

Veterans & Parkinson's



Managing Anxiety, Depression, and Apathy

The program will begin shortly.

A few notes before we start:

- All attendees will be muted and off camera.
- Share a comment by using the **chat** box.
- Submit a question by using the **Q&A** feature.
- **Next webinar for Veterans: October 26th**
 - Veterans & Parkinson's: Planning for the Future
 - Register: [Parkinson.org/VetsPlanning](https://parkinson.org/VetsPlanning)



Better Lives. Together.



Veteran's & Parkinson's:
Managing Anxiety,
Depression, and Apathy

Better Lives. Together.

Our Mission



The Parkinson's Foundation makes life better for people with Parkinson's disease by improving care and advancing research toward a cure. In everything we do, we build on the energy, experience and passion of our global Parkinson's community.



We have everything you need to live better with Parkinson's.

Better Lives. Together.

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Our Goals



To help our global community live better with Parkinson's, we pursue **three goals**:



Better Lives. Together.

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Weekly programming that includes:

- Mindfulness Mondays
- Wellness Wednesdays
- Fitness Fridays
- Expert Briefings
- EP Salud en Casa

Better Lives. Together.

www.Parkinson.org/Veterans



FREQUENTLY ASKED QUESTIONS:

For Veterans With Parkinson's Disease and Their Care Partners

Managing Parkinson's

- Diet & Nutrition
- Emotional Well-Being
- Advice for the Newly Diagnosed
- Activities of Daily Living
- Dental Health
- Sexual Health
- Living Alone
- Veterans and Parkinson's Disease
- Medical Care and Treatment
- Agent Orange & Other Toxic Exposures
- Veterans Benefits
- Caring for a Veteran with Parkinson's
- Talking to Children About Parkinson's

In Your Area

Resources & Support

PD Library

Newly Diagnosed: Building a Better Life with Parkinson's

Legal / Financial / Insurance

My PD Story

Parkinson's Today Blog

For Caregivers

Parkinson's Foundation Online Courses

Veterans and Parkinson's Disease

[View](#) [Outline](#) [Revisions](#)



Over 110,000 veterans with Parkinson's disease (PD) receive care through the U.S. Department of Veterans Affairs (VA).

Most people with Parkinson's develop symptoms at 50 years of age or older. One million people in the U.S. live with Parkinson's today. This number will rise as our population ages, as will the number of veterans diagnosed with the disease. While living with Parkinson's can be challenging, an early diagnosis and beginning [treatment](#) can help people live well with Parkinson's.

Better Lives. Together.

Thank you



DON and LORRAINE FREEBERG FOUNDATION

Better Lives. Together.

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Upcoming Veterans Webinars



June 29

Resources
for Veterans
with
Parkinson's

August 31

Veterans &
Parkinson's:
Managing Anxiety,
Depression, &
Apathy

October 26

Veterans &
Parkinson's:
Planning for the
Future

December 14

Environmental
Exposures in
Veterans with
Parkinson's

Learn more and register to attend at:
www.Parkinson.org/Veterans

Better Lives. Together.

**Veteran's & Parkinson's:
Managing Anxiety,
Depression, and Apathy**

Better Lives. Together.

Megan Gomez, PhD, Clinical Psychologist



- Staff Psychologist at the Tibor Rubin VA Medical Center
- Board of Advisors for the Parkinson's Foundation California Chapter
- Long Beach, CA



Veterans and Parkinson's

Managing Depression, Anxiety
& Apathy

Megan Gomez, Ph.D.



Disclaimer



- I am a Clinical Psychologist
- No financial disclosures
- My professional opinions based on research and clinical practice

About Me

Grandfather had PD



About Me

Bachelor's degree from USC

Master's degrees & Ph.D.



