

# Ymddygiad byrbwyll neu gymhellol wrth ddioddef o Parkinson's

**G**all ymddygiad byrbwyll neu gymhellol fod yn sgîl-ffaith i rai cyffuriau trin Parkinson's.

**Mae'r wybodaeth yma'n eu disgrifio, yn egluro pam eu bod yn digwydd, a sut i'w rheoli.**

O fewn yr wybodaeth a geir yma, byddwn yn defnyddio'r term ymddygiad byrbwyll neu gymhellol i ddisgrifio pob math o ymddygiad y gallech eu profi.

Ond gallech hefyd glywed y term Anhwyllder Rheoli Ysfa a ddefnyddir i ddisgrifio rhai mathau o ymddygiad. Gallwch ddarllen mwy am Anhwyllder Rheoli Ysfa yn nes ymlaen yn y ddogfen hon.

## Pwyntiau allweddol

- Ni fydd pawb sy'n cymryd meddyginiaeth trin Parkinson's yn profi ymddygiad byrbwyll neu gymhellol, ac felly ni ddylai'r sgîl-ffeithiau hyn eich rhwystro rhag cymryd eich meddyginiaeth i reoli eich symptomau.
- Gall ymddygiad byrbwyll neu gymhellol gael effaith ddifrifol ar y claf a phobl o'i gwmpas, felly trafodwch gyda'ch gweithiwr gofali iechyd proffesiynol cyn gynted ag y byddwch yn sylwi ar unrhyw newidiadau.
- Y ffordd hawsaf o reoli'r math yma o ymddygiad ydy gofyn i'ch arbenigwr newid eich meddyginiaeth neu addasu maint y dos a gymerwch.

## Beth ydy ymddygiad byrbwyll neu gymhellol?

Ni all pobl sy'n profi ymddygiad byrbwyll neu gymhellol wrthsefyll y demtasiwn o wneud rhyw weithgaredd – fel arfer, un sy'n rhoi plaser neu wobwr ar unwaith.

Mae ymddygiad byrbwyll neu gymhellol yn digwydd pan fo person yn cael ysfa anorchfygol i ymddwyn mewn ffordd benodol. Byddent yn aml yn ymddwyn felly drosodd a throsodd er mwyn lleihau'r pryder neu'r tensiwn sy'n codi o'r ysfa. Bydd rhai pobl yn parhau

i ymddwyn felly yn ddifeddwl neu hyd yn oed pan nad oes unrhyw bleser neu wobr i'w gael o ganlyniad i'r ymddygiad.

Codwch hyn gyda'ch Meddyg Teulu, eich arbenigwr, neu'r nyrs Parkinson's cyn gynted ag y byddwch chi neu rywun o'r teulu neu ofalwr yn sylwi ar unrhyw newid mewn ymddygiad.

Gelwir ymddygiad byrbwyll neu gymhellol mwy difrifol yn Anhwylder Rheoli Ysfa.

Yn yr wybodaeth sydd yma, byddwn yn defnyddio'r term ymddygiad byrbwyll neu gymhellol i gynnwys Anhwylder Rheoli Ysfa yn ogystal. Byddwn yn cynnwys enghreifftiau o'r ddau gyflwr.

## Anhwylder Rheoli Ysfa

### Bod yn gaeth i gamblo

Mae hwn yn gyflwr pan fo rhywun yn methu ymatal rhag yr ysfa i gamblo, hyd yn oed pan fo hynny'n niweidio'u sefyllfa ariannol deuluol neu bersonol. Mae hi bellach yn haws gamblo nag erioed o'r blaen, yn arbennig ar lein, ar y teledu neu ar eich ffôn. Mae hyn yn golygu nad yw bob amser yn amlwg fod rhywun wrthi.

Dywed rhai pobl â Parkinson's sydd yn gaeth i gamblo y byddent hyd yn oed yn dwyn arian i'w gamblo neu i gynnal ffordd ddrud o fyw.

### Gor-rywioldeb

Golyga hyn ganolbwyntio ar deimladau a meddyliau rhywiol. Gall yr ysfa rywiol fynd yn fwy dwys, a chael ei theimlo ar adegau anaddas a thuag at bobl heblaw cymar. Gall hyn beri gofid mawr i'r unigolyn, ac i'r bobl o'i gwmpas.

Gall hefyd arwain at gynnydd yn y defnydd o'r rhyngwrwyd i gyrchu gwefannau penodol rywiol. Gall hyn ddigwydd yn y dirgel, efallai ynghanol nos, pan na fyddai unrhyw un arall yn gwybod. Er enghraifft, mae bellach yn haws nag erioed cyrchu pornograffi ar y we, a chuddio eich bod chi'n ei wyllo.

Gall rhai pobl brofi newid i'w tueddiadau rhywiol, neu ddechrau gwisgo dillad mae pobl o ryw arall fel arfer yn eu gwisgo.

