

Discrepancies Between Caregivers and Patients Ratings of Impulse Control Disorders in Parkinson's disease: Lack of Awareness or Social Desirability Bias?

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Objectives.

Impulse Control Disorders (ICDs) frequently occur in patients with Parkinson's Disease (PD) due to mesocorticolimbic network alterations but also as side effects of dopamine replacement therapies (Maggi et al. 2024a). ICDs occurrence in PD has been associated with more severe motor and non-motor manifestations and may lead to adverse psychosocial consequences that impact on patients and caregivers' quality of life (Vitale et al. 2019). However, patients often fail to self-report these behaviors due to reduced insight, denial, or social desirability bias. This study aims at evaluating the reliability of self-reported ICDs manifestations in a cohort of PD patients by comparing their reports with those from caregivers, and to identify clinical factors associated with possible discrepancies.

Materials.

Ninety (63.3% males) PD outpatients underwent a brief neuropsychological screening comprising the Montreal Cognitive Assessment (MoCA) to evaluate cognitive status and Beck Depression Inventory-II (BDI-II) to assess the severity of depressive symptoms. Both patients and their caregivers completed the Questionnaire for Impulsive-Compulsive Disorders in Parkinson's Disease-Rating Scale (QUIP-RS) (Maggi et al. 2024b) to evaluate the occurrence and the severity of ICDs manifestations and related disorders including pathological gambling, hypersexuality, compulsive shopping, compulsive eating, punning, and compulsive dopaminergic medication overuse.

Methods.

Repeated-measures analysis of variance (ANOVA) was performed to compare PD patients' self-reports and caregivers' ratings on QUIP-RS. Correlation analyses were carried out to explore the clinical factors associated with possible discrepancies.

Results.

We found that patients underreported ICDs and related manifestations compared to their caregivers ratings on QUIP-RS ($p = 0.002$), especially in hypersex ($p = 0.015$), compulsive shopping ($p = 0.008$), compulsive eating ($p = 0.018$) and punning ($p = 0.034$) domains. More severe motor symptoms (evaluated by UPDRS-III) were associated with greater discrepancy between patients' and caregivers rating on QUIP-RS total score ($p = 0.028$).

Discussion.

Our findings revealed significant discrepancies between self-reported and caregiver-reported ICDs and related manifestations in PD characterized by patients' tendency to underreport their impulsive and compulsive behaviors. Although these behaviors are often socially stigmatized and then may be consciously masked by patients, the association with motor symptoms severity, also reflecting more advanced neurodegeneration, supports the hypothesis that PD patients might be not fully aware of their symptoms/behaviors.

	Pd patients (N=90)
Age (ys)	67.66 ± 9.27
Education (ys)	11.58 ± 4.43
Gender (n)	M = 57 (63.3%); F = 33 (36.7%)
Disease Duration (ys)	9.97 ± 4.93
UPDRS-III	14.70 ± 8.39
Hoehn&Yahr	2.24 ± 0.49
LEDD (mg)	729.35 ± 366.30
MoCA	20.51 ± 4.57
BDI-II	9.08 ± 7.59

Table 1. Demographic and clinical characteristics of PD sample..

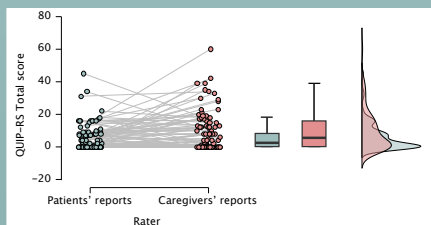


Figure 1. Raincloud plot representing discrepancies between patients' and caregivers' ratings on the QUIP-RS Total score.

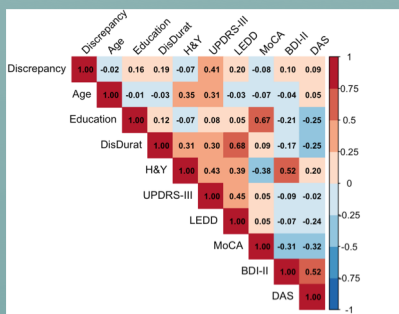


Figure 2. Correlation matrix displaying associations among Discrepancy and clinical variables.

Conclusions.

A multi-informant approach is strongly recommended for ICDs assessment to obtain a more reliable report of patients' clinical status. Timely therapeutic adjustments including dose reductions, medication switching or cognitive-behavioral interventions may prevent from serious psychosocial consequences such as family disruptions, financial loss, and health or legal issues.

References.

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