

Understanding Parkinson's Cognitive Changes in PD



Distractibility, disorganization, forgetfulness, and difficulties with planning: it frequently comes as a surprise to people with Parkinson's disease (PD) and their families that "cognitive changes" — alterations in memory, attention, and thinking — are often part of PD. While some physicians are increasingly recognizing the importance of addressing cognitive and other nonmotor symptoms, many still primarily focus on treating physical (motor) symptoms. This means that cognitive changes may go under-treated or untreated.

Prevalence and Forms of Cognitive Changes in PD

"Cognition" is a general term used to refer to the various mental abilities involved in processing and using information. Examples include memory, attention, abstract thinking, problem-solving, language and visual-perceptual abilities.

Nearly every person with PD experiences some degree of cognitive change, which can range from mild to severe. The terms "mild cognitive impairment" (MCI) and "cognitive impairment" are generally used when changes are not severe and affect fairly narrow aspects of memory or thinking abilities. Some people who experience cognitive impairment may note that the changes are merely a nuisance, while others report symptoms noticeable enough to affect performance at work or in managing things at home.

"Dementia" is used to describe more extensive difficulties that affect multiple areas of cognitive function. People living with PD with dementia (PD-D) may be unable to live independently, even if their physical symptoms are not advanced. In general, large-scale population-based studies show that PD-D usually develops many years after the initial onset of PD. When a dementia syndrome develops before or concurrently with PD motor signs, this is diagnosed as dementia with Lewy Bodies (DLB).

At any given time, nearly all individuals with PD have some form of cognitive impairment, while dementia is estimated to affect only one-third. The exact prevalence is unclear since there is not currently a single established measurement system for diagnosing cognitive impairment or PD-D.

Types of Cognitive Difficulties in PD

PD affects a variety of cognitive functions. However, most people retain their general intellectual abilities, knowledge and the short and long-term memories they acquired prior to the onset of PD.

Executive dysfunction: Executive functions are higher-order mental processes such as problem-solving and planning, initiating and following through on tasks, and multi-tasking ideas or projects. People with PD may describe getting overwhelmed in situations that require these skills, yet they appear to function perfectly when someone else helps them initiate and persist with a task. In the absence of some sort of "intellectual scaffolding," it is more efficient for the person with PD to focus on one goal or concept at a time.

Memory disturbances: Remembering information that has already been learned is the most common difficulty and can be improved through use of memory cues. For a person with PD to effectively learn and retain new information, repetition may be needed. PD-D affects both short-term and long-term memory functions more severely.

Attention difficulties: As the complexity of a situation increases, it can be difficult for people with PD to maintain focus or divide attention. This can affect intellectual pursuits, walking, maintaining balance and carrying on a conversation.

Bradyphrenia (slowed mental processing): People with PD say that the disease affects how quickly they can process and respond to information. Slowness in information processing impacts both other cognitive processes (such as problem-

(over please)



solving and retrieving information) and daily activities (such as conversing).

Language dysfunction: The most common language-related difficulty for people with PD is word-finding. As PD progresses, there may also be problems with naming or mis-naming and comprehending complex information. People with PD may use more simplified and less spontaneous speech.

Visual-spatial disturbances: Trouble perceiving, processing, discriminating and acting on visual information in the environment can affect daily life. For example, it may become difficult to navigate around the house or estimate distances when reaching for something, thereby increasing the risk of falls. In some cases, visual-spatial impairment in PD may also lead to visual misperceptions, or illusions.

Causes of Cognitive Changes in PD

Our understanding of the causes of cognitive changes in PD is incomplete. We do know that problems with cognition are related to the same underlying brain changes that result in motor symptoms – premature death of nerve cells, changes in brain neurochemistry, and subsequent alterations in brain circuitry. In addition, Lewy bodies, the abnormal collections of proteins that are found in nerve cells in PD, are related to changes in motor pathways and to pathways affecting cognitive processes.

Other elements can cause and aggravate cognitive changes. Untreated depression, anxiety, psychosis, sleep and other behavioral difficulties can exacerbate cognitive troubles. Also, some medications, whether for PD or other conditions, can cause negative cognitive effects as can some non-PD-related general medical conditions, such as infections.

Treatment of Cognitive Changes in PD

The basis of all effective treatment is a thorough diagnostic evaluation. When an initial medical history is taken, it is important for a person with PD (and his or her care partner) to bring up any observations or concerns about cognitive changes. Referral to a neurologist, neuropsychiatrist or geriatric psychiatrist who specializes in the treatment of cognitive problems or dementia can be helpful. Additional tests may also be conducted to ascertain if a person's difficulties are due to PD or to other reversible causes.

Once other causes are excluded, a neuropsychological exam, involving paper-and-pencil tests, will be conducted to characterize the quality and extent of problems and to identify areas of strength.

Treatments for cognitive changes aim to reduce symptoms or improve daily life through coping mechanisms that help a person adapt to cognitive limitations. For instance, clocks or timers may help a person remember when to take medication, and planners or voice recorders may help him or her recall an appointment. Occupational therapists can also assist by providing insights into how cognitive difficulties impact daily life, suggesting adaptive strategies, or providing formal treatment programs. Speech therapists can help with language functions.

Medications used to treat cognitive dysfunction in Parkinson's are largely based on treatments used for Alzheimer's disease and are usually reserved for these people with PD who already have dementia. At present, rivastigmine (Exelon®) is the only medication approved by the US Food and Drug Administration for the treatment of dementia in PD. Further research is needed to identify treatments that can help those who experience less severe cognitive impairments that occur earlier in the course of PD.

Conclusions

Cognitive changes are present to some degree in almost every person with PD and are a prominent feature of the disease. Although they have received less attention than motor symptoms, cognitive changes have obvious effects on daily life, including how people adapt to their motor symptoms. While we do not yet have definitive treatments for cognitive dysfunction in PD, recognizing the changes that occur is vital in order to make use of available medication and behavioral strategies.

Laura Marsh, M.D., is a geriatric psychiatrist, an Associate Professor of Psychiatry and Neurology at Johns Hopkins University School of Medicine, and director of the Clinical Research Program of the Johns Hopkins Morris K. Udall Parkinson's Disease Research Center of Excellence.

Related fact sheet:

- Coping with Dementia: Advice for Caregivers

If you have or believe you have Parkinson's disease, then promptly consult a physician and follow your physician's advice.

This publication is not a substitute for a physician's diagnosis of Parkinson's disease or for a physician's prescription of drugs, treatment or operations for Parkinson's disease.