Many people living with Parkinson’s disease also experience depression and/or anxiety. Depression and anxiety can result from grief at being diagnosed with Parkinson’s, and from loss of mobility and independence. Depression and anxiety are also linked to chemical changes in the brain that happen with Parkinson’s disease.

Often, the symptoms of Parkinson’s and depression can overlap, making diagnosis difficult. However, it is very important that mental health problems are identified and treated. With careful management, the symptoms of depression and anxiety can be treated along with those of Parkinson’s disease.

**WHAT IS PARKINSON’S DISEASE?**

Parkinson’s disease is a neurological condition that mainly affects body movements. At present, there is no known cause or cure. Symptoms result from the progressive deterioration of certain cells in the brain, which causes a shortage of dopamine – a chemical messenger necessary for smooth, controlled body movements.

Symptoms of Parkinson’s disease develop slowly and progress gradually over years. While people with Parkinson’s don’t necessarily develop all of the symptoms associated with the disease, common ‘motor’ symptoms include:

- tremors – continuous, involuntary shaking of part of the body
- slowed movement and difficulty moving smoothly
- stiffness in the muscles – difficulty relaxing muscles even when they are resting
- loss of spontaneous movement – ‘freezing’
- impaired balance and coordination.

These symptoms can affect and disrupt many daily tasks and activities such as walking, talking, writing, dressing and eating.

A wide range of ‘non-motor’ symptoms are also common, including problems sleeping, fatigue, pain, slowness of thinking, memory problems, constipation and urinary incontinence.

Around 80,000 Australians have Parkinson’s disease and this number is expected to grow as the population continues to age. While most people diagnosed with Parkinson’s are aged over 60, 15 per cent of people with Parkinson’s are diagnosed before the age of 50.

**WHAT IS DEPRESSION?**

Depression is more than just sadness or a low mood – it’s a serious illness that can have severe effects on both physical and mental health. People with depression find it hard to function every day.

A person may be experiencing depression if, for a sustained period, they have been behaving in a way that is out of character. Common behaviours, feelings and thoughts include sadness, moodiness, increased irritability and frustration, inability to find pleasure in any activity, feeling worthless, slowing down of thoughts or actions and withdrawing from close family and friends.

Everyone experiences some or all of these symptoms from time to time, but when symptoms are severe and lasting, it’s time to seek help. With the right treatment, most people recover from depression.

**WHAT IS ANXIETY?**

Most people feel anxious sometimes, but for some people, anxious feelings are overwhelming and cannot be brought under control easily. An anxiety disorder is a condition characterised by feelings of apprehension or nervousness which don’t go away and which affect a person’s ability to carry out normal daily activities.

There are many types of anxiety disorders, each with a range of symptoms. A person may be experiencing an anxiety disorder if, for some time, worry and fear have interfered with other parts of life. An anxiety disorder will usually be far more intense than normal anxiety and go on for weeks, months or even longer. An anxiety disorder can be expressed in different ways, such as uncontrollable worry, intense fear (phobias or panic attacks) or upsetting dreams.

Like depression, there are effective treatments available for anxiety disorders.

For more information on depression and anxiety disorders, symptom checklists and treatments visit [www.beyondblue.org.au](http://www.beyondblue.org.au)

**WHAT IS THE LINK BETWEEN PARKINSON’S DISEASE AND DEPRESSION/ANXIETY?**

Mental health problems are common in people with Parkinson’s disease. About 30 to 40 per cent of people with Parkinson’s disease experience a depressive disorder and most have symptoms of depression at some stage. Up to 40 per cent have symptoms of anxiety and around 30 per cent experience an anxiety disorder. About 40 per cent of people with Parkinson’s and depression also have an anxiety disorder.
The link between Parkinson’s disease, depression and anxiety is complex.

- Being diagnosed with Parkinson’s disease can trigger depression and anxiety. Adapting to the disease involves many adjustments to a person’s life and can dramatically affect how the person functions. Changes to a person’s social life, work pattern and financial situation may cause stress and sadness, along with worry about the future.

- Reduced levels of brain chemicals caused by Parkinson’s disease may be related to altered emotions and mood changes. In fact, changes in the brain may put people at risk of mood changes even before any physical symptoms of Parkinson’s have developed.5

- In most cases, the co-existence of the conditions is thought to be a combination of biological changes in the brain caused by Parkinson’s disease, together with trying to adjust to major life changes.

