

DEPRESSION AND PD

Dave Iverson of KQED spoke to Dr. Irene Richard, associate professor of neurology and psychiatry at the University of Rochester about the impact of depression on Parkinson's patients and how research in this field can help Parkinson's patients today.

A transcript of the interview follows. To listen to a podcast version, visit http://www.michaeljfox.org/newsEvents_podcasts.cfm

Opening Narration: This is Dave Iverson. Welcome to our continuing series of reports about Parkinson's disease research. When we think about Parkinson's we usually think about the movement problems associated with the disease but there's another symptom that can impact everyday life just as much — depression.

Irene Richard: Well, the estimates vary but I would say that 40 to 50 percent of patients with Parkinson's disease have what we would refer to as clinically significant depressive symptoms meaning they are not just there but they actually cause problems.

Dave Iverson: That's Dr. Irene Richard, associate professor of neurology and psychiatry at the University of Rochester where she cares for Parkinson's patients and researches the psychiatric aspects of the disease. We talked recently about how depression impacts living with Parkinson's.

Irene Richard: So depression itself is actually a syndrome so it's kind of a constellation of different symptoms, the most obvious being mood. So people who have a depressed mood, that's one of the hallmark features. In addition to that, there are what we refer to as cognitive or ideational symptoms and these are things like feeling hopeless or helpless or worthless. And then there are also plain cognitive symptoms so people find that they have problems concentrating, just can't really pay attention the way that they used to be able to. In addition to this, patients can have fatigue and just kind of again, feel just tired. You can also have problems with sleep, appetite can be affected and patients can have a decreased sexual interest. And so it really does, it really is a syndrome that affects many domains of brain functioning.

Dave Iverson: And the kinds of symptoms that you are describing are also the kinds of things obviously that can really affect people's lives. I mean, we normally think about Parkinson's first in terms of it being a movement disorder but the kinds of symptoms you're describing could impact the way in which someone leads their life every bit as much as to whether or not they have a tremor?

Irene Richard: Absolutely. As a matter of fact, in studies looking at quality of life, the number one factor negatively impacting quality of life is depression in Parkinson's disease patients. More so than motor dysfunction, it was actually depression. It is huge and it is unrecognized, or at least it's not recognized probably enough.

Dave Iverson: Dr. Richards says it's not recognized in part because people think it's just normal to feel down after getting a Parkinson's diagnosis.

Irene Richard: The classic one is "well, you'd be depressed if you had Parkinson's". Well, not to in any way underestimate the impact emotionally that being diagnosed or living with Parkinson's can have, but the truth of the matter is that is not a fair assumption and that is not correct. Certainly people can have an emotional reaction to a diagnosis of Parkinson's disease and certainly people are going to process this cognitively and emotionally about what it's like to live with Parkinson's disease. But that is totally distinct actually from depression. People have looked at whether this is purely a reaction to the illness and they have found that patients with Parkinson's disease are more depressed than patients with comparable levels of physical disabilities. So for example with rheumatoid arthritis they have done studies. So actually what we think is that depression in Parkinson's disease is not a reaction to the illness, it is actually a part of the underlying illness so that the same neurochemicals and the same brain pathways that control movement are very closely intertwined with those that control mood. So we actually think that depression in some patients may be a part of the underlying disease.

Dave Iverson: Does this mean that depression in Parkinson's is different than garden variety depression?

Irene Richard: So that's a really good and very important question and I have to say that despite the fact that we have been studying that for over ten years, I am not sure if it's a totally different syndrome than garden variety depression or if it's different by virtue of the fact that it is occurring in the context of other brain changes. What I would say is that a lot of the symptoms of depression and Parkinson's disease are very similar to the symptoms of depression that we see in patients who don't have Parkinson's disease. But I think that raises a really good point and where that becomes important too, I think, is when it comes to how you approach the treatment.

Narration: And that's the key question Dr. Richards is currently researching. Which depression treatments work best for people with Parkinson's? Especially since some Parkinson's medications like Selegiline and Rasagiline, including the popular brand name drug Azilect, carry warnings about not using that drug in combination with anti-depressants. The fear is that drug combinations could lead to something called serotonin syndrome. But Dr. Richards believes that worry is way overstated.

Irene Richards: We interviewed a very large number of investigators who had cared for thousands of patients and had them fill out questionnaires and asked them basically, how many of their patients did they co-prescribe, at that time it was Selegiline and an anti-depressant. Well, it turns out it was a huge number of patients who they were co-prescribing and how many patients do they actually think ever developed the serotonin syndrome? The answer is none, out of thousands of patients. And I think that is actually, you have to be careful because it is a warning, but what I would say is that I think that the risk of the serotonin syndrome in combining

Selegiline and Rasagiline with the commonly prescribed anti-depressants that are now available is very low.

Narration: Dr. Richard's research on which anti-depressants work best for people with Parkinson's will be published soon. In the meantime, she believes that paying attention to the psychological aspects of the disease may be just as important as attending to its physical dimensions.

Dave Iverson: When you think about it, it is a really important question. I mean, we spend so much energy thinking about improving upon the latest dopamine agonist or whatever. But in a way, figuring this out and figuring out a way that you can combat that given that it occurs in half of all people with Parkinson's, it could mean just as much in terms of quality of life.

Irene Richard: It absolutely could. And it could mean just as much and it could mean it now actually. So, I think that there are several steps that we all need to take. One of them, I think, is to increase the awareness, among both patients and physicians. Patients and physicians have to understand that depression is prevalent in Parkinson's disease, they have to ask about it, and patients also, and physicians, because sometimes, if a physician doesn't ask, a patient may not bring it up because they may not be aware or there may be some level of stigma or embarrassment. I mean, I think that this is something that all people think, which I think is unfortunate, is that in some way depression is harder to admit to or harder to tell somebody about than tremor. You also have to realize, one thing that I've encountered is, that people kind of say well, "I'm a very positive thinker, you know, I can just kind of buck up, I can kind of pull myself out of this." And, I've never seen someone say "Well, this tremor, I can just kind of reduce this tremor." I think that people have to realize that this is in no way a failure of moral character or a failure of positive thinking but this is an illness and it's an illness that they have to be strong enough to recognize and strong enough to be willing to get treatment for.

Closing Narration: The study on which depression treatments work best for Parkinson's patients will be published later this year and when that happens we'll update this report. For more information on Parkinson's disease research, visit michaeljfox.org. I'm Dave Iverson.