Hefyd, mae risg y bydd rhywun yn ymddwyn mewn ffordd sy'n gymdeithasol annerbyniol, neu hyd yn oed yn torri'r gyfraith.

### Pylliau o orfwyta

Dyma pan fod rhywun yn bwyta gormodedd o fwyd mewn cyfnod byr am na allent reoli eu chwant bwyd, a gall eu pwysau gynyddu'n fawr.

Gall pobl sy'n dioddef o'r ysfa hon fwyta pan fo neb o gwmpas am eu bod yn teimlo cywilydd neu'n euog am faint o fwyd maen nhw'n ei fwyta. Gallent hefyd fwyta'n ddirgel yn ystod y nos.

### Siopa direolaeth

Gall rhai pobl deimlo obsesiwn am brynu pethau. Byddent yn teimlo blys i brynu mwy nag sydd ei angen arnynt, a mwy na fedrent eu fforddio. Gall hyn arwain at broblemau ariannol. Mae'r broblem hon yn cynyddu am ei bod yn haws nag erioed i siopa ar lein bellach, ac i wariant gynyddu dros gyfnod o amser.

## Mathau eraill o ymddygiad byrbwyll neu gymhellol

### Didoli di-baid

Dyma pan fo rhywun yn gwneud rhywbeth yn ddi-baid, fel byseddu rhywbeth, neu ddidoli gwrthrychau gwahanol. Gallent efallai fod wedi'u swyno gan ddatgymalu pethau technegol neu gasglu gwrthrychau o ryw fath.

Gallai'r math yma o ymddygiad olygu fod unigolyn yn colli cwsg. Gall hefyd achosi problemau cymdeithasol yn y gwaith neu ymysg y teulu. Os ydy person yn casglu pethau neu'n tynnu peiriannau'n ddarnau heb wybod sut i'w rhoi'n ôl at ei gilydd, gall hefyd gael effaith ariannol mawr, os bydd angen gwario er mwyn prynu peiriannau newydd neu drwsio offer.

Bydd rhai pobl hefyd yn cael profiad o ymddygiad fel ysfa i ganu neu ysgrifennu, ysmegu neu yrru'n wyllt, neu gerdded o gwmpas heb unrhyw reswm na phwrpas.

### Gor-hobio

Dyma pan fo rhywun yn cael yr ysfa i ddilyn hobi fel glanhau, neu ddefnyddio'r we neu wneud crefftau.

### Gor-gadw

Mae hyn pan fo rhywun yn teimlo fod rhaid iddyn nhw barhau i gadw eitemau sydd ganddynt, ond nad ydynt eu hangen. Mae meddwl am gael gwared â'r eitemau hynny'n gallu poeni'r unigolyn yn fawr.

### Bod yn gaeth i feddyginiaeth Parkinson's (dopamine dysregulation syndrome)

Gall rhai dioddefwyr Parkinson's deimlo ysfa i gymryd mwy o'r feddyginiaeth nag sydd ei angen i reoli eu symptomau, am eu bod yn gaeth i sut maen nhw'n teimlo wedi'i gymryd.

Os ydy'r claf yn cymryd gormod o'i feddyginiaeth a bod eu gweithiwr gofal iechyd proffesiynol yn ceisio'i ostwng i'r lefel briodol, gall hyn achosi teimladau annifyr, gofid a blys. Gall hefyd achosi i'r unigolyn fynd yn llai symudol. Gallai'r person wrthod derbyn hyn, gan arwain at ymddygiad ymosodol o bosib, crynhoi a chuddio meddyginiaeth, a cheisiadau am ail-brescripsiwn.

Cofiwch na fyddwch o angenrheidrwydd yn sylweddoli eich bod yn cynyddu'r feddyginiaeth a gymerwch. Felly, mae'n bwysig fod aelodau'r teulu neu ofalwyr yn gwybod beth yw'r dos a ragnodwyd, fel eu bod yn sylwi pan fyddwch yn cymryd gormod.

### Pa fathau o gyffuriau sy'n gysylltiedig ag ymddygiad byrbwyll neu gymhellol?

Meddyginiaeth dopamine tynhaol, fel ropinirole, a gysylltwyd yn bennaf ag ymddygiad byrbwyll neu gymhellol, ond gallech brofi'r sgîl-ffeithiau ar ôl cymryd meddyginiaethau eraill i drin Parkinson's neu ysgogiad ymenyddol dwfn.

### Pa gyfran o bobl sydd â Parkinson's sy'n profi ymddygiad byrbwyll neu gymhellol?

Mae'n anodd rhoi un rhif sy'n ateb y cwestiwn hwn. Mae ymchwil i ymddygiad byrbwyll neu gymhellol yn parhau. Sonnir am ymchwil allweddol isod.

Yn ôl adolygiad diweddar o ymchwil a gyhoeddwyd, mae'r ganran o bobl sy'n dioddef o Parkinson's sydd hefyd yn profi ymddygiad byrbwyll neu gymhellol rywle rhwng 2.6% a 34.8%.

