Depression & Anxiety

What is this? Why does this happen?

If you are depressed, you may not be able to experience joy. You may stop hobbies that you once enjoyed, and you may not want to carry out your daily routine. Learning new things may also not interest you. Fatigue is commonly linked with depression, but this is rarely the only symptom (fatigue often occurs by itself in Parkinson’s). Depression can be an early sign of the disease. Although living with Parkinson’s can certainly cause stress and sadness, depression may also be caused by changes in areas of the brain that affect mood.

Anxiety often occurs with depression in Parkinson’s. Some have bursts of anxiety called ‘panic attacks.’ Or you can have excessive worry about everyday things that you cannot control. As with depression, anxiety can be an early sign of Parkinson’s. Anxiety is also common during ‘off’ periods.

What can I do?

One set of important protectors from depression is friends and family – as much as you can, keep yourself active and engaged with others. Exercise, particularly while outside, may help.

What are other possible treatments?

In some cases, you may find it useful to speak with a psychologist or other mental health professional. Certain types of psychological therapy (the commonest being called ‘cognitive behavioral therapy’) have been shown to help depression, although they have not yet been proven to help depression in Parkinson’s.

Medications that have been shown to help depression in Parkinson’s are nortriptyline and citalopram (Celexa). Nortriptyline has to be used with caution in people with memory problems or hallucinations, since it can worsen these symptoms.

KEY POINTS

• One third of people with Parkinson’s can experience anxiety and depression
• Parkinson’s disease affects areas of the brain that control mood
• Depression and anxiety can begin before motor symptoms
• Anxiety can occur in ‘off’ periods. This can be improved by preventing the ‘off’ times.
• Treatment options: nortriptyline or citalopram
Sexual Dysfunction

What is this?

With Parkinson’s, some sexual dysfunction is common. In men, it can be hard to obtain or maintain an erection. Problems with having an orgasm or decreased sex drive can also occur. Women can have decreased interest in sex. Or they can have problems reaching orgasm. Sometimes an increase in sex drive can occur after starting a new drug.

Why does this happen?

Many other conditions can cause these symptoms. Difficulty with erection can be caused by diabetes, high blood pressure or being overweight. Women often have less sex drive after menopause. Abnormally increased sex drive can be due to an impulse control disorder related to medications (see page 51).

What can I do?

Regular exercise helps develop stamina for sexual intercourse. Also, you may want to consider other forms of intimacy. Speak with your partner and decide what is best for your relationship.

What are other possible treatments?

Some couples are not interested in having sex. In that case, you may not require any treatment. If sex interests you or your partner, talk to your doctor. Help is available.

Treatment for men includes sildenafil (Viagra) for erection problems. Testosterone is sometimes used for sex drive problems. Hormone replacement therapy can increase sex drive in women, but this comes with risks. Consult your doctor before starting any medications for erectile dysfunction or hormonal replacement therapy.

KEY POINTS

- One half of people with Parkinson’s have sexual dysfunction
- Sexual dysfunction can include: Difficulty with erections (men) or orgasm (women), or decreased sex drive (both men and women)
- Treatment option for men: Medications such as sildenafil
- Treatment option for women: Hormone replacement therapy, with caution
Orthostatic Hypotension

What is this?
Orthostatic hypotension (OH) is a drop in blood pressure when standing. The most common symptom is light-headedness or dizziness when standing up from sitting. Confusion, headache, and shoulder/neck pain can also occur. If OH is severe, you could black out and fall.

Why does this happen?
Certain Parkinson’s medications can worsen OH but they do not cause OH. OH is part of the disease process itself – areas that increase blood pressure with standing degenerate in Parkinson’s.

What can I do?
If you have OH, avoid standing up quickly. Try elevating the head of the bed when you sleep. Slightly increasing salt intake and wearing compression stockings also can help.

What are other possible treatments?
Most people with severe OH will need medications. Treatment options include: domperidone (see Nausea section), fludrocortisone and midodrine. The most common side effect of fludrocortisone and midodrine is high blood pressure when lying down. Physostigmine is another option, which also treats constipation.

