

ECHO Idaho: Behavioral Health in Primary Care

Geriatric Psychiatry:
Parkinson Disease & Behavioral Health in Primary Care
1/15/20
Megan Dunay, MD, MPH
Geriatrics, Boise VA Medical Center

The speaker has no relevant financial relationship(s) to disclose.

Learning Objectives

- Describe the significance of Parkinsonism & Parkinson Disease in Behavioral Health in Primary Care
- Describe the cognitive symptoms associated with Parkinson's Disease
- Discuss best practices in Primary Care PD management

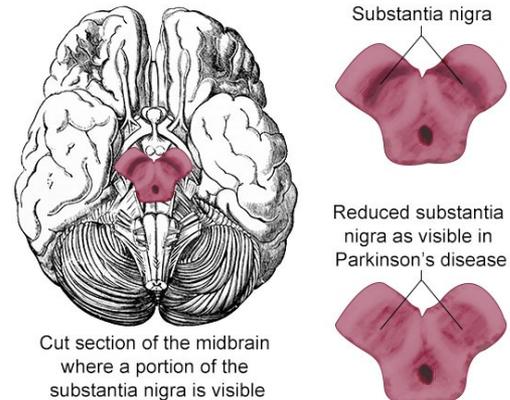
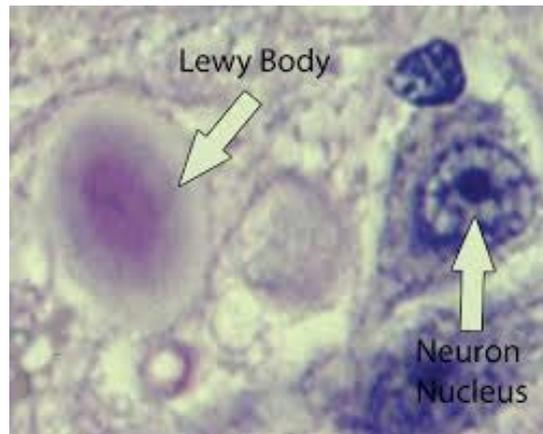
Why Parkinsonism?

1. It's common, you will treat patients with PD
2. ...It's dangerous.
3. It has implications for treatment choices you make.
4. You can improve quality of life in your pts with PD by remaining a participant in their care team.

What is PD?

Chronic, progressive neurodegenerative disorder:

- Due to pathologic intra-neuronal alpha-synuclein-positive Lewy bodies
 - neuronal cell loss
- Affecting dopaminergic cells of the substantia nigra, and many other neuronal cell types



What is Parkinsonism?

A Symptom Complex:

6 Cardinal Motor Features:

1. Tremor (RESTING) 
2. Bradykinesia 
3. Rigidity
4. Loss of Postural Reflexes
5. Flexed (stooped) Posture
6. Freezing

Parkinsonism  Parkinson Disease

Psychiatric & Cognitive Symptoms of PD

- Fatigue and Sleep Disturbance
 - Methylphenidate for daytime sleepiness
 - Low dose qhs clonazepam for REM sleep behavior disorder
- Psychiatric Disorders: Depression, Psychosis
 - TCAs esp. nortriptyline and amitriptyline. Do not use in cog impairment
 - Quetiapine for psychosis. More potent anti-dopamine drugs (eg olanzapine) worsen motor symptoms ... by blocking dopamine
- Dementia
 - Rivastigmine or Donepezil may help
 - Pimavanserin – antipsychotic, new (currently approved for treatment of psychosis)
 - Gabapentin
 - Trazadone

Lewy Body Dementia

- 2nd most common cause of dementia after Alzheimer's Disease (*in developed world*)
 - Visual Hallucinations
 - Fluctuating Cognitive Function
 - Parkinsonism
 - Sleep disorders
 - Depression
 - Can have: falls, syncope, autonomic dysfxn



Best Practices:

Primary Care PD Management

- Keep PD and LBD on your differential!
- Understand the relationship between depression and PD
- Beware antipsychotics
- Beware anticholinergics

Key Points

- PD is common and difficult
- Remaining aware of PD and LBD can improve patient outcomes
- Understand dopamine and when you are antagonizing its receptors!
- Remember depression and PD go hand in hand
- Call me if you have any questions!