Yn ôl rhai astudiaethau o grwpiau penodol o bobl, mae'r nifer yn uwch na hynny. Er enghraifft, nododd astudiaeth o bobl iau sydd â Parkinson's fod 58.3% wedi profi ymddygiad byrbwyll neu gymhellol.

Gall y nifer o bobl sy'n profi ymddygiad byrbwyll neu gymhellol amrywio mewn astudiaethau ymchwil oherwydd:

- gwahaniaethau yn nyluniad astudiaethau ymchwil
- gwahaniaethau yn y dulliau a ddefnyddir i wneud diagnosis o Anhwyllder Rheoli Ysfa
- gwahanol gefndiroedd cymdeithasol a diwylliannol ymhlith y rhai sy'n cymryd rhan mewn astudiaethau

Gall pobl sydd â Parkinson's hefyd deimlo cywilydd am eu hymddygiad, a pheidio sôn amdano wrth eu gweithiwr gofal iechyd proffesiynol o'r herwydd. Mae'n bosib hefyd fod yr ymwybyddiaeth am ymddygiad byrbwyll neu gymhellol yn gyfyngedig, a bod pobl heb sylweddoli fod cysylltiad rhyngddo â meddyginiaeth Parkinson's.

Mae'r rhan fwyaf o'r ymchwil y cyfeiriwn ato yn canolbwyntio ar ymddygiadau byrbwyll neu gymhellol sy'n cael eu diffinio fel Anhwyllder Rheoli Ysfa. Mae mwy o wybodaeth yn yr adran gyntaf am beth ydy ymddygiad byrbwyll neu gymhellol.

### Beth allai achosi ymddygiad byrbwyll neu gymhellol?

Mae ein dealltwriaeth o'r materion hyn yng nghyswllt Parkinson's yn dal i ddod i'r amlwg. Er hynny, mae'n bosib eu bod yn gysylltiedig ag ysgogiad dopamine yn yr ymennydd.

Dopamine yw'r negesydd cemegol yn yr ymennydd a effeithir gan Parkinson's. Mae hwnnw'n rheoli symudedd, ac mae meddyginiaeth ar gyfer Parkinson's yn helpu lleddfu'r symptomau ac adfer lefelau dopamine. Ond gall cymryd meddyginiaeth Parkinson's orgyffroi rhannau eraill yr ymennydd hefyd, a gall hyn arwain at ymddygiad byrbwyll neu gymhellol.

Mae rhai pobl yn fwy tebygol o ddatblygu ymddygiad o'r math yma, er enghraifft:

- dynion
- pobl iau sydd â Parkinson's
- pobl fu'n dioddef o Parkinson's am amser maith
- pobl sy'n cael problemau wrth symud (a elwir yn gymhlethdodau symudedd)
- ysmygwyr
- pobl sydd â hanes o symptomau seiciatryddol
- pobl sydd â hanes teuluol o gamblo neu gam-drin alcohol

## Trafodwch ymddygiad byrbwyll neu gymhellol gyda'ch Meddyg Teulu, eich arbenigwr neu nyrs Parkinson's

Ni fydd pawb sy'n cymryd meddyginiaeth trin Parkinson's yn cael profiad o ymddygiad o'r math yma, ac felly, ni ddylai eich rhwystro rhag cymryd eich meddyginiaeth i reoli eich symptomau. Er hynny, dylech sicrhau eich bod yn cael help cyn gynted â phosib os cewch unrhyw broblemau.

Gofyn i'ch arbenigwr wneud newidiadau i'ch trefn feddyginiaeth neu addasu'r dosau rydych chi'n eu cymryd yw'r ffordd hawsaf o reoli ymddygiad byrbwyll neu gymhellol. Felly, os ydych chi, neu'r person rydych chi'n gofalu amdano, yn cael y math yma o sgîl-effeithiau, dywedwch wrth eich gweithiwr gofal iechyd proffesiynol cyn gynted â phosibl cyn iddo greu problemau mawr.

## Canllawiau clinigol

Yn ôl canllawiau clinigol, dylai gweithwyr iechyd proffesiynol roi gwybodaeth ichi, i'ch teulu ac i'ch gofawyr am y posibilrwydd o gael ymddygiad byrbwyll neu gymhellol pan ddechreuwch gymryd

cyffuriau allai achosi hynny. Dylai hyn gynnwys gwybodaeth am y mathau gwahanol o ymddygiad sy'n bosib, sut allai unigolyn guddio'r ymddygiad hwnnw, a phwy i gysylltu â nhw os ydych chi'n bryderus.

Dywed y canllawiau hefyd y dylai gweithwyr iechyd proffesiynol drafod yn rheolaidd yn ystod apwyntiadau adolygu a ydych chi'n cael profiadau o ymddygiad byrbwyll neu gymhellol.

## Fel aelod o deulu, ffrind neu ofalwr person sydd â Parkinson's, sut mae adnabod arwyddion o ymddygiad byrbwyll neu gymhellol?

