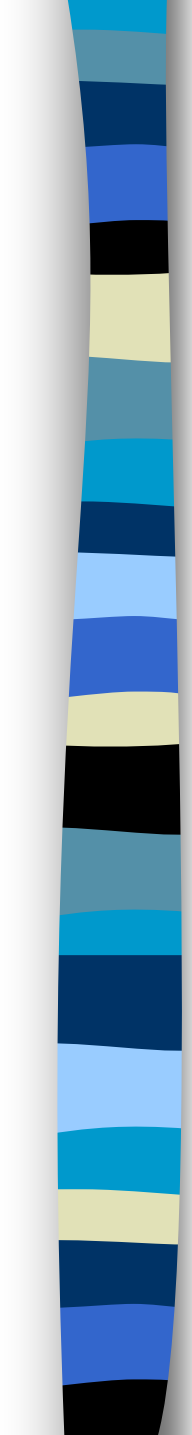


Abnormal Mental States in Parkinson's Disease



Recognition and
Management.



Parkinson. J. *An Essay on the Shaking Palsy*. 1817.

“by the absence of any injury to the senses and to the intellect, we are taught that the morbid state does not extend to the encephalon.”



PD. A psychiatric disorder?

- Using EQOL measure.
- 40% of variance in QOL is accounted for by depression.
- 14% by movement disorder.

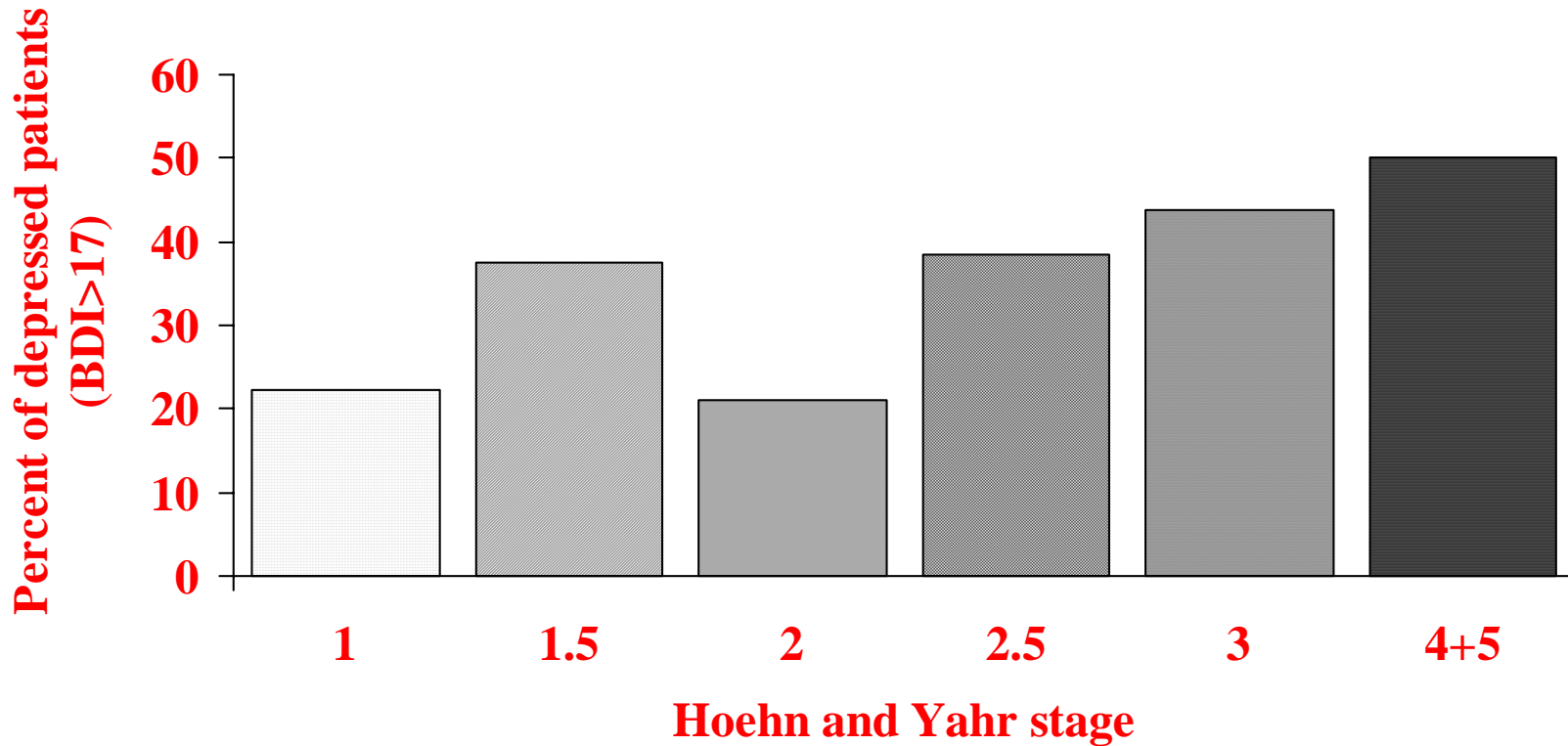
Schragg et al JNNP 2001.



Depression Epidemiology.

- Mean 1 year prevalence = 40%.
- Incidence 2% per year.
- Higher rates than in other disorders with similar functional impairment.

Percentage of depressed patients by Hoehn and Yahr stage





Useful discriminators between depression and PD.

- Pervasive low mood (diurnal variation).
- Reduced volition in all areas.
- Negative cognitions.
- Mood congruent psychotic symptoms.



Which rating scale?

- Beck Depression Inventory-neither sensitive nor specific
- Somatic symptoms in PD
- MADRS and HAMD 17 are better.
 - Are you basically satisfied with life?
 - Is your life empty?
 - Are you afraid something bad will happen?



Differential diagnosis.

- Adjustment disorder
- Non-motor fluctuations
- Drug-induced psychotic symptoms
- Drug-induced mood symptoms
- Confusional states
- Dementia



Ghazi-Noori et al 2005

- Cochrane review
- All RCTs comparing antidepressant with placebo or 2nd antidepressant
- 3 trials eligible
- Insufficient data on effectiveness



Wermuth et al 1998

- N=37
- Citalopram vs. Placebo
- Parallel design
- Citalopram 10-20mg
- No difference between groups



Anderson 1980

- N=22
- Crossover
- Nortryptilline 25-150mg daily
- Depression reduced in treatment period
 $p < 0.001$