

Introduction

• Parkinson's disease

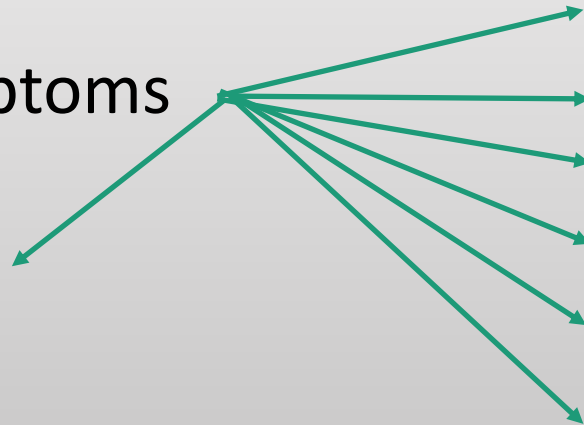


Motor Symptoms



Non Motor Symptoms

Psychosis



Depression

Anxiety

Sleep disorders

Cognitive dysfunction

Gastrointestinal Issues

Sexual Dysfunction

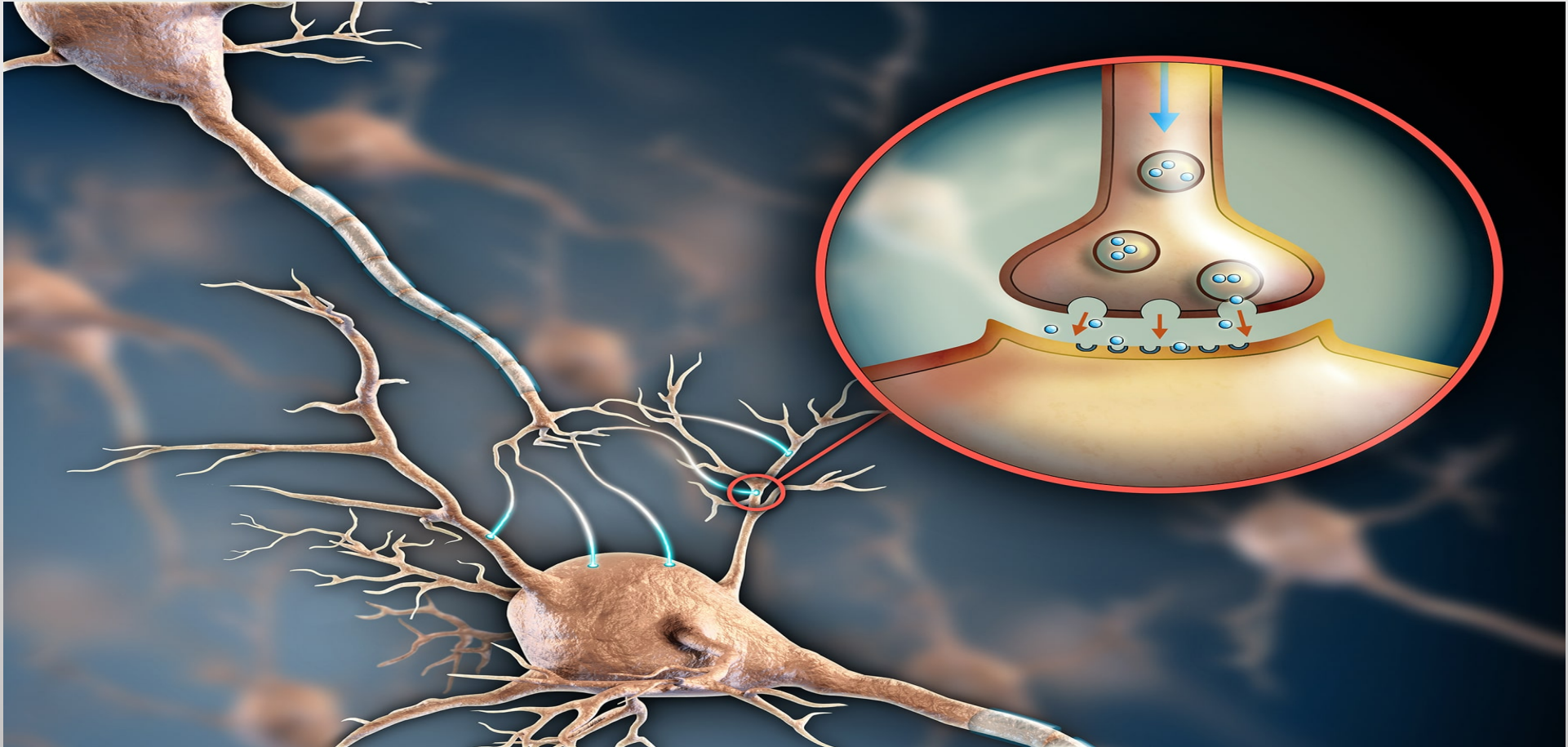
Definitions

- **Psychosis:** altered thinking with disruption of the ability to distinguish real from unreal
- **Hallucinations:** a false perception, seeing, hearing, feeling or perceiving something that is NOT there.
- **Delusion:** altered thinking with a fixed conviction that something is real when it is not
- **Paranoia:** a delusion dominated by suspiciousness, fear, and concern about safety

What is Parkinson's disease psychosis?