KEY POINTS
• One third of people with Parkinson’s have orthostatic hypotension
• Main symptom: Feeling light-headed when standing up
• Other symptoms include: Confusion, pain, headache or blacking out when standing up
• Treatment options: Domperidone, fludrocortisone, midodrine or physostigmine
Excessive Daytime Sleepiness

What is this?

Excessive daytime sleepiness means feeling sleepy or sleeping too much during the day. If you have mild sleepiness, you may fall asleep when you are inactive. If you have a more severe case, you may have ‘sleep attacks.’ With a sleep attack you will have a sudden desire to sleep. This can occur while eating, working, walking or reading. You may even have sleep attacks while driving.

Why does this happen?

Many factors can make you sleepy. For example, it is a common side effect of Parkinson’s medications. Poor sleep at night can also make you sleepy during the day (although that is usually not the problem). In addition, Parkinson’s causes changes in brain areas that control sleep.

What can I do?

You may wish to try drinking extra coffee or tea during the day. Always avoid driving or operating heavy machinery if you feel even slightly sleepy.

What are other possible treatments?

Treatment often begins by reducing medication dosage. However, this can increase your tremor and slow your movements. Your doctor can also prescribe modafinil. This drug increases alertness. Common side effects of modafinil include headaches and nausea.

KEY POINTS

• One half of people with Parkinson’s feel sleepy during the day
• You may fall asleep while reading, talking or working
• Always think twice about driving, even if you are just a little bit tired
• Treatment options: Caffeine, adjustment of medications or modafinil
Insomnia

What is this?

Insomnia is when you find it hard to fall or stay asleep. Most of the time, people with Parkinson’s have trouble staying asleep more than falling asleep.

Why does this happen?

Occasionally, PD medications can also cause insomnia. Selegiline is the drug most likely to cause insomnia, especially if taken in the evening. However, the main reason for insomnia is changes in the brain caused by Parkinson’s.

What can I do?

The first step you should take to treat insomnia is ‘sleep hygiene.’ Sleep hygiene includes:

• Bedtime and waking time should be as regular as possible
• Do not spend over 8 hours in bed
• Do not lie in bed for more than half an hour if you cannot sleep. Get up and do something relaxing. Then try to sleep again later.
• Bright light in the morning and exercise during the day
• Use your bed for sleep and sex only
• Reduce naps during the day

What are other possible treatments?

Insomnia can be very difficult to treat. Sleeping pills such as triazepam or temazepam may help. However, sleeping pills have side effects, especially feeling sleepy throughout the day. Always try sleep hygiene first. Then talk about other treatment options with your doctor. In many cases, it is best to not use medication.

KEY POINTS

• With insomnia you may have difficulty falling and staying asleep
• Insomnia contributes to feeling tired during the day
• Treatment options: Try sleep hygiene or medications (rarely)
REM Sleep Behaviour Disorder

What is this & Why does this happen?

REM (rapid eye movement) sleep is one of the five stages of sleep. Most dreaming occurs during this stage. Normally, there is no movement during REM sleep (you are paralyzed). If you have REM sleep behaviour disorder (RBD), this normal paralysis is lost.

RBD may cause you to act out your dreams. You may punch, kick, shout, talk or fall out of bed during this stage. You may end up injuring yourself or your bed partner. RBD occurs most often in the early morning (when people have the most REM sleep). You may have experienced RBD before developing the motor symptoms of Parkinson’s.

What can I do?

If RBD is mild, no treatment may be needed. If you are having very active and severe movements, think about safety in bed – bed rails, pillows or mattresses beside the bed, etc. If there are violent movements, you may need to sleep apart from your spouse until your RBD is treated.

What are other possible treatments?

If RBD becomes a problem, the main treatments are melatonin (3 mg at bedtime) or clonazepam (Rivotril). These medications are quite effective and have few side effects in low doses. Melatonin is the natural hormone of sleep and is available over the counter.

