



## **Parkinson's disease, Depression and Anxiety**

Parkinson's disease (PD) is classified as a movement disorder but in recent years the non-motor symptoms, including changes in mood, have been acknowledged as components of the disease. At least 50% of people with PD experience depression and/or anxiety.

### **Causes of depression and anxiety**

Depression and anxiety in PD can be caused by the very understandable reaction to your initial diagnosis and to changes you experience as the disease progresses. It is normal to be worried about your symptoms and to wonder what is coming in the future.

Depression and anxiety can also be caused by changes in your brain chemistry. In addition to decreasing the amount of available dopamine, PD can affect other circuits and neural pathways that control your mood. In many cases, depression and anxiety can appear prior to the onset of physical symptoms of PD. Some people don't know why they have become depressed or anxious and many look back over the years and realize they developed these symptoms prior to the onset of the motor symptoms, such as tremor or rigidity, which lead to the diagnosis of PD.

### **Some of the barriers to diagnosis and treatment**

The good news is that depression and anxiety are treatable but a number of factors can delay early diagnosis and treatment. Some of these factors include:

- Mental health concerns still have a stigma attached to them. Some people can feel embarrassed about what they are experiencing, thinking that they should just "get on with it". Other people will deny being depressed or anxious when it is mentioned by other people. Many healthcare professionals, including family physicians, are unaware that mood disorders are part of PD. Depression and anxiety may go unnoticed and untreated.
- The general public does not understand that these changes are as a result of having PD, making the symptoms more difficult to talk about.
- Some of the physical symptoms of PD mimic those of depression. For example, lack of facial expression, fatigue and slowed thinking processes can make a person appear depressed when they are not. As a result, the diagnosis of PD depression can be difficult.

## Coping with depression and anxiety

Depression and anxiety can have a profound impact on your quality of life. They can also decrease your ability to respond positively to treatment. Left untreated, depression or anxiety can paralyze your ability to control your illness and decrease your ability to enjoy life. If you feel depressed or if you are anxious about going out, it is difficult to do the things that are critical to managing PD such as socializing, talking to people, exercising and many others things that you would normally enjoy doing.

A variety of effective treatment options are available to help with depression and anxiety. Here are some important points to consider:

- FIRST – remember that depression and anxiety are real illnesses, that they are actual symptoms of PD, and that they can be treated.
- Listen to your family and your physician if they suggest that you might be depressed or having difficulty copying.
- If you start taking medication for depression, remember that it can take several weeks before you feel better.
- Early side effects usually disappear as your body gets used to the new drug.
- There are many types of medication for depression and anxiety. If the first one doesn't seem to help, ask your doctor about other options.
- You need the support of your family and friends at this time. Don't hesitate to ask for help, even if it is just setting aside a time to talk.
- Check out the National Parkinson Foundation website [www.parkinson.org](http://www.parkinson.org) for a downloadable copy of "*Mind Mood and Memory*"

Ask yourself the following questions:

- Has my sleep pattern, appetite, energy level or sexual function change significantly?
- Am I more irritable and anxious than I used to be?
- Am I having difficulty concentrating?

**If the answer to even one of these questions is yes, *talk to your doctor.***

*Based on a fact sheet developed by Parkinson Society BC: reprinted with permission.*