About Me



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER



Outline

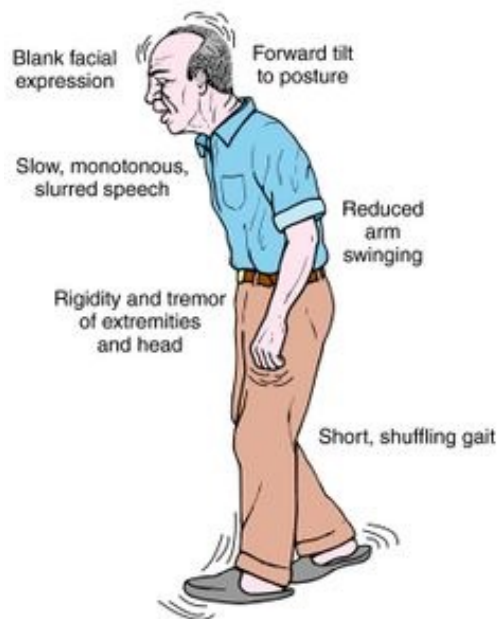


1. Non-motor symptoms of PD
2. What are depression, anxiety & apathy
3. Causes of depression, anxiety & apathy
4. Impact on quality of life
5. Treatment of depression, anxiety & apathy

Outline

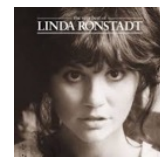
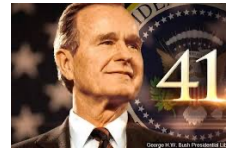
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Parkinson's Disease



Parkinsonism

- Parkinson's disease (PD)
- Essential Tremor (ET)
- Restless Leg Syndrome (RLS)
- Dystonia
- Lewy Body Disease (LBD)
- Progressive Supranuclear Palsy (PSP)
- Multiple System Atrophy (MSA)
- Corticobasal degeneration (CBD)



Parkinson's Disease

MOTOR SYMPTOMS

NON-MOTOR SYMPTOMS





TABLE. Intrinsic and Iatrogenic Non-Motor Features in Parkinson's Disease	
<u><i>Intrinsic Features</i></u>	<u><i>Iatrogenic Complications</i></u>
Behavioral Features Depression Anxiety Panic attacks Social phobia Generalized anxiety disorder Apathy Cognitive Dysfunction Executive dysfunction Mild cognitive impairment Dementia Fatigue Sleep Disorders Rapid eye movement behavior disorder Insomnia Excessive daytime sleepiness Sleep fragmentation Restless legs syndrome Periodic leg movements of sleep Autonomic Dysfunction Constipation Bladder dysfunction Orthostatic hypotension Diaphoresis Sexual dysfunction Sensory Disorders Inner tremor Anosmia Pain Visual dysfunction Seborrheic Dermatitis Skeletal Abnormalities Kyphoscoliosis Chronic low back pain	Impulse Control Disorders Pathological gambling Excessive spending Hypersexuality Binge eating Compulsive Behaviors Punding Compulsive dopaminergic medication use Psychosis Hallucinations Delusions Illusions Sleep disturbances Vivid dreams Sleep attacks Excessive daytime sleepiness Non-motor symptoms of wearing off Bradyphrenia Anxiety Depression Panic attack Pain Confusion/delirium/worsened cognition Weight gain and leg swelling

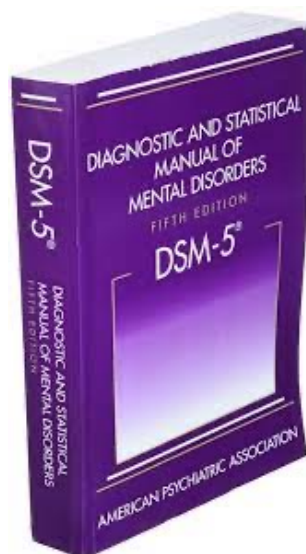
Very common & negatively impact QoL



Outline

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Diagnosis of Mental Disorders



Depressive Disorders

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder
- Premenstrual Dysphoric Disorder
- Substance/Medication-induced Depressive Disorder
- Depressive Disorder due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