Yn aml iawn, fydd pobl sy'n cael profiad o ymddygiad byrbwyll neu gymhellol ddim yn sylweddoli fod ganddynt broblem. Felly, os ydych chi'n ofalwr neu'n aelod o'r teulu, a'ch bod yn sylwi ar unrhyw newidiadau mewn ymddygiad, dylech drafod gyda'r unigolyn sydd â Parkinson's a chael cefnogaeth gan eu gweithiwr gofal iechyd proffesiynol.

Mae'n bwysig deall fod dulliau o ymddwyn yn cael eu cadw'n gyfrinachol, ac efallai heb fod yn amlwg hyd yn oed i deulu agos a ffrindiau. Mae'n bosib na fydd yr unigolyn sy'n ymddwyn yn wahanol yn teimlo unrhyw bryder, ac o'r herwydd efallai ddim yn deall yr effaith fydd eu hymddygiad yn ei gael.

Mae canllawiau'r GIG yn datgan fod angen i weithwyr gofal iechyd proffesiynol, gofawyr ac aelodau teuluoedd dioddefwyr Parkinson's fonitro'u hymddygiad dros gyfnod hir o amser. Mae hynny oherwydd y gall yr ymddygiad yma ddatblygu gryn amser ar ôl i'r driniaeth cael ei chychwyn. Mewn rhai achosion, gall hyn fod ar ôl rhai blynyddoedd o driniaeth heb unrhyw broblemau.

Os ydych chi'n bryderus am rywun sydd â Parkinson's, chwiliwch am unrhyw rai o'r arwyddion canlynol:

- Ydyn nhw wedi ennill pwysau'n ddiweddar? Gallai fod nifer o resymau am hyn, ond chwiliwch o bosib am arwyddion o byliau o orfwyta. Gall rhywun fod yn bwyta llawer iawn o fwyd, hyd yn oed heb fod yn llwglyd, mewn amser byr ac yn y dirgel. Byddent efallai'n teimlo'n euog am eu hymddygiad.
- Ydyn nhw'n bod yn fwy amddiffynnol nag arfer am eu sefyllfa ariannol?

- Ydyn nhw yn bod yn fwy dichellgar, efallai yn glyn â galwadau ffôn neu eu defnydd o'r we?
- Ydyn nhw wedi dechrau casglu neu drefnu gwrthrychau arbennig?
- Ydych chi wedi sylwi arnynt yn gwneud rhai tasgau drosodd a throsodd?
- Os mai eich cymar ydy'r person sydd â Parkinson's, ydych chi wedi sylwi ar gynnydd yn eu hawydd rhywiol neu newid yn eu hymddygiad rhywiol, un ai tuag atoch chi neu unrhyw un arall?
- Ydyn nhw'n mynd i siopa'n amlach nag arfer?
- Ydyn nhw'n gwario mwy o arian, neu ydyn nhw wedi dechrau byw mewn ffordd ddrutach?
- Ydyn nhw'n treulio mwy o amser nag arfer ar eu cyfrifiadur, eu ffôn neu dabled (efallai ar wefnau siopa neu gamblo, neu wefnau gyda chynnwys rhywiol)? Gallai hyn fod yn ystod y nos neu yn oriau mân y bore, fel nad ydych o bosib yn ymwybodol fod y peth yn digwydd. Mae gwasanaethau ar lein wedi gwneud hi'n llawer haws cymryd rhan mewn siopa direolaeth, gamblo neu ryw nag yr arferai fod.
- Ydyn nhw'n cymryd mwy o'u meddyginiaeth trin Parkinson's nag a ddylent?
- Ydych chi wedi sylwi ar unrhyw gynnydd mewn ymddygiad ymosodol?
- Ydyn nhw'n fwy anniddig neu annifyr nag arfer?

Gall fod yn annymunol iawn sylweddoli fod y pethau hyn yn digwydd i rywun rydych chi'n eu caru, ond mae'n rhaid cofio fod yr ymddygiad yn cael ei sbarduno gan eu triniaeth ar gyfer Parkinson's.

## Dulliau ymarferol o reoli ymddygiad byrbwyll neu gymhellol

Os ydych chi'n meddwl eich bod yn ymddwyn yn fyrbwyll ac yn gymhellol, y cam cyntaf ydy trafod gyda'ch arbenigwr neu nyrs Parkinson's. Gall fod yn annymunol sylweddoli fod hyn yn digwydd ichi, ond mae'n dangos cryfder cymeriad i ofyn am gyngor meddygol. Cofiwch, dydy'r ymddygiad yma ddim yn adlewyrchu'n wael arnoch chi.

Efallai ei fod yn chwithig ac y byddwch chi'n teimlo'n anghyfforddus yn siarad â gweithiwr gofal iechyd proffesiynol am eich anawsterau. Ond cofiwch eu bod wedi siarad ag eraill sydd â phroblemau

tebyg o'r blaen a bydd popeth rydych chi'n ei ddweud wrthyn nhw'n cael ei drin yn gyfrinachol.

