Neuropsychiatric and Cognitive Changes in Parkinson’s Disease and Related Movement Disorders

Diagnosis and Management
Neuropsychiatric and Cognitive Changes in Parkinson’s Disease and Related Movement Disorders

Diagnosis and Management

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Preface

Parkinson’s disease (PD) has entered a new era of understanding based on an expanded and informed view of its complex neurobiology. Historically PD has been classified as a movement disorder, and the clinical diagnostic criteria are still based solely on the classical motor symptoms of rigidity, bradykinesia, resting tremor, and postural instability. It is increasingly clear, however, that non-motor symptoms represent a crucial part of the disease. These include a wide variety of symptoms such as constipation and bladder problems, autonomic dysfunction, hyposmia, a variety of neuropsychiatric symptoms, and cognitive impairment. These non-motor symptoms are consistent with the evolving knowledge that the disease-defining Lewy body pathology is not restricted to the dopaminergic neurons of the substantia nigra, but involves the peripheral nervous system, gut-mediating aspects of the brainstem, and also limbic and neocortical structures. In fact, the nigral pathology and related motor symptoms are not the starting point of the disease, since a variety of symptoms such as hyposmia, sleep disturbances, and depression may occur before the motor symptoms, indicating that the initial Lewy body brain pathology is located in medulla oblongata and other brainstem nuclei.

This volume provides an up-to-date and comprehensive description of the most common behavioral changes in PD, written by experts in the field. In addition to being common, there is mounting evidence that behavioral symptoms have a major adverse impact on the patient’s quality of life, as well as implications for carer burden and health-related costs. Despite their frequency and impact, their importance is still not adequately acknowledged. As a result, they are frequently not detected, and as a result are undertreated. Scientifically the last decade has witnessed a dramatic increase in studies of the behavioral changes in PD, which has resulted in the development of consensus clinical diagnostic criteria for dementia and mild cognitive impairment, depression, and psychosis. In addition, to aid in the diagnosis, a range of new rating scales have been developed and validated, and other scales have been psychometrically tested for use in people with PD. Although level-1 evidence from clinical trials for treatment of dementia, psychosis, and depression now exists, there is still need for more trials of other symptomatic agents, as well as of non-pharmacological strategies.

The editors hope that this volume will inform clinicians and other healthcare workers, and also patients and carers, about these key aspects of a disease which is likely to dramatically increase in frequency in the near future.