

Treating PD psychosis early improves long-term outcomes.

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Psychosis is commonly observed as a consequence of PD therapy. However the type of perceptual disturbance or thought content varies. Illusions, hallucinations and bothersome paranoid delusion may become extremely distressing to all persons involved. The co-occurrence of depression, psychosis and dementia in PD patients may indicate a more widespread pathological process affecting many neurotransmitter systems according to the Braak staging of progression and recent clinico-pathological and functional imaging studies. Furthermore, neuropsychiatric disturbances may precede, coincide or follow diagnosis and treatment in up to 45% of patient's with PD. Specifically, psychosis may be present in > 50% of PD patients and in those with PDD complex the prevalence may be greater than 75%. Hence, these symptoms are a common cause for substantial caregiver burden and great patient disability. Once these symptoms developed, the long-term outcome worsens, may become difficult to treat and may lead to early disability and death. Concomitant comorbid conditions must be sought and treated such as pulmonary and urinary infections, endocrine disturbances, conditions with cerebral hypo-perfusion and changes in the patient's environment may all lead to psychosis. As Patrick McGorry from Australia stated: "*Early Treatment in Psychosis: Obvious, Effective, Overdue*". Early treatment may result in less hospital admissions; ease for care, and better long-term outcomes. **Or does it?** Here we will discuss the Pros and Cons of early psychosis treatment and will come with conclusions regarding what is the best next step within the context of understanding the treatment effect on long-term outcomes in PD patients.