Depressive Disorders

Common features

- Sad, empty, or irritable mood
- Reduced interest or pleasure in activities
- Somatic and cognitive changes that significantly affect the individual's capacity to function

Differences

- Duration
- Timing
- Presumed cause

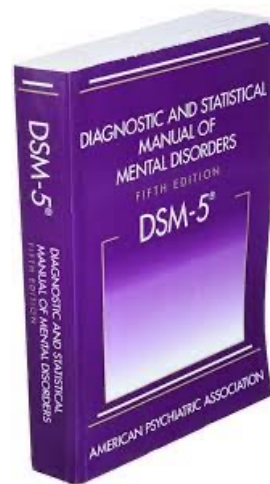


Depressive Disorders

- Upwards of 33% of the population will have an episode of major depression at some point in their lives
- At least 50% of people with Parkinson's report depression



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Difficulty concentrating

Weight loss

Fatigue

Early morning waking

Physical restlessness or
slowness



Anxiety disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication-induced Anxiety Disorder
- Anxiety Disorder due to Another Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder
- *Obsessive-Compulsive and Related Disorders
- *Trauma and Stressor Related Disorders

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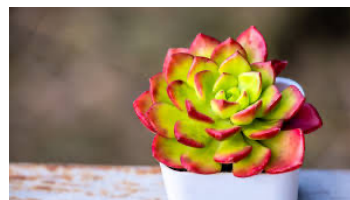
Anxiety Disorders

Common features

- Excessive fear
 - Changes to heart rate, breathing and digestion
 - Thoughts of immediate danger
 - withdrawal
- Anticipation of future threat
 - Muscle tension, vigilance, avoidance
- Causes distress or impairment in functioning

Differences

- Types of objects or situations that induce fear or avoidance behavior and the associated thoughts



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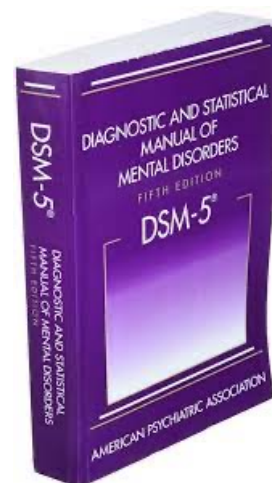
Anxiety Disorders

- Upwards of 30% of the population will have an anxiety disorder at some point in their lives
- Up to 55% of people with Parkinson's report anxiety



NERVOUS

STRESS!



Feelings

Thoughts

Physical
Sensations

Behavior

APATHY



- Diminished motivation and reduced goal-directed behavior
- Decreased emotional responsiveness
- A lack of spontaneity, interest or emotional expression



Whereas apathy is considered a disorder characterized by a reduction in self-initiated goal-directed activities, depression has elements of sadness and/or anhedonia.

What my patients describe

Common fears

- Fear something awful may happen
- Fear of losing self control
- Fear of being a burden
- Fear of being abandoned

Common feelings

- Unhappy
- Loss of hope
- Loss of courage
- Lack of confidence
- Annoyed
- Irritable
- guilty

Common reports

Does not feel better when something good happens

Belief that life is meaningless

Extreme skepticism

Unwilling to speak or smile

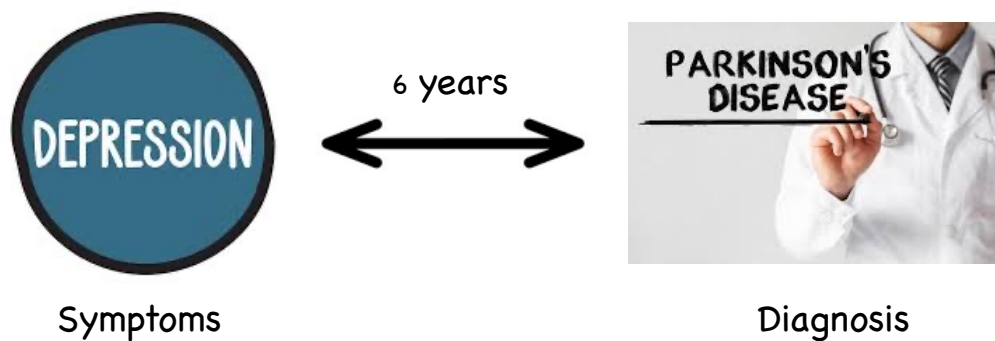
Loss of pleasure in activities

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Depression is related to the **direct physiological effects** of Parkinson's disease



