The pharmacological treatment of depression in Parkinson’s Disease outpatients: effects on care-dependency

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Background

Previous research has shown the clinical relevance of neuropsychiatric disorders in patients with Parkinson’s Disease (PD). Cross-sectional studies indicated that especially dementia and depression occur in 25-40% of all patients, and there is longitudinal evidence for even 80% of dementia cases after 8 years of PD. Yet little is known about the associations between neurological signs and neuropsychiatric disorders in PD and care-dependency (CDP).

In GEPAD (German study on the Epidemiology of Parkinson's Disease with Dementia) we explored these associations, based on a large representative sample of PD outpatients.

Methods

Study Design / Sample:
- Cross-sectional observational study in the German outpatient care sector.
- N=315 neurologists consecutively examined N=1,449 PD patients on a specified study day in 2005 (see figure 1).

Results

Assessed variables:
- Sociodemographic variables
- Clinical information, e.g. Hoehn&Yahr (HY) rating, degree of CDP
- Neuropsychiatric assessment: dementia according to DSM-IV diagnostic criteria, depression according to the Montgomery-Asberg Depression Rating Scale (MADRS score ≥14)

Clinical/PD-status:
Overall, 44.2% of patients were at early stages of PD (HY stages I+II), 38.7% had moderate PD (HY stage III) and 17.1% were at stages IV-V. The majority of patients were male (60.5%), and had a mean age of 70.7±8.4, and a mean PD duration of 5.5±5.1 years. Dementia occurred in 13.9%, 18.8% had moderate PD (HY stage III) and 17.1% were at stages IV-V.

Care-dependency (CDP):
Overall, 18.3% were care-dependent (n=266). Hereof, 51.9% (n=138) were mildly, 43.2% (n=115) moderately and 4.9% (n=13) severely care-dependent. Rates of CDP were lowest among patients without dementia and depression (14.5%) and highest among patients with both disorders at the same time (55.2%).

Care-dependency and depression treatment status

The data underline that drug therapy for depression is always beneficial in depressed patients, although still featuring higher motor impairment. However, depressed patients – if successfully treated (ie. subthreshold depression) – were still at higher HY stages (p<.05), and had higher MADRS scores (p<.01, data not shown). However they were as equally frequent care-dependent (p=.783).

Conclusions

CDP occurs frequently in PD outpatients. It is clearly associated with neuropsychiatric complications such as dementia and depression, of which the latter seems to contribute to CDP equally as dementia. However, depressed patients – if successfully treated (ie. subthreshold symptomatology) – were equally likely to be care-dependent than non-depressed patients, although still featuring higher motor impairment.

The data underline that drug therapy for depression is always beneficial in PD outpatients.

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