

Carta aos editores

Major depression in Parkinson's disease

Depressão maior na doença de Parkinson

Dear Editor,

In their study about the frequency of depression in Parkinson's disease (PD), Veiga et al. found that 42% of PD patients had major depression.¹ The authors stated that this frequency was similar to the one found by other studies, referring to the systematic review of prevalence studies in PD of Veazey et al.² However, Veazey et al. observed that the frequency of major depression based on clinical structured interview ranged from 7.3 to 32%. We have recently found a frequency of 25% of major depression in typical-onset PD.³ In a recent meta-analysis, Reijnders et al. found a weighted prevalence of major depressive disorder of 17%, whereas the frequency of minor depression was 22% and that of dysthymia 13%.⁴ Studies using structured interview based on DSM-IV, which was the method used by Veiga et al.,¹ usually find a higher frequency of major depression (mean frequency of 19%).⁴ Nevertheless, the frequency of major depression in PD found by Veiga et al. was still impressively high.

The frequency of depression may be influenced by several characteristics of the study, such as study design, proportion of men/women, and inclusion/exclusion of demented patients. In addition, as already pointed out by the authors, we also believe that the setting of the study (tertiary center) and especially the inclusive approach are primarily responsible for this high frequency of major depression. Although the DSM-IV criteria may be appropriate to diagnose depression in PD, the inclusive approach still lacks validation. It is also worth mentioning that the mean score in the

Beck Depression Inventory (BDI) in this PD sample is definitely above the cut-off scores suggested for the screening of depression in Brazilian patients with PD.⁵ Additional analyses are warranted in order to establish if the somatic component of BDI was responsible for these increased scores.

Actually, diagnosing depression in PD is a difficult task. Somatic symptoms from depression may superimpose symptoms from PD proper or other comorbidities. Psychomotor slowness, decreased initiative and blunted affect are depressive symptoms which may be confounded with PD motor symptoms, such as bradykinesia, stooped posture and hypomimia. Lack of energy, insomnia and appetite changes are common both in depression and in PD, as well as cognitive disorders, including difficulties in concentration and decision-making. Cognitive deficits can contribute to social withdrawn, decreased initiative, dependency and apprehension, in the absence of a depressive disorder. Apathy and fatigue can present as distinct syndromes, which turns the diagnosis even more challenging.

Finally, the mentioned study brings up some relevant data. Depressive disorders in PD were initially thought to be mild to moderate, and some authors even stated that PD patients seldom fulfilled DSM-IV criteria for major depression. We³ and Veiga et al.¹ showed that such belief is not evidence-based. Furthermore, the fact that only 28.5% of depressive PD patients were in use of antidepressants is a matter of concern. Depression in PD is not only underrecognized, but also undertreated. The study by Veiga et al. shows that physicians must routinely investigate depression in PD, since this disorder is associated with worse quality of life and may be predictor of mortality.

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Disclosures

Writing group member	Employment	Research grant ¹	Other research grant or medical continuous education ²	Speaker's honoraria	Ownership interest	Consultant/ Advisory board	Other ³
Arthur Kummer	UFMG	-	-	-	-	-	-
Antonio Lucio Teixeira	UFMG	CNPq FAPEMIG	-	-	-	-	-

* Modest

** Significant

*** Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.

Note: UFMG = Universidade Federal de Minas Gerais; CNPq = Conselho Nacional de Desenvolvimento Científico e Tecnológico; FAPEMIG = Fundação de Amparo à Pesquisa do Estado de Minas Gerais.

For more information, see Instructions for authors.

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