- The prevalence of depressive symptoms is **higher in PD** than in other chronic and disabling disorders.
- Depression may result from the **underlying disease process** rather than solely a reaction to motor disabilities.



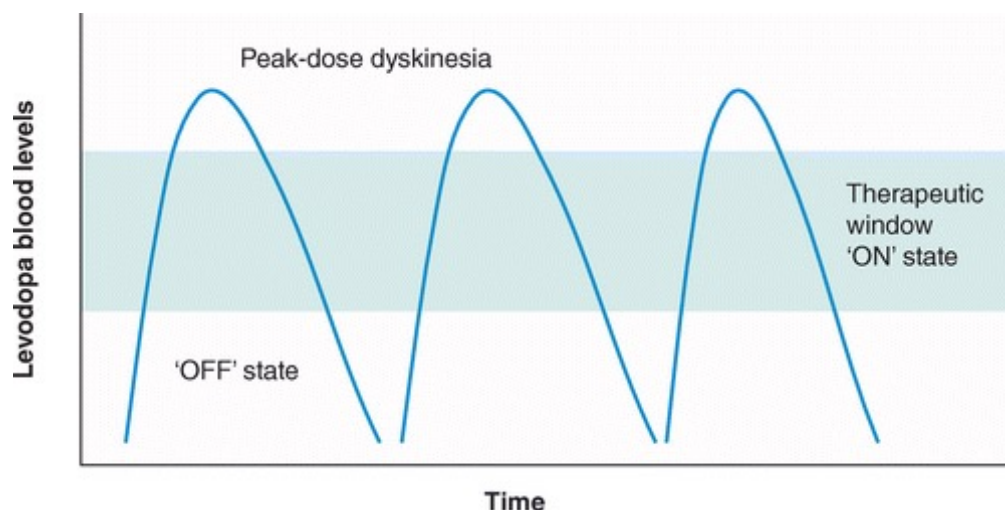
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Even though depression is very common in people with Parkinson's, only about 26% receive treatment.



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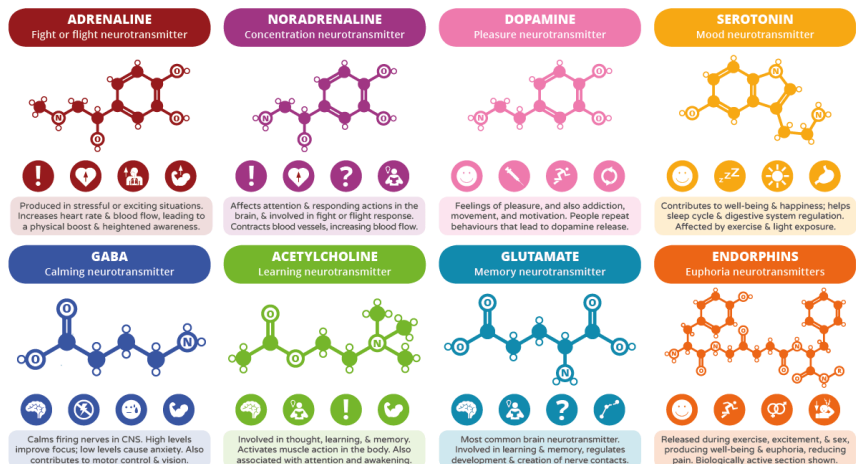
Fluctuation-associated symptoms



