.parkinsons.org.au)**

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