When Sound is not of Music: psychotic depression in a nun with Parkinson’s Disease

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Abstract

Introduction: Psychotic symptoms occur in 4% of patients with Parkinson’s Disease (PD) and its management remains a challenge. In this work, we report a case of psychotic depression in PD.

Objectives: To discuss an integrated approach toward treating psychiatric and motor symptoms in PD.

Methods: After admission for inpatient treatment, we interviewed and performed regular neurological examinations on R., a 59 year old nun, diagnosed with PD 10 years ago and treated with several dopaminergic agents (ropinirole, carbidopa+levodopa and entacapone). R. started developing delusions of guilt and auditory hallucinations two months before presenting to our hospital. At our first interview, she described hearing accusatory voices and had become convinced she had committed sins that would cause her to be expelled from her congregation. Furthermore, some traits of an obsessive personality became apparent and fellow nuns reported severe hoarding behaviour.

Results: After suspending ropinirole and entacapone, reducing the dose of carbidopa+levodopa and introducing clozapine, quetiapine and clomipramine, we observed a marked improvement in the patient’s condition. The hallucinations and delusions gradually stopped, mood and social behaviour improved greatly. Tremor increased slightly, but to a degree the patient was comfortable with.

Discussion: A predisposition toward obsessive ruminations seems to have, on the one hand, caused a negative view of PD in our patient, leading to an aggressive treatment with high doses of dopaminergic agents and, on the other hand, paved the way to a severe depression. We believe an interplay of both these factors was the key to the appearance and specific presentation of these psychotic symptoms.

Conclusions: Considering the frequency of psychiatric symptoms in PD, there must be great care in taking a global approach. A careful interview and neurological examination, together with a strong knowledge of psychoactive and antiparkinsonic medication, are crucial.

Supplementary material: Complete presentation available at http://ijcnmh.arc-publishing.org

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