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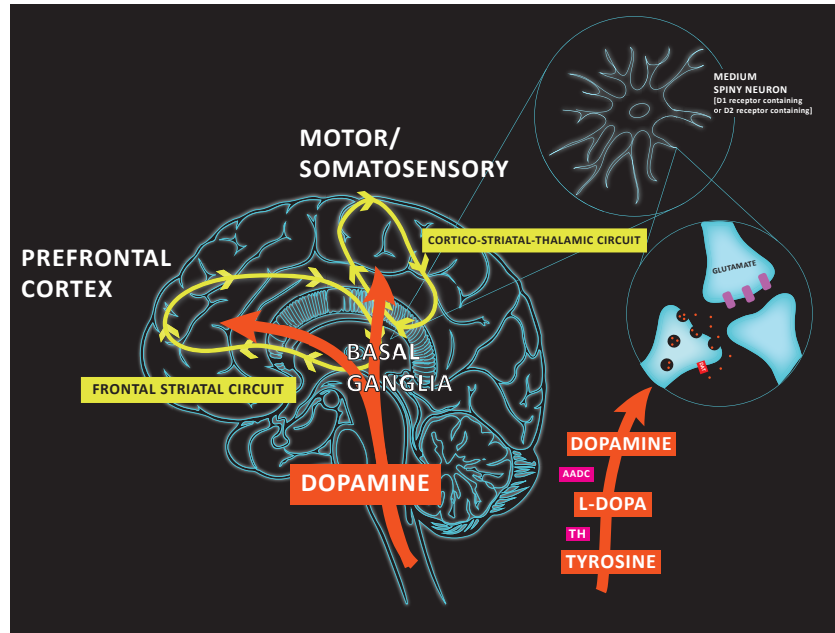
THE STRUCTURES OF NEUROTRANSMITTERS

STRUCTURE KEY: ● Carbon atom ○ Hydrogen atom ⊕ Oxygen atom ⊖ Nitrogen atom ⊕ Rest of molecule



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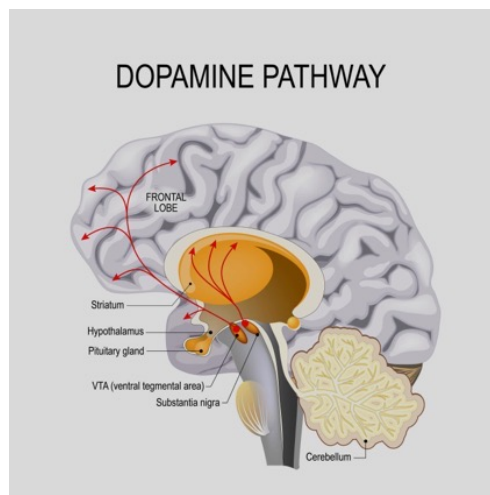
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Dopamine deficiency

People that suffer with low levels of dopamine often experience hopelessness, worthlessness and struggle to handle stress.

These individuals will often isolate themselves from others and have self-destructive thoughts and behaviors.



Addiction and the Brain



Pre-frontal Cortex
This is responsible for higher-level functioning/decision making. This is why we don't like negative consequences.

Nucleus Accumbens
This is responsible for reward/pleasure. This is why we like substances.



Ventral Tegmental Area
This is responsible for desire. This is why we want to use substances.

Factors that influence addiction like cycle:

Genetics & biology, duration, personality traits, environmental, negative life events.

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Dopamine



- Motivation Molecule,” as it helps provide the drive and focus needed to get stuff done.
- Dopamine is also involved with the “pleasure system” of the brain and functions to create a feeling of enjoyment and a sense of reward in order to motivate performance.”

