

Addressing Mental Health and Treatment With Your Doctor

Parkinson's disease (PD) affects many aspects of well-being. For many people with PD, changes to mental health are as concerning or more concerning than changes to physical abilities. To best maintain your well-being as you live with your PD, it is important to understand what these changes are and to recognize them when they occur.

This fact sheet will address four of the most common mental health challenges that can be associated with PD – cognitive impairment, depression, anxiety, and psychosis. The good news is that there are treatments available that can help you cope with these challenges. As with all aspects of PD, it is critical to talk with your healthcare team about the mental health changes you may be experiencing.

Cognitive Impairment

Cognition refers to the entire range of skills that are part of thinking, including analyzing, judging, imagining, planning, and remembering. In PD, the cognitive skills that are most frequently affected are those involved in paying attention, planning, problem-solving, and navigating space. Mild cognitive impairment (MCI) occurs in 20% to 50% of people with PD, and may begin quite early in the disease. The impairments of MCI are not enough to interfere significantly with activities of daily living. More significant cognitive impairment is termed dementia.

Dementia is also common in PD, though exactly how common is still under investigation. Dementia does interfere with activities of daily living, and requires an increased level of care. When dementia begins within one year of motor

symptoms, the diagnosis Dementia with Lewy bodies (DLB) is used instead of Parkinson's disease dementia (PDD). The brain changes that are present in other forms of dementia, including Alzheimer's disease and vascular dementia, may also occur in people with PD – adding to their cognitive issues.

MCI and dementia are assessed by healthcare professionals asking questions and performing tests of cognitive skills, including learning and memory. Often, care partners are asked to provide some information as well, since they are likely to have observed important changes that can help describe the whole clinical picture. During the cognitive evaluation, you and your care partner will be asked about a wide range of possible contributors to cognitive impairment, including poor sleep, other illnesses, episodes of low blood pressure, depression, and apathy. A healthcare professional may perform blood or other laboratory tests to look for conditions that may contribute to cognitive impairment. Treating these conditions can improve cognition independent of changes caused by PD. Some medications can cause confusion or slowed thinking, and thereby increase cognitive problems, and changing these medications can also help.

Drugs that treat cognitive impairment are available, although the effects are modest and vary from person to person. Rivastigmine (also available as a patch), donepezil, donanemab, galantamine, and lecanemab are examples of drugs that were tested and approved for the treatment of Alzheimer's disease, and rivastigmine was also tested and approved for the treatment of PD. As with any drug, make

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sure you understand and discuss the possible side effects with your healthcare team before beginning treatment. In addition, newer treatments for PD-related cognitive issues, including non-invasive brain stimulation techniques, are continuing to be researched.

Many non-medical strategies can help minimize the impact of cognitive impairments. These include using reminders or alarms to prompt the person with PD to take medications or do other tasks; maintaining a regular routine; labeling drawers for important items and keeping those items in the same place all the time; maintaining mental and social stimulation through games, activities, hobbies, and other pursuits; ensuring good nutrition; and getting regular exercise. Adult community care services may provide the care partner with a much-needed break during the day. Driving safety becomes especially important for people with PD, and cognitive impairment and should be evaluated.

Depression

Depression is characterized by feelings of persistent sadness, loss of interest in things that were formerly pleasurable, feelings of helplessness or hopelessness, and changes in appetite and sleep. It can also present as cognitive problems, such as poor concentration, attention, learning, and memory. Depression affects approximately 50% of people with PD and may be present before diagnosis. “Reactive” depression, which develops in response to a disabling illness such as PD, is common. But for many people with PD, depression is thought to be an underlying part of their disease, just as much as tremor or slowed movements.

Depression may be a challenge to diagnose in PD since some other symptoms of PD (such as sleep changes, weight loss, or low energy) mimic changes seen in depression.

Sometimes, depression can fluctuate with medication doses and is most notable when dopamine levels are low. If this is the case, then changing the dosage or timing of medication may help. Improving sleep and getting regular exercise may help depression. There are no drugs that are approved specifically for treatment of depression in PD; however, drugs used to treat depression in the general population are effective in people with PD as well. These treatment options include selective serotonin reuptake inhibitors (SSRIs) (such as citalopram, escitalopram, fluoxetine, paroxetine, and sertraline) and selective serotonin and norepinephrine reuptake inhibitors (SNRIs) (such as duloxetine and venlafaxine). Tricyclic antidepressants such as nortriptyline and desipramine can also be used, although they cause more side effects than the other types of anti-depressants and are therefore used less frequently. A form of psychological counseling called cognitive behavioral therapy may also be helpful. Attending a support group for people with PD can be an important addition to other treatments.

