

It is important to monitor mental health if you have Parkinson's disease. Mood changes, most commonly depression and anxiety, are frequent symptoms of PD and can have a greater impact on health status than the movement issues commonly associated with the disease. In fact, it is estimated that at least 50% of people with PD experience a mood disturbance at some point during their illness.

What Are the Symptoms of Anxiety?

Different forms of anxiety are common in PD.

1. Generalized Anxiety Disorder

- Generalized anxiety is characterized by feelings of nervousness and thoughts of worry and fear that are present most of the time.
- The worrying is in excess of what you would normally expect and often feels out of control.
- Physical symptoms are common and include the following: butterflies in the stomach, trouble breathing or swallowing, racing heart, sweating and increased tremors.

2. Anxiety Attacks

- Anxiety attacks usually start suddenly with a sense of severe physical and emotional distress.
- You may feel as if you cannot breathe or are having a heart attack. A common worry is that a medical emergency is happening.
- These episodes usually last less than an hour, particularly when associated with "off" periods, though they can last for longer periods of time.

3. Social Avoidance

- As the name implies, with this type of anxiety, you avoid social situations due to fear of showing Parkinson's symptoms (i.e., tremor, trouble walking) in public.
- Exposure to social situations can lead to severe anxiety, which goes away when you leave the social setting.

4. Obsessive-Compulsive Disorder (OCD)

- People with OCD may be plagued by persistent, unwelcome thoughts or images, or by the urgent need to engage in certain rituals. For example, they may be obsessed with germs or dirt and wash their hands over and over, or they may be filled with doubt and feel the need to check things repeatedly.
- Repetitive behaviors such as hand washing, counting, checking or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away. However, performing these so-called rituals provides only temporary relief, and not performing them markedly increases anxiety.

What Causes Anxiety?

Anxiety affects up to 40% of people with PD and has various causes.

Psychological Factors

There are common fears and worries that go along with anxiety in PD.

- One is a fear of being unable to function, particularly during a sudden “off” period. This sometimes leads to a need to be with someone at all times and a fear of being left alone.
- Another is a concern about being embarrassed—often related to having people notice symptoms of PD in public.

Biological Factors

- Many of the brain pathways and chemicals linked with depression in PD are also likely related to anxiety.
- PD patients have abnormalities in GABA, a brain chemical closely linked with anxiety (and that is a target of one class of anti-anxiety medications).
- In some cases, anxiety is directly related to changes in motor symptoms. People who experience “off” periods can develop severe anxiety during these states, sometimes to the point of full-blown anxiety attacks.

How Is Anxiety Diagnosed?

- Overall, it is easier to diagnose anxiety than depression in PD, as the symptoms of anxiety and PD do not overlap as much.
- A diagnosis of an anxiety disorder is made only if the symptoms involve a clear change in a person's behavior and is not easily confused with motor symptoms.

What Are the Treatment Options for Anxiety?

Medication Therapy - SSRIs

- Newer antidepressants such as SSRIs (selective serotonin reuptake inhibitors) are typically the first medication used.
- All SSRIs have been shown to be helpful for one or more anxiety disorders.
- For patients with anxiety attacks, very low dosages should be used at first, as there is evidence that these medications can actually increase attacks when first started at higher dosages.
- An added benefit of using SSRIs is that they can also help with depression that often goes along with the anxiety.

Medication Therapy - Benzodiazepines

- An older class of medications called benzodiazepines is also used to treat anxiety disorders. Benzodiazepines target the brain chemical GABA.
- Most of these medications have been around for many years:
 - diazepam (Valium®)
 - lorazepam (Ativan®)
 - clonazepam (Klonopin®)
 - alprazolam (Xanax®)
- They can be very effective for anxiety, sometimes working better than antidepressants.
- They take effect quickly, often providing some relief after a single dose, though they have to be taken regularly for a lasting effect.
- These medications can also help with other symptoms of PD, including certain types of tremor, muscle cramping and sleep changes.

Benzodiazepine Considerations

- Major drawbacks of using benzodiazepines include memory difficulties, confusion, increase in balance problems and tiredness.
- If you have been taking benzodiazepines regularly, do not stop suddenly. This can cause uncomfortable and serious withdrawal symptoms.
- Benzodiazepines should be used with caution in older people with PD and in people with dementia.

What Are the Alternative Treatments for Anxiety?

Psychotherapy

- Individual psychotherapy can help you focus on changes in thinking and behavior that occur with anxiety.
- It can also provide support, understanding and education. You may be seen alone, as a couple or family, or in a group.

Exercise

- Exercise has been found to be a simple therapeutic approach for improving mood and anxiety.
- All basic forms of physical activity can help: walking, stretching, yoga, tai-chi, dance and more.

Other Therapies

- Relaxation techniques
- Massage therapy
- Acupuncture
- Aromatherapy
- Meditation
- Music therapy