

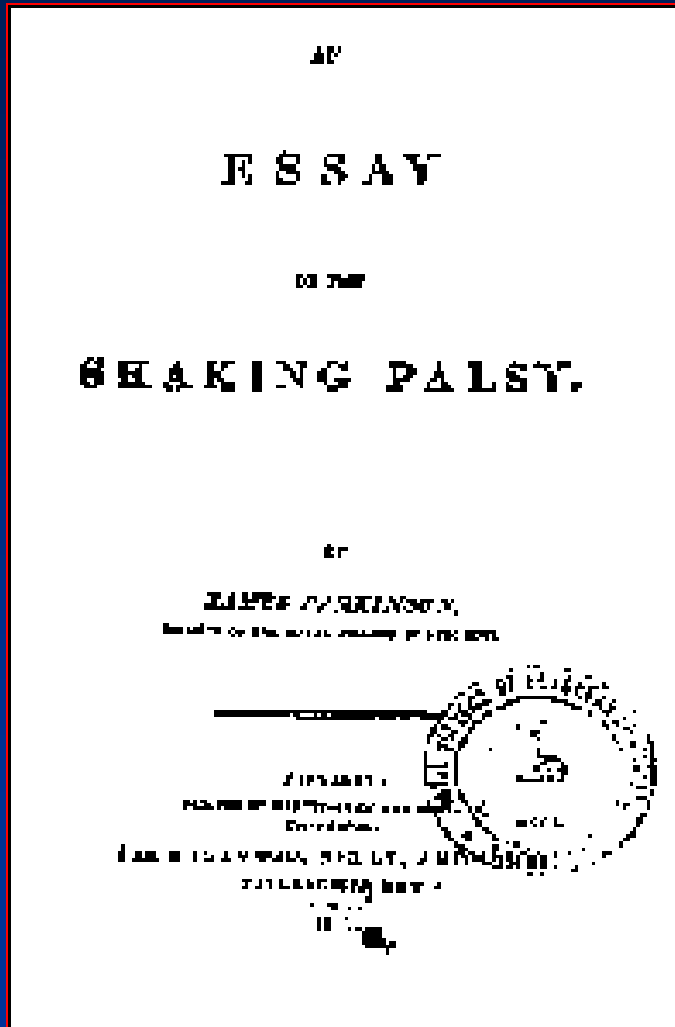
# **Two Sides of the Same Brain – Psychiatric disorders and Parkinson's**

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**Dr Chew Nee Kong**  
**Neurologist and Consultant Physician**  
**MBBS (Mal), MRCP (UK)**  
**Pantai Cheras Medical Centre**  
**Kuala Lumpur**

# First described by Dr. James Parkinson in 1817

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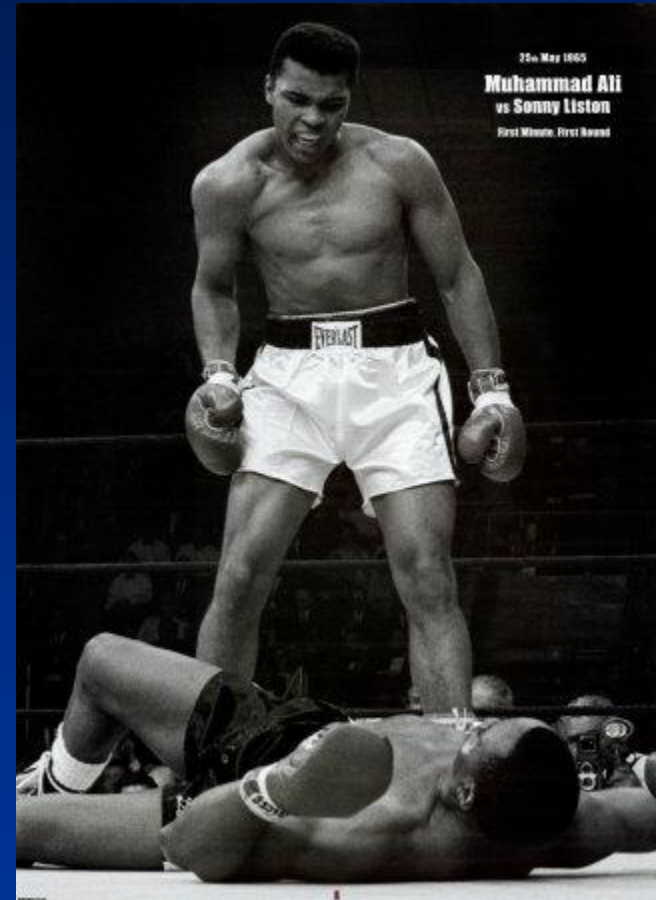


Incurable and  
progressive brain  
disorder

Deficiency of  
dopamine –  
important for  
movement

# Parkinson's is a global issue

- Usually affects the elderly people - 1.5% of people over age 60.
- Affects all races in all countries.



# Parkinson's is a major health issue in Malaysia

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- **Malaysia – 25,000 to 30,000 patients (tip of the iceberg).**
- **Parkinson's population boom - the increasing age of the general population (35,000-40,000 in 2020).**

# Parkinson's – traditionally known as a movement disorder

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**Slowness of  
movement**

**Trembling  
(hands / legs)**

**Stiffness**

# Parkinson's is NOT ONLY a movement disorder

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- The concept of Parkinson's has changed nowadays
- The other side of Parkinson's – Non-motor symptoms (disorders which are not related to body movement)

# Non-motor symptoms of Parkinson's

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- **Psychiatric disorders**
- **Sleep disorders – insomnia, excessive daytime sleepiness, “sleep attacks”**
- **Autonomic disorders – low blood pressure, constipation, bladder dysfunction**
- **Others – pain, sexual disorders**

# The two faces of Parkinson's

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- Parkinson's is a neuro-psychiatric disorder

# What are the causes of psychiatric disorders in Parkinson's?

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- **Parkinson's itself – depression and anxiety can precede movement symptoms**
- **Reaction to physical disability - depression**
- **Parkinson's medications – hallucination, hyper-sexuality (Impulse Control disorders)**

# Scientific relationship between psychiatric disorders and Parkinson's

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- **Pramipexole - a Parkinson's medication that increases the activity of dopamine in the brain**
- **Pramipexole improves both the movement disorder and depression in Parkinson's**

# Psychiatric disorders in Parkinson's are under-recognized

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- **More than 50% of the time, even the neurologists failed to diagnose depression and anxiety (Shulman LM, 2002)**

# Why the psychiatric disorders in Parkinson's are under-recognized?

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- **Lack of awareness of psychiatric disorders**
- **Preoccupation with movement symptoms**
- **Stigma of psychiatric disorders – patients deny having depression as it is perceived as a sign of “weakness”**

# Impact of psychiatric disorders in Parkinson's

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- Hallucination – 30%
- Depression - 40-60%
- Apathy – 50%
- Anxiety – 40%
- Dementia – 40-60%
- Impulse control disorders (hyper-sexuality, excessive gambling, compulsive shopping) – lifetime prevalence 6%

# Impact of psychiatric disorders in Parkinson's

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- Depression - is the most powerful factor that influenced the quality of life, rather than severity of physical disability (GPDSSC, 2002)
- Dementia and hallucination – leading causes of nursing home placement (Aarsland D, 2000)

# Conclusions

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- Parkinson's **IS** a neuro-psychiatric disorder
- Psychiatric disorders in Parkinson's are disabling and under-recognized
- Optimal treatment of Parkinson's – should involve the psychiatrist