Fatigue is a common but under-recognized problem for people with Parkinson’s disease (PD). Fatigue can be defined as an unpleasant sensation of lacking energy, making the performance of routine activities, physical or mental, a strain. Fatigue lessens the desire and ability to perform activities of daily living, to interact with friends and family, and to participate in social activities.

**Causes of Fatigue**

There can be many causes of feeling fatigued in the setting of PD. Poor sleep, depression, as well as other medical conditions such as thyroid imbalance or anemia, can all contribute. For some people, medications taken for the motor symptoms of Parkinson’s disease can cause fatigue. Therefore, altering the regimen of PD medications can sometimes help. Being in poor physical condition can worsen fatigue and, for some people, exercise can improve fatigue. Fatigue is often due to a combination of these and other factors.

In some cases, a person with PD does not have any of these identifiable causes, but still feels fatigued. In addition, fatigue may or may not be improved by sleep or rest. When this is the case, the fatigue may be due to the disease itself with nerve loss in parts of the brain that control wakefulness.

**Fatigue is Common in PD**

Multiple studies show that about one-third of people with PD consider fatigue their single most bothersome symptom, even more than the motor symptoms of PD such as tremor, slowness, stiffness, and difficulty with walking and balance. In addition, about one half of people rate fatigue as one of their three most bothersome symptoms.

Fatigue in PD can develop early in the disease, but may appear throughout the course of the disease. It may not correlate 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.

**Fatigue and Depression**

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 such treatment.

**Fatigue and Sleep Disorders**

Sleep disorders are common in PD and can certainly contribute to fatigue. Sleep disorders associated with fatigue in PD include insomnia (both at the start of the night and after a person wakes up in the middle of the night), sleep fragmentation (or repetitive short interruptions of sleep), restless leg syndrome, and sleep apnea. A sleep study (which would be arranged by your doctor) can help identify an underlying sleep disorder, which can then be treated to combat fatigue.
Excessive Daytime Sleepiness

Excessive daytime sleepiness is a related problem to fatigue and refers to the inability to stay awake during the day. This symptom increases in prevalence as PD advances and can cause the person with PD to doze off frequently during the day.

Treatment of Fatigue and Excessive Daytime Sleepiness

Encouraging daily exercise and activities is important to maintain wakefulness and reduce fatigue. Light therapy has been tried with some success for these symptoms as well.

Some people find benefit from medications, such as modafinil, methylphenidate, and caffeine, although studies are not conclusive of their true benefits. Be sure to routinely discuss your fatigue with your doctor, in the same way you report the severity or onset of other symptoms.