Os ydy hi'n anodd ichi drafod y mater, ceisiwch ysgrifennu eich cwestiynau i lawr, a'u rhoi i'r gweithiwr gofal iechyd proffesiynol rydych chi'n trafod gyda nhw. Os teimlwch chi'n ddigon

cyfforddus, efallai yr hoffech fynyachu'ch apwyntiadau gyda'ch cymar, eich gofalwr, ffrind neu berthynas, fely medrwch drafod y problemau ar y cyd. Gallech hefyd drafod yn ddiennw gyda chwnselydd ar ein llinell gymorth, gyfrinachol am ddim **(0808 800 0303)**. Mae gan y nyrsys arbenigol sy'n gweithio ar y llinell gymorth lawer iawn o brofiad o drafod y materion hyn.

Gallai rhai pethau ymarferol eraill fod o ddefnydd ichi, fel gofyn i aelod dibynadwy o'r teulu gadw eich cardiau credyd yn ddiogel, gosod rhwystrau ar wefnau gamblo neu rai amlwg rywiol, a chael bwciod i osod gwaharddiad gwirfoddol yn ei le.

## Triniaeth ar gyfer ymddygiad byrbwyll neu gymhellol

Mae'n bosib y bydd eich triniaeth yn cynnwys gostwng eich dos dyddiol o feddyginiaeth Parkinson's, neu newid presgripsiwn am dopamine tynhaol i levodopa neu fath arall o feddyginiaeth.

Yn ôl y canllawiau clinigol, dylai eich gweithiwr gofal iechyd proffesiynol drafod gyda chi beth yw manteision ac anfanteision newid eich triniaeth Parkinson's. Dylent hefyd wneud unrhyw newid yn raddol, gan eich monitro am unrhyw newid mewn ymddygiad neu symptomau diddyfnu. Dylent hefyd gynnig seicotherapi os nad ydy newid cyffuriau yn gwbl effeithiol.

Peidiwch â rhoi'r gorau i gymryd eich meddyginiaeth Parkinson's, na'i newid, heb gael cyngor gan eich arbenigwr neu nyrs Parkinson's. Mae'n rhaid i unrhyw newidiadau gael eu gwneud yn araf ac yn raddol, dan ofal a goruchwyliaeth arbenigwr, oherwydd y risg o sgil-effeithiau neu symptomau diddyfnu.

Dylech hefyd drafod cael asesiad iechyd meddwl cyffredinol gan weithiwr proffesiynol cymwys gyda'ch arbenigwr neu eich nyrs Parkinson's. Mae hyn oherwydd y gall rhai problemau, fel iselder ysbryd, gynyddu datblygiad ymddygiad byrbwyll neu gymhellol.

I gael mwy o gefnogaeth gallwch fynd â'r wybodaeth hon i'ch apwyntiad i'w drafod gyda'ch gweithiwr gofal iechyd proffesiynol. Gall ein cynghorwyr lleol dros Parkinson's yn eich ardal leol hefyd roi help llaw. Gallwch ddod o hyd i'w manylion cyswllt ar ddiwedd yr wybodaeth hon.

## Awdurdod Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd

Gall sgîl-ffeithiau cyffuriau Parkinson's gael eu hamlygu mewn llawer ffordd, ac mae'n llinell gymorth yn ymdrin â llawer o ymholiadau am sgîl-ffeithiau bob blwyddyn.

Gallwch hefyd roi adroddiad am unrhyw sgîl-ffeithiau i'r Awdurdod Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd (MHRA), y corff o fewn y llywodraeth sy'n gyfrifol am sicrhau fod meddyginiaethau yn gweithio ac yn ddiogel. I wneud hynny, dylech lenwi ffurflen Cerdyn Melyn, sydd ar gael o'ch fferyllydd, eich Meddyg Teulu, eich arbenigwr neu drwy linell gymorth y Cerdyn Melyn (**0808 100 3352**). Gallwch hefyd lenwi'r ffurflen hon ar lein, nei ei lawrlwytho a'i hargraffu o **www.yellowcard.mhra.gov.uk**

## Cysylltiadau defnyddiol

Er bod trafod rhai o'r sgîl-ffeithiau a enwir yma'n chwithig, mae'n bwysig ceisio cymorth os byddwch chi'n sylwi ar rai o'r problemau yma ynddoch chi'ch hunan, neu mewn pobl eraill rydych chi'n gyfarwydd â nhw.

Mae'r sefydliadau a restrir isod yn cynnig gwasanaeth sensitif a phroffesiynol.

Os yw dyled yn mynd yn broblem, efallai y bydd yr asiantaethau hyn yn gallu helpu. Sylwch, nid yw'r asiantaethau hyn yn gweithio'n uniongyrchol gyda Parkinson's UK, ond mae ganddynt enw da yn genedlaethol.