KEY POINTS

- One third of people with Parkinson’s have RBD
- With RBD, dreams are acted out. This includes: screaming, kicking, punching, thrashing etc.
- Injuries may occur
- Treatment options: Melatonin or clonazepam
Restless Leg Syndrome

What is this?

Restless leg syndrome (RLS) is an urge to move the legs, often with pain or difficult to describe uncomfortable sensations. Generally, this is felt when sitting or lying down. RLS is worse in the evening and at night. Movement provides temporary relief. If you have RLS, you will feel the need to move your legs in the evening. This may cause trouble falling asleep.

Why does this happen?

One in ten people with PD will have RLS. This is similar to the number in the general population. However, RLS may be more severe in people with Parkinson’s, perhaps related to use of medications for Parkinson’s.

What can I do?

Generally, it is hard to treat RLS without medications. If mild, people can find that a brief walk around the room, or reading for a while can help.

What are other possible treatments?

Medications used to treat Parkinson’s also treat RLS. Levodopa, pramipexole (Mirapex), and ropinirole (Requip) taken at night may improve RLS. If your symptoms occur daily and are more severe, one option is gabapentin (Neurontin). This is not a Parkinson’s drug. The most common side effect of this drug is feeling sleepy. Also, try to avoid caffeine, nicotine and alcohol at bedtime. These make RLS worse in some cases. Your doctor may suggest checking your iron levels in the blood, since low iron can cause RLS.

KEY POINTS

- One in 10 people with Parkinson’s have RLS
- With RLS, you feel an urge to move legs because of uncomfortable or odd feelings
- RLS tends to be worse at night and affects sleep
- Treatment options: Levodopa, pramipexole, ropinirole or gabapentin and avoidance of bedtime caffeine, nicotine and alcohol
Leg Swelling

What is this?

Leg swelling is a common symptom in people with PD. Leg swelling means that the lower part of the legs often become bigger, and seem to be ‘filled with water’.

Why does this happen?

Legs can swell as a side effect of Parkinson’s treatments - levodopa, pramipexole (Mirapex) and ropinirole (Requip) cause leg swelling in 2-10 percent of users. Parkinson’s disease itself can cause your legs to swell even without medications. It is important to note that many other medications, conditions affecting the heart, etc can also cause leg swelling. Therefore, it is important to make sure that there is not another cause.

What can I do? What are other possible treatments?

When leg swelling is caused by Parkinson’s, it tends not to be dangerous, and is usually not treated. Some people find compressive stockings helpful – these are available at most pharmacies. Sitting with your legs up can also help. If the leg swelling is bothersome, speak to your doctor, as it could resolve with medication changes.

KEY POINTS

- Some people with Parkinson’s have swollen legs
- Swelling can be caused by Parkinson’s itself or by treatment
- Other conditions can cause leg swelling (e.g. heart disease)
Excessive Sweating

**What is this?**

Excessive sweating is found in one third of people with Parkinson’s. With excessive sweating, you may find yourself sweating with no exercise, or sweating profusely with mild exercise.

**Why does this happen?**

The exact reason for this symptom is not known. Excessive sweating commonly occurs when your muscles are stiff (i.e. during ‘off’ periods). It also occurs during dyskinesia (excessive movements as a side effect of medications).

**What can I do?**

There is no specific treatment for excessive sweating. However, you can help limit the amount that you sweat. Try these steps:

- avoid hot or humid environments
- avoid strenuous activity in the heat
- set the house thermostat lower
- wear appropriate clothing
- always keep well hydrated

**What are other possible treatments?**

Usually, excessive sweating is not a disabling problem, and medications are not helpful. However, it is important to monitor when excessive sweating occurs. If it occurs when your medications are wearing off, this is important information for the doctor, and may result in medication changes, particularly with timing of pills.

