

Parkinson's disease meds increase risk of compulsive gambling, shopping, binge eating

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Immunohistochemistry for alpha-synuclein showing positive staining (brown) of an intraneural Lewy-body in the Substantia nigra in Parkinson's disease. Credit: Wikipedia

Drugs commonly prescribed to treat Parkinson's disease have been

linked to impulse control disorders such as pathological gambling, compulsive buying, hypersexuality and binge eating in some patients, report neurologists from Loyola Medicine and Loyola University Chicago Stritch School of Medicine.

These disorders can have disastrous personal, professional and financial consequences if not recognized or treated, researchers report in the journal *Expert Review of Neurotherapeutics*. Authors of the paper include José Biller, MD, and first author Adolfo Ramirez-Zamora, MD, who completed a residency in neurology at Loyola.

The article details the latest findings for treating [impulse control disorders](#) (ICDs) in Parkinson's disease patients, including adjusting medications, [deep brain stimulation](#) and a counseling technique called cognitive behavioral therapy.

One large, previous national study found that approximately 14 percent of Parkinson's disease patients experience at least one ICD. The disorders are more common in men. Men are more likely to display hypersexuality and [pathological gambling](#), while women are more likely to exhibit compulsive eating and buying. Potentially catastrophic consequences include financial ruin, divorce and loss of employment.

Patients often lack insight and underestimate the presence and severity of ICDs and related conditions, the authors write. ICDs are probably more prevalent in Parkinson's disease patients than previously reported.

The primary risk factor for ICDs is the use of a class of Parkinson's disease medications called dopamine agonists, which help control tremors and other Parkinson's symptoms. These drugs include pramipexole (Mirapex) and ropinirole (Requip). Other risk factors include younger age, smoking, alcohol abuse and personality traits such as impulsivity, obsessive-compulsive disorder, depression and anxiety.

Management of ICDs is particularly difficult and no treatment guidelines for ICDs in Parkinson's [patients](#) are available. Treatment should be individualized, and careful selection of specific interventions is critical. Treatments that have been considered include switching, reducing or discontinuing Parkinson's medications. But this can be challenging. Patients often are reluctant to change medications because they do not want their tremors to get worse. Patients also can experience withdrawal symptoms when taken off dopamine agonists, including anxiety, panic attacks, depression, irritability and fatigue.

The authors discuss alternative treatment strategies for Parkinson's disease and medications that may help control ICDs, such as antidepressants, atypical antipsychotics and antiepileptic drugs. Other potential nondrug treatments include [cognitive behavioral therapy](#) and a "brain pacemaker" called deep brain stimulation. The authors provide a much-needed, practical and detailed review of the factors important making management decisions

Families also play a critical role. Spouses and other family members should be warned that Parkinson's medications can cause ICDs. Families should report to the patient's physician any "unexplained absences, changes in routine behaviors, irritability, hiding evidence of the impulse control disorders and monetary consequences," the authors write. Helpful non-pharmacological approaches include limiting access to bank accounts, credit cards and the internet.

More information: Their article is titled, "Treatment of impulse control disorders in Parkinson's disease: Practical considerations and future directions."

Provided by Loyola University Health System

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