Anxiety

Anxiety is less well studied, yet may be as common as depression in PD. Up to 40% of patients experience some form of anxiety, most commonly generalized anxiety, anxiety attacks, obsessive-compulsive disorder, and social avoidance. Anxiety and depressive disorders often occur together in PD.

**Key Point:** There are many different ways that a person with PD can experience anxiety. As many as 2 out of every 5 patients with PD will experience one of these forms during the course of their illness.

**What Causes Anxiety?**

From a psychological standpoint, there are common worries that go along with anxiety in PD. One is a fear of being unable to function, particularly during a sudden “off” period. This sometimes leads to a need to be with someone at all times and a fear of being left alone. Another is a concern about being embarrassed, often related to having people notice symptoms of PD in public.

Many of the brain pathways and chemicals linked with depression in PD are also likely related to anxiety. In addition, PD patients also have abnormalities in GABA, a brain chemical closely linked with anxiety and targeted by one class of anti-anxiety medications.

In some cases, anxiety is directly related to changes in motor symptoms. Specifically, patients who experience “off” periods can develop severe anxiety during these states, sometimes to the point of full-blown anxiety attacks. No clear link has been shown to exist between anxiety and any other clinical features of PD.

**What are the Symptoms of Anxiety?**

Generalized anxiety is a feeling of nervousness and thoughts of worry most of the time. The worrying is in excess of what patients would normally expect and often feels out of control. Physical symptoms are also common, including butterflies in the stomach, trouble breathing or swallowing, racing of the heart, sweating, and increased tremors.

Anxiety attacks usually present suddenly, with a sense of severe physical and emotional distress. Patients may feel as if they cannot breathe or are having a heart attack, and a common worry is that a medical emergency is happening. These episodes usually last less than an hour, particularly when associated with “off” periods, though they can last for longer periods of time.

*Reminders: Italicized words can be found in the glossary (p. 83).*
Social avoidance involves avoiding social situations secondary to a fear of embarrassment at having Parkinson symptoms, such as tremor, dyskinesias, or trouble walking, noticed in public. Exposure to these situations can lead to severe anxiety, which goes away when removed from the situation.

Obsessive-compulsive disorder involves thoughts and/or behaviors that repeat themselves and are not connected with real-life problems, generally do not make sense, and are troubling to the patient. It has been suggested that obsessive-compulsive symptoms are associated with more severe PD or left-sided symptoms, though this is not certain.

**How do you Diagnose Anxiety?**

Overall, it is easier to diagnose anxiety than depression in PD, as the symptoms of anxiety and PD do not overlap as much. For example, anxiety attacks and obsessive-compulsive symptoms usually involve a clear change in a patient’s previous behavior and are not easily confused with motor symptoms.

Worrying about one’s physical condition and the future is a natural part of having a chronic disabling illness, so a diagnosis of generalized anxiety should be made either if there is a significant, unexplained increase in anxiety or a sense that the patient has symptoms in excess of what would normally be expected given the situation. Phobia can also be difficult to diagnose, as a patient may have a legitimate concern that a tremor or a change in walking ability may be noticed in public. In this case, a diagnosis is made if the person realizes that the concern is excessive or unreasonable, the situation is actively avoided, and it causes interference in the person’s life.

**What are the Treatment Options for Anxiety?**

Treatment for anxiety disorders has changed in recent years. Newer antidepressants, such as the SSRIs, are typically the first medications used. All of these medications have been shown to be helpful for one or more anxiety disorders. Anti-anxiety effects are not sudden with antidepressants, sometimes taking weeks for full effect. For patients with anxiety attacks, very low dosages should be used at first, as there is evidence that these medications can actually increase attacks when first started at higher dosages. An added benefit of using these medications is that they can help with the depression that often goes along with anxiety.

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14 **Reminder:** *Italicized* words can be found in the glossary (p. 83).
An older class of anti-anxiety agents is the benzodiazepines, also called “nerve pills”, which affect the brain chemical GABA. Most of these medications have been around for many years, including diazepam (Valium®), lorazepam (Ativan®), clonazepam (Klonopin®), and alprazolam (Xanax®). They can be very effective for anxiety, sometimes working better than antidepressants. In addition, they take effect very quickly, often providing some relief after a single dose, though they have to be taken regularly for a lasting effect. Finally, these medications can help with other symptoms that may be present in PD, including certain types of tremor, muscle cramping, and sleep changes.

There are several possible drawbacks to using benzodiazepines in PD. These medications can affect memory and lead to confusion, worsen balance, and cause tiredness. All of these effects are more common in older patients. In addition, most need to be taken regularly and more than once a day for maximum effect, and missed doses can lead to a sudden increase in anxiety. Finally, these medications should not be stopped suddenly once they have been taken regularly, as patients can have uncomfortable and serious withdrawal symptoms. Therefore, these medications should be stopped over a period of time.

Though psychotherapy is commonly used instead of or in addition to medication for anxiety disorders in general, there has been no study of their use in PD. It is important to work with the neurologist to adjust medications to decrease the amount of time spent in “off” states for those patients whose anxiety is related to these periods.

As noted with depression, exercise and non-conventional therapies can also be helpful in alleviating anxiety and panic attacks. Many individuals typically find walking, yoga, relaxation techniques and meditation to beneficial. Other simple techniques can include reducing environmental distractions, listening to music or just taking a few deep breaths.

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