

Coping with Depression after a Parkinson's Diagnosis

Parkinson's disease is often thought of as a physical disease. In advanced cases it is not difficult to observe the tremors, tics, stiffness and mobility problems that are characteristic of the disease. Yet there is also a strong link between mental health and Parkinson's disease, with dementia often taking hold during the disease's later stages. A more prominent Parkinson's related mental health issue is depression. Parkinson's literature suggests that as many as half of people with Parkinson's disease also suffer from depression.

Depression is a serious condition that has the potential to interfere with daily functioning, and in severe cases, can even lead to isolation, self-mutilation or even suicide. While it can be triggered by stressful events, prolonged environmental or social circumstances, or even from medication, depression is caused by abnormal brain function of which the cause is unknown.

In addition to the classic signs of depression that include unsociability, isolation, moodiness, decreased hygiene or care for personal appearance, or low self-esteem, Parkinson's patients may exhibit different signs of depression than non-Parkinson's sufferers. Differences in the symptom profile for people who have Parkinson's as opposed to those who do not may include:

- * Frequent occurrences of suicidal thoughts but with fewer actual suicides
- * Sadness without guilt or self-blame
- * Higher rates of anxiety

The good news is that depression, for healthy individuals as well as those with Parkinson's, is treatable. Seeking and undergoing treatment for depression will makes people feel better about themselves and their circumstances, and, in the case of Parkinson's sufferers, will allow them to increase their focus on overcoming the symptoms of their disease and living a more normal life. Treatment should be a collaborative effort between the Parkinson's patient's physician and a qualified mental health professional, preferably a psychiatrist, who is authorized to prescribe appropriate medication. By encouraging communication between neurologist and psychiatrist, potential medication interaction can be avoided and optimal mental and physical health achieved more quickly.

Even when treated, depression does not instantaneously disappear. It may take time to discover the right balance between medication and emotional therapy to assist a patient's recovery from depression, even when they are very ill. No matter what stage of Parkinson's a person might be experiencing, treatment for depression can be incorporated into his or her overall health treatment plan without compromising the efficacy of either program.

People diagnosed with Parkinson's, especially if they suffer from depression, may feel overwhelmed by the enormity of their health concerns. It may be helpful to learn more about the disease and recent advances that enable most people with Parkinson's to live long and productive lives. It may also be comforting to make contact with other people who have the disease and who have learned to live with it. Worldwide, there are national, regional and local associations whose mission is Parkinson's disease research, education and support of Parkinson's sufferers. This kind of real-life assistance from people who are familiar with what it is like to live with Parkinson's can be an invaluable addition to the support network made up of family and friends.