

Depression and Parkinson's Disease

Depression is a common non-motor symptom of Parkinson's disease (PD), with approximately 50% of people with PD experiencing depression. It is important to learn the signs of depression and know that there are multiple ways to treat and improve depression in people with PD.

Symptoms of Depression

Symptoms of depression may include persistent sadness, loss of interest in formerly pleasurable activities, changes in appetite, and feelings of helplessness or hopelessness. Depression can drastically reduce quality of life and increase care-partner burden.

Diagnosing depression in PD can be difficult because of the overlap between symptoms of depression and symptoms of PD. For example, fatigue, insomnia, excessive daytime sleepiness, weight loss, slowed thinking, diminished sexual function, and an emotionless face may be expressions of depression, but can also be symptoms of PD itself in the absence of depression.

Depression can arise as a response to any disabling chronic illness (called reactive depression). However, most researchers believe depression is an intrinsic part of PD in many cases, and is caused by the same neurological changes that cause the motor symptoms. This notion is supported by the fact that sometimes depression precedes the diagnosis of PD. Depression in PD may be a combination of both reactive depression and a direct effect of the disease on the brain. Regardless of its cause, depression should be recognized and treated.

Treatment Options

Non-pharmacologic treatments

Non-pharmacologic approaches to depression in PD may include increasing exercise and improving sleep. Psychological counseling, such as cognitive behavioral therapy (CBT), can be very effective and can help to improve not only mood, but quality of life and health outcomes in general.

Attending a Parkinson's disease support group, either in person or online, can be very useful. Talking with others who understand what you are going through and can offer advice and camaraderie can be very beneficial. Online support groups are now more readily available, allowing more people to access this service regardless of where they live. A study found that participation in an online support group that included professional facilitators positively affected mood and quality of life in a group of people with PD. If you try a support group that doesn't seem like a good fit for you, try another one. It is worth the effort to find a group that feels right to you.

Managing Existing Medications

Optimizing the PD medications you are already taking may play a key role in managing depression. There is some evidence to suggest that certain PD medications, such as the dopamine agonists, have antidepressant effects.

Depression may also be a symptom of OFF time, which are periods of time during the day when a person is no longer experiencing the benefit of the most recent dose of PD medication. By adjusting PD medications and

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reducing OFF time, depression may improve. Talk to your doctor about ways to optimize your current medications to reduce depression.

Antidepressant Medications

Antidepressant medications may also be helpful. Medications such as selective serotonin reuptake inhibitors (SSRIs: e.g., sertraline, paroxetine, citalopram, and others), serotonin-norepinephrine reuptake inhibitors (SNRIs: e.g., venlafaxine, duloxetine, and others), and antidepressants with multiple mechanisms of action (e.g., bupropion, mirtazapine, and others) are often used to treat depression related to PD. In general, these medications are safer and better tolerated by people with PD than tricyclic antidepressants (TCAs: e.g., nortriptyline, imipramine) that may be used for people with depression who don't have PD. In addition, many of the antidepressants can effectively treat anxiety, which is also common in people with PD.

The pharmacy may flag an interaction between some of the antidepressants and monoamine oxidase B (MAOB) inhibitors that are used to treat PD (e.g., selegiline, rasagiline, safinamide). Consult your neurologist about these interactions, as some are mild and may be allowed by your neurologist, whereas others may be more serious.

Electroconvulsive Therapy

In people with PD without cognitive issues, electroconvulsive therapy (ECT) can be an effective choice for depression when other treatments have failed. This treatment requires close management by a psychiatrist.

Treating Anxiety

Anxiety often coexists with depression and can be a very debilitating non-motor symptom of PD. The same treatments used for depression, including cognitive behavioral therapy and antidepressant medications, are also used to treat anxiety.

Talk to Your Doctor

Depression is a common non-motor symptom for people with PD and thankfully one that can be treated and improved, so it is very important to talk to your doctor if you're noticing signs of depression. There is no need to suffer silently with depressive feelings and, by seeking help, you will likely improve your quality of life, your personal well-being, and the impact on your friends, family, and care partner(s).

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