



# THE PADRECC POST

WINTER 2010

THE PHILADELPHIA VA PARKINSON'S DISEASE RESEARCH, EDUCATION AND CLINICAL CENTER

## Depression in Parkinson's Disease

By Dr. Daniel Weintraub, PADRECC Psychiatrist

Depression is common in Parkinson's disease (PD), affecting between 20%- 40% of patients at any time, including 5%-10% who experience more severe depression symptoms. Depression in PD (dPD) is clinically important, as depressed PD patients have great impairments in their ability to complete daily activities, report worse quality of life, and have caregivers or significant others who report increased burden. In addition, dPD patients are more likely to have other non-motor symptoms, including anxiety, cognitive impairment, hallucinations, decreased motivation, and sleep disturbances.

Possible factors that place PD patients at higher risk of developing depression include being female, a personal history of depression prior to PD, and onset of PD before age 55. Although the cause of dPD is not known, it likely is a result of a complex interaction of psychological and biological factors.

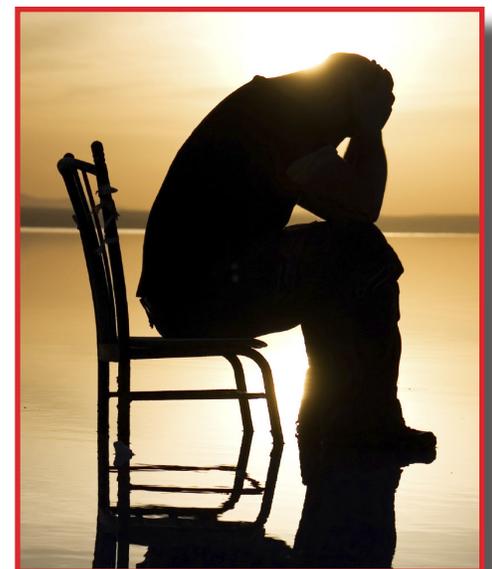
The symptoms that best distinguish depressed from non-depressed PD patients are the non-physical symptoms, including feelings of guilt, depressed mood, loss of pleasure, and thoughts of death or suicide. Diagnosing dPD is

challenging, as physical symptoms of depression and PD can overlap, including sleep changes, slowness, difficulty concentrating, and fatigue. In addition, the appearance of a non-depressed PD patient can be similar to that of someone with severe depression (i.e., diminished facial expression).

Some PD patients experience depressive symptoms specifically related to changes in their motor symptoms, as in patients who experience temporary sadness when their PD medications wear off. Patients can experience worsening mood after deep brain stimulation (DBS) surgery, although on average patients experience improved mood. Important psychological aspects of depression dPD include worries about the possibility of a shortened career in patients with young-onset PD, loss of physical autonomy as the disease progresses, worries about development of cognitive impairment, and being a burden on loved ones.

Regarding PD medications, levodopa is not thought to have a consistent mood enhancing effect, but preliminary studies suggest that dopamine agonists may have antidepressant properties in PD. Approximately 25% of PD patients are on an antidepressant

at any given time, most commonly a newer antidepressant (e.g., a serotonin reuptake inhibitor). Results from clinical experience suggest that antidepressants in general have a positive mood effect and are well tolerated in PD. It also appears that there is a place for talking therapy in the treatment of dPD, as some PD patients prefer this form of treatment, do not respond to antidepressants, or are reluctant to take another medication. Regardless the type of treatment, depression education, practical advice, and involving patients' caregivers in the assessment and treatment of dPD are helpful.



## Recapturing Your Life After PD: A Day of Motivation and Rejuvenation

On November 6th, 2009, in collaboration with Pennsylvania Hospital's Movement Disorders Center, the PADRECC held a patient education program titled "Recapturing Your Life After PD: A Day of Motivation and Rejuvenation." The event was attended by approximately 80 individuals with PD and their caregivers and was held at the Hilton Philadelphia City Avenue Hotel

Attendees enjoyed a motivational presentation by Todd Bischoff titled, "Dream! Act! Live!" and an inspiring workshop by John Creveling and Christina Robertson, PhD titled, "PD: A Transformational Journey." Participants also had an opportunity to showcase various forms of artwork during the conference...what an impressive show!

It was truly a day of motivation and rejuvenation and gave a new perspective on how to live your best life now!

## 2010 Parkinson Congress

The 2nd World Parkinson Congress (WPC) will be held September 28th – October 1, 2010 in Glasgow Scotland, UK. The goal of the WPC is to provide an international forum that will offer the latest scientific advances, medical practices and caregiver initiatives related to PD. The congress brings together physicians, researchers, allied health professionals, caregivers and people with PD with the intent of creating a "worldwide dialogue" that will help further the discovery of a cure and best medical treatment for PD.

