


PARKINSON'S DISEASE SYMPOSIUM
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The Holistic Concept of Care in Neurodegenerative Disorders: Role of Behavioral Medicine




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Outline




- Prevalence of psychiatric syndromes
- Overview of MH evaluation and treatment
- MH treatment in practice
- Individualized MH care



Depression	30-50%
Anxiety	25-50%
Apathy	33%
Sleep disorders	64%
Psychosis	50%

Prevalent Psychiatric Syndromes in PD

BRUNNEN AND BERZETZ, M.D., AND PAULY, M., JOURNAL OF NEUROLOGY, 2011



Depression	9-63%
Anxiety	17-61%
Apathy	52-76%
Irritability	35-73%
Psychosis	3-11%

Prevalent Psychiatric Syndromes in HD

BRUNNEN AND BERZETZ, M.D., AND PAULY, M., JOURNAL OF NEUROLOGY, 2011


Psychological coping styles nor disability status are exclusively to blame

However, poor adjustment to the disease *can* contribute to lowered mood

Depressive syndromes do not mirror the course of motor disturbances

Neurobiological features of the disease are significant contributors

Loss of dopaminergic neuronal systems regulating mood




Higher Prevalence of Depression in Neurodegenerative Disease: Why?

VONSATTE ET AL., 1993; SLAUGHTER ET AL., 2009

61%


patients diagnosed with PD reporting at least 1 neuropsychiatric symptom over the course of the disease




BRUNNEN AND BERZETZ, M.D., AND PAULY, M., JOURNAL OF NEUROLOGY, 2011

33-76%

patients diagnosed with HD reporting at least 1 neuropsychiatric symptom over the course of the disease



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Reduced health-related quality of life
Reflects an individual's disease experience and impact on daily life

Increased risk for physical and functional decline
Earlier initiation of dopaminergic therapy
Faster rate of cognitive decline

Impact of Untreated Mood & Anxiety Symptoms

Increased care partner burden and stress

ARMISTO ET AL., 2011; RAHMAN ET AL., 2008; MARSH, 2011

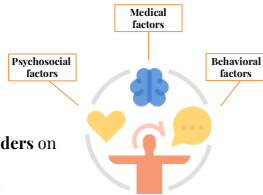

Importance of Detection... & Treatment

Mood and anxiety symptoms in neurodegenerative diseases are commonly:


- Underreported
- Underrecognized
- Undertreated

Symptoms are treatable

Inclusion of **Behavioral Medicine Providers** on your care team promotes timely and individualized treatment for your mood

What should I expect from a Mental Health Evaluation?



Assessment of symptoms and functioning

Clinical interview:

- Historical and current mood symptoms
- Historical psychiatric treatment
- Daily activities
- Hobbies and social activities
- Social support
- Exercise
- Sleep
- Substance use

Initial Evaluation

Treatment expectations & goals

- Identify clinical focus to target
- Discuss length and modality of treatment
- Clarify family involvement in treatment

“Doc, I’m just not myself. Is it Me... or the Disease?”

It Depends.



Clinicians need to carefully evaluate:

- Distinction between **disease** and **clinical depression and anxiety symptoms**
- Mental health history pre-dating movement disorder diagnosis
- Are these normal variations of mood?

It may take time to untangle.

- Benefit to tracking symptoms closely (& creatively).





What is Mental Health Counseling?

"Talk therapy" aimed at understanding upsetting thoughts, emotions, and behaviors with a licensed mental health provider.



Diverse array of techniques used to promote healthy behaviors, communication, relationships, problem-solving, and effective management of mood symptoms.

NATIONAL INSTITUTE OF MENTAL HEALTH

Cognitive Behavioral Therapy

Type of counseling aimed at understanding upsetting thoughts, emotions, and behaviors

AMERICAN PSYCHOLOGICAL ASSOCIATION



Cognitive Behavioral Therapy: In Practice

- Emphasis on current life > past life
- Disease education and expectation setting
- Understanding unhealthy patterns of thinking and behaving
- Learning problem-solving skills
- Stress management skills to calm bodily reactions
- Sleep hygiene and/or behavioral sleep treatment
- Care partner support and strategies

Depression
Grief
Anxiety
Apathy



AMERICAN PSYCHOLOGICAL ASSOCIATION; DOBRYN, ED ET AL., 2011



When should you consider Mental Health Counseling?


It Depends on *You*

- Time of diagnosis
- Periods of disease or functional stage transition
- External stressors exceed internal resources



1st Step: Start a conversation with one of your care team members

Symptoms to Monitor



- Sad or low mood
- Sleep problems
- Appetite changes
- Reduced/lack of interest
- Social withdrawal
- Chronic worry
- Fatigue

"I don't enjoy being around my family/friends as much as I used to."

"I have no motivation to do anything these days."

"I'm exhausted but my mind won't shut off at night."


"I feel miserable – all I want to do is watch TV all day."

"Life doesn't feel worth living any more."

PARKINSON'S FOUNDATION, 2016

Normal or Clinically Significant?

- Persistent
- Greater than expected for situation
- Interference with daily activities
- Inability or significant difficulty adapting to a new stressor
- Family/friends are concerned



PARKINSON'S FOUNDATION, 2016

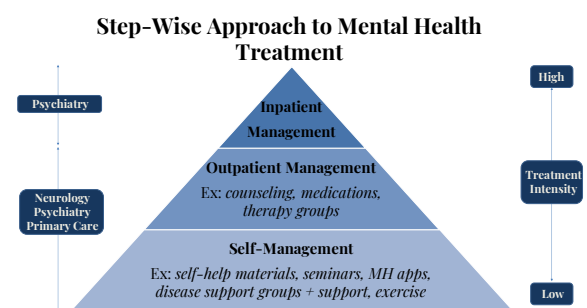


Effective Mental Health treatment should be *individualized*

Individualized Mood & Wellness Options

- Medications**
- Regular exercise**
Classes, Rock Steady Boxing
- Balanced nutrition**
- Restorative sleep**
- Social support & coaching**
PD support groups
- Mind-body programs**
Yoga, Tai Chi
- Mental health therapy**

SURESHANAN ET AL., 2021



It May Take Time

Importance of timely, individualized, and multi-modal approach

Optimizing the strengths of the PD care team for enhanced disease management

Continuous monitoring (*and readjustment*) is key



VOGELSTEIN



Can Mental Health Therapy improve outcomes?

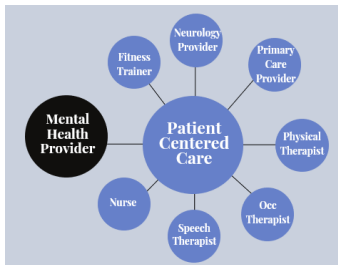


RESEARCH INDICATES THERAPY CAN LOWER ANXIETY AND DEPRESSION SYMPTOMS

Cognitive Behavioral Therapy
1st line or adjunctive treatment option



Mental Health is an integral part of comprehensive neurological care



Untreated mood symptoms can negatively affect quality of life and physical health.

Mental health treatments provide an effective non-medication option for improving quality of life while living with PD.

Routine mental health check-ups are a vital part of comprehensive PD care.



Summary