

## **Mental state in patients with parkinsonism complicated with confused belongings**

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### **Abstract**

We had experience of patients who could not have a proper personal life due to Parkinson's disease (PD Parkinson's disease or less:) and progressive supranuclear palsy (PSP Progressive supranuclear palsy or less). The association between mental psychological characteristics and PD symptoms was examined. The subjects were three PD patients and one PSP patient who were hospitalized in Tokushima National Hospital. They continued movement to settle a personal life. However, the act disordered their personal life. In the autoanalysis check-list of the syndrome that was not settled, it was not applied to in most items. As for the cognitive function, the degree of the thing with the fall varied by the cognitive function test. According to the personality test, it was not a type of molysmophobia. They lacked the consciousness that it was not married. It may have corresponded to a decline in the cognitive function. They had a tidy character originally.

The disorder of the accomplishment program with the cognitive functional disorder would be associated to the symptom.

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### **Introduction**

PD and PSP are progressive neurodegenerative diseases to show extrapyramidal sign 1). The main symptom is motor symptoms such as tremor at rest, muscle rigidity, akinesia / the slow movement in addition to various psychologic manifestation. The thing with various non-motor symptoms is known to this disorder in addition to a characteristic motor symptom. We experienced the patients who could not arrange a personal life. This symptom is called "the syndrome that is not settled" in the general public. They are poor at personal rearranging in sending a social life. They often lose a thing and are late for the appointed time. Women have many these syndromes, and may be caused by attention deficit/hyperactivity disorder 2). We showed

the phenomenon that "is not settled" in four patients with PD/PSP. We examined mind / a cognitive function in the patients.

### **Subjects and methods**

The subjects was three PD patients, (Patients 1-3) and a PSP patient (Patient 4) (Table 1). Patient 1 was a 71 years old, women. She had a diagnosis of PD at about 60 years old. Patient 2 was a 89 years old, women. She presented with brachybasia and vorlage from 77 years old, and was diagnosed as PD. Patient 3 was a 79 years old, women. She presented with gait disturbance at the age of 67 years old and was diagnosed as PD. Patient 4 was a 71 years old men. Fortunetelling fall characteristics developed form about 65 years old, and he was diagnosed as PSP. The four patients always

worked hard to clear up the outskirts of their bed side. However, the act led to disordering adversely. Originally the Patient 1 had a very tidy character. She always received the preparations for diet, clearing and police before getting sick. She was an honor student of the housewives, but there was not for the molysmophobia. In a sickroom as of her thing, clothing and a towel, a bag, and socks lie scattered on Bed (Figure 1). This patient did not ignore these situation, and she made an effort for a long time to arrange clothing. However, as a result, clothing were to be scattered more. The state and the sickroom before the illness were in state that it was similar about patients 2-4.

## Methods

We evaluated the patients with the syndrome check list which was not put in order. We also used MMSE (Mini-Mental State Examination), FAB (Frontal Assessment Battery at bedside), MoCA-J (Japanese version of Montreal Cognitive Assessment), BADS (Behavioural Assessment of the Dysexecutive Syndrome) as a cognitive function test. MPI personality test (Maudsley Personality Inventory) was conducted to evaluate neuroticism 3).

## Results

"The syndrome that is not settled" is used for a general member of society who is weak in the putting in order such as housewives. An autoanalysis check list to determine this is present. When this patient underwent this, it was not applied to in most items (not shown). Four cases were Moca-J together, and the cognitive function test showed mild to serious cognitive functional decline. The fall was not necessarily found in MMSE, FAB, the examination of BADS (Table 2). It was

difficult for 4 patients to judge in a field of overlooking. They tended to concentrate attention on a certain subjects. They continued being endless by work to settle. They were different from "the syndrome that was not settled" to be found every day in society. It was characteristic that the awareness that putting in order was not possible lacked. Unexpectedly the present patient was not nervous, not introverted and almost normal (not shown).

## Discussion

Lack of the "consciousness of disease which is not put away" may be associated with the fact that they cannot be aware of presence of one's accomplishment functional disorder. They had a tidy character originally. They did not have a morbid character, but feelings were strong. The disorder of the accomplishment program with the cognitive functional disorder was present.

## References

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Table 1

Patient	1	2	3	4
Man/woman	Woman	Woman	Woman	Man
Age (yrs)	71	89	79	71
Disease type	PD	PD	PD	PSP
Disease duration (yrs)	11	11	12	6

Figure 1. The bed of Patient 1 hospitalized in Tokushima National Hospital

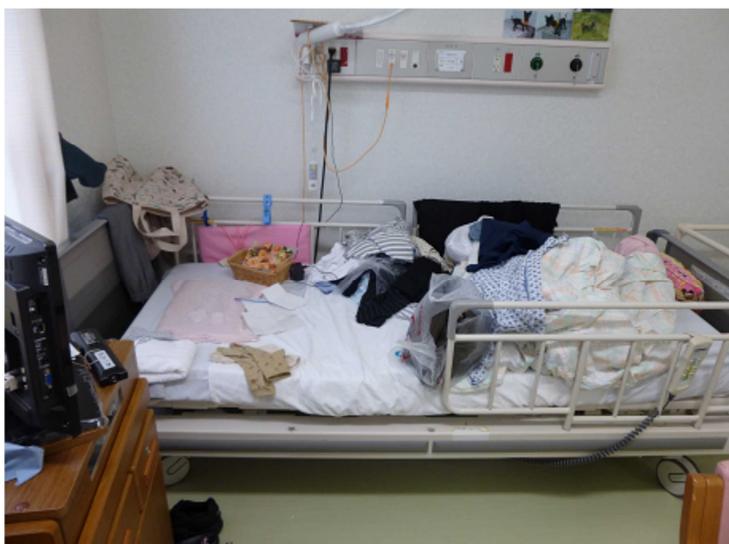


Table 2

	Patient 1	Patient 2	Patient 3	Patient 4
MoCA-J	12/30	17/30	21/30	22/30
MMSE	14/30	24/30	27/30	28/30
FAB	6/18	12/18	16/18	14/18
BADS	3/24	6/24	16/24	15/24