



Parkinson's  
Disease Society

## Depression and Parkinson's

### What is depression?

Depression is a recognised clinical condition which involves more than just feeling 'down' for a short while. Depression is an illness characterised by prolonged low mood, which may affect a person's ability to carry out their day-to-day activities.

A person who is depressed will typically have one or both of the following key symptoms almost continuously for a number of weeks:

- low mood
- lack of interest in or pleasure from usual activities and interest.

In addition the person may have one or more other symptoms, including:

- difficulty in concentrating
- poor energy
- appetite disturbance, usually connected with weight loss, but sometimes also increased appetite and weight gain
- tiredness
- difficulty in sleeping – waking in the early hours of the morning can be a classic sign
- decreased sexual energy (libido)
- feelings of worthlessness or hopelessness, guilt or shame
- slowness of thinking
- in severe cases, suicidal ideas and thoughts of self-harm.

A person with depression will only rarely have all of these extra symptoms. Importantly, the presence of such symptoms in isolation does not necessarily mean that the person is depressed. This is particularly true in

Parkinson's, where many of these symptoms can be found in the absence of depression.

Depression is a common illness, particularly amongst the elderly, and is found more often in women than in men. Almost one in ten people become depressed and need treatment each year. Many more will have persistent periods of feeling sad or despondent. Although not severe enough to justify diagnosis of depression, these thoughts and feelings can still cause distress and interfere with a person's life.

A distinction is sometimes made between 'major' depression and 'minor' depression. They differ mainly in the range and severity of symptoms present. A diagnosis of 'major depression' requires that at least one of the two main symptoms must have been present for at least two weeks plus four or more other symptoms. 'Minor depression' requires that at least one of the two main symptoms must have been present for at least two weeks plus at least one other symptom. In people with Parkinson's disease, depression has slightly different characteristics than depression in other people. For instance, feelings of guilt appear to be less common whereas anxiety appears to be a more common feature of depression in Parkinson's disease. The important factor when counting symptoms is deciding which of them are really indicators of depression and which aspects of Parkinson's. This is why the diagnosis of depression should always be made by a doctor.

Whether a person has major or minor depression, it is important to note that both are distressing, interfere with people's lives and deserve treatment.

### How common is depression in Parkinson's?

Mood problems are common in people with Parkinson's and many will experience a degree of depression at some time during the course of their Parkinson's. However, recent



studies suggest that 'major depression' is only slightly more common in Parkinson's than in people who do not have the condition who are of the same age. Earlier reports of much higher levels may have been caused by confusion with some of the other features of Parkinson's (see below). However, this relatively low level of depressive illness masks a much higher level of less severe depression. Even if not formally diagnosed as 'depressed', as many as 30-40 percent of people with Parkinson's may experience significant feelings of depression at some point during the course of the condition.

## Recognising depression in Parkinson's

Depression in Parkinson's can be difficult to diagnose, even for experts. Sometimes depression is missed and at other times may be diagnosed when it is not present. These errors may result in a person missing out on treatment that they need, or rarely, being given something that is unnecessary.

Diagnosis can be most straightforward where the person has clear and persistent periods of extreme sadness or low mood that they find distressing. Although this may involve crying or tearfulness, some people with depression may feel that they want to cry but cannot. Extreme pessimism and negative thinking may be present. Persistent thoughts about wanting to die or end their life are other obvious signs to aid diagnosis.

Not all people with depression feel or express their sadness. Rather, they can feel emotionally 'flat' or 'blunt'. The main clue to diagnosis is loss of interest or enjoyment, particularly in activities that they used to enjoy until recently. However, as loss of motivation or initiative can also occur as a symptom of Parkinson's disease (see below), loss of pleasure is a better indicator for depression than loss of interest.

