



Understanding Parkinson's Psychosis

Written by: Emma Torniero

WHAT'S REAL?

What's Real? Understanding Parkinson's Psychosis

Have you or a loved one with Parkinson disease seen, heard, or felt symptoms that no one else noticed? Maybe it was a squirrel running up the tree in the backyard, a small dog at the edge of the bed at night, the belief that someone is “out to get you” or you were being cheated on. These symptoms are categorized as hallucinations and/or delusions; and are collectively referred to as Parkinson's psychosis. These sneaky deceptions played by the brain involve our senses and can often create confusion between reality and perceptions of items that are not present. The symptoms of Parkinson's psychosis impact 20-40% of people with Parkinson's throughout their journey with the disease.¹ As the disease progresses, the likelihood of developing hallucinations and delusions increases.

We understand the conversation around hallucinations and delusions can be difficult and frightening but it's important not to shy away from the conversation. This article will differentiate between hallucinations and delusions, discuss the why of Parkinson's psychosis, offer treatment options and share tips for Care Partners.

Hallucinations

Remember that squirrel running up the tree or the small dog at the edge of the bed that no one else noticed? Hallucinations are best described as perceiving something that isn't really there. They are more common than delusions and typically involve one or more of one's five senses with visual hallucinations being the most commonly reported. The person experiencing the hallucination may see (ie: a person sitting on the couch or a dog at the foot of the bed) or hear (ie: a radio playing or a person talking) something that no one else can.

Most hallucinatory experiences are short in duration (often less than 5 minutes) and are typically not harmful or scary for the person experiencing them. During the hallucination, the person maintains visual and spatial recognition, meaning they're alert, aware of their surroundings and can often remember the hallucination. Hallucinations can often be more frightening for the care partners and loved ones to hear their loved one speak about things they cannot see or hear themselves.

The hallucinations can become more threatening and problematic for the person with Parkinson's. Therefore, it is important to share your experience with hallucinations with your medical team to ensure they are tracked and managed if they become more problematic. The other less common types of hallucinations are auditory (sound), olfactory (smell), tactile (touch), and gustatory (taste).

Delusions

Remember the belief that someone is “out to get you” or you were being cheated on? These false, fixed beliefs are known as delusions. Delusions are best described as a belief that isn’t based in reality. As a result, the belief lacks sensory or objective evidence for those around the person experiencing a delusion. A person experiencing a delusional episode will often appear confused and experience a change in concentration and awareness, as well as becoming solely focused on the false belief.

The most common types of delusions people with Parkinson’s Psychosis may experience are:

Jealousy or possessiveness

wherein they believe that someone has been unfaithful or disloyal to them, which can result in paranoid and suspicious behaviors towards the person they feel “wronged” them.

Persecutory

wherein they believe that someone is “out to get them” or harm them in some way, which can result in social withdrawal or defiant behaviors (fight or flight).

Somatic

wherein they believe they have an injury or medical issues, which can result in increased anxiety.

Delusions are more complex to treat than hallucinations and can lead to aggressive behaviors (arguments or even physical altercations) which require more immediate action and/or intervention from outside supports. The delusions can begin slowly as confusion at night and develop into complete paranoia towards spouse, family, and support system. Fortunately, delusions are less common than hallucinations. The onset of delusions can signify a greater impact of disease on cognition and ability to care for themselves. It is important to speak with your medical team as early as possible if you or your loved one is experiencing delusions.

Causes of Hallucinations & Delusions

One of the main questions associated with hallucinations and delusions is: Why? Why do they happen? There are many risk factors that can influence the onset of Parkinson’s psychosis symptoms, including the level of dopamine from medications, sleep disorders, age, disease progression, stress, cognitive impairments and the non-motor symptoms of depression and anxiety. The main cause of hallucinations and delusions is chemical changes within the brain. The changes are connected to high levels of dopamine within the brain, as a side effect of medication. As we know, the symptoms of Parkinson disease develop as dopamine producing cells within the brain begin to die off. The Parkinson’s medications mimic or replace the lacking dopamine to help manage the motor symptoms. As the disease progresses, the level of medication required typically increases. In effect, the medication inadvertently creates chemical changes in the brain, which may cause hallucinations and delusions. This does not mean that you or your loved one should completely stop the Parkinson’s medications to eliminate the hallucinations and/or delusions. However, it may mean working closely with a medical team to narrow the cause and adjust your medication schedule. Always remember –medications are an essential treatment option in managing Parkinson disease!

The other contributing factors to experiencing hallucinations and delusions are dementia and delirium. For individuals experiencing cognitive impairments or diagnosed with dementia, the risk of hallucination increases due to chemical changes within the brain that cannot be managed by medication. The final factor of delirium is typically connected to an infection or other medical condition and can be managed by seeking treatment for condition or eliminating medication causing delirium. It can be difficult to narrow down the exact cause of the hallucinations or delusions. but it is important to keep your medical team informed and

Treatments

Treatment options to manage hallucinations and delusions primarily involve the use of prescribed antipsychotic medications. The antipsychotic medications balance the chemical levels in the brain, resulting in a reduction or management of hallucinations. One of the medications available is Pimavanserin, an atypical antipsychotic medication that was approved specifically for the treatment Parkinson's psychosis. The medication decreases hallucinations without affecting motor symptoms or blocking dopamine within the brain. However, it cannot be used for individuals diagnosed with dementia. The hallucinations and delusions may be reduced or managed by adjusting the dosage and schedule of current Parkinson's medications with your health care team.

Remember – it is important to speak with your medical team regarding any medication changes or questions about medications.

Resources

1 Parkinson Foundation (2021). "Hallucinations/Delusions."

<https://www.parkinson.org/Understanding-Parkinsons/Symptoms/Non-Movement-Symptoms/Hallucinations-Delusions>