PERSONALITY & MOOD CHANGES IN PARKINSON'S

Don't Let It Change Who You Are

Written By Brienne Leclaire

When most people think of Parkinson disease, they picture the visible signs, a tremor in a hand, stiffness in a shoulder, a slower, more deliberate walk. But for many with Parkinson's and their families, the most profound changes are the ones that cannot be seen so easily. They show up in the tone of a voice, the spark in a conversation, the way a person reacts to stress or expresses emotion. These subtle shifts in personality and mood can be among the most confusing parts of the Parkinson's journey, especially because they do not always come from the same place. Some arise from the disease itself; others emerge from the treatments that help manage it.

Understanding these changes does not just help families make sense of what they're seeing. It helps protect relationships, reduce conflict, and preserve the sense of connection that Parkinson's can sometimes strain.

The Brain

Parkinson's is often described as a movement disorder, but that's only part of the story. The same dopamine pathways that help coordinate movement also shape motivation, impulse control, emotional expression, and the ability to adapt to stress. As dopamine levels decline, the brain's emotional circuitry shifts and as medications or surgical treatments work to replace dopamine or modify brain activity, we see can shift again. These changes are not choices; they are not character flaws. They are neurological symptoms that are real, measurable, and deeply tied to the biology of Parkinson's.

What Changes?

One of the earliest and most misunderstood changes is a softening of emotional expression. A person who once smiled easily may now appear serious or distant, even when they feel perfectly content. Their voice may lose its natural rise and fall. Their gestures may become smaller, less animated. Families often describe this as a "mask," and that's exactly what it is: a motor symptom that hides emotion rather than reflecting it.

This mismatch between how a person feels and how they appear can create tension. A spouse may interpret the stillness as disinterest. A friend may assume irritation where none exists. Meanwhile, the person with Parkinson's may feel misunderstood, or even blamed for something they can't control.

Other changes unfold more gradually. Someone who once handled chaos with ease may now feel overwhelmed by noise, clutter, or unexpected changes in routine. Irritability can surface where patience once lived. The brain's ability to filter stress becomes less flexible, and small frustrations can hit with surprising force. Changes in cognition, stress and emotional thresholds can lead to these shifts in personality and

emotional regulation. These can also lead to some people become more emotionally sensitive, for example moved to tears by moments that never would have stirred them before. Others become more blunt or less inhibited, speaking more directly or reacting more quickly than they once did. These shifts do not erase a person's core personality, but they can tilt the balance of traits that were already there or cause shifts in personality that differ from who one once was.

Parkinson's Medications can restore movement, ease stiffness, and bring back a sense of fluidity in daily life. But because dopamine also fuels the brain's reward and motivation pathways, these same treatments can sometimes create emotional or behavioural changes that feel out of character. Some people develop impulse control disorders. This includes behaviours like compulsive gambling, overspending, binge eating, or repetitive, almost mechanical hobbies. Others experience a lift in mood that goes beyond feeling good, a burst of energy, talkativeness, or optimism that feels more like a chemical surge than a personality shift. Still others describe a sense of emotional flatness, as though the volume has been turned down on their inner world.

Then there are the fluctuations. As medication levels rise and fall throughout the day, mood and personality can ebb and flow with them. A person may feel irritable or restless before their next dose, then more confident or outgoing once the medication takes effect. These cycles can be predictable at times, but they can also be unpredictable as medications fluctuate.

Deep Brain Stimulation (DBS) is a powerful tool available for managing Parkinson's symptoms. For many people, it brings remarkable improvements in tremor, stiffness, and movement fluctuations. But because DBS works by altering electrical activity in the brain's motor circuits and because those circuits sit close to regions involved in emotion, impulse control, and personality DBS can sometimes shift the emotional landscape as well. Most people experience no significant personality change. But for a small subset, DBS can subtly alter how they respond to the world. Some individuals describe feeling more impulsive or more emotionally reactive after surgery. A few experience changes in social behaviour, becoming more talkative or more withdrawn. These shifts are usually mild, but they can feel startling to families who know the person well.

Occasionally, the stimulation settings themselves play a role. A slight adjustment in the electrical parameters can sometimes ease an unwanted emotional change, just as it can finetune movement symptoms.

Management and Supports

Personality changes in Parkinson's are treated by first identifying what's driving them whether it's the disease itself, medication effects, or changes related to Deep Brain Stimulation. Treatment often involves adjusting Parkinson's medications to smooth out irritability, impulsivity, or emotional fluctuations, or fine-tuning DBS settings if stimulation is affecting mood or behaviour. When medication related impulsive behaviours appear, reducing or changing the drug often leads to meaningful improvement. Counselling, occupational or speech therapy, and education for families can also help people manage emotional sensitivity, lowered stress tolerance, or changes in expressiveness. While the exact approach varies, many personality related changes improve once the underlying cause is addressed, especially with coordinated care from a health care provider and supportive strategies at home.

For families, the most important step is recognizing that these shifts reflect the brain's evolving chemistry and circuitry, not a change in love, loyalty, or character. Open conversations help. So, does tracking patterns, when do changes appear? Do they follow medication timing? Stress? Fatigue? Stimulation adjustments? These observations give healthcare providers the information they need to fine tune treatment.

Above all, compassion matters. Approaching these changes with curiosity rather than judgment protects dignity and preserves connection. It allows families to stay on the same team, even when the emotional landscape feels unfamiliar. Parkinson's may alter how a person expresses themselves or responds to the world, but it does not erase who they are. With understanding, support, and thoughtful care, individuals and families can navigate these shifts while holding onto the heart of their relationships and to the person beneath the symptoms. ■