



18. NEUROPSYCHIATRIC SYMPTOMS IN PARKINSON'S DISEASE

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Introduction. BP is a major medical problem. According to World Health Organization (WHO) data, the number of cases of Parkinson's disease is increasing. By 2030, the prevalence of Parkinson's disease will exceed 9 million worldwide, making it one of the most common neurological conditions with an increase in neuropsychiatric symptoms.

Aim of study. To identify neuropsychiatric symptoms in Parkinson's disease and assess the impact of mental disorders on quality of life.

Methods and materials. In order to select the required publications, we accessed and explored academic databases such as PubMed, Google Scholar, Science Direct, USMF "*Nicolae Testemitanu*" scientific channels to ensure a comprehensive coverage of the existing literature and consulted a wide range of sources including scientific articles, scholarly books and research reports.

Results. Parkinson's disease is considered a multisystemic neurodegenerative disease, with damage to various neurotransmitter systems and a wide range of motor and non-motor disorders (neuropsychological, sensory, vegetative). Neuropsychiatric symptoms are quite common in patients with Parkinson's disease: depression, apathy, anxiety, anhedonia, fatigue, cognitive impairment, memory deficit, dementia, hallucinations, delusions, delirium, behavioral changes. Autonomic nervous system dysfunctions affect about 70%-80% of patients with Parkinson's disease and cause significant discomfort, leading to a decrease in both the quality and length of patients' lives. Depression, anxiety and sleep disturbances can be early signs of the disease. Depression occurs in 20-50% of patients, which exceeds the frequency of this disorder in the population and in other chronic diseases. Depression is the factor most closely associated with patients' poor quality of life indicators. Anxiety contributes to mental and somatic discomfort, as well as worsening existing motor symptoms. Patients will report that anxiety worsens pre-existing tremor or dyskinesia, and fear of falling has been associated with impaired postural stability. Apathy is characterized by a lack of motivation, interest or desire to engage in activities or events that previously would have been considered important or enjoyable. Cognitive impairments, memory deficits, dementia, psychotic episodes negatively influence the quality of life and daily functioning of patients with Parkinson's disease.

Conclusion. Neuropsychiatric manifestations play a major role in the quality of life of these patients. As pathology progresses, quality of life decreases. Because many of the motor, non-motor and psychiatric problems are interconnected, their optimal management requires coordination between those providing neurological, psychiatric care, family support and social services.