Depression as a prodromal symptom of Parkinson Disease

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OBJECTIVES: To present a clinical case of Parkinson Disease (PD) and its prodromal presentation as a depressive disorder.

BACKGROUND AND AIMS: The cardinal features of Parkinson are resting tremor, rigidity, bradykinesia and impairment of postural reflexes. However, there are several non-motor symptoms that also characterize the disease and not uncommonly precede the appearance of motor signs. The so-called pre-motor symptoms are categorized as autonomic, sensory, sleep-related and psychiatric. The psychiatric manifestations comprise depression, anxiety, apathy, dementia, hallucinations and impulse control disorders. Depression is the most frequent among these, affecting 33-50% of PD patients. Presenting with non-motor symptoms is associated with a delayed diagnosis.

Non-Motor Sleep-Related Symptoms	
Sleep Fragmentation	Day-time Sleepiness
REM Behaviour Disorder	Altered Sleep-Wake Cycle
Drug-Induced Sleep-Attacks (Dopaminergic Agents)	

Non-Motor Psychiatric Symptoms	
Depression	Anxiety
Apathy	Dementia
Psychosis: Hallucinations, Paranoid Delusions (often infidelity)	
Impulse Control Disorders: Pathologic Gambling, Hypersexuality, Compulsive Buying, Binge-Eating, Punding	

MATERIALS AND METHODS: Patient's clinical files consultation and scientific bibliography search using the key-words *Parkinson Disease*, *Non-motor Symptoms*, *Depression in Parkinson Disease*.

RESULTS: A 74 year-old woman, with no previous psychiatric history, was diagnosed with major depressive disorder. The symptoms began after a highly disruptive life-event: a house fire with great material losses. Although the mood disorder successfully responded to anti-depressant medication, the patient kept complaining about physical distress. One year into the follow-up she showed all cardinal parkinsonic features.

Non-Motor Autonomic Symptoms	
Rhinorrhea	Sexual Dysfunction
Dyspnea	Sialorrhea
Seborrhea	Sweating
Hypotension: postural, post-prandial	
Bladder: nocturia, frequency, urgency	
Gastrointestinal: dysphagia, constipation, abdominal bloating	

Non-Motor Sensory Symptoms	
Pain	Burning
Numbness	Paresthesias
Akathisia	Hyposmia
Restless Legs Syndrome	

> **Non-Motor Symptoms are usually a greater source of discomfort than Motor ones and the most troublesome for PD patients.**

> When it comes to balancing drugs in PD, keep in mind that an intact mental function is more important than an intact motor function.

CONCLUSIONS: Late onset depression, even if in the context of comprehensible disruptive life events, deserves close follow-up. Depression can present as a pre-motor manifestation of PD, in some cases several years prior to diagnosis. Therefore, a first depressive episode late in life should raise suspicion for an underlying neurodegenerative disorder. The longitudinal evaluation of the patients' semiology is key to a correct diagnosis and early neurology referral.

References:

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