



Review

Systematic review of factors associated with depression and anxiety disorders among older adults with Parkinson's disease

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ABSTRACT

Depression and anxiety disorders have a substantial impact on the quality of life, the functioning and mortality of older adults with Parkinson's disease (PD). The purpose of this systematic review was to examine the factors associated with the prevalence of depression and anxiety disorders among individuals with PD aged 60 years and older. Following a literature search in PubMed, PsycINFO, CINAHL, and EMBASE, 5 articles met the inclusion criteria (adults aged 60 years and older, individuals with PD, and with depression and anxiety disorders, and English-language peer reviewed articles) and were included in this review. These studies were conducted in the U.S ($n = 3$), in Italy ($n = 1$) and the U.K ($n = 1$). Findings indicated that autonomic symptoms, motor fluctuations, severity and frequency of symptoms, staging of the disease, and PD onset and duration were associated with the prevalence of depression and anxiety disorders among older adults suffering from PD. Despite the limited number of studies included in the review, depression and anxiety disorders are often unrecognized and untreated and the comorbidity greatly exacerbates PD symptoms. The identification of factors associated with the development of depression and anxiety disorders could help in designing preventive interventions that would decrease the risk and burden of depression and anxiety disorders among older adults with PD.

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1. Introduction

Parkinson's disease (PD) is a neurodegenerative disorder associated with high prevalence of neuropsychiatric features, which are disabling and often have an adverse impact over the course of the disease [1]. Depression and anxiety disorders are common neuropsychiatric syndromes among individuals with PD [2], with a prevalence ranging from 26% to 65% [3–5]. Depression and anxiety disorders contribute to PD motor symptoms, motor complications, gait difficulties, freezing episodes, on-off fluctuations, cognitive impairment, disability, worsening quality of life and poor self-perceived health status [4–7]. Many studies have solely focused on the impact of depression in individuals with PD while overlooking the role of anxiety disorders [5]. According to Yamanishi et al. [5], and Quelhas & Costa [8], anxiety disorders, more so than depression, have a greater impact on the quality of life in PD. Recognizing that depression and anxiety disorders commonly co-occur in PD is essential since both conditions have been associated with negative PD health outcomes and increased mortality [9].

The literature on factors involved in the occurrence of depressive and anxiety disorders among older adults with PD is mixed and lacking with no consensus on which factors are the most important. Nègre-Pagès et al. [10] found that the factors most strongly related to anxiety symptoms in PD patients were female gender, younger age, and the presence of depressive symptoms. However, Quelhas & Costa [8] did not find any significant association between depression and anxiety disorders and demographic features, such as age and sex, or clinical features of PD, such as severity of motor symptoms or degree of disability. Other risk factors have also been mentioned in the literature relative to the development of depression and anxiety disorders among individuals with PD, including disease severity, impaired cognition, and older age, as well as social and personal factors [11]. Furthermore, two conflicting hypotheses have been suggested to explain the coexistence of depression and anxiety disorders in PD. One of the hypotheses indicated that there might be a common pathophysiological mechanism shared by depression and anxiety disorders since both conditions frequently co-occur, whereas the second hypothesis asserted that both conditions might have different mechanisms since they are not linked to the same PD features [12].

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Given the difficulties in determining the factors associated with the co-occurrence of depression and anxiety disorders among older adults with PD, a model has been proposed (Fig. 1) as a conceptual framework to outline a range of potential factors that may be involved in the development of depression and anxiety disorders in this population, as well as the possible outcomes resulting from the comorbidity of depression and anxiety disorders in PD. The development of depression and anxiety disorders may be triggered by various factors such as biological factors (comorbidity with another chronic illness, motor symptoms of PD), psychosocial factors (lack of social support, past psychiatric history, stressful life events, poor coping mechanisms), and personality types as well. The presence of depression and anxiety disorders in PD may lead to social isolation, reduced involvement in day-to-day activities, disruption in family relationships, increased motor fluctuations, sleep disturbances and mortality, and lower life expectancy and quality of life. The outcomes could in turn impact the disorders by exacerbating depression and anxiety symptoms, which may lead to a deterioration of PD condition.

Despite the growth of research dedicated to the non-motor symptomatology of PD, literature focused on the comorbidity between depression and anxiety disorders among older adults with PD remains sparse. Depression and anxiety disorders are the most common causes of psychosocial and functional impairment in late life; however, they are often undetected and untreated in older adults [13] and [14]. The difficulties in diagnosing these disorders are related not only to the atypical presentation of clinical features but also to the frequent presence of several medical disorders [15] and [16] including but not limited to PD. According to Pachana et al. [5], depression and anxiety disorders are frequently under-recognized and under-treated in PD, possibly due to clinical attention being focused mainly on motor symptoms of the disease, which may mask the psychiatric aspects of PD. Additional barriers

to the recognition and treatment, highlighted in the literature, include the overlapping of the depression and anxiety symptoms with PD features [1], as well as social barriers like stigma.

