Demoralization in Movement Disorders

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INTRODUCTION

- Around one-third of physically ill medical patients experience clinically meaningful demoralization (Sansone & Sansone, 2010).
- There are many differences in treatment for those suffering from depression versus demoralization (Frank, 1974). Those with depression are able to indulge in medications, but those with demoralization must participate in psychotherapy in order to feel well (de Figueiredo, 2011).
- There was only one study ever completed on demoralization and a movement disorder (Koo et al., 2017). This study was done on Parkinson’s Disease, and it showed that demoralization is prevalent and deeply impacts the quality of life of patients (Koo et al., 2017).
- Symptom overlap and partially shared pathophysiology make it difficult to diagnose depression in PD (Leentjens, 2004).
- It was found that depressive symptoms dropped from 37% to 24% after treatment with L-Dopa, so it can be inferred that there were patients with PD who were misdiagnosed with depression (Celesia & Wanamaker, 1972).
- A recent review on the clinical characterization of demoralization could not identify any specific study of subjective incompetence or demoralization among patients with PD (Tecuta, Tomba, Grandi, and Fava, 2015).

GOAL

Demoralization will be studied in order to determine the percentage of occurrence of demoralization found in patients with movement disorders, to ascertain what depth cognitive functioning is impacted by demoralization, and to establish if there is a correlation between demoralization and symptomatic depression, symptomatic anxiety, and quality of life.

HYPOTHESIS

It is hypothesized that more than 30% of patients visiting the David and Rhonda Chase Movement Disorders Clinic with assorted movement disorders will experience subjective incompetence and demoralization. In addition, subjective incompetence and demoralization will negatively impact higher order cognitive functioning and be positively correlated with anxiety, depression, and a poor quality of life.

METHODS

Participants will be asked a number of questions regarding sociodemographic characteristics.

They will be asked to complete a series of questionnaires about the level of stress they are experiencing, level of social support they receive, resilience, their quality of life and about any symptoms of depression and discouragement they have experienced. They will also be told to assess and rate their health.

The survey tools will be administered on an iPad as part of a standard office visit with Dr. Duarte Machado. The overall study will take approximately 30 minutes in length per participant. After this one meeting, any participation in this study will be over.

FUTURE DIRECTIONS

DATA COLLECTION AND ANALYSIS: The study will progress and a large sample size of 200 to 300 participants will be examined in the future. Data analysis through a SAS program will be completed once enough information is collected and the results will be analyzed.

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