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0521663059 - Psychiatric and Cognitive Disorders in Parkinson's Disease

Sergio E. Starkstein and Marcelo Merello

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Psychiatric and Cognitive Disorders in Parkinson's Disease

Emotional and cognitive disorders are common in Parkinson's disease, but are frequently overlooked or undertreated. This book provides a comprehensive account of these aspects of Parkinson's disease, based on the neurologic and psychiatric assessment of hundreds of patients by the authors. It also offers a thorough survey of the published literature on the topic.

Readers will find a complete and helpful overview of the clinical features and treatment of Parkinson's disease, followed by discussion of associated depressive disorders, anxiety, phobias, apathy, hallucinations, delusions and sleep disorders. Specific cognitive deficits are also discussed, and the mechanisms for these disorders explored. In addition, the book addresses the psychiatric and cognitive side-effects of antiparkinsonian medications and new surgical treatments.

Offering sufficient scientific detail for the specialist in neurology and psychiatry, the clear practical guidelines, case studies and rating scales will meet the needs of all clinicians working with Parkinson's disease patients.

Sergio E. Starkstein was Assistant Professor of Psychiatry at Johns Hopkins University, and is now head of the Dementia Clinic at the La Sagrada Familia Clinic, and Director of the Buenos Aires Neuropsychiatric Center.

Marcelo Merello was a Research Fellow at the National Hospital for Neurology and Neurosurgery in London, and is now head of the Movement Disorders Section (FLENI) in Buenos Aires.

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Psychiatric
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Sergio E. Starkstein
La Sagrada Familia Clinic and Buenos Aires Neuropsychiatric Center
Buenos Aires, Argentina

Marcelo Merello
Raúl Carrea Institute of Neurological Research-FLENI
Buenos Aires, Argentina



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For our beloved wives, Corina and Alicia

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Preface

As part of our clinical and research activities in neurology and psychiatry, we had the chance to examine hundreds of patients with Parkinson's disease (PD). The Movement Disorders Unit kept us abreast of the new developments in the management of the clinical complications of PD, and made us aware of the emotional, behavioral, and cognitive complications of the disease. These problems have been specifically studied at the Departments of Neuropsychiatry of our Institutes, where we carry out most of our clinical and research activities in the interface between neurology and psychiatry.

Whereas emotional problems such as depression and anxiety are very prevalent in PD, they are rarely diagnosed and treated. One of the reasons for the low awareness of mood problems in PD is that some of the key symptoms of depression, such as psychomotor retardation, lack of energy, loss of libido, insomnia, and low energy, are also frequently found among PD patients. There may also be a tendency to "expect" PD patients to be somewhat depressed based on their physical limitations, and to consider depressed mood as an "understandable" consequence of the illness. On the other hand, behavioral problems such as delusions and hallucinations dramatically affect both patients' and caregivers' lives, and treatment is readily obtained. Cognitive disorders slowly develop in a high proportion of PD patients, and the familial and financial impact of this complication is comparable to that in other dementias.

Thus, it is frequently the case that a PD patient with moderate or severe disease is burdened by a variety of clinical problems, such as a progressive depressive mood, worries about their motor problems, loss of self-confidence, and avoidance of social situations where their motor difficulties may become manifest. Tremor and akinesia tend to increase dramatically in social situations, leading to episodes of "freezing." Patients are usually well

aware of these potential complications, and tend to avoid social contact by staying at home. With the progression of the illness, many PD patients develop cognitive deficits that may sometimes evolve to full-blown dementia. At this stage, delusions and hallucinations are frequently present, and their severity is significantly related to the dose of antiparkinsonian medication (i.e., the higher the dose, the greater the risk of psychotic behaviors). The dilemma then arises as to how to improve the patient's motor status while at the same time avoiding the risk of psychotic behaviors.

The past two decades witnessed an increasing number of investigations about the emotional, behavioral, and cognitive disorders in PD. To produce this book we had to go over hundreds of papers, sometimes with contradictory findings, with the need to address the complexities of the disease for the specialist, while at the same time allowing the text to remain accessible to the generalist. We hope that this goal was adequately met and that the book proves useful to a variety of mental-health-related professionals, such as neurologists, psychiatrists, geriatricians, general practitioners, psychologists, and social workers.

Finally, we would like to acknowledge our great mentors, Bob Robinson and Andy Lees, for all their encouragement and support during many years, as well as a number of excellent collaborators who helped with our research activities during the past 10 years. They are Gustavo Petracca, Eran Chemerinski, Janus Kremer, Lilia Canevaro, and Angel Cammarota. We also thank Jonathan Robinson for proof reading the book before its final edition. Last but not least, this book would never have reached its final stage without the great secretarial skills of our dear Laura Miguez.

Sergio E. Starkstein
Marcelo Merello