## Llinell Ddyled Genedlaethol

Llinell gymorth sy'n darparu cyngor cyfrinachol ac annibynnol am ddim ar sut i ddelio â phroblemau dyled.

**0808 808 4000**

**www.nationaldebtline.org**

## Elusen Ddyled StepChange

Elusen ddyled sy'n cynnig cyngor dienw am ddim.

**0800 138 1111**

**www.stepchange.org**

## Gamcare

Mae'r sefydliad hwn yn darparu cefnogaeth, gwybodaeth a chynghor i unrhyw un sy'n datblygu problem gamblo. Mae'r wefan yn cynnig ichi drafod yn fyw ar lein gydag ymgynghorydd hyfforddedig, neu ddefnyddio ei fforwm a'i ystafell sgwrsio i siarad ag eraill sy'n mynd trwy brofiad tebyg.

**0808 802 0133**

**www.gamcare.org.uk**

## Action against Medical Accidents (AvMA)

Mae gan yr elusen annibynnol hon dîm o weithwyr achos sydd wedi'u hyfforddi'n feddygol ac yn gyfreithiol sy'n cynnig cyngor cyfrinachol am ddim i bobl sydd wedi cael eu heffeithio gan ddamwain feddygol. Mae'r wefan yn cynnwys dolen i ddod o hyd i gyfreithiwr.

**0845 123 2352**

**www.avma.org.uk**

## College of Sexual and Relationship Therapists

Elusen o aelodau proffesiynol sy'n cynnig therapi rhyw a pherthynas.

**020 8543 2707**

**info@cosrt.org.uk**

**www.cosrt.org.uk**

## Relate

Mae Relate yn cynnig cwnsela i bobl sydd â phroblemau rhywiol neu broblemau perthynas.

**0300 100 1234**

**www.relate.org.uk**

## Nyrsys Parkinson's

Mae nyrsys Parkinson's yn darparu cyngor a chymorth arbenigol i bobl â Parkinson's a'r rhai hynny sy'n gofalu amdanyn nhw. Hefyd gallan nhw gysylltu â gweithwyr proffesiynol eraill ym maes iechyd a gofal cymdeithasol i sicrhau y diwallir eich anghenion.

Mae'r rôl nyrs Parkinson's yn amrywio. Bydd pob un yn cynnig gwasanaethau gwahanol, yn anelu at ddiwallu anghenion lleol. Lleolir rhai nyrsys yn y gymuned, tra bod eraill wedi'u lleoli mewn ysbytai.

Mae llawer o nyrsys Parkinson's yn rhagnodwyr annibynnol. Mae hyn yn golygu y gallan nhw ragnodi a gwneud addasiadau i feddyginiaeth, felly nid oes angen i rywun â Parkinson's weld eu harbenigwr am newidiadau i neu ymholiadau ynghylch eu cyffuriau Parkinson's bob tro.

Efallai na fydd nyrsys Parkinson's ar gael ym mhob ardal, ond gall eich Meddyg Teulu neu arbenigwr roi rhagor o fanylion ichi am wasanaethau lleol.

Gallwch chi ddysgu rhagor yn [parkinsons.org.uk/nurses](https://www.parkinsons.org.uk/nurses)

## Gwybodaeth a chymorth gan Parkinson's UK

Gallwch chi ffonio ein llinell gymorth gyfrinachol am ddim i gael cymorth a gwybodaeth gyffredinol. Ffoniwch **0808 800 0303** (mae galwadau am ddim oddi wrth linellau tir yn y DU a'r mwyafrif o rwydweithiau symudol) neu e-bostiwch **hello@parkinsons.org.uk**. Rydyn ni'n rhedeg gwasanaeth cymorth cyfoedion os hoffech chi siarad ar y ffôn â rhywun a effeithir gan Parkinson's sydd wedi wynebu problemau tebyg i chi. Mae'r gwasanaeth yn gyfrinachol ac am ddim – ffoniwch y llinell gymorth i siarad â rhywun er mwyn cael eich paru â gwirfoddolwr.

Gall ein llinell gymorth eich cysylltu ag un o'n cyngorwyr lleol ar Parkinson's, sy'n rhoi gwybodaeth a chymorth unigol i unrhyw un a effeithir gan Parkinson's. Hefyd gallan nhw ddarparu dolenni i grwpiau a gwasanaethau lleol.

Mae gan ein gwefan [parkinsons.org.uk](https://www.parkinsons.org.uk) lawer o wybodaeth ynghylch Parkinson's a byw'n ddyddiol gyda'r cyflwr. Hefyd gallwch chi ganfod manylion ynghylch eich tîm cymorth lleol a'ch cyfarfod grwp lleol agosaf yn [parkinsons.org.uk/localtoyou](https://www.parkinsons.org.uk/localtoyou)

Ewch at [parkinsons.org.uk/forum](https://www.parkinsons.org.uk/forum) i sgwrsio gyda phobl eraill sydd wedi cael profiadau tebyg ar ein fforwm trafod ar-lein.