A number of other problems that can occur in Parkinson's overlap with the symptoms of

depression and can confuse diagnosis:

- Some people with Parkinson's have sleep and night-time problems which may make them feel tired and listless, without being depressed. (See the PDS information sheet *Sleep and Night-time Problems*). Fatigue and lack of energy is very common in Parkinson's, even in people without sleep problems. Fatigue is a common complaint in depression. However, feeling fatigued is not the same as feeling depressed. (See the PDS information sheet *Fatigue*.)
- People with Parkinson's can sometimes look and sound depressed, even if they feel fine 'inside'. The stooped posture, quiet monotonous voice and difficulties with facial expression can make a person appear depressed when they are not.
- Parkinson's can lead to a reduced willingness to do new things or to carry out activities that are difficult or demanding. Often this is understandable, but the reactions may be extreme in some people and may be due to changes in the brain systems involved in motivation. These changes however do not necessarily lead to a reduced ability to enjoy things, even if the range of activities are more limited.
- Some people experience slowness of thinking (also known as bradyphrenia) or some intellectual or cognitive impairment, distinct from dementia, which may cause problems similar to depression.

## What causes depression?

The emotional and physical symptoms of depression are related to chemical changes in the brain. This is true whether or not the person has Parkinson's. Stressful and traumatic events affect these chemicals and in some people this can result in depression. Many people seem to be pre-disposed to depression and may have a number of episodes throughout their lives. They may



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become depressed in response to events that seem relatively minor to others, or may become depressed without any obvious trigger. Occasionally there may be a family history of depression, suggesting a genetic link. For other people, depression may occur following one or more major life-events, such as being made redundant or retiring, after divorce, or the death of a loved one. Often these changes result in the loss of an important role for the individual that directly affects their sense of self-worth. However, whatever the cause of depression, the symptoms are the same, and result in the same distress and interference with the person's life.

Perhaps more important than understanding the cause of depression is knowing why it persists. Without treatment, depression can sometimes last for months or even years. When someone is depressed they often give up on activities that they used to enjoy and find rewarding, especially social activities. This can reinforce the feelings of loss, hopelessness, and low self-worth. The person loses opportunities in which to be happy or feel good about things.

Depression also affects the way the person thinks about themselves, the world around them and their future. Depressed people have a tendency to interpret things in a negative way and to ignore positive things that may be happening to them. The significance of minor events may be exaggerated, for example, one small thing going wrong means everything is hopeless, or one failure at a task means that they will never be able to do it right. Such thinking or 'cognitive' aspects of depression can lock the person into a vicious circle where the thoughts, emotions and withdrawal in depression feed on themselves to maintain the problems or even make them worse.

### **What causes depression in Parkinson's?**

No two people with Parkinson's are alike and

the causes of depression will vary. Changes in brain chemicals may play a role and mean that Parkinson's makes it more likely for some people to become depressed. Dopamine, the chemical messenger (neurotransmitter) which is in short supply in the brains of people with Parkinson's, is also one of three neurotransmitters involved in depression. The other two, serotonin and noradrenaline, are also affected by the brain changes in Parkinson's.

Parkinson's will cause many challenges to a person's life. How a person responds and reacts to these will depend upon their personality, general attitudes and their life circumstances. Although Parkinson's can pose challenges at any time, there may be certain periods that can be particularly difficult for people.

Being diagnosed with Parkinson's affects people differently. For some, the diagnosis may almost be a relief after a time of uncertainty, particularly if they are positive about the opportunities for treatment. For others, the diagnosis can come as a shattering blow. Even though the symptoms may be mild and well controlled, the person may worry about their future and how they will cope. This time can be particularly difficult for people who are still working, leading active lives, or have young families.

As the condition progresses, people may find that they have to give up certain activities or roles that are important to them, such as work, an enjoyed pastime or driving. Such life-changes can be particularly stressful and upsetting, and may result in a period of depression. However everyone is different and will respond in their own way to these and other losses.

Strangely, the symptoms of Parkinson's themselves do not seem to be the most important thing in making people depressed. Some may be depressed with only mild



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symptoms, while others may remain cheerful and positive despite having severe Parkinson's. However, people may be more vulnerable to depression at times when symptoms suddenly worsen, a drug loses its benefit or new problems emerge.

### **Are some people more prone to depression than others?**

Yes, some people are more likely to get depressed than others, though pinpointing which people with Parkinson's are most at risk is very difficult.

Perhaps the most important clue is whether or not the person has a history of depression prior to the onset of their Parkinson's. A family history of depression may indicate a risk, but not all people with family histories become depressed. More generally, people differ in the ways in which they respond to stress in their lives, to their attitudes, thinking styles and so on. Some people seem to cope well with difficult and stressful circumstances. Others find it more difficult or have to learn new ways of coping. People who have become depressed during difficult times in the past are more likely to become depressed with the challenges of Parkinson's.