HOW CAN YOU TELL IF YOU HAVE DEPRESSION OR ANXIETY?

Some symptoms of Parkinson’s disease can overlap with those of depression. For example, feelings of apathy, slowed movement, limited facial expression, voice changes, stooped posture and general deterioration in health may be signs of depression, particularly if there seems to have been a noticeable worsening of these symptoms.5,3

It’s important to note that the typical pattern of symptoms of depression may be different for people with Parkinson’s. People with Parkinson’s are more likely to display lack of interest, experience fatigue and pessimism, and behave in a way that is irrational or they may feel irritable. They are less likely to have changeable moods, feel guilt and self-blame or have suicidal thoughts.5,3

People with Parkinson’s disease may experience anxiety, with symptoms such as feeling worried, nervous, stressed or tense, or having panic attacks with palpitations, sweating, dizziness and breathlessness. Some people have specific periods of anxiety linked to particular physical symptoms, for example when they are concerned that they might fall or when the effect of their Parkinson’s medication is wearing off.7

WHY IS IT IMPORTANT TO TREAT DEPRESSION AND ANXIETY IN PEOPLE WITH PARKINSON’S DISEASE?

Depression and anxiety can be key factors in contributing to lower quality of life in people with Parkinson’s disease.2 Sometimes, depression and anxiety can be more disabling than Parkinson’s itself. Treating depression and anxiety is vital for maintaining quality of life.

- If untreated, depression and anxiety can increase feelings of isolation and problems with relationships that can occur with Parkinson’s disease, further reducing the person’s quality of life.

- Depression and anxiety can worsen the physical symptoms of Parkinson’s disease. For example, anxiety is associated with more severe gait problems, and more uncontrolled movements and freezing.8

- Depression and anxiety, along with sleep problems and hallucinations, are related to cognitive decline in Parkinson’s disease.2

WHAT ARE THE TREATMENTS FOR DEPRESSION AND ANXIETY?

There is a range of treatments that can be effective for people with Parkinson’s disease who have depression and/or anxiety. Psychological treatments (talking therapies) are effective in treating depression and anxiety disorders, while a combination of psychological and drug treatments may be needed for more severe symptoms.

It is important to seek help as soon as possible. Mental health problems are both common and treatable and a doctor will be able to help you decide whether treatment is needed, as well as what treatments will work best with the medications you take to manage symptoms of Parkinson’s disease.

Psychological treatments

- **Cognitive Behaviour Therapy (CBT)** is an effective treatment for people with depression and anxiety. It teaches people to think realistically about common difficulties, helping them to change their thought patterns and the way they react to certain situations.

- **Interpersonal Therapy (IPT)** is also effective for treating depression and some anxiety disorders. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.
Medication

Antidepressant medication is often prescribed, alongside psychological treatments, when a person experiences a moderate to severe episode of depression and/or anxiety. Sometimes, antidepressants are also prescribed when other treatments have not been helpful.

- Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. The doctor should talk to you about differences in effects and possible side-effects of medications.

- There are many different types of antidepressant medication. The doctor may need to find the medication and dose that is most effective for you. Keep in mind that antidepressants take time before they start to help (at least two weeks).

- Before antidepressants are started, the doctor should review any current medications you are taking for Parkinson's disease, including over-the-counter preparations and herbal or natural remedies.

- It's important to note that occasionally antidepressants will worsen the symptoms of Parkinson's. If this occurs, advice should be sought from the treating doctor. Finding the most suitable antidepressant may take time, so patience is needed.

- Sometimes, mental health symptoms may be linked to problems with the dose and timing of Parkinson's medications. The situation may be improved by ensuring that Parkinson's medications are taken on time, every time, and by asking the doctor to review your medications if the problem persists.

- Like any medication, the length of time you will need to take antidepressants depends on how severe your illness is and how you respond to treatment. For some people, antidepressants are needed only for a short time (generally six to 12 months) with psychological treatments and self-help techniques being sufficient. For others, antidepressants are needed for much longer – in the same way that someone with asthma uses long-term respiratory medication.