The purpose of this review was to examine the literature in order to capture both the most common and distinguishing factors associated with the co-occurrence of depression and anxiety disorders among older adults with PD. Identifying the factors involved in the comorbidity of depression and anxiety disorders will help optimize the level of care of older adults with PD and improve their quality of life through appropriate and timely recognition and treatment of these disorders, or prevention.

2. Methods

A systematic review of research-based literature cataloged in PubMed, PsycINFO, CINAHL, and EMBASE was performed to identify the articles assessing the factors associated with depression and anxiety disorders among older adults, 60 years and older, suffering from PD. In addition, the reference lists of included studies as well as previous review studies were examined for inclusion of additional studies. The review was carried out from January 25 to March, 31 2013 and included the following subject terms and key words: 'Parkinson's Disease', 'Paralysis Agitans', 'anxiety disorder', 'anxiety neuroses', 'depressive disorder', 'depression', 'aged', 'elderly', 'risk factors' to help identify the most pertinent literature (Cf. appendix which provides full search terms and strategies).

English language peer-reviewed studies analyzing factors associated with the manifestation of depression and anxiety disorders symptoms in older adults (aged 60 years and older) with a confirmed diagnosis of PD were included. Articles were excluded if they considered anxiety and depression disorders separately, if they were focused on therapeutic interventions and management of the disorders, or if they included other psychiatric and neurodegenerative disorders that could influence the presentation of depression and anxiety disorders in the research population.

Inclusion and exclusion criteria applied to obtain the relevant articles are presented in Table 1. The electronic database searches identified 332 possible studies that were refined through the search process. Fig. 2 outlines the full process for the selection of articles based on the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement [28]. In all, 125 articles were excluded based on the non-relevance of their titles and abstracts to the present review. After

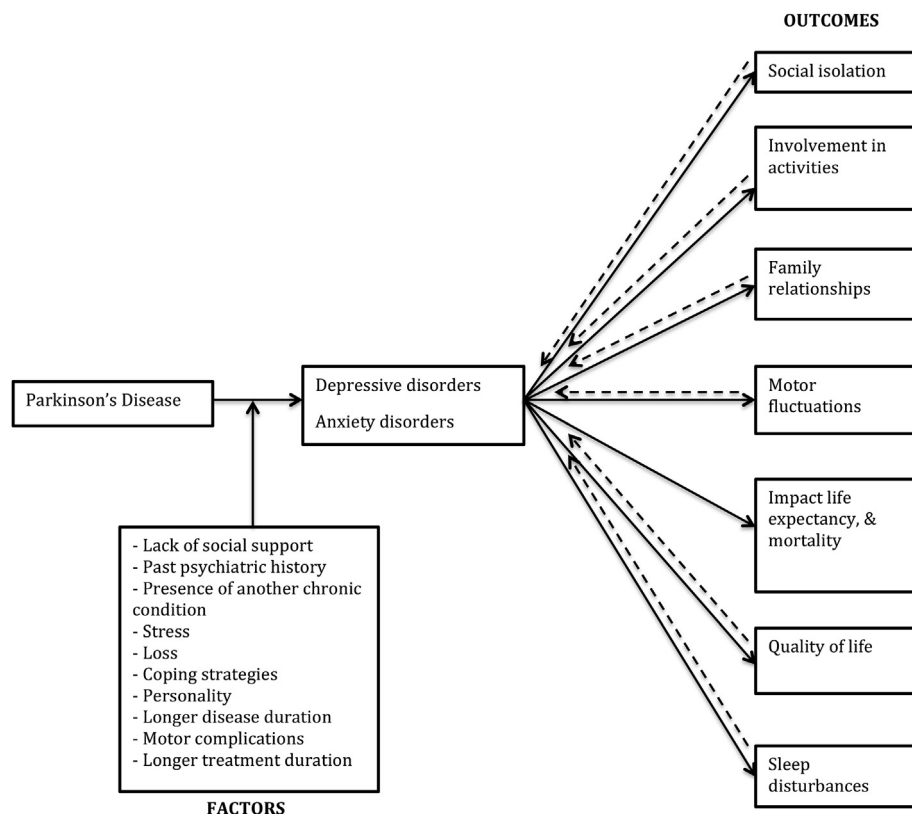


Fig. 1. Conceptual framework for older adults with Parkinson's disease: Probable factors and outcomes.

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