As already observed, having severe Parkinson's symptoms does not necessarily make someone more likely to get depressed. More important is how those symptoms interfere with the person's life or threaten to interfere in the future. Perhaps because of this, younger people with Parkinson's seem to be more at risk of depression than older people. Sadly, the more active a person is, whether in work, hobbies, or raising a family, the more they have to lose and the more likely they are to become depressed. However, this does not mean that being active is a bad thing, quite the opposite! Maintaining an active and involved lifestyle is probably the most important protection from depression.

### **Treating depression**

One of the biggest obstacles to getting help for depression can be a person's attitude. Many people think that depression will go away by itself, that they are too old to get help, or that depression is something to be expected if you have Parkinson's. Some people are reluctant to seek help for emotional problems because they see this as a sign of weakness or moral failing. Such views are simply wrong.

### **How is depression in Parkinson's treated?**

Some of the symptoms of Parkinson's, including the less obvious ones, such as tiredness, and pain, will contribute to depression. The better the treatment you have for Parkinson's, the greater chance you have of overcoming these symptoms. However, treating the symptoms alone is not a guarantee that depression will be avoided.

If you are experiencing some of the symptoms of clinical depression described on page one of this information sheet and you have had these symptoms for more than two weeks, the first step is to discuss your symptoms with your doctor. They will be able to assess the severity of your symptoms in order to determine whether or not you have depression.

If you are diagnosed with depression, treatment may involve a combination of medication, psychological treatment, counselling and support.

Because depression in Parkinson's can have a strong biological basis, it is possible that adjustments to your anti-Parkinson medication may help improve the depression. However, it would be wrong to hope that the answer to depression lies solely in getting a better treatment for the symptoms of Parkinson's. Antidepressants may also be prescribed and are discussed below.

Psychological ('talking') treatments can be just



as effective as drugs in treating depression, and may even provide more lasting benefit. Particularly if the depression is mild, these therapies are more appropriate than medication. More generally, counselling, support and self-help may also help you to cope with the impact that having Parkinson's may have on your life. There is also more information on these approaches later in this information sheet.

### **Can antidepressants help with depression in Parkinson's?**

Some antidepressants can be helpful to people with Parkinson's who have depression. However, it is important to note that there are three main types of antidepressants and some will be more suitable for people with Parkinson's than others. There are also one or two that are contraindicated for people with Parkinson's. The main groups of antidepressants available are tricyclics, SSRIs and MAOIs, but antidepressants with other mechanisms also exist.

Tricyclic and related antidepressants have been available for the longest time and work at least partly by blocking the re-uptake in the brain of the neurotransmitters serotonin and noradrenaline, thereby increasing levels of these neurotransmitters at their receptors.

Selective Serotonin Re-Uptake Inhibitors (SSRIs), such as fluoxetine (Prozac), fluvoxamine (Faverin), citalopram (Cipramil), escitalopram (Cipralext), paroxetine (Seroxat) and sertraline (Lustral), are newer drugs that specifically target the neurotransmitter serotonin.

Antidepressants with other mechanisms such as venlafaxine (Efexor), reboxetine (Endronax), duloxetine (Cymbalta, Yentreve) or mirtazapine (Zispin) work on the receptors of more than one neurotransmitter system.

Monoamine oxidase inhibitors (MAOIs) fall into two types - MAOI (A) and MAOI (B).

Type B MAOI's include selegiline hydrochloride (Elderpryl or Zelapar) and rasagiline (Azilect) which are used to treat Parkinson's symptoms.

Type A MAOI's are used to treat depression and anxiety. However, only the reversible MAOI (A) moclobemide may be useful to treat depression in Parkinson's whereas the irreversible MAOI's isocarboxazid (Marplan), phenelzine (Nardil) and tranylcypromine (Parnate) are not usually suitable for people with Parkinson's due to their interactions with other drugs.

The choice of antidepressant partly depends on their effects and potential side-effects, their suitability to the individual, co-existing illnesses, and other drugs prescribed to the individual.

