

DEPRESSION AND PAIN IN PARKINSON'S DISEASE

Professor Maja Relja

Zagreb University Medical School, Department of Neurology, KBC Kispaticeva 12, 10000 Zagreb, Croatia
Email: mrelja@mef.hr, Phone: +385 1 2388 345

Parkinson's disease (PD) is a common neurodegenerative disorder, being leading cause of neurological disability in individuals older than 60. For the decades the PD was considered to be a movement disorder defined by its motor signs. Current understanding of PD considers PD as a multisystem brain disorder in which non-motor symptoms (NMS) such as depression, cognitive impairment, autonomic and sensory symptoms (pain) as well as sleep problems frequently occurs, having crucial impact on functioning and quality of life (QoL). Although NMS correlate with advancing age and disease severity, some NMS such depression, olfactory problems, constipation and REM disorders, can occur early in the disease. These symptoms are increasingly recognized to precede motor symptoms as the pre-motor (pre-symptomatic) stage of PD. In our study we evaluated 56 consecutive de-novo PD patients (30 males, 26 females; mean age 60.9±9.1 years), H&Y stage 1-3. The most frequent non-motor symptom was depression (45%). It was followed by constipation (35%), unexplained pain (29%) and sleep disturbances (23%). Depression is the most significant predictor of QoL in PD patients. The occurrence of depression has been found more common in young onset PD patients des-

pite similar disease duration and lower disease severity. (Klepac N, Relja M *Cogn Behav Neurol* 2008;21:87-91) Although pain is a prominent NMS in PD it has not been well studied. Usually it was considered that pain is of secondary causes as musculoskeletal origin. Sometimes secondary pain is relived by levodopa indicating that it should be considered as part of spectrum of NMS in PD patients. The most important finding in our study is that there is no difference of depression and cognition score between patients with and without pain (Relja M. *Parkinsonism Relat Disor* 2012;18S:232-235). The quantitative assessments of pain indicate the presence of pain in PD patients both as prodromal sign as well as co-morbid condition in the later stage of the disease.

In conclusion: NMS causes problems in the daily life of PD patients and have a great impact on the quality of life, but they are usually under-diagnosed. To improve the treatment of PD patients and especially QoL, both motor as well as non-motor symptoms should be assessed.