



Neuropsychiatric aspects of Parkinson's disease: update and assessment

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Iracema Leroi works in Manchester as a consultant in old age psychiatry and specialises in the mental health of patients with Parkinson's. Her interest in the condition started during a two-year neuropsychiatry fellowship at Johns Hopkins University in Baltimore, USA, where she subsequently joined the faculty as assistant professor. While there, Iracema undertook studies in dementia in Parkinson's and the neuropsychiatric aspects of other degenerative movement disorders, such as Huntington's disease and spinocerebellar ataxia. She also published one of the first controlled trials of a cholinesterase inhibitor in dementia in Parkinson's.

After moving to Manchester in 2002, she continued her work in Parkinson's with studies on the use of memantine in dementia in Parkinson's and sleep hygiene therapy for Parkinson's-related sleep problems. Iracema is a faculty member with the British Geriatric Society's Parkinson's Disease Academy and was a deputy mental health representative on the NICE Parkinson's guidelines committee. She is now developing a Parkinson's mental health service with funding from the Parkinson's Disease Society (PDS) for a Parkinson's specialist community mental health nurse. In 2006, she was awarded a senior research fellowship with the PDS to study the neural and clinical correlates of disorders of reward and motivation in Parkinson's.

In addition to her Parkinson's-related work, Iracema is an examiner for the British Geriatrics Society Diploma in Geriatric Medicine. She also serves as dementia lead for the Dementia and Neuro-degenerative Diseases Research Network (Dendron) North West and is a lead reviewer with the Royal College of Psychiatrists' Electroconvulsive Therapy Accreditation Service (ECTAS). She has also recently been elected as the mental health representative of the BGS Parkinson's Disease Special Interest Group executive committee.

Presentation abstract: Parkinson's is a chronic, progressive, neurodegenerative disorder that primarily affects the motor system and results in a typical clinical picture of tremor, bradykinesia and rigidity. The initial description of Parkinson's by James Parkinson in his 'Essay on the Shaking Palsy'¹, published in 1817, specifically stated that there was no mental dysfunction associated with the condition: "the morbid state does not extend to the encephalon" and "absence of any injury to the sense and to the intellect". Within a few years of this clinical description, clinicians realised that cognitive and psychiatric impairment was not only present, but also very common. Despite this, until recently, treatment efforts have largely focused on the management of the motor symptoms. However, increasing emphasis is now being placed on recognising and treating the non-motor aspects of Parkinson's as well. Disturbances in mental health constitute a significant part of these non-motor symptoms.

The neuropsychiatric forum outlined some of the key mental health issues faced by people with Parkinson's. In particular, problems such as dementia, psychosis, depression and impulsivity disorders were discussed. The focus was on providing practical clinical points, including clinical presentation, screening tools, diagnostic criteria and pharmacological and non-pharmacological therapy. Examples of useful mental health rating scales were also discussed. Recent updates in the area of mental health research in Parkinson's were presented, together with the results of a survey and audit in Parkinson's mental health and a proposal for a Parkinson's mental health nurse specialist.

Reference

1. Parkinson J. An Essay on the Shaking Palsy. London: Sherwood, Neely and Jones 1817. Available from the Parkinson's Disease Society (charge of £7.50 plus postage applies). See www.parkinsons.org.uk (Accessed May 2007).