### **How long will I have to take antidepressants for?**

If you are prescribed antidepressants, you will gradually build up to the therapeutic dose over a number of weeks. Initially you may not notice much benefit and improvement is often gradual. Sometimes a number of drugs may have to be tried to find one that is effective. Even when you start to feel benefit, it is necessary to continue taking the antidepressants for a period of time, usually several months. The long-term use of antidepressants is however not usually recommended. After gradually coming off the drugs, some people become depressed again soon after. Such people may need to continue taking a low dose of antidepressant to stay well, or consider a psychological therapy to help provide longer-term treatment.

### **Do antidepressants interact with Parkinson's drugs?**

Most antidepressants can be given to people with Parkinson's and do not interact with the anti-Parkinson medication.

There are however a few that should always be avoided by people with Parkinson's



because they can bring on Parkinson's-like symptoms. These are detailed in the table below.

<b>Generic name</b>	<b>Trade name</b>
flupenthixol	Fluanxol/Depixol
fluphenazine with nortriptyline	Motipress/Motival
Trifluoperazine	Stelazine
amitriptyline* and perphenazine	Triptafen
lithium	Priadel, Camcolit, Liskonum, Li-Liquid
amoxapine	Asendis

Anyone taking selegiline (Eldepryl or Zelapar) who needs drug treatment for depression should ask their doctor to ensure that they are given an antidepressant suitable for use with MAOIs (the drug group selegiline belongs to).

**Can herbal extracts such as St John's Wort help depression in Parkinson's?**

Various herb-based treatments are available for treating depression, such as St John's Wort (Hypericum) and can be purchased without prescription. However, we do not recommend anyone with Parkinson's taking any of these without consulting their doctor first.

St John's Wort is the subject of much research as a treatment for depression and although the majority of clinical trials over the last few years have found a significant improvement in depression rating following treatment with St. John's Wort, some studies have showed no benefit.

\*amitriptyline is safe on its own but should be avoided (or its use questioned) when prescribed in a preparation that also contains perphenazine or tranylcypromine.

It is not yet absolutely clear how St John's Wort works and opinions differ amongst researchers. Some researchers think that it may be contraindicated for people with Parkinson's and other movement disorders. More research is needed. What is known is that St John's Wort causes interactions with many prescribed drugs, including anti-convulsants for epilepsy or fits, warfarin for blood clots, digoxin for a heart condition, some migraine and depression treatments, and oral contraceptives. The question of drug interactions is important for people with Parkinson's because they are often being treated for other conditions.

Often people think that if a substance is 'natural', this means it is better for you. This is not always the case. Many drugs are made from plant extracts and even when they are synthetic it doesn't mean that they are inferior to natural products. Any licensed drug has to go through an extensive series of trials before it will be given its licence to ensure that it is safe and effective and also to ascertain what side-effects there may be. The drug will be quality controlled in the sense that the exact active agents and amounts of these will be specified so that the ingredients of a drug are known. Herbal extracts at present do not fall under any government medical control and have had no safety testing. They are commonly marketed, as in the case of St John's Wort, in a variety of formulations which will have different types and amounts of active agents, all of which could interfere with prescription drugs. Always check with your doctor before taking any kind of herbal treatment.

**Is electroconvulsive therapy (ECT) helpful for people with Parkinson's?**

Today ECT is only rarely used in the treatment of depression. Occasionally a course of ECT may be used to treat severely depressed people in whom all other forms of treatment have been tried and failed.



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## **Are psychological treatments helpful for depression?**

The Depression Alliance says one way of thinking of 'talking treatments' is that 'pills are for symptoms, talking is for problems'. There are a number of different psychological treatments for depression, but one of the most useful and widely available types is Cognitive Behaviour Therapy (CBT). CBT is a practical, problem-focussed treatment that seeks to break the vicious circle between thoughts, emotions and behaviours that maintain depression. CBT has been shown to be as effective as antidepressants in treating mild-moderate depression and can sometimes be effective even with severe depression.

Another form of treatment is Interpersonal Therapy (IPT). This focuses on dealing more effectively with other people. Improved relationships can reduce depressive symptoms. One advantage of psychological therapies over drugs is that they teach new skills that may help the person to deal better with future problems and avoid becoming depressed again.

CBT and IPT typically involve a course of 12-20 sessions with a specially trained therapist, usually a clinical psychologist (most of whom work in the NHS), although treatment can also be provided by some psychiatrists and some CBT nurses. Private therapists are also available, although care should be taken to check their qualifications and experience.

