

DIFFERENTIAL DIS-ASCERTAINED DSM-III PSYCHIATRIC DISORDER PREVALENCE PROFILES IN DYSTONIA AND PARKINSON DISEASE

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Body/Text:

Objective: To investigate differential psychiatric disorder prevalences in dystonia and Parkinson disease (PD).

Background: Psychiatric disorders are associated with basal ganglia disorders. Pallidal physiologies differ in dystonia and PD. We hypothesized that profiles of psychiatric disorders in dystonia and PD differ according to basal ganglia physiology.

Methods: DSM-III psychiatric disorder prevalence was ascertained by the Diagnostic Interview Schedule (DIS) in 28 dystonia and 28 PD outpatients. Primary vs. secondary psychiatric disorder onset was defined relative to movement disorder onset. Prevalences were compared to identically ascertained age-, sex-, and race-matched Epidemiological Catchment Area study (ECA) controls.

Results: Life prevalences and odds ratios (OR) in dystonia and PD are displayed in the table. Additionally, Atypical Depression (more limited symptoms and more paroxysmally recurrent than Major Depression) was 6-fold more common in PD than in dystonia. In dystonia, primary Social Phobia** and secondary Major Depression,** Bipolar Disorder,† and Atypical Bipolar Disorder* predominated. In PD, Simple Phobia tended to be primary.*

Discussion: These data suggest distinctive profiles of psychiatric disorders in dystonia and PD, and may indicate roles for increased inhibition of the internal pallidum (GPi) in mania, and reduced inhibition of GPi, striatum, and locus coeruleus in atypical depression. There may also be genetic or pathophysiological linkages of dystonia to social phobia and generalized anxiety disorder, and of PD to specific phobias.

Lauterbach EC, Sethi KD: Differential DIS-Ascertained DSM-III Psychiatric Disorder Prevalence Profiles In Dystonia and Parkinson Disease. Movement Disorders 17 (Suppl 5): 223, 2002.

Abstract Published in: Movement Disorders