- Most people taking antidepressant medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after you have stopped taking the medication. Stopping medication should only be done gradually, on a doctor's recommendation and under supervision.

For more information see beyondblue Fact sheet 11 – Antidepressant medication.

HELPFUL TIPS FOR SELF-CARE

If you have Parkinson’s disease and you, your family or friends suspect you may also be experiencing depression and/or anxiety, the following tips may be helpful:

- Speak to your doctor about your concerns and discuss treatment options.

- Accept help and support from family and friends.

- Plan your days and aim to include tasks that give you a sense of achievement and pleasure.

- Follow tips on sleeping well at night, especially if you are having sleep problems.

- Remain active and continue hobbies, exercise and leisure interests.

- Try some relaxation techniques like slow breathing and muscle relaxation exercises.

- Eat healthily and include a wide variety of nutritious foods.

- Limit alcohol intake.

For tips on maintaining a healthy lifestyle see beyondblue online fact sheet 30 (Healthy eating), 8 (Keeping active), 7 (Sleeping well) and 9 (Reducing alcohol and other drugs).

ADVICE FOR CARERS

Carers and family members are often the first to notice signs of depression or anxiety in a person with Parkinson's disease. Sometimes, it can be tempting to ignore the symptoms because you don’t want to cause further upset, but it is strongly advised that you talk openly with the person about your observations and encourage him or her to seek more information and treatment.

Parkinson’s disease can disrupt relationships with family and friends, which may be due to problems such as increased fatigue, stigma associated with the condition or embarrassment about symptoms – all of which may make it difficult for the person to ask for and get appropriate help. People with Parkinson’s disease often feel isolated and shut off from loved ones, making it harder for them to recover from depression and/or anxiety. Try to keep the person connected to family and friends as you support and encourage him or her.

When a person has Parkinson’s disease and depression and/or anxiety, it has an impact on family members, carers and friends. Carers may be at increased risk of mental health problems, so it’s important that you look after your own health.

WHERE TO GET HELP

• **The treating neurologist** is probably the best person to speak to if you are feeling depressed or anxious. Neurologists often work closely with other Parkinson’s-specific health professionals and can help the person and carers to make decisions about the type of treatment, help and support that is needed.

• **A general practitioner (GP)** is also a good first step. In some cases, the GP may refer the person to a mental health specialist like a psychiatrist or psychologist.

• **Psychiatrists** are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Some use psychological treatments such as CBT and IPT.

• **Psychologists** can assist people who are having difficulty controlling their emotions, thinking and behaviour. Clinical psychologists are specialists in the assessment, diagnosis and treatment of mental illness such as depression, anxiety and related disorders.

• **Social workers and occupational therapists in mental health** can provide focused psychological self-help strategies, which include relaxation training and skills training (e.g. problem solving and stress management).

• **Mental health nurse practitioners** work with psychiatrists and GPs to review the state of a person’s mental health; monitor the person’s medication and provide people with information about mental health problems and treatment. Some mental health nurses have training in psychological therapies.

To find a mental health practitioner in your area, go to [www.beyondblue.org.au](http://www.beyondblue.org.au) or call 1300 22 4636.

MORE INFORMATION

**beyondblue: the national depression initiative**

[www.beyondblue.org.au](http://www.beyondblue.org.au)

1300 22 4636 or infoline@beyondblue.org.au

Information on depression, anxiety and related disorders, available treatments and where to get help

HELPFUL STRATEGIES

• Having a chronic condition like Parkinson’s disease can lead to frustration and anger, a sense that the world is unfair (“Why me?”) or that you are particularly unlucky. There are a number of ways to gain information, advice and support. Contact Parkinson’s Australia on 1800 644 189.

• Having Parkinson’s disease does not necessarily mean that you will have depression and/or anxiety, but it does increase your chances of mental health problems. It is important to learn and recognise the symptoms of depression and anxiety, and to seek help if you think you may be experiencing any of them.

• Correct diagnosis and treatment are essential for maintaining your quality of life. Depression and anxiety are treatable and you can recover with the right help.

• Take a family member or friend with you when you go to the doctor. Not only can they help remember what was discussed, ask questions and give support, but they will gain a better understanding of your condition and its treatments.

REFERENCES


© Beyond Blue Ltd