Depression and PD: Treatment Options

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Objective

- To discuss the applications of Cognitive-Behavioral Therapy (CBT) to the treatment of depression in PD (dPD).
Cognitive-Behavioral Therapy (CBT)

- Evidence-based psychotherapy
- Targets **thoughts** and **behaviors**
- **Skills-based**
- Very suitable for enhancing **effective coping** and treating depression in PD
CBT: Key Points of Emphasis

Multiple interacting causal factors

Causes of Depression

- Biological
- Cognitive
- Behavioral

Depression
Examples of 1:1 Interventions

• Increasing meaningful and social activities
  • OLD
  • NEW
  • MODIFIED

• EXERCISE !!!!!!!

• Problem solving for physical limitations
  • Pacing of activities
  • Appropriate daily goals/ less rigid demands
  • Plan around “off-time”
  • Walk 10 minutes 3x a day instead of 30 minutes at a time
  • Follow through with referrals for PT, OT, and Speech
Examples of 1:1 Interventions

• Anxiety management and relaxation
  • Breathing exercises
  • Progressive muscle relaxation
  • Guided visualization
  • Worry control

• Sleep hygiene
  • Using bed for sleep only
  • Relaxing before bedtime
  • Keeping regular sleep hours
  • Limiting excess time in bed, daytime naps, caffeine, or alcohol in the evening
Examples of 1:1 Interventions

- Thought monitoring and restructuring
  - Rethink the big picture
    - Catch the negative thought
    - Press pause
    - Rewind
    - Replay

- Multiple methods/techniques
## Thought Log Example

<table>
<thead>
<tr>
<th>Situation</th>
<th>Emotion</th>
<th>Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing volunteer work</td>
<td>Hopeless</td>
<td>I am not capable of contributing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>My life is meaningless.</td>
</tr>
<tr>
<td>Not invited to lunch with colleagues</td>
<td>Depressed</td>
<td>My PD makes my friends uncomfortable.</td>
</tr>
<tr>
<td>Thinking about going to a party</td>
<td>Anxious</td>
<td>It will be horrible if people see me shake.</td>
</tr>
<tr>
<td></td>
<td>Scared</td>
<td></td>
</tr>
</tbody>
</table>
Are Your Thoughts Balanced?

What would a jury of your peers decide?
Examine the “Evidence”

**Situation:** Freezing in the bathroom.

**Automatic Thought:** I’m helpless.

**Evidence For:** I was alone in the bathroom in the middle of the night and unable to move.

**Evidence Against:** This happens quite a bit, so I planned in advance. I had my cell phone in my pocket. I called my wife on the house phone and she helped me back to bed.

**Rationale Response:** Even though I was physically unable to move my feet, I was able to help myself out of the situation (thus I am not helpless).
Behavioral Experiment

Negative Thought or Prediction:
“It will be impossible to have dinner in a restaurant because of my tremor.”

Experiment:
I will go to the Olive Garden with my spouse on Saturday at 6 pm.

Outcome:
I was able to eat dinner at the Olive Garden. I ordered food that did not need to be cut and requested a straw and lid for my diet coke. I enjoyed getting out of the house. There were no leftovers to bring home.
<table>
<thead>
<tr>
<th>Negative Thought</th>
<th>Revised Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not accomplishing <em>anything</em> anymore.</td>
<td>I am still accomplishments many things for my family and community, even though I am no longer working in my business.</td>
</tr>
<tr>
<td>I am <em>rapidly</em> deteriorating.</td>
<td>The neurologist said that I was the same that I was six months ago and she did not change my medication.</td>
</tr>
<tr>
<td>Our future is <em>bleak</em></td>
<td>We can still have a meaningful life despite the symptoms of Parkinson’s disease.</td>
</tr>
<tr>
<td><em>Nobody</em> at the party will talk to us.</td>
<td>At least some people at the party will talk to us. It is highly unlikely that we will be completely ignored.</td>
</tr>
</tbody>
</table>
CBT Outcome Data in PD

- First RCT of CBT for dPD
  - 80 PWP and caregivers
  - **Intervention:**
    » CBT + clinical monitoring + standard care
  - **Control:**
    » Clinical monitoring + standard care

- 10 sessions 1:1 CBT for PD patient

- 4 supplemental caregiver educational sessions

- 10-week treatment period/ 1-month follow-up
Depression Outcomes

Hamilton Depression Rating Scale (HAM-D)

<table>
<thead>
<tr>
<th>Time</th>
<th>Baseline</th>
<th>Midpoint</th>
<th>Endpoint</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from Baseline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- CBT: Green Line
- TAU: Red Line

Other Important Outcomes

• **Secondary Outcomes Improved!!**
  • Anxiety
  • Coping – positive reframing
  • Quality of Life – social functioning
  • Motor Function
  • Negative Thoughts
Caregiver Participation Matters

Hamilton Depression Rating Scale

Week 0
Week 10
Week 14

Change in Score

0
-2
-4
-6
-8
-10

0-1 CG Sessions
2-3 CG Sessions
4 CG Sessions

Time
Telephone-Based CBT

Depression & Anxiety

Time

Baseline
Midpoint
Endpoint
Follow-up

Score

HAM-D
BDI
HAM-A
Conclusions

• **YOUR MOOD IS ONE CRITICAL ASPECT OF LIVING WITH PD THAT YOU CAN CONTROL!**

• **DON’T SUFFER IN SILENCE!**

• **EFFECTIVE NON-PHARMACOLOGICAL TREATMENTS ARE AVAILABLE!**

• Stand alone or in conjunction with ADM
Resources

Parkinson’s HelpLine:
(800) 4PD-INFO
contact@parkinson.org
Monday through Friday
9:00 AM – 6:00 PM ET

Fact Sheets and Publications
• Mood: A Mind Guide to Parkinson's Disease
• Psychosis: A Mind Guide to Parkinson's Disease
• Combating Depression in PD

Centers of Excellence
• Worldwide network of 42 leading academic medical centers
Search for one near you at www.parkinson.org/search

Web - Expert Briefings on:
• Apathy or Depression: Which One is It?
• A Closer Look at Anxiety and Depression in PD