## **Can counselling help?**

A professional counsellor works closely with clients with a wide range of problems, not just depression. The basis of counselling is to accept the subjective experience as valid for each person, to explore underlying issues, and use an active collaborative relationship to enable people to consider change. Counselling psychologists adopt a holistic position which involves examining the issues concerning the individual in the wider context of what has caused them.

Professional counsellors may be specially trained psychologists (a counselling psychologist) or others from different disciplines who have undergone specific training in counselling. It is always a good idea to ask about the qualifications and experience of a professional counsellor before making any decisions about undertaking counselling.

## **Are support groups any use?**

Many depressed people find it helpful to talk to a non-professional about how they are feeling. Support groups tend to be based around other people with the same problems or those who have experienced them in the past. People in support groups can offer sympathy, understanding and good advice, based on sharing things that have helped them in the past. There can be a great sense of relief in being with people who really understand what you are going through. Support groups may include a PDS branch, a Young Parkinson's Network (YPN) group or those run by organisations like the Depression Alliance and carers organisations such as Carers UK and the Princess Royal Trust for Carers.

## **What about self help?**

Because depression in Parkinson's can have a biological basis, medical treatment is important. However, there are a number of things that you can do to help yourself cope with depression:

- Get as much information as you can about depression. (*See the further information and support section at the end of this sheet.*)
- Research has shown that exercise can be very beneficial for depression, particularly if it is mild. Even with Parkinson's, many people enjoy all kinds of exercise and sporting activities, including swimming, walking, cycling. A physiotherapist can advise further on the kind of exercise that is appropriate for you (see the PDS information sheet Physiotherapy and the PDS publication At Your Leisure). The PDS



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also has an exercise video and booklet programme called *Keeping Moving*. The video/booklet combination costs £18 or you can order the booklet separately.

- Some complementary therapies that help you to relax may be beneficial – for example massage, Tai Chi, yoga. Remember, with any complementary therapy, check with your doctor first and always use a registered, qualified therapist. See the PDS information booklet *Complementary Therapies* for more information.
- Some excellent Cognitive Behavioural Therapy self-help books exist that provide some of the benefits of seeing a therapist. These can provide valuable help, particularly for people who do not have access to a psychologist or who face a long wait for referral.

### **Is depression common in carers of people with Parkinson's?**

Depression is also very common in carers and often the main cause of stress in carers is depression in the person with Parkinson's they care for. Much of the advice given above is as relevant for carers as it is for people with Parkinson's.

The PDS also has a number of specific resources for carers. These include a general *Carers Guide*. Many carers find it helpful to join a carers group where they can meet other carers to provide mutual support. Joining a PDS Branch will bring carers into contact with other carers, and Carers UK and the Princess Royal Trust for Carers run carers groups. See Further Information and Support section below for details.

### **Where can I get further information and support?**

The PDS Helpline nurses are available to talk to anyone affected by Parkinson's (including carers, family members and friends of people

with Parkinson's). The number is: 0808 800 0303 and they are available on Monday-Fridays from 9.30am-5.30pm. They also have a textphone (Minicom) number: 020 7963 9380.

Your GP, specialist or Parkinson's Disease Nurse Specialist should be able to advise you about counselling services in your local area.

The Depression Alliance is a national organisation supporting anyone with depression and their families. They also have groups throughout the UK for self-help and mutual support. They can be contacted at:  
212 Spitfire Studios  
63-71 Collier Street  
London, N1 9BE  
Tel: 0845 1232320 (charged at a local rate and will automatically put you through to your nearest office)  
Website: [www.depressionalliance.org](http://www.depressionalliance.org)

If you need someone to talk to, Samaritans provide a place for people to explore their feelings, in confidence and without prejudice. They offer services by phone, face to face, email and by letter. Contact details:

By Letter:  
Write to Chris, PO Box 90 90  
Stirling, FK8 2SA  
Tel: 0845 790 9090  
Email: [jo@samaritans.org](mailto:jo@samaritans.org)  
Website: [www.samaritans.org.uk](http://www.samaritans.org.uk)

Mind is a leading mental health organisation serving people in England and Wales. They provide support and advice on all kinds of mental health problems including depression. They have a range of publications and local support groups. Contact them at:

