

THE NEUROPSYCHIATRY OF PARKINSON'S DISEASE AND RELATED DISORDERS

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Epidemiological, neuropathological, radiological, and clinical features of parkinsonian neurodegenerative diseases are reviewed, including synucleinopathies and 4-repeat tauopathies. *Parkinson's Disease* (PD) is associated with dementia, depression, anxiety, sexual dysfunction, and dopamine agonist – related psychosis and mania. Delirium may result from secondary complications of PD, drug treatment, or withdrawal of dopamine agonists. Psychosis is a key factor in nursing home placement while depression and cognitive impairment are critical predictors of quality of life. Clozapine is effective against psychotic features, but optimal antidepressant therapy awaits definition.

Dementia with Lewy Bodies (DLB) presents with early frontal dementia, cognitive fluctuations, and well formed visual hallucinations, often attended by falls, syncope, systematized delusions, neuroleptic intolerance, depression, and REM behavior disorder (RBD). Early evidence suggests the utility of rivastigmine, donepezil, and low dose olanzapine in treating DLB. *Multiple System Atropies* (including *Striatonigral Degeneration*, *Shy – Drager Syndrome*, and *Olivo-ponto-cerebellar Atrophy*) are typified by poor levodopa response, dysautonomia, ataxia, frontal cognitive impairments, RBD, sleep apnea, and depression. *Progressive Supranuclear Palsy* is associated with early backward falls, slow vertical saccades, impaired downgaze, subcortical dementia, apathy, pathological emotionality, mild depression and anxiety, and poor response to dopamine agonists and donepezil. *Cortico-Basal-Ganglionic Degeneration* presents with multiple unilateral movement disorders, early frontal dementia, apraxias, alien limb, personality changes, and depression. *FTDP-17* presents with frontotemporal dementia, parkinsonism, personality changes, and sometimes hyperorality or psychosis.

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