## Diolch

Diolch i bawb a sydd wedi cyfrannu i'r ddalen wybodaeth hon a'i hadolygu:

Louise Ebenezer, Parkinson's Nurse,  
Princess of Wales Hospital

Richard Grunewald, Consultant Neurologist,  
Royal Hallamshire Hospital

Diolch hefyd i'n grŵp adolygu gwybodaeth a phobl eraill a effeithir gan Parkinson's a ddarparodd adborth.

## Allwch chi helpu?

Yn Parkinson's UK, rydyn ni'n gwbl ddibynol ar roddion gan unigolion a sefydliadau i ariannu'r gwaith rydyn ni'n ei wneud. Mae sawl ffordd y gallwch chi ein helpu i gefnogi pobl â Parkinson's.

Os hoffech chi gymryd rhan, cysylltwch â'n tîm Gwasanaethau Cefnogwyr ar **0800 138 6593** neu ewch i'n gwefan yn **parkinsons.org.uk/donate**. Diolch.

## Ynghylch ein gwybodaeth

Mae'r cyfan o'n gwybodaeth ddiweddaraf ar gael ar **parkinsons.org.uk/informationssupport**

Os byddai'n well gennych ddarllen un o'n taflenni neu lyfrynnau mewn print, gallwch weld sut i archebu ar **parkinsons.org.uk/orderingresources** neu drwy ein ffonio ar **0300 123 3689**.

Rydyn ni'n gwneud pob ymdrech i sicrhau bod ein gwasanaethau'n darparu gwybodaeth gyfredol, ddiuedd a chywir. Rydyn ni'n gobeithio y bydd hon yn ychwanegu at unrhyw gyngor proffesiynol a dderbyniwch a'ch helpu i wneud unrhyw benderfyniadau y gallech chi eu hwynebu. Os gwelwch yn dda parhewch i siarad â'ch tîm iechyd a gofal cymdeithasol os ydych chi'n poeni ynghylch unrhyw agwedd ar fyw gyda Parkinson's.

Os hoffech chi ddysgu rhagor am sut rydyn ni'n rhoi eich gwybodaeth ynghyd, gan gynnwys cyfeiriadau a'r ffynonellau gwybodaeth rydyn ni'n eu defnyddio, cysylltwch â ni yn **publications@parkinsons.org.uk**.



## Ymddygiad byrbwyll neu gymhellol wrth ddioddef (FS77W/2019)

A oes gennych unrhyw adborth ynghylch yr wybodaeth hon? Bydd eich sylwadau'n ein helpu i sicrhau bod ein hadnoddau mor ddefnyddiol a hawdd eu deall â phosibl. Dychwelwch at Y **Tîm Cynnwys Gwybodaeth, Parkinson's UK, 215 Vauxhall Bridge Road, Llundain SW1V 1EJ**, neu e-bostiwch **publications@parkinsons.org.uk**. Diolch!

### 1. Dewiswch yr opsiwn sy'n fwyaf addas i chi.

- Mae gen i Parkinson's a ches i fy niagnosio yn
- Rwy'n gofalu am rywun â Parkinson's  Mae gen i ffrind neu aelod teulu â Parkinson's
- Rwy'n weithiwr proffesiynol yn gweithio gyda phobl â Parkinson's
- Arall (pennwch)

### 2. O ble gawsoch chi'r wybodaeth hon?

- Meddyg Teulu  Arbenigwr  Nyrs Parkinson's  Grŵp lleol Parkinson's UK
- Cynghorydd lleol Parkinson's UK  Wedi'i harchebu'n uniongyrchol gennym ni
- Galwad i'r llinell gymorth  Arall (pennwch)

### 3. A ydy wedi ateb eich holl gwestiynau?

- Ydy, yn gyfangwbl  Ydy, gan fwyaf  Ddim yn siŵr  Yn rhannol  Ddim o gwbl

### 4. Pa mor hawdd oedd ei deall?

- Hawdd iawn  Hawdd  Ddim yn siŵr  Eithaf anodd  Anodd iawn



Ni yw'r elusen Parkinson's sy'n gyrru gofal, triniaethau ac ansawdd bywyd gwell.

Gyda'n gilydd gallwn ni symud y dydd ymlaen pan na fydd unrhyw un yn ofni Parkinson's.

## Parkinson's UK

215 Vauxhall Bridge Road  
Llundain SW1V 1EJ

Llinell gyfrinachol am ddim **0808 800 0303**

(Dydd Llun I Ddydd Gwener 9am–7pm, Saturday 10am–2pm).

Cyfieithu ar y pryd ar gael

NGT Relay **18001 0808 800 0303** (I'w ddefnyddio gyda ffonau clyfar, llechenni, Cyfrifiaduron Personol a dyfeisiau eraill). Am ragor o wybodaeth gweler **www.ngts.org.uk**

**hello@parkinsons.org.uk**  
**parkinsons.org.uk**

Cod archeb: FS77W

Diweddariad diwethaf Iau 2019. Rydyn ni'n adolygu ein gwybodaeth o fewn tair blynedd. Gwiriwch ein gwefan am y fersiynau mwyaf cyfredol o'n holl wybodaeth.

