

Dr. Friedman's updated book examines impact of behavioral changes in Parkinson's disease

PD primer for patients/caregivers also informative for physicians

BY MARY KORR
RIMJ MANAGING EDITOR

Doctors, whether in private practice or working in Emergency Departments, will recognize their patients in the clinical vignettes presented in the recently updated book, *Making the Connection Between Brain & Behavior, Coping with Parkinson's Disease*, written by neurologist Dr. Joseph H. Friedman, Chief of the Movement Disorders Program at Butler Hospital and Chief of the Division of Movement Disorders in the

Department of Neurology at the Alpert Medical School.

The essential message in the book is that behavior trumps tremor in patients with PD. "What most doctors, even neurologists, don't realize is that while we use motor dysfunction to diagnose PD, it is actually the behavioral problems that cause the most devastating consequences of this illness. It took me many years to recognize this," Dr. Friedman writes.

In the Foreword to the book, Lee Coleman Krapin, MD, a neurologist in Albany, NY, echoes this from a dual perspective. "As a neurologist, I was trained to think of Parkinson's disease as the prototypical movement disorder. As a patient, I learned it was much more. It is an often-debilitating cognitive behavioral disorder that also has sensory and physical manifestations. Quality of life for people living with Parkinson's disease depends largely on better management of these behavioral issues."

Apathy, depression, anxiety and fatigue

The chapters address many of the behavioral problems associated with PD. The most common are depression, anxiety, apathy and fatigue. Dr. Friedman observes that while depression is usually treatable, "there are virtually no data to guide the treatment of the others." Psychosis and dementia reside at the grim end of the spectrum, and yet hallucinations and delusions can be medication-related and treatable.

The following clinical vignette is

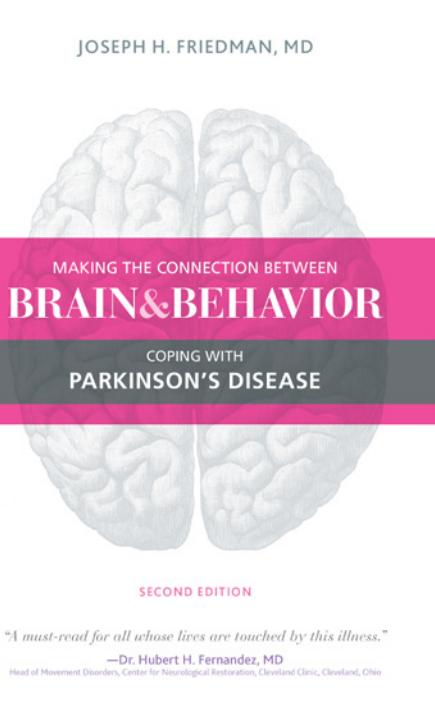


Joseph H. Friedman, MD, Chief of the Movement Disorders Program at Butler Hospital and Chief of the Division of Movement Disorders in the Department of Neurology at the Alpert Medical School.

from the chapter on apathy, which will resonate with primary care physicians and specialists/subspecialists whose patients also have or develop PD.

A 73-year-old man falls asleep frequently and does not seem to care. His family finds that he is not interested in anything. He attends family get-togethers and falls asleep before too long. He goes to his grandchildren's little league and soccer games and falls asleep. He is not embarrassed. He merely reports that, "I'm tired a lot." He has severe PD and is generally transported in a wheelchair. He is mildly demented, confusing some of his grandchildren from time to time, but never seems sad or anxious. He sleeps 12 hours each night and naps after breakfast. He snores mightily.

Dr. Friedman writes: "This patient probably suffers from sleep apnea and clearly has a sleep disorder. Some of his dementia may, in fact, be sleep related



Making the Connection Between Brain & Behavior, Coping with Parkinson's Disease (Second Edition)

Joseph H. Friedman, MD
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and his lack of interest in anything may be largely sleep driven or at least exacerbated by his constant sleepiness."

He explains that many PD patients lose some of their motivation and begin to lose interest in activities and the world around them, and while some of the changes may be the result of loss of motor function and frustration, "we believe that much of it is due to changes in regions of the brain that control motivation and reward. This 'apathy' rarely bothers the patient."

But it does distress family and friends. Unfortunately, he writes, it is unknown if this apathy can be treated. Confounding treatment is that there is so much overlap among symptoms. But "when apathy is related to depression or sleep disorders, these problems can be treated and the apathy will then improve. And, if there is a medical reason, such as low hormone levels, abnormal kidney or liver function, it needs to be addressed first."

Getting the patient to agree to a sleep study, or wear a mask while sleeping, poses challenges of its own.

Rapid Eye Movement (REM) sleep behavior disorder (RBD)

For the medical community, one disorder relatively specific to PD is worth noting – Rapid Eye Movement (REM)

sleep behavior disorder (RBD), which is seen almost exclusively in patients with PD, dementia with Lewy bodies, or multisystem atrophy. "In RBD, patients, typically male, act out their dreams by punching or choking their bed partners. This is due to PD and is not a drug-related behavior. It is due to the specific pathological changes in the brain."

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— Foreword by Lee Coleman Krapin, MD

L-Dopa controversy

The book also addresses concerns around the use of L-Dopa, in an appendix titled, "Urban Myth: L-Dopa Stops Working in Five Years." Dr. Friedman feels L-Dopa is helpful as long as there are enough dopamine-producing cells in the brain. It is "a rare patient who has so few cells left that a dose of L-Dopa produces no improvement in movement... It is an error to postpone taking L-Dopa due to the fear that it will stop working in five years."

The book was first published in 2008 and each chapter has been revised, with three additional chapters, appendices and updated treatment options, including the indications, benefits, and the

sometimes counterintuitive side effects to interventions, including deep brain stimulation (DBS) and electroconvulsive therapy (ECT) to treat intransigent depression and motor problems.

Although a layperson's primer on PD, addressing the medical science and the daily conundrums PD families face, such as when to stop driving, and when it is and is not OK to nag, or when it is appropriate to go to the ED, doctors, medical students and physicians in residency programs can glean pearls from Dr. Friedman's 30-plus years in the field.

And given the aging population in the United States, particularly here in Rhode Island, it is a timely review of what has been done and what needs to be done in terms of research and allocation of resources to address the needs of this population.

Dr. Friedman likens his role to an "anchor in a stormy sea." By sharing his wealth of experience within the book, its pages, too, become an anchor for those navigating the shifting, at times, chaotic seas of PD, as readers' reviews on Amazon.com attest to.

I am leaving my copy in my PCP's office on my next visit. ♦