Anxiety

Anxiety is characterized by feelings of nervousness, worry, or impending doom, and may be accompanied by a racing heart, sweating, and difficulty breathing. Anxiety is common in PD, and often co-exists with depression. Like depression, anxiety can manifest before diagnosis of PD. It can cause the person with PD to avoid social situations, increasing social isolation.

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Anxiety may respond well to cognitive behavioral therapy. If that is not the case, it can be treated with the same medications mentioned above that are used to treat depression. In addition, other drugs called benzodiazepines (including diazepam and clonazepam) can be used to treat anxiety. Understanding the potential side effects before starting any medication is crucial. Like depression, anxiety may fluctuate with medication doses and respond to the adjustment of timing or the amount of medication.

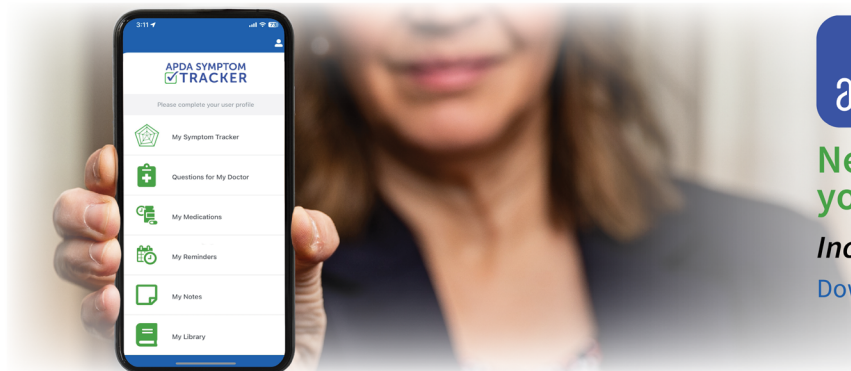
Psychosis

Psychosis is characterized by having thoughts or perceptions that do not have a basis in reality. In PD, the most common symptoms of psychosis are hallucinations (seeing, hearing, or sensing things that are not really there) and delusions (false beliefs). If psychosis begins suddenly, a healthcare professional will look for other illnesses that can trigger psychosis, such as a urinary tract infection.

Psychosis may occur as a result of PD progressing, or as a side effect of dopaminergic drugs used to

treat PD (for example, levodopa or dopamine agonists). Mild hallucinations may not be troublesome for those who understand they are not real and may not need to be treated. More intense hallucinations, however, can cause anxiety and confusion. Delusions can be troubling and may reduce the quality of life for the person with PD and the care partner. If psychosis is troublesome, lowering PD medications is the first management option to try. However, this may cause more difficulty with movement. If lowering medication is not sufficiently effective to reduce psychosis, or if the patient cannot tolerate a decrease in medication, other treatment options can be tried. Pimavanserin is approved for treatment of psychosis in PD. Continued monitoring of side effects and effectiveness in broader populations is underway as post-marketing data grow. Other drugs not approved specifically for PD are also used, including clozapine and quetiapine.

For additional information or assistance, please call the American Parkinson Disease Association at 800-223-2732 or visit **apdaparkinson.org**.



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Tips for Addressing Mental Health Issues With Your Doctor

- Do not assume that there is nothing to be done. A mental health issue may be challenging to address, but it can improve by a lifestyle modification, medication adjustment, new medication, or even a clinical trial.
- Do not wait for your doctor to ask. Because there are so many different symptoms that can manifest in PD, your doctor may be focused elsewhere (for example, on your tremor, your blood pressure, or your sleep). At any particular visit, your doctor may not bring up cognitive impairment, depression, anxiety, or psychosis. So, bring it up yourself.
- Do not crowd the visit with a mention of every PD-related symptom that you have. If you want to discuss your mental health concerns, try to bring them up exclusively or with a limited number of other problems. Then your doctor will have more time to address them.
- Be specific. It is helpful to mention specific examples of how the mental health issues are affecting your life or your loved one's life. "Mark is seeing his dead uncle at the dinner table and it upsets him," is more compelling than saying, "Mark is having hallucinations."
- Before the visit with your doctor, try to notice what makes the mental health issue better or worse. Think about the symptom as it relates to medication timing, sleep, and diet. This will be helpful for your doctor when trying to come up with a solution. For example, if depression seems to occur between doses of medication, then rearranging dosing or timing of medication may be helpful.
- APDA has developed a free Symptom Tracker App that you can download to your smartphone. Be sure to download the latest version for updated features and better integration with care plans. It helps keep track of your symptoms and provides a report that you can share with your doctor. This can be useful when reporting on your symptoms since your last office visit.

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April 2025

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