

## CHAPTER 3: Medications for Non-Motor Symptoms

Non-motor symptoms are very common in PD. In one recent study, 90% of people with PD reported experiencing at least one of the non-motor symptoms listed in Table 1. Unfortunately, it has also been shown that physicians and healthcare team members do not recognize these symptoms in their patients up to 50% of the time. Just as physicians assess complaints of slowness, stiffness, or tremor, they should also address issues related to sleep, memory, mood, etc. People with PD are encouraged to be proactive in discussing these issues with their doctor. Don't wait to be asked!



**KEY POINT:** Non-motor symptoms may cause more disability for the person with PD than the classic motor features. Make sure your healthcare provider is aware of any non-motor symptoms you are experiencing!

### *Disorders of Mind and Mood*

An NPF manual specifically designed to address these issues was published in March 2005. Titled *Mind, Mood, and Memory*, this comprehensive resource is available online or in print form from the National Parkinson Foundation ([www.parkinson.org](http://www.parkinson.org)). What follows is a brief summary of some important features of mind and mood disorders in PD with emphasis on the medications used for treatment.

### *Depression*

Depression is a common but under recognized symptom, affecting up to 50% of people with PD at some point during the course of the disease, often in its earliest stages. The definitive cause is not completely understood, but it is likely related to two things: 1) a possible imbalance of chemicals in the brain, as the depression related neurotransmitter serotonin is moderately lacking in people with PD and 2) the accompanying psychological reaction of being diagnosed with a chronic neurodegenerative illness. Some people who report depression related to their disability improve with adequate treatment of the most bothersome motor symptoms. However, many others require more aggressive management with psychotherapy and antidepressants.





**KEY POINT:** Depression is very common in PD, affecting up to 50% of people with PD at some point during the course of their illness. Recognition and treatment are important.

Along with “feeling blue,” symptoms of depression may include:

- Insomnia or excessive sleeping
- Loss of interest or pleasure in social or recreational activities
- Sexual dysfunction
- Feelings of guilt and self pity
- Loss or reduction of energy levels
- Diminished attention and concentration
- Loss or gain of appetite and weight
- Thoughts of death or suicide

### *Antidepressants*

Numerous medications are now available to treat depression in PD. To date, no clinical trials specifically addressing antidepressants in PD have been published. However, several trials are underway comparing one or more antidepressants to placebo.

Most persons with PD who are experiencing depression are treated with a common category of antidepressants, the selective serotonin reuptake inhibitors (SSRIs) or similar selective reuptake inhibitors of other neurotransmitters, particularly norepinephrine. Occasionally, older tricyclic antidepressants (TCAs) are used, but these medications tend to cause more side effects than the SSRIs. Common side effects of tricyclic antidepressants include confusion, forgetfulness, hallucinations, lightheadedness, blurry vision, urinary retention and dry mouth. SSRIs are generally better tolerated by people with PD, though weight gain and loss of libido are relatively common adverse effects. The SSRIs escitalopram (Lexapro®) and fluoxetine (Prozac®) and the dopamine/norepinephrine reuptake inhibitor bupropion (Wellbutrin®) are reportedly weight neutral. Bupropion and mirtazapine (Remeron®) are also notable for their lack of sexual side effects.



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Recognizing a medication's side effects can be used to the advantage of the person with PD. For example, more sedating medications may be appropriate for nighttime dosing in the PD person with insomnia. Or, a TCA that causes dry mouth may help to reduce the severity of drooling. Table 3 (see pages 1920) reviews the antidepressants commonly used in treating people with PD.

While many individuals improve with antidepressants, the person with PD and his or her physician, psychologist, social worker and other healthcare team members should also recognize the value of psychotherapy in improving non-motor symptoms of PD. Psychotherapy can be offered in an individual or a group setting. Therapeutic exercise, such as physical workouts, yoga, tai chi, massage, and meditation, also may help to improve mood in PD. Electroconvulsive therapy can be a consideration of last resort for people with severe depression who do not respond to drugs. It is effective and safe when managed by experts, and may also temporarily improve motor symptoms. Deep brain stimulation for depression is in an early stage of investigation.



**KEY POINT:** The combination of psychotherapy, antidepressants, and therapeutic physical and mental exercise offers the best approach to the treatment of depression in PD.



**Table 3. Summary of medications for depression and anxiety in PD**

<b>Medication</b>	<b>Dosages in Milligrams (mg = milligrams; tablets unless otherwise indicated)</b>	<b>Typical Treatment Regimens *</b>	<b>Potential Side Effects</b>	<b>Indications for Usage (<i>italics = approved by FDA</i>)</b>
<b>Selective serotonin reuptake inhibitors (SSRIs)</b>				
Citalopram(Celexa®)	10,20,40	10-40 mg daily	Headache, nausea, insomnia, vivid dreams, sedation, jitteriness, diminished sexual libido, weight gain	<i>Depression, anxiety/panic</i>
Escitalopram(Lexapro®)	5,10,20	5 – 20 mg daily	Same as above	Same as above
Fluoxetine (Prozac®)	10,20,40	10-40 mg daily	Same as above	Same as above
Fluvoxamine (Luvox®)	25,50,100	25 – 100 mg. daily/nightly	Same as above	<i>Depression, anxiety/ panic, obsessive – compulsive disorder 25</i>
Paroxetine (Paxil®)	10,20,30,40	10 – 40 mg daily	Same as above	<i>Depression, anxiety/ panic</i>
Sertraline (Zoloft®)	25,50,100	25 – 100 mg daily	Same as above	Same as above
<b>Serotonin/norepinephrine reuptake inhibitors (SNRIs)</b>				
Duloxetine (Cymbalta®)	20,30,60	10 – 30 mg. twice a day	Headache, nausea, insomnia, vivid dreams, sedation, jitteriness, diminished sexual libido, weight gain	<i>Depression, anxiety/ panic</i>
Venlafaxine (Effexor®)	25, 37.5,50, 75, 100	25 – 75 mg. twice a day	Same as above	Same as above
Nefazodone (Serzone®)	50, 100,150, 200	25 –100 mg. twice a day	Same as above, but also requires monitoring for liver function	Same as above

Excerpt from NPF Publication *Medications*