**KEY POINTS**

- One third of people with Parkinson’s develop excessive sweating
- Sweating is often associated with ‘off periods’ or dyskinesias (excessive movement)
- Some practical tips can help (see above)
Double Vision

What is this?

Double vision is when you see two images of the same object. It is an uncommon symptom of Parkinson’s. Most often, double vision with Parkinson’s happens while reading.

Why does this happen?

There are many other causes for double vision besides Parkinson’s. In Parkinson’s, double vision is usually caused by the eye muscles being underactive (just like the rest of the muscles in your body).

What can I do?
What are other possible treatments?

The medications used to treat Parkinson’s (levodopa, pramipexole etc.) may help with double vision, by increasing the muscle activity to the eyes. Talk to your doctor about this problem - you may need to visit an ophthalmologist (eye specialist) to rule out other causes.

KEY POINTS

• Double vision is when you see two images of a single object
• Double vision is fairly uncommon
• Many other conditions can cause double vision
• Treatment option: Increasing Parkinson’s medications can sometimes help
Delusions

What is this?

Delusions are false beliefs that are not based on reality or fact. Delusions may occur after having hallucinations. Suspicions are most often directed at family members. Common delusions include cheating spouses or theft. Delusions mainly occur in advanced Parkinson’s.

Why does this happen?

Typically, delusions occur in people who also have cognitive impairment, and are therefore part of advanced disease. Often, Parkinson’s medications can make delusions worse.

What can I do? What are other possible treatments?

Speak to your doctor. The same treatments that are used for hallucinations can help delusions (decreasing certain Parkinson’s medications, clonazapine and quetiapine, acetylcholinesterase inhibitors).

KEY POINTS

- Delusions are uncommon
- Delusions often include cheating spouses and theft
- Treatment options: Decreasing medications; clonazapine and quetiapine
Impulse Control Disorders

What is this?

About one in eight people on Parkinson’s medications may develop impulsive, uncontrolled behaviour. Impulsive, uncontrolled behaviours, or ‘impulse control disorders’ (ICD), can include:

- excessive gambling
- hypersexuality
- binge eating
- compulsive shopping
- punding (repetitive performance of meaningless tasks).

You are especially at risk if you have a history of alcohol abuse, gambling or addiction. However, these can happen to anybody.

Why does this happen?

These symptoms are usually a side effect of medications. Dopamine agonists pramipexole (Mirapex) and ropinirole (Requip) are the medications that carry the most risk for developing ICD.

What can I do?

Those around you should be made aware of the possibility of ICD. This way they can contact help as needed. If ICD is a problem, the most important thing is to inform your doctor.

What are other possible treatments?

Since this is usually a side effect of medications, your doctor will usually reduce your treatment dosage. This usually solves the problem. When medications are stopped or reduced, motor symptoms can become worse, so you and your doctor will have to balance side effects with benefits.

KEY POINTS

- One in eight people on certain Parkinson’s medications have an impulse control disorder (ICD)
- Excessive gambling and hypersexuality are the most common ICDs
- Treatment option: Treatment dosage is usually decreased
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<td>1. Difficulty swallowing food or drink problems with choking...</td>
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<td>2. Constipation (less than 3 bowel movements a week or having to use a stool (faeces))...</td>
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<td>3. A sense of urgency to pass urine makes you rush to the toilet...</td>
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<td>4. Urinary incontinence...</td>
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<td>5. Feeling that you bowel emptying is incomplete after having been to the toilet...</td>
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<td>6. Unexplained change in weight (not due to change in diet)...</td>
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<td>7. Problems remembering things that have happened recently or forgetting to do things...</td>
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<td>8. Unexplained change in weight (not due to change in diet)...</td>
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<td>9. Loss of interest in whatever you do or are told are there...</td>
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<td>10. Feeling light headed, dizzy or weak standing...</td>
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<td>13. Unpleasing sensations in your legs at night or while resting...</td>
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<td>14. Night sweats...</td>
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<td>15. Double vision...</td>
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<td>20. Feeling light headed, dizzy or weak standing...</td>
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