

# Mental illness in Parkinson's disease

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# Dr Pakrasi

- Geriatric Psychiatrist
- Neuropsychiatric/ cognitive clinic in movement disorders
- Interest in neuroimaging
- No conflicts of interest for this talk
- All opinions are of the presenter





# Aim

- Educate
- Recognize
- Reduce stigma
- Seek help
- Discuss and listen to you ( the *real* experts)

# Mental Illness

- Diagnosis based on symptoms (no lab tests)
- Disorders of the brain
- No identifiable brain pathology...



Why bother?

Quality of life

Caregiver/  
partner stress

Move into long  
term care



# Common in Parkinson's disease

- Depression 35%
- Psychosis (difficulty with reality testing) 40%-80%
- Apathy, motivation 40%
- Anxiety 60%
- Impulse control 60%
- Sleep disorders
- Cognitive disorders 80%
- Agitation and irritability
- Delirium

# Depression

- Feeling down, low, no enjoyment, no energy, life not worth living, sleep, appetite
- Depression and loss
- Suicide....feelings are transient
- Treatable
- MAiD

# Psychosis



- Visual hallucinations (don't speak/ make noise)
- Feeling of a presence
- Delusions of infidelity
- Suspicious beliefs
- Dopaminergic drugs
- Treatable





# Anxiety

- Fear for no obvious reason
- Can be severe and debilitating
- Treatable

# Impulse control disorders

Gambling, shopping, sexual behaviour, creativity

Related to dopaminergic treatment

Repeated manipulating of objects/ sorting/ storing



# Sleep disorder

- Insomnia
- REM sleep behaviour disorder

# Cognitive disorder

Memory, judgement, planning, speech, mathematical ability, concentration, awareness (orientation), naming, new learning

Mild cognitive impairment

Major Neurocognitive disorder

PDD/ DLB- Different from Alzheimer's disease and cerebrovascular cognitive impairment

Later stages of PD, early in DLB

Good response to Alzheimer's disease drugs

# Agitation and Irritability

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Symptoms of  
underlying  
problems

Delirium

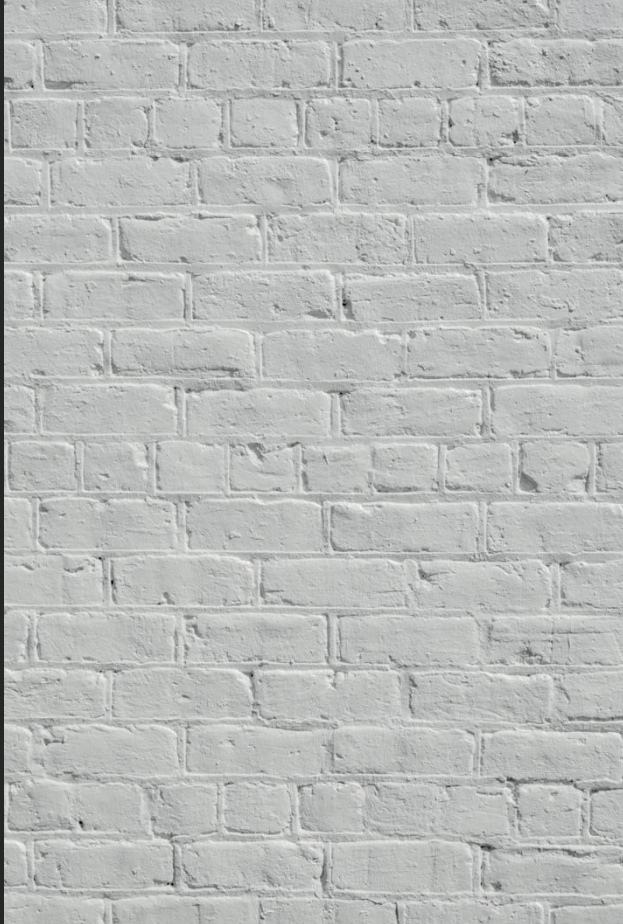
Psychosis

## Delirium/ Acute confusional states

Infection, pain, medications,  
change in environment,  
constipation

Treat underlying cause

Usually resolves, but may  
need hospitalization.



# Barriers

- Stigma
- Lack of insight – ‘nothing wrong with me’
- Lack of recognition- gradual change; no one noticed
- Normalization- ‘I’d sure be depressed if it was me!’
- Lack of awareness- there are things that may help

Making a  
difference  
(Together)

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Recognize and seek help

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Biological – pills, exercise

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Psychological- talking and not talking  
(mindfulness)

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Social- help and practical assistance,  
(food/ transport/ basic living  
activities), reduce social isolation



# Discussion

- Thank You to Alana Dhillon
  - Parkinson's Society BC
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