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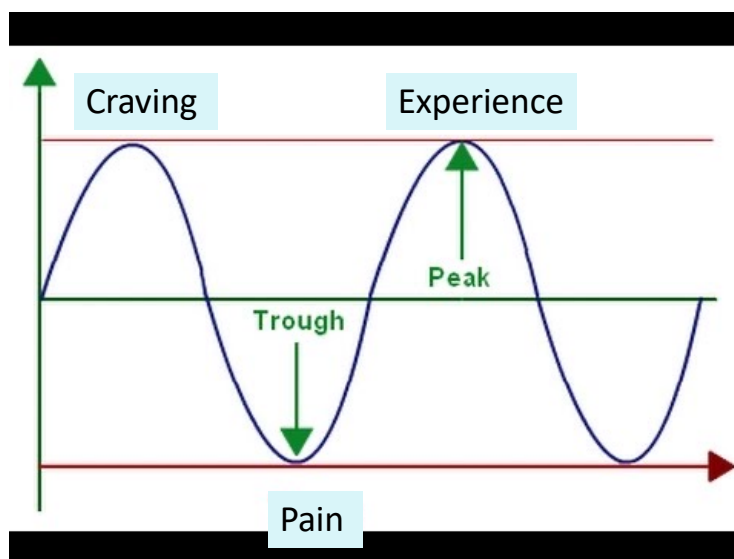


BEHAVIORS

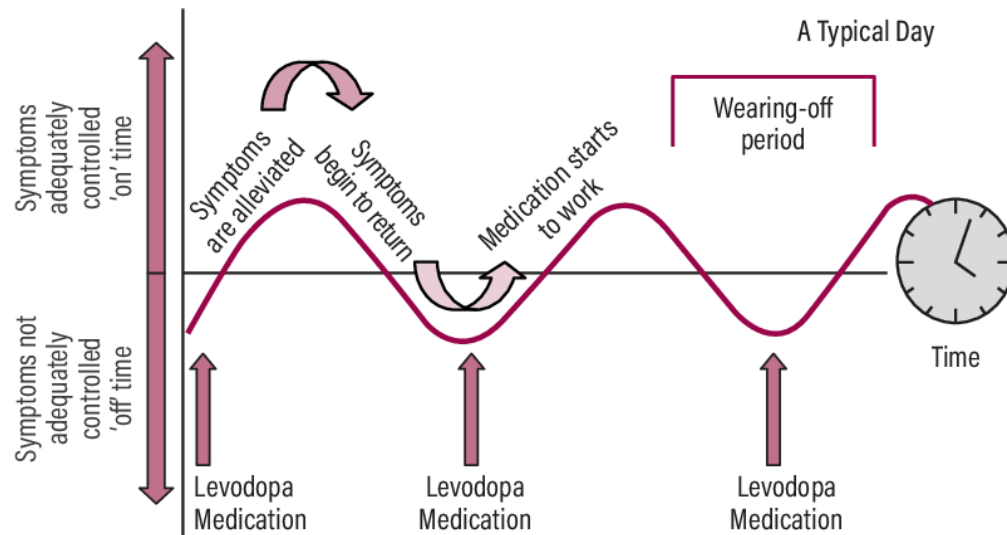


CHEMICALS

Natural cycle of dopamine



Medication-induced Dopamine fluctuations



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After big experience there is a post-event depression



Dopamine

Dopamine is a propeller of whatever we try to pursue



Dopamine

Stimulus → Motivation → Cues → Reward



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Dopamine & Addiction

Behavioral – sex, video game, pornography, substances,
computer use, social media

Progressive narrowing of what brings pleasure

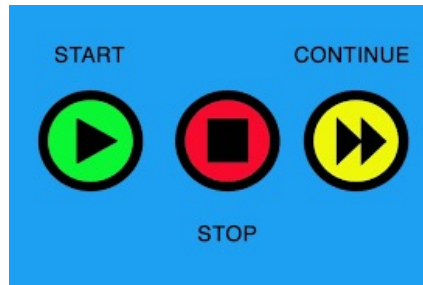


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Dopamine

Craving → Pursuit → Experience

Re-engage or not?



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Dopamine



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