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
Multiple interacting causal factors

Causes of Depression

CBT: Key Points of Emphasis
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?
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 accomplishing 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
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

Change in Score

Week 0
Week 10
Week 14

Time

0-1 CG Sessions
2-3 CG Sessions
4 CG Sessions
Telephone-Based CBT

Depression & Anxiety

- HAM-D
- BDI
- HAM-A

Baseline
Midpoint
Endpoint
Follow-up

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 Brochures
• Parkinson’s Q&A
• Combating Depression in PD
• Apathy and 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