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Commentary

Depression Links with the Non-Motor Symptoms of Parkinson's Disease

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ABOUT THE STUDY

The importance of early diagnosis and prognosis assessment in neurodegenerative illnesses has led to several efforts to suggest relevant predictors. Parkinson's Disease (PD) is characterised by piecemeal loss and death of the substantia nigra pars compacta neurons and aggregation of the alpha-synuclein protein (α-syn) in the central nervous system. It is one of the most prevalent progressive neurodegenerative disorders in the world, especially in the elderly population. Common motor symptoms, such as resting tremor, bradykinesia, gait issues, muscle rigidity, and postural instability, which impede with daily tasks, are the clinical manifestation of this illness. Although the majority of Parkinson's Disease (PD) symptoms are motor in nature, there are also several non-motor symptoms (NMS), such as sensory abnormalities, cognitive impairment, sleep disorders, excessive daytime sleepiness, painful dystonia, autonomic dysfunction, and psychosis.

Previous studies have revealed that PD patients exhibit at least one NMS symptom. About 40% of PD patients have a depressive disorder, however because PD and depression symptoms often coexist, this condition goes mostly untreated. The incidence of sleep disturbances is around 90% and some research indicate that RBD is associated with an increased chance of acquiring PD in the future. NMSs in PD patients have a significant negative influence on prognosis and patient quality of life, such as accelerating motor and cognitive decline. Despite having a significant influence on patients' quality of life, diagnosing NMSs is still difficult, in part because other symptoms of PD predominate.

NMS have undergone intense scrutiny in recent years with regard to their potential value as PD diagnostic and prognostic tools. Because non-motor dysfunction affects more than 20% of people with Parkinson's Disease (PD), several recent research suggest that it has a greater impact on health-related quality of life than motor abnormalities. Additionally, according to recent studies, almost all PD patients had at least one NMS while they were ill, demonstrating a trend of variability. Because more than 50% of the striatal dopaminergic capacity has been lost by the time the patient manifests motor symptoms, early detection through NMSs is crucial.

Additionally, it has been suggested that depression may be a crucial future risk factor for acquiring Parkinson's Disease. Different pathophysiologies, such as the loss of dopamine and noradrenaline innervation in the limbic system, disruption in serotonergic raphe nuclei in sporadic PD, and atrophic cortical gyri and emotion recognition centres in depression-PD patients, could cause depression as a prodromal symptom for Parkinson's Disease. The precise aetiology is still not well understood, though.

Hyposexuality and patient depression severity were found to be statistically significantly correlated, although this statistical significance was not seen for any other NMSs in our study. Patients with PD experience a wide range of autonomic dysfunctions, including symptoms related to the heart, gastrointestinal system, and sexual function. Hyposexuality and constipation are two of these symptoms that patients typically experience. Both genders experience hyposexuality, however orgasmic dysfunction is frequently overlooked by clinicians and patients because to patients' embarrassment and their preference for more obvious motor symptoms. In nations like Iran where sexual tendencies are rarely openly discussed, hyposexuality and sexual problems are particularly underdiagnosed. The high rates of constipation in depression-PD patients are further alarming because malabsorption of PD medication can result from gastroparesis and small intestine bacterial overgrowth.

This is especially noteworthy because some studies have suggested that patients with specific motor symptom patterns are more likely to experience severe NMSs and have worse prognoses. Finally, only the PSQ score, MoCA, and hyposexuality were found to be significantly predicted by the BDI among the NMSs examined in this study. The only significant predictors in the multivariate regression analysis were MoCA and hyposexuality. Therefore, hyposexuality and cognitive impairment in PD are significantly predicted by depression.

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