Idiopathic Parkinson’s disease (Pd) is a progressive neurological condition which is characterised by motor (movement) and non-motor symptoms.

Dopamine is a chemical messenger in the brain that is diminished in Pd. In addition to regulating movement it plays a vital role in the reward system within the brain. Several medications are used to replace dopamine and it is thought that there may be a connection between these and impulse control disorder (ICD). Generally, the medications known as dopamine agonists are considered to be more likely to be associated with ICD than levodopa.

ICD is a rare side effect - research suggests it occurs in less than 5% of people with Parkinson’s (PWP).

ICD is defined as the inability to resist an impulse, drive or temptation. Often this behaviour is out of character for the person. ICD is most likely to occur in young onset Pd (diagnosed before the age of 50).

ICD may take the form of:
- Pathological (addictive) gambling
- Hypersexuality
- Compulsive shopping
- Punding (‘compulsive hobbyism’)
- Compulsive (binge) eating
- Dopamine Dysregulation Syndrome (addiction to Pd medication)

Pathological (Addictive) Gambling

Pathological gambling is defined as the inability to resist gambling impulses despite severe consequences. The opportunity to gamble on-line heightens the risk of this problem. Acknowledging the gambling as a problem is essential. Voluntary exclusion from gambling venues is an option. Discussion with the treating medical specialist is vital. Adjustment of medications often corrects the problem.

Hypersexuality

Recent media reports have highlighted the link between hypersexuality and medications used in the treatment of Pd. Hypersexuality is defined as being preoccupied with sexual feelings and thoughts. Sexual impulses become more intense, spontaneous and compulsive – this can cause distress to both the PWP and partner.

It is essential to realise that this behaviour is abnormal and prompt help should be sought from the treating medical specialist. Medication adjustment may address the problem.

Compulsive Shopping

This is a preoccupation with buying or shopping and the person may experience an irresistible urge to purchase more than they need or can afford. Often the urge may be focused on a particular product, for example, pens.

Punding

Punding or ‘compulsive hobbyism’ may be defined as an intense fascination with repetitive manipulations of technical equipment, continual handling and sorting of common objects and hoarding. Punding can lead to significant social and occupational imbalance such as sleep deprivation. Recognising this behaviour and bringing it to the attention of the treating medical specialist is essential.

Compulsive (Binge) Eating

Compulsive (binge) eating occurs when people eat large amounts of food in short periods of time due to a lack of appetite control. This is usually associated with a significant increase in body weight. PWP often enjoy a ‘sweet tooth’ and this can add to the potential for binge eating. Discussion with the treating medical specialist and referral to a dietician is advised.
Dopamine Dysregulation Syndrome

Dopamine Dysregulation Syndrome (addiction to Pd medication) is a rare condition affecting less than 4% of PWP. Often a person with this syndrome will demand (or take) increasing doses of medication in order to experience feelings of euphoria. They may show aggressive outbursts in addition to the behaviour of ICD previously described. These behaviours usually occur during the ‘on’ phase of Pd (when the medication is working).

From the initial introduction of Pd medication it is essential to follow the directions of the treating specialist. Avoidance of self prescribing is crucial to prevent Dopamine Dysregulation Syndrome.

As the person may not realise there is a problem, it is vital that family members take note of any overuse of Pd medications and abnormal behaviours.

It is important to acknowledge that ICD is abnormal behaviour and the person experiencing it should seek help from a health professional urgently. Treatment strategies may involve a review of Pd medications and must be done under the guidance of the treating medical specialist.