Mind  
15-19 Broadway, London E15 4BQ  
Tel. 020 8519 2122  
Fax: 020 8522 1725



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Mind infoline helpline: 08457 660163  
(Monday-Friday, 9.15am-5.15 pm)  
email: [info@mind.org.uk](mailto:info@mind.org.uk)  
Website: [www.mind.org.uk](http://www.mind.org.uk)

For people living in Scotland, the Scottish Association for Mental Health can provide information and support. Contact details are:

The Scottish Association for Mental Health,  
Cumbrae House, 15 Carlton Court,  
Glasgow, G5 9JP  
Tel: 0141 568 7000 (2pm-4.30pm  
Monday to Friday)  
Fax: 0141 568 7001  
Email: [enquire@samh.org.uk](mailto:enquire@samh.org.uk)  
Website: [www.samh.org.uk](http://www.samh.org.uk)

### **Support for carers**

Carers UK provide information and support to people who are caring at home. They have carers groups, branches and local offices throughout the UK. Contact details are:

20/25 Glasshouse Yard, London EC1A 4JT  
Tel: 020 7490 8818  
Email: [info@ukcarers.org](mailto:info@ukcarers.org)  
Website: [www.carersuk.org](http://www.carersuk.org)

The Princess Royal Trust for Carers provides support, information and centres for carers throughout the UK. Most of the centres run carers groups. Contact address is:  
142 Minories, London EC3N 1LB  
Tel: 020 7480 7788  
Fax: 020 7481 4729  
Email: [info@carers.org](mailto:info@carers.org)  
Website: [www.carers.org](http://www.carers.org)

### **Finding a clinical psychologist or counsellor**

The first person to talk to is your GP, who will know what local services are available through the NHS or local voluntary organisations. If you want to make your own enquiries, a good source of information about psychologists is the website of the British Psychological Society ([www.bps.org.uk](http://www.bps.org.uk)). This is the

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professional body for psychologists. The website contains a directory of chartered psychologists and it is possible to use it to find clinical psychologists or counselling psychologists in your area. They can also be contacted by phone on 0116 254 9568.

The British Association for Counselling and Psychotherapy (BACP) provides a similar service for other therapists via its website [www.bac.co.uk](http://www.bac.co.uk) or by phone on 0870 443 5252.

### **Further reading**

*Parkinson's Disease: A Self-Help Guide for Patients and their Carers* by Marjan Jahanshahi & CD Marsden, Souvenir Press (2000); ISBN 1 888799382

A useful layman's guide to Parkinson's, which explores the psychological and social impact of the condition and provides coping strategies to help. Available from bookshops and libraries.

*Parkinson's Disease at Your Fingertips* by Bridget McCall and Professor Adrian Williams, Class Publishing (London) Ltd  
ISBN: 1 85959-110-8

A general guide to Parkinson's, presented in an accessible question and answer format. Available from the PDS at a cost of £14.99.

### **Resources on depression**

There are also a number of general books on depression. The Depression Alliance website ([www.depressionalliance.org](http://www.depressionalliance.org)) provides a list with comments from members on the usefulness of the various texts. You can also order them via Amazon ([www.amazon.co.uk](http://www.amazon.co.uk)) from the Depression Alliance site or from other online or local bookshops or libraries.

### **Ordering PDS resources**

A number of PDS resources have been mentioned in this information sheet. Many items can be downloaded from the PDS website [www.parkinsons.org.uk](http://www.parkinsons.org.uk). These can also be ordered from the PDS distribution agent at the following address:



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Sharward Services, Westerfield Business  
Centre, Main Road, Westerfield  
Ipswich IP6 9AB  
Telephone: 01473 212115  
Fax: 01473 212114  
Email: [services@sharward.co.uk](mailto:services@sharward.co.uk)

## Thanks

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### **Parkinson's Disease Society**

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**Email:** [enquiries@parkinsons.org.uk](mailto:enquiries@parkinsons.org.uk) **Website:** [www.parkinsons.org.uk](http://www.parkinsons.org.uk)

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To obtain any PDS resource, please go online to [www.parkinsons.org.uk](http://www.parkinsons.org.uk) or contact Sharward Services Ltd, the appointed PDS Distribution House, at Westerfield Business Centre, Main Road, Westerfield, Ipswich, Suffolk, IP6 9AB, tel: 01473 212115, fax: 01473 212114, email: [services@sharward.co.uk](mailto:services@sharward.co.uk)