

Impulse Control Disorders In Parkinson's Disease: Essential Facts For Patients

What Are Impulse Control Disorders And How Common Are They in PD?

Impulse Control Disorders (ICDs) are a group of excessive and/or harmful urges and behaviors that may occur in patients with Parkinson's disease (PD). They are characterized by persistent thoughts or uncontrollable urges to do things. They often are a side effect of certain medications. Patients themselves sometimes do not know that it is a problem. Approximately 10-20% of patients with PD may develop ICDs at some point in their disease.

What Behaviors Can Be Seen In A PD Patient With ICDs?

Patients with ICDs may show behaviors such as:

- Uncontrolled gambling
- Binge eating
- Excessive shopping
- Excessive sexual activities

These behaviors may become a problem as they may cause personal, family or social problems. For example, uncontrolled gambling may lead to serious financial problems. Binge eating may lead to weight gain.

Another common behavior is called punding. Punding is doing the same thing over and over again, such as taking apart and rebuilding a computer, sorting and resorting books on the shelf.

Are ICDs Related To Antiparkinsonian Medications?

ICDs can develop in any person with PD no matter what treatment. However, ICDs are most commonly seen in patients treated with a class of drugs called dopamine agonists. These include:

- Pramipexole
- Ropirinole
- Rotigotine

ICDs can be seen in patients who are untreated or treated with other PD medications, but it is less common.

How Do I Know If I'm At Risk of Developing An ICD?

Patients who tend to seek novelty or who are impulsive can be at higher risk for ICDs. A history of gambling or alcohol abuse can increase your risk. Men and younger patients seem to get ICDs more often. But the main risk factor is using dopamine agonists, particularly at high doses.

What Should I Do If I Suspect An ICD?

The most important step is to recognize ICDs right away because they may lead to serious financial or relationship problems. If you think you or your loved one may have an ICD, tell your doctor. You can ask for a private and confidential talk. If it is difficult to talk about the situation, you can write down the issues and questions, then share them when you meet the doctor. As with other problems, it is often

helpful to have your partner, caregiver, friend or relative come with you to your doctor visit. They can help you find ways to overcome the situation.

Sometimes patients who are experiencing ICDs may not be aware of them or their consequences. Patients may also keep ICDs secret. That is why it is very important for caregivers and family members to work together with healthcare professionals to identify and monitor an ICD

Can ICDs Be Treated?

Yes, ICDs can be treated. First, your doctor can adjust your PD medication. Reducing or stopping a dopamine agonist often helps. You should not stop taking or change your PD medication without getting medical advice. Unless the ICD is very severe, making medication changes gradually will help avoid making motor symptoms worse. In some cases, stopping dopamine agonist therapy suddenly can lead to withdrawal symptoms such as:

- Anxiety
- Depression and apathy
- Fatigue
- Sleep disturbances
- Generalized pain

Talk with a qualified mental health professional if there is also depression or other mood disorders. In some cases, psychiatric medications can help.

Overcoming ICDs can be challenging, but you can identify strategies that work best for you. Remember to stay open and have regular communication with your healthcare professionals and caregiver.

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