



Parkinson's disease, anxiety and depression

Many people living with Parkinson's disease also experience anxiety and/or depression. Anxiety and depression can result from grief at being diagnosed with Parkinson's, and from loss of mobility and independence. Anxiety and depression 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 anxiety and depression 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.

Parkinson's disease is the second most common neurological condition in Australia.¹ Around 80,000 people live with Parkinson's disease and this number is increasing each year, with an estimate of 30 people diagnosed every day.¹ While most people diagnosed with Parkinson's are aged over 60, more than 12,000 Australians of working age (15-64) are estimated to be living with Parkinson's.

What is anxiety?

Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure and usually pass once the stressful situation has passed, or 'stressor' is removed.

However, for some people these anxious feelings happen for no apparent reason or continue after

the stressful event has passed.

For a person experiencing anxiety, anxious feelings cannot be brought under control easily. Anxiety can be a serious condition that makes it hard for a person to cope with daily life. There are many types of anxiety and many people with anxiety experience symptoms of more than one type.

Living with Parkinson's is one of many things – such as a family history of mental health conditions, stressful life events and personality factors – that may trigger anxiety. The combination of chronic physical illness, lost educational or employment opportunities and financial worries can also lead to the development of anxiety.

Anxiety is common and the sooner a person gets help, the sooner they can recover.

Signs of anxiety

The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxiety, it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person's life.

Anxiety can be expressed in different ways, such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks of a traumatic event.

Some common symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest

- snowballing worries
- obsessive thinking and compulsive behaviour.

There are effective treatments available for anxiety. For more information on anxiety and treatments see the *beyondblue Understanding anxiety* fact sheet or visit www.beyondblue.org.au/anxiety

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it's a serious condition that has an impact on both physical and mental health.

Depression affects how a person feels about themselves. A person may lose interest in work, hobbies and doing things he or she normally enjoys. Some people may lack energy, have difficulty sleeping or sleep more than usual, while some people feel anxious or irritable and find it hard to concentrate.

The good news is, just like a physical illness, depression is treatable and effective treatments are available.

Signs of depression

A person may be depressed if he or she has felt sad, down or miserable most of the time **for more than two weeks** and/or has lost interest or pleasure in usual activities, and has also experienced some of the signs and symptoms on the list below.

It is important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms. The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of depression include:

- not going out anymore, loss of interest in enjoyable activities
- withdrawing from close family and friends
- being unable to concentrate and not getting things done at work or school
- feeling overwhelmed, indecisive and lacking in confidence
- increased alcohol and drug use
- loss or change of appetite and significant weight loss or gain
- trouble getting to sleep, staying asleep and being tired during the day
- feeling worthless, helpless and guilty
- increased irritability, frustration and moodiness
- feeling unhappy, sad or miserable most of the time
- thoughts such as, "I'm a failure", "Life's not worth living", "People would be better off without me".

As with anxiety, there are effective treatments available for depression.

For more information on depression and treatments see *beyondblue's Anxiety and depression: An information booklet* or visit www.beyondblue.org.au/depression

What are the links between anxiety, depression and Parkinson's disease?

Mental health conditions are common in people with Parkinson's disease. About 30 to 40 per cent of people with Parkinson's experience depression² and most have symptoms of depression at some stage.³ Up to 40 per cent have symptoms of anxiety and around 30 per cent experience anxiety.⁴ About 40 per cent of people with Parkinson's and depression also have anxiety.⁵ The link between Parkinson's disease, anxiety and depression is complex.

Being diagnosed with Parkinson's disease can trigger anxiety and depression. Adapting to the disease involves many adjustments to a person's life and can dramatically affect how a 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 anxiety or depression?

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.

It is 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.^{3, 6}

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 anxiety and depression in people with Parkinson's disease?

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



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

Anxiety and depression can also 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

Anxiety and depression, along with sleep problems and hallucinations, are related to cognitive decline in Parkinson's disease.²

What are the treatments for anxiety and depression?

Managing anxiety and depression can greatly improve people's wellbeing and quality of life. People with anxiety and/or depression can find it difficult to take the first step in seeking help. They may need the support of family, friends and a health professional.

There is no one proven way that people recover from anxiety or depression and it's different for everybody.

However, there is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety, depression and Parkinson's can do to help themselves to recover and stay well.

The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety and depression require different types of treatment. This may include physical exercise for preventing and treating mild anxiety or depression, through to psychological and medical treatment for more moderate or severe conditions.

It is important to seek help as soon as possible. Mental health conditions 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

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

- **Cognitive behaviour therapy (CBT)** is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking 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 types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Medication

Antidepressant medication, alongside psychological therapies, can also play a role in the treatment of some anxiety conditions and moderate to severe depression.

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 discuss differences in effects and possible side-effects of medications. Stopping medication should only be done gradually, with a doctor's recommendation and under supervision.

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 is 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.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

Who can assist?

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 people, their families and carers to make decisions about the type of treatment, help and support that is needed.

A General Practitioner (GP) is a good first step to discuss your concerns. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition
- discuss available treatments
- work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies
- prescribe medication
- refer a person to a mental health specialist such as a psychologist, social worker or psychiatrist.

It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person's treatment.

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person's mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

Social workers in mental health are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements.



Mental health social workers can also provide focused psychological self-help strategies.

Occupational therapists in mental health help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Mental health occupational therapists also provide focused psychological self-help strategies.

Aboriginal and Torres Strait Islander mental health workers understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. For more information see *beyondblue's Getting help – How much does it cost?* fact sheet at www.beyondblue.org.au/resources

To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the *beyondblue* support service on 1300 22 4636.

Helpful strategies and tips

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 and it's a good idea to learn everything you can about Parkinson's disease. Visit www.parkinsons.org.au or phone Parkinson's Australia on 1800 644 189.

Remember, having Parkinson's disease does not necessarily mean

that you will have anxiety and/or depression, but it does increase your chance of developing a mental health condition. It is important to learn and recognise the symptoms of anxiety and depression, and to seek help if you think you may be experiencing any of them.

Make sure you speak to your doctor about your concerns and discuss treatment options. Correct diagnosis and treatment are essential for maintaining your quality of life. Anxiety and depression are treatable and you can recover with the right help.

It's a good idea to 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 also gain a better understanding of your condition and its treatments.

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

- 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 and limit alcohol intake.

It's important to be kind to yourself, eat well, get regular exercise, try to get enough sleep and avoid alcohol.

Make time for activities that you enjoy and allow yourself time to relax. You can find helpful tips for recovery and staying well at www.beyondblue.org.au/staying-well



How family and friends can help

Family, friends and carers are often the first to notice signs of anxiety or depression 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 friends and family, making it harder for them to recover from anxiety and/or depression. 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 anxiety and/or depression, it has an impact on family, friends and carers. Carers may be at increased risk of mental health problems, so it's important that you look after your own health.

For more information see *The beyondblue guide for carers* booklet available at www.beyondblue.org.au/resources or by calling *beyondblue's* support service on **1300 22 4636**.



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Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety and depression, or talk it through with our support service.

☎ **1300 22 4636**

✉ Email or 💬 chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

www.mindhealthconnect.org.au

Access to trusted, relevant mental health care services, online programs and resources.

Parkinson's Australia

1800 644 189

www.parkinsons.org.au

For information, support and referral for people with Parkinson's, their friends, carers and family.



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