



ORIGINAL ARTICLE

Clinical and psychopathological factors associated with impulse control disorders in Parkinson's disease^{☆,☆☆}



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Psychopathology;
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Abstract

Introduction: Impulse control disorders (ICD) constitute a complication that may arise during the course of Parkinson's disease (PD). Several factors have been linked to the development of these disorders, and their associated severe functional impairment requires specific and multidisciplinary management. The objective of this study was to evaluate the frequency of ICDs and the clinical and psychopathological factors associated with the appearance of these disorders.

Methods: Cross-sectional, descriptive, and analytical study of a sample of 115 PD patients evaluated to determine the presence of an ICD. Clinical scales were administered to assess disease severity, personality traits, and presence of psychiatric symptoms at the time of evaluation.

Results: Of the 115 patients with PD, 27 (23.48%) displayed some form of ICD; hypersexuality, exhibited by 14 (12.2%), and binge eating, present in 12 (10.1%), were the most common types. Clinical factors associated with ICD were treatment with dopamine agonists (OR: 13.39), earlier age at disease onset (OR: 0.92), and higher score on the UPDRS-I subscale; psychopathological factors with a significant association were trait anxiety (OR: 1.05) and impulsivity (OR: 1.13).

Conclusions: ICDs are frequent in PD, and treatment with dopamine agonists is the most important risk factor for these disorders. High impulsivity and anxiety levels at time of evaluation, and younger age at disease onset, were also linked to increased risk. However, presence of these personality traits prior to evaluation did not increase risk of ICD.

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PALABRAS CLAVE

Agonistas dopaminérgicos; Enfermedad de Parkinson; Personalidad; Prevalencia; Psicopatología; Trastorno del control de los impulsos

Factores clínicos y psicopatológicos asociados a los trastornos del control de impulsos en la enfermedad de Parkinson

Resumen

Introducción: Los trastornos del control de los impulsos (TCI) son una complicación que puede aparecer en los pacientes con enfermedad de Parkinson (EP). Su presencia se ha relacionado con diversos factores y confiere tal gravedad clínica que obliga a realizar un abordaje específico y multidisciplinar. El objetivo de este estudio fue evaluar la frecuencia y los factores tanto clínicos como psicopatológicos asociados a su aparición.

Métodos: Estudio transversal, descriptivo y analítico con una muestra de pacientes con EP a quienes se evaluó la presencia de algún TCI. Se administraron escalas clínicas para valorar la gravedad de la enfermedad, los rasgos de personalidad y diferentes síntomas psicopatológicos presentes en el momento de la valoración.

Resultados: La muestra fue de 115 pacientes, de los cuales un 23,48% (n = 27) presentaba algún TCI, siendo los más frecuentes la hipersexualidad en el 12,2% (n = 14) y la ingesta compulsiva en el 10,1% (n = 12). De los diferentes factores clínicos y psicopatológicos analizados, se asociaron con la presencia de TCI el tratamiento con agonistas dopaminérgicos (OR: 13,39), la edad de inicio más precoz de la enfermedad (OR: 0,92), una puntuación mayor en la escala UPDRS-I (OR: 1,93), la ansiedad como rasgo (OR: 1,05) y la impulsividad no planificada (OR: 1,13).

Conclusiones: Los TCI son frecuentes en la EP. El tratamiento con agonistas dopaminérgicos es el factor de riesgo más importante. Niveles elevados de impulsividad y ansiedad en el momento de la valoración, así como una edad de inicio precoz, incrementan el riesgo. Sin embargo, los rasgos de personalidad previos no confieren un mayor riesgo.

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Introduction

Parkinson's disease (PD), the second most common neurodegenerative disease, has traditionally been considered a motor disorder resulting from progressive degeneration of the nigrostriatal dopaminergic system. Based on this hypothesis, therapeutic strategies have concentrated on increasing dopamine levels.

Over time, however, several adverse effects of dopamine replacement therapy (DRT) have been described. These include such motor symptoms as dyskinesia and motor fluctuations, as well as non-motor symptoms: psychotic disorders, compulsive behaviour (punding, walkabout, hobbyism), dopamine dysregulation syndrome (addiction to DRT), and impulse control disorders (ICDs).¹

Impulsivity, the core feature of ICD, is characterised by quick, unplanned responses to internal or external stimuli. Impulsive people rarely take time to assess the negative impact their actions may have on themselves or other people.² In ICD, impulsivity can manifest as a wide range of behaviours. Some ICDs described in the general population include pathological gambling, binge eating, compulsive buying, hypersexuality, pyromania, kleptomania, and intermittent explosive disorder.³ Other disorders, such as trichotillomania, fall between impulsive and compulsive disorders. Although obsessive-compulsive disorders have traditionally been classified as ICD, the latest edition of the DSM (DSM-5) places them in the category of obsessive-compulsive and related disorders.⁴

Prevalence of ICD is higher in patients with PD than in the general population, ranging from 8% to 28%, depending on

the sample, methodology, and diagnostic criteria for ICD.^{5–8}

A number of susceptibility factors appear to contribute to ICD. Some of these risk factors are each person's biological vulnerability, a personal and family history of psychiatric disorders associated with impulsivity, male sex, early-onset PD, and longer duration of PD.^{9–11} Recent studies investigating the potential influence of DRT on these disorders suggest an association between this type of treatment (levodopa and dopamine agonists) and some ICDs.^{12,13} Although a history of psychiatric disorders associated with impulsivity has been described as a risk factor for developing ICD, few studies have analysed the influence of personality traits on these disorders.¹⁴

The present study aims to: (1) analyse the frequency of the different ICDs in a sample of patients with PD who underwent specific tests for detecting ICD, and (2) study the connection between these disorders and several clinical and psychopathological factors.

Subjects and methods

We conducted a cross-sectional, descriptive, and analytic study of a sample of patients diagnosed with idiopathic PD who were consecutively recruited from the outpatient clinic of the movement disorders unit at Hospital Universitario Vall d'Hebron from October 2009 to May 2013. The inclusion criteria were: a diagnosis of idiopathic PD according to the diagnostic criteria of the United Kingdom Parkinson's Disease Society Brain Bank,¹⁵ absence of dementia (MMSE score > 26), receiving stable doses of antiparkinsonian or

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