

DEPRESSION AND PARKINSON'S DISEASE

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Depression is characterized by two or more weeks of melancholy, loss of interest in daily activities, fatigue, and feelings of worthlessness and guilt. One may also experience a loss of appetite (or, less commonly, an increase in appetite) and insomnia (or rarely, increased sleep). Anxiety commonly accompanies depression and may take the form of panic attacks with heart pounding, shortness of breath, shaking, sweating, and feelings of doom or impending disaster.

Depression is common. One in five to ten "normal" people will have some of the above symptoms and it will severely disable two to three people out of a hundred.

People with PD are even more subject to depression. One half of those with the disease will experience depression during the course of their illness. Generally, their melancholy is not severe; they continue to function, but with less enjoyment of life. Occasionally the symptoms are disabling and may be accompanied by attempted suicide. Frequently, patients with PD and depression are also very anxious.

The depression with PD can be either "reactive", a response to what is happening in their life, or caused by a chemical imbalance. Often it is a combination of both. Reactive depression is the despair one experiences when faced with an illness that imposes limitations and reduces independence. Grief and depression are natural reactions to these changes. Dopamine, the chemical that is reduced in the brain with PD, has a direct effect on mood and the reduction can result in depression. In the early stages of PD, before diagnosis, people can suffer from depression, a fact which supports the theory that some depression in PD is caused by a chemical imbalance.

Drugs used to treat PD, high blood pressure and other medical illnesses can sometimes cause depression. Such depression is treatable by stopping the offending medication. A striking pattern of mood swings can develop in a patient treated with levodopa (Sinemet). A patient may be enthusiastic and optimistic when the levodopa is working ("on") and suddenly become anxious and pessimistic when the medicine is not working ("off"). Such emotional swings, which may occur several times a day, may be more disabling than symptoms such as impaired movement or motor function.

In general, depression is common in people with Parkinson's disease and needs to be recognized and treated.

THINGS YOU CAN DO TO IMPROVE MOOD

- Recognize the common signs of depression:
 - feelings of sadness, hopelessness, helplessness and self-blame
 - loss of interest in family, friends, former interests and activities
 - inability to have fun or experience pleasure
 - increased sleep or awakening during the night and being unable to get back to sleep because of worry
 - decreased, or less commonly, increased appetite
 - feeling of fatigue and that "everything is too much trouble"
- Understand that short periods of depression are part of life but that if they persist for more than a week, intervention may be indicated.
- Combat mild depression with activities such as a regular exercise program, frequent social interactions and community activities.
- Consider short term psychological counseling to learn to cope with the stresses inherent in a chronic disease such as Parkinson's disease.
- Inform your health care provider about your feelings. Some drugs may cause depression and changing your medicine schedule may help. Alternatively, drugs to relieve depression may be indicated.