- Psychosis is a frequent complication of Parkinson's Disease (PD)
- Hallucinations are the most common manifestation.
 - Can affect 40 -50 percent of patients with PD, particularly those at an advanced stage of illness.
 - Most commonly Visual hallucinations – people/animals, vivid colors, frightening
- Delusions – less common and rarely occur without hallucinations
 - More frequent in dementia patients
 - Infidelity or paranoid type

What causes psychosis in Parkinson's disease?



What causes psychosis in Parkinson's disease?

- Certain brain chemicals and receptors (e.g. dopamine and serotonin) are believed to play a role.
- Believed to be caused by either one of the following -
 - Side effect of dopamine therapy
 - Natural outcome of the disease

What causes psychosis in Parkinson's disease?

Side effect of dopamine therapy

- Dopaminergic medications are the most common treatment for Parkinson's disease.
- Dopaminergic therapy increases dopamine levels, helping improve motor symptoms . However, increasing dopamine levels can also cause chemical and physical changes in the brain that inadvertently lead to symptoms such as hallucinations or delusions.

Who is at risk for psychosis?

- Higher age
- Later disease onset
- Higher PD severity
- Longer PD duration
- Cognitive impairment
- Depression
- Visual disorders
- High medical comorbidity and polypharmacy, especially including the use of psychoactive drugs.

Treatment

- **Steps to implement at home to prevent and treat hallucinations**

- Encourage good sleep habits

- Keep lights on to decrease misinterpretations of shadows

- High risk of hotels, overnight visits, unfamiliar places

- **Coping strategies**

- Patients: recognize that hallucinations do not mean “I am going crazy.”

- Do not react to these visions or sounds

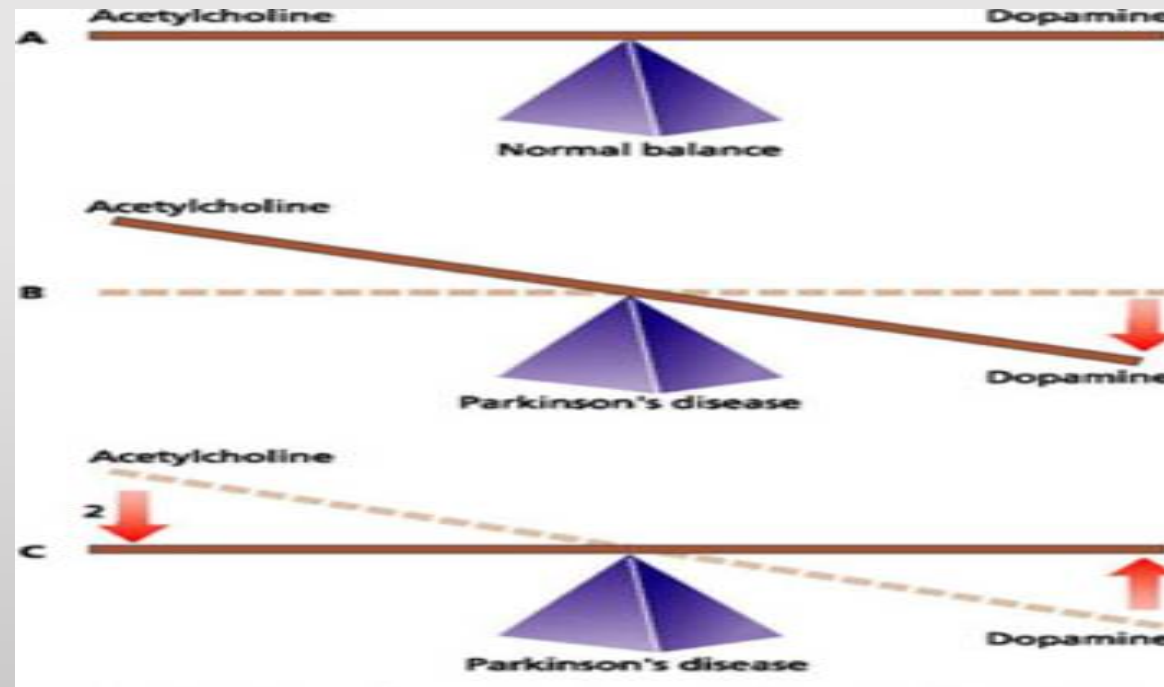
- Caregivers: Correct and do not engage

Treatment

- Identifying and treating the underlying causes and contributory factors like infection (e.g., pneumonia or urinary tract infection).
- Reduce or stop non PD medications –
 - Anticholinergic medications can contribute to confusion and exacerbate psychosis in PD.
 - Psychoactive medications are potential culprits and should be reduced or stopped if possible.

Treatment

- Antiparkinson medication adjustments



Treatment

- Antiparkinson medication adjustments
- Reduce dose or stop PD medication if possible (without worsening motor symptoms).
- Antipsychotic medications.

Treatment

- Antipsychotic medications

Boxed warnings

INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.

A risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients [cardiovascular (e.g. heart failure, sudden death) or infectious (e.g. pneumonia) in nature].

Treatment

- Antipsychotic medications

Pimavanserin (Nuplazid) – approved by the FDA

Quetiapine (Seroquel) – Not approved but commonly used

Clozapine (Clozaril) – Rarely used but effective.

Protecting our caregivers

- Caregiver burden and stress high when hallucinations develop
- Psychotic behaviors often targeted at caregivers
- Need to protect sleep and respite for caregivers
- Hiring overnight supervision or “day off” staff

Thank You!

