

From Sandie's Desk

Those Parkinson's Blues: A Bad Day or Depression?

Temporary ups and downs are part of the human experience. It's when a depressed/sad mood persists for several weeks, deepens, and eventually starts interfering with everyday living that professional help is required.

When Dr. James Parkinson described the "shaking palsy" in 1817, he talked about the masked face, resting tremor, slowing of voluntary movement and stooped posture that we all recognize as the common characteristics of Parkinson's. But he also described his patients as unhappy, dejected, or melancholic so the recognition that depression can be a part of Parkinson's is not new.

Several years after diagnosis, people with Parkinson's and physicians alike can often look back and see that depression was one of the initial, presenting symptoms but no one recognized it as such. Why? The table of Similarities between Parkinson's and Depression may help to shed some light on this (next page).

Depression falls into two main categories: Reactive and Clinical.

Reactive Depression:

Depression brought on by a life event such as death of a loved one, family/marital problems, business difficulties and the diagnosis of a chronic illness such as Parkinson's. Receiving a diagnosis of Parkinson's is difficult, and the news often leads to a normal state of dismay and grief over the loss of optimal health. People may be so focused on their concern about their health and their future that they lose interest in other things for a while. Sometimes, people have difficulty seeing ahead to a time when these feelings of loss and sadness will subside, but with time, as people gradually accept their disorder, many of these feelings will pass.

Clinical Depression:

Severe, persistent depression is quite different from the feelings described above and this type of depression has pervasive feelings of sadness, unstoppable feelings of hopelessness, feelings of being overwhelmed, feeling afraid, being anxious, not being able to make decisions, having little energy, deriving only a little pleasure in things that used to be of interest, sleep disturbances (too much or too little), appetite disturbances (increased or decreased) etc.

Many people cling to prejudices toward mental illness and feel their depression can be controlled by willpower, but simply "snapping out of it" is not an option. People freely talk about being treated for diabetes, arthritis and other chronic illnesses, but feel ashamed about being treated for depression.

Depending on what resource literature you read, the number of people with



Sandie Jones

Sandie Jones trained as a registered nurse, specializing in psychiatry. In 1998, she joined Parkinson Canada, and is now an integral part of the Information & Referral team. In this role she has provided information on support, education, medical aspects, coping strategies, community services, and other information about Parkinson's disease and its management, not only to people living with Parkinson's disease and their families, but to professionals working with these people as well. This role has given her a comprehensive insight into the problems of people living with Parkinson's disease, as well as their carepartners.



Parkinson's that experience depression at some point in their journey, ranges from 40 - 70%. Many People with Parkinson's find that their emotions are very close to the surface and that the slightest thing - happy or sad - reduces them to tears. It can be very embarrassing. This emotional lability is common, and is a result of changes that occur in the brain, it is not the same as depression.

It is important to understand that depression in Parkinson's is largely due to changes in the neurochemistry of the brain. Research has shown that the brain systems that degenerate include not only the ones that affect movement but those that involve emotion as well. We know that loss of the chemical Dopamine results in problems of movement. At the same time, the concentrations of other chemicals such as serotonin and norepinephrine are affected also and they help control our emotional responses. So depression may be an effect of the condition itself. Some people can have depression related to difficulty with adjustment to the diagnosis, but for some the depression may be an effect of the disease itself, but for still others it is a combination of both.

SIMILARITIES BETWEEN PARKINSON'S DISEASE AND DEPRESSION	
Parkinson's disease	Depression
Loss of spontaneous facial expression	Loss of spontaneous facial expression
Slowness of movement	Slowness of movement
Stooped posture	Stooped
Agitation / Anxiety	Agitation / Anxiety
Low & monotone speech	Low & monotone speech
Constipation	Constipation
Sleep disturbance	Sleep disturbance
Fatigue	Fatigue
Apathy	Apathy
Inability to pursue hobbies & interests due to physical symptoms	Inability to pursue hobbies & interests due to apathy
Weakness	Weakness
Decreased sexual activity due to immobility, loss of libido	Decreased sexual activity due to loss of libido and drug therapy
Motor and mental slowing due to bradykinesia & bradyphrenia	Motor and mental slowing due to psychomotor retardation

For some people symptoms of depression may be associated with levodopa benefit. As a dose wears off and the time for the next dose approaches, you may feel sad or have difficulty concentrating. Once you have taken your next pill your mood and motivation lifts. If this is a factor, optimal dosage and timing of Parkinson's meds become even more important.

So now what? YOU DON'T HAVE TO SUFFER!

The good news is that depression can be successfully treated with a wide range of anti-depressant medications, but first. You have to talk to your doctor about how you are feeling. No one can help you with your depression if you try to hide it and are embarrassed to admit to anyone how you feel.

Determining which anti-depressants work for which people is not easy. Finding the right medication requires

patience because most anti-depressants require a four-to-six-week period to achieve their full effect. If one drug doesn't work, it is important to try another. Failure of one drug to relieve symptoms does not mean one of the other drugs won't work. This can be difficult for patients who, once they have agreed to treatment, naturally want a quick result.



Care partners for people with Parkinson's also need to be alert for symptoms of depression. Partners often feel helpless and wonder "Should I push them or encourage them to do more or do I leave them alone?" They're walking on eggshells, afraid to say anything. It can make relationships very difficult and that's when someone from the outside needs to step in.

A combination of psychotherapy and drugs is recommended for those with depression. Good communications with your carepartner and your doctor is essential.

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The main things to remember if nothing else are these:

- Depression occurs extremely often in Parkinson's
- It is a very treatable condition—there is no need for anyone to remain depressed in this day and age!
- Depression is, like diabetes, thyroid disease and Parkinson's, a condition whose symptoms occur in response to a chemical imbalance in the body.
- It is nothing to be ashamed or embarrassed about
- Depression is the factor that most strongly influences quality of life in Parkinson's disease (more than stage of illness or medications)

Tips for patients

- Stay physically active. It's a major mood-booster for people with Parkinson's. Try to schedule your exercise for the time of day when you are at your best.
- Socialize. People with strong connections to family, friends and community are less likely to be depressed.
- Set yourself do-able challenges and meet them, even if it's just something like going to the grocery store. You'll boost your self-esteem when you meet that challenge.
- Reach out for help. Talk to a psychiatrist, nurse, social worker, etc.

Tips for caregivers

- When in doubt, check it out. If you suspect your spouse or parent is depressed, talk to them and, with permission, consult with their doctor or other healthcare professional.
- If the person you are caring for is depressed, try to keep them focused on what is positive.
- Try to gently coax the person into doing things, don't fuss or hover.
- Make sure you are getting the support you need; consider joining a support group. Remember, you can't do this alone.
- Be aware that you yourself might be suffering from depression or sleep deprivation.

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This article does not substitute for medical advice specific to an individual, but is for general information purposes. Please speak to your doctor(s) for all diagnostic and therapeutic information.