

Fatigue in Parkinson's Disease

Fatigue is a common but under-recognized problem for people with Parkinson's disease (PD). Fatigue in PD can be defined as an unpleasant sensation of lacking energy, making the performance of routine activities, physical or mental, a strain. People with PD may experience physical fatigue, mental fatigue, or both.

Fatigue in PD is not the same as the feeling you might get at the end of a hard day's work. It is not necessarily something that will go away with a bit of rest.

When people with PD are asked about fatigue, they use descriptions like, "tired, run down, out of energy, unable to do anything, feeling like my feet are cement, out of gas, unable to get started, like I want to lay down all the time, can't get motivated, useless."

Multiple studies in the United States and Europe consistently show that about one-third of people with PD consider fatigue their single most bothersome symptom, even more than the motor symptoms of PD like tremor, slowness, and problems with walking, freezing, balance, and speech. In addition, about one half of people rate fatigue as one of their three most bothersome symptoms. This means that fatigue is clearly one of the most common problems for the person with PD, and is among the most important for many.

Fatigue in PD tends to develop early in the disease, usually in the first few years, if it is going to develop at all. It may appear before the onset of motor symptoms, and typically does not go away. It is not correlated with the severity of other symptoms—a person with only mild motor symptoms may have significant fatigue, and a person with significant motor symptoms may experience little fatigue.

There is a large overlap between fatigue and other problems in PD, especially depression and sleep disorders. People with fatigue are more likely to be depressed and people who are depressed are more likely to be fatigued, but there is nonetheless a large

group of PD patients who are fatigued but not depressed. Depression in PD typically responds to antidepressant treatment, and depression-related fatigue may improve with treatment. Sleep disorders are common in PD, and fatigued patients may also be sleepy, but sleepiness is different than fatigue. Sleepiness is improved by sleep, whereas fatigue may or may not be improved by sleep or rest. We do not know what role the medications for PD play in the development of fatigue.

Fatigue has important effects on quality of life. People with fatigue do not enjoy life nearly as much as patients who do not suffer from fatigue. Fatigue lessens the desire and ability to perform activities of daily living, such as routine chores, interactions with friends and family, and social activities.

Researchers still don't know what causes fatigue in PD. Some people think the medications they take for PD help with fatigue, while some report that they actually cause or worsen it. One study examining the energy use of fatigued and non-fatigued PD patients found no differences in the energy expenditure of the two groups, although the fatigued patients were more "out of shape" than the non-fatigued ones. People with PD often report that their fatigue improves with exercise, again highlighting the differences between disease-related fatigue and exertion-related fatigue.

People with PD should understand that their fatigue may be part of their disease and may be playing a major role in their overall well-being. Some aspects of fatigue may be treatable, either by improving sleep, altering PD medications, treating depression or through exercise programs. Some people find some benefit from stimulants, such as methylphenidate, although the few studies performed have disagreed on its true benefit. At the clinic, be sure to routinely discuss your fatigue with your doctor, in the same way you report the severity of your other symptoms.

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