The PADRECCs will be represented at the WPC by Lisette Bunting-Perry, RN, MSN (Philadelphia PADRECC) Susan Heath RN, MSN (San Francisco PADRECC) and Dr. Webster Ross (San Francisco PADRECC) who are on the faculty. To learn more about the WPC, visit their website at [www.worldpdcongress.org](http://www.worldpdcongress.org).

## The Path of a Caregiver

*Whether you are a mother, father, sister, brother, or wife you have received news of a loved one being diagnosed with Parkinson's disease and suddenly a new venture lies before you. We take this news not lightly but with a positive goal.*

*We continue to go forward and climb the mountain to make our lives more manageable.*

*Our doctors and nurses are always there helping us along the path. They care to help us not only in the medical arena but also with our emotional hurdles which we face daily.*

*Life continues and we continue our climb never giving up. After many years of challenging this disease, we tend to weaken, slowly we continue to climb until the feeling of the heart and a tear drop on our cheek enters our lives.*

*My never-ending Love,*

*A Caregiver*

**Important New Information on PD as a Presumed Service Connected Disability****VA Department of Veterans Affairs****News Release****October 13, 2009****VA Extends “Agent Orange” Benefits to More Veterans*****Parkinson’s Disease, Two Other Illnesses Recognized***

WASHINGTON (Oct. 13, 2009) - Relying on an independent study by the Institute of Medicine, Secretary of Veterans Affairs Eric K. Shinseki decided to establish a service-connection for Vietnam Veterans with three specific illnesses based on the latest evidence of an association with the herbicides referred to Agent Orange.

The illnesses affected by the recent decision are B cell leukemia’s, such as hairy cell leukemia; Parkinson’s disease; and ischemic heart disease.

Used in Vietnam to defoliate trees and remove concealment for the enemy, Agent Orange left a legacy of suffering and disability that continues to the present. Between January 1965 and April 1970 an estimated 2.6 million military personnel who served in Vietnam were potentially exposed to sprayed Agent Orange.

In practical terms, Veterans who served in Vietnam during the war and who have a “presumed” illness don’t have to prove an association between their illnesses and their military service. This “presumption” simplifies and speeds up the application process for benefits.

The Secretary’s decision brings to 15 the number of presumed illnesses recognized by the Department of Veterans Affairs (VA).

“We must do better reviews of illnesses that may be connected to service, and we will,” Shinseki added. “Veterans who endure health problems deserve timely decisions based on solid evidence.”

Other illnesses previously recognized under VA’s “presumption” rule as being caused by exposure to herbicides during the Vietnam War are:

- Acute and Subacute Transient Peripheral Neuropathy
- AL Amyloidosis
- Chloracne
- Chronic Lymphocytic Leukemia
- Diabetes Mellitus (Type 2)
- Hodgkin’s Disease
- Multiple Myeloma
- Non-Hodgkin’s Lymphoma
- Porphyria Cutanea Tarda
- Prostate Cancer
- Respiratory Cancers, and
- Soft Tissue Sarcoma (other than Osteosarcoma, Chondrosarcoma, Kaposi’s sarcoma, or Mesothelioma)

Additional information about Agent Orange and VA’s services and programs for Veterans exposed to the chemical are available at [www.publichealth.va.gov/exposures/agentorange](http://www.publichealth.va.gov/exposures/agentorange). For VA benefits questions please contact the **Veteran Benefits Administration National Toll Free Number: 1-800-827-1000**.

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The PADRECC would like to thank all of those who made charitable donations on behalf of a loved one followed at the Philadelphia VA PADRECC. The donations are used to support our patient and caregiver education initiatives.

# Upcoming Events



## Patient & Caregiver Support Group Meetings

Will meet the 1st Tuesday of each month at 1:30pm starting September 7th in the 4th Floor PADRECC Conference Room. The group will run from September 2010 to December 2010 and then resume April 2011. Please note day change of group.

*\*This group is for patients who are diagnosed with Parkinson's disease or parkinsonism and their caregivers.*

## Tele-Support Group for Dementia Caregivers

This group will be held the last Wednesday of every month from 1:30pm-2:30pm.

Dial 1-800-767-1750 and when prompted enter code #53860

*\* This group is for dementia caregivers. The goal of this program is to provide guidance, resources, and support to busy caregivers in a convenient and stress-free manner.*

## PD 101

This program is for newly diagnosed patients and/or new patients to the PADRECC clinic. The latest information on Parkinson's disease and treatment will be provided.

This program will be held on April 6th, 2010, 1:00pm-3:00pm, in the 4th floor PADRECC Conference Room.

## 2010 Walk for Parkinson's

This event is being held in Fairmount Park on April 17th, 2010. Please contact The Parkinson's Council for further information on date and time of the event. (610-668-4292).

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