

Psychological Factors in Dystonia – Relevance to Medical Management

Professor Marjan Jahanshahi
UCL Institute of Neurology, The National Hospital for Neurology &
Neurosurgery
Queen Square, London, WC1N 3BG

Dystonia is a chronic disorder that can have an impact on the daily activities and quality of life of people with the illness. Psychiatric problems particularly depression, anxiety and obsessive compulsive disorder are common in dystonia. There is some evidence suggesting that psychiatric morbidity in dystonia is primary as these occur prior to the onset of the movement disorder in some cases and rates of recurrent major depressive disorder are higher and with earlier onset in both manifesting and non-manifesting DYT1 carriers than non-carriers. On the other hand, there is also evidence suggesting that depression and anxiety in primary dystonia are a reaction to the experience of living with the illness since depression and anxiety are associated with dystonia severity, and in longitudinal follow-up changes in mood and disability closely track changes in severity of dystonia and improve when dystonia improves with medical or surgical treatments. Furthermore, psychosocial variables such as disfigurement, satisfaction with social support and use of maladaptive coping strategies are among the predictors of depression in dystonia. As depression and anxiety are among the predictors of quality of life in dystonia, their medical management is important. While in most cases successful medical treatment of dystonia with botulinum toxin injections or deep brain stimulation is likely to improve depression and anxiety, in other cases, direct medical treatment of these psychiatric problems may be necessary. Provision of contact with key workers such as nurse specialists, referral for cognitive behaviour therapy and promotion of a self-management approach to living with dystonia are other approaches to the medical management of depression and anxiety in dystonia.