

# The View from Parkinson Land

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Many years ago I put together a collection of vignettes<sup>1</sup> from my colleagues in the Parkinson Study Group, unusual anecdotes reported by patients with Parkinson's disease (PD) who had fallen into a parallel universe due to their PD and its treatment. Their reality had been altered, sometimes with preserved insight, and sometimes without. That collection, probably my most interesting paper (co-authored by the many contributors) had difficulty finding a home. Most journals would not publish anything like that, too 19th century. No academic medical paper in the 21st century should have an entertaining story to tell. No abstract, methods section, discussion or conclusion. "No template, no publication," and no high impact journal had a template it would fit. Eventually a low impact journal agreed to publish it. I give the article to students to try to get them interested in neurology. It's somewhere between an amateur Oliver Sacks' paper and Ripley's Believe it or Not.

When I think of my patient interactions, mostly with people with PD, I often think of a brief story the chair of my training program, Dr. Lewis P. Rowland, told the residents at morning report. He was a wonderful and very distinguished neuromuscular expert. "When I finished training I started with a clinical practice. My first patient walked in and I saw immediately that he had Parkinson's disease. I asked myself, 'What am I going to do for the next hour?'" This was in the 1950s, before L-Dopa, and most neurology cases were referred for diagnosis, not many treatments being available.

We've come a long way since then. We now have many treatments for the disorder, and are much better at treating it than we were then, although still limited, and our treatments often cause side effects. Our understanding of the disease, even just the clinical features, show us that the more we study it, the more interesting it gets. It's like a fractal, structure within structure, without end. So that the question, "What do I do for the next hour?" or, the more up-to-date question, "What do I do for the next 10 minutes?" rarely arises. "Ask and listen," is the answer.

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## MEDICATION SIDE EFFECTS

### Visual, auditory hallucinations

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Another was disturbed by drones that flew at night, spying on the neighborhood. They were operated by people who were watching out their windows, with the lights in their home turned off. The patient, knowing that people wouldn't believe it, took videos of the drones and pictures of the neighbors in the windows. Neither the spouse, nor the police, were able to see the drones or the people on the cell phone images, although the patient did.

A different patient saw people working on the pond that was at the periphery of his property. They were cutting down trees, which he found mildly disturbing. He, too, took pictures of them and brought them to me to convince me that they were real. And he saw them in the photos,

although no one else did.

I wrote an essay<sup>2</sup> on my current "favorite" hallucination and the previous favorite. The previous favorite was reported by a patient who did not volunteer the presence of hallucinations, but readily answered my question about them. "I see people outside my house." I asked, "How do you know they're hallucinations and not real?" "Every morning when I sit down to eat breakfast, I see a group of nuns wearing habits, who start building a deck," he answered.

An older man said, with a smile, "I see a baby every night. It's such a good baby. It never cries."

An old woman saw her dead husband. "How does that make you feel?" I asked. "How should it make me feel? He's dead."

### Paranoid delusions

Sometimes the medications can produce paranoid delusions. A professor was obsessed with the notion that people broke into his office in his home. He could hear them from other

parts of the house, but he never saw them or found evidence that they had been there. Nothing had been moved. He set a recording machine (before motion-activated video recorders were developed) to capture sounds they made. He refused to reduce his medications despite being told repeatedly that these were medication-induced auditory hallucinations. Then he was hospitalized and his medications were reduced. When he returned home, he no longer heard the sounds, but still believed in the intruders and refused to allow further alterations of his medications. "But you stopped hearing them when we lowered the medication," I said. "Has anyone investigated whether that medicine is good for hearing?" he responded.

### Compulsions

It is widely known that dopamine agonists, drugs that have activity similar to dopamine, may cause gambling or hypersexuality. They often cause other compulsive activity as well. It is uncommon for patients to mention this without being asked directly, since we think of medicine side effects in terms of rashes, nausea, constipation, dizziness, sleepiness, and similar somatic symptoms, less in terms of behaviors, particularly unusual ones.

One patient, whom I had told about the possibility of compulsive behavior when she started a new medication, told me at the next visit that she had developed a strange interest in vacuum cleaners. "I went to the store and saw a sign that vacuum cleaners were on sale. I thought I needed one, so I bought it. When I got home, I figured that it would be easier if I had one on each floor so that I wouldn't need to carry it up and down the stairs. I also thought that a handheld vacuum would make life easier, and my son could use a new one for his house. And now, when I go to the store, I spend time checking out the vacuum cleaners. I know that's weird."

And there's the man who baked a cherry pie every night although he didn't like cherry pie; the man who traveled to flea markets collecting uranium glass; the woman who had to change her clothes two or three times before she went to work; the man whose excessive fishing contributed to his divorce; the man who collected broken lawn mowers.

What could be more interesting than this? ❖

### References

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2. Friedman JH. My newest favorite hallucination. *Rhode Island Med J*. 2021;104(9):85-86.

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