© Parkinson's UK. Parkinson's UK yw enw gweithredu'r Parkinson's Disease Society of the United Kingdom [Cymdeithas Clefyd Parkinson's y Deyrnas Unedig]. Elusen wedi'i chofrestru yng Nghymru a Lloegr (258197) ac yn yr Alban (SC037554).



## 5. A ydy wedi'ch helpu i reoli'ch cyflwr yn well, neu wneud dewisiadau sydd wedi gwella'ch bywyd mewn rhyw ffordd?

- Mae wedi helpu llawer  Mae wedi helpu ychydig  Dim newid  
 Dydy hi ddim wedi helpu  Mae wedi gwneud pethau'n waeth

## 6. Beth yw eich cefndir ethnig?\*

- Asiaidd neu Asiaidd Prydeinig  Du neu Ddu Prydeinig  Tsieineaidd  Cymysg  
 Gwyn - Prydeinig  Gwyn - arall  Arall (pennwch)

\*Rydyn ni'n gofyn am eich ethnigrwydd er mwyn sicrhau bod ein gwybodaeth yn cyrraedd amrediad eang o bobl. Fodd bynnag, mae'r cwestiwn hwn yn opsiynol.

## Eisiau clywed rhagor gennym?

- Hoffwn i gael ymateb i fy adborth  Hoffwn i fod yn aelod o Parkinson's UK  
 Mae gen i ddiddordeb mewn ymuno â'r Grŵp adolygu Gwybodaeth, i gynnig adborth ar wybodaeth Parkinson's UK

Os ydych chi wedi ateb 'le' i unrhyw un o'r opsiynau hyn, byddwch gystal â chwblhau'ch manylion isod.

Enw

Cyfeiriad

E-bost

Ffôn

Pa ddull fyddai'n well gennych inni gysylltu â chi?  E-bost  Post  Ffôn

Fyddwn ni ddim yn trosglwyddo'ch manylion i unrhyw sefydliad neu drydydd parti arall. I ddysgu rhagor, darllenwch ein polisi preifat yn [parkinsons.org.uk/termsandconditions](http://parkinsons.org.uk/termsandconditions)

We're the Parkinson's charity that drives better care, treatments and quality of life.

## Together we can bring forward the day when no one fears Parkinson's.

Parkinson's UK  
215 Vauxhall Bridge Road  
London SW1V 1EJ

Free confidential helpline **0808 800 0303** (Monday to Friday 9am–7pm, Saturday 10am–2pm).  
Interpreting available.

NGT Relay **18001 0808 800 0303** (for use with smart phones, tablets, PCs and other devices). For more information see [www.ngts.org.uk](http://www.ngts.org.uk)

[hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk)  
[parkinsons.org.uk](http://parkinsons.org.uk)

Order code: PKFS77

Last updated July 2019. We review our information within three years. Please check our website for the most up-to-date versions of all our information.  
© Parkinson's UK. Parkinson's UK is the operating name of the Parkinson's Disease Society of the United Kingdom. A charity registered in England and Wales (258197) and in Scotland (SC037554).



5. Has it helped you manage your condition better, or make choices that have improved your life in some way?  
 It helped a lot  It helped a little  No change  It didn't help  It made things worse

6. What is your ethnic background?\*

Asian or Asian British  Black or Black British  Chinese  Mixed  White British  White other  Other (please specify)

\*We ask about your ethnicity to ensure our information is reaching a broad range of people. However, this question is optional.

[Want to hear more from us?](#)

I would like a response to my feedback  I would like to be a member of Parkinson's UK  
 I'm interested in joining the Information review group, to offer feedback on Parkinson's UK information

If you've answered yes to any of these options, please complete your details below.

Name

Address

Email

Telephone

How would you prefer us to contact you?

Email  Post  Phone

We will not pass on your details to any other organisation or third party. To find out more, read our privacy policy at [parkinsons.org.uk/termsandconditions](http://parkinsons.org.uk/termsandconditions)

**Thank you**  
Thank you very much to everyone who contributed to or reviewed this information sheet:

**Louise Ebenezer, Parkinson's Nurse,  
Princess of Wales Hospital**

**Richard Grunewald, Consultant Neurologist,  
Royal Hallamshire Hospital**

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

### Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson's.

If you would like to get involved, please contact our Supporter Services team on **0800 138 6593** or visit our website at [parkinsons.org.uk/donate](http://parkinsons.org.uk/donate). Thank you.

### Our information

All of our most up-to-date information is available at [parkinsons.org.uk/information/support](http://parkinsons.org.uk/information/support) If you'd prefer to read one of our printed leaflets or booklets, find out how to place an order at [parkinsons.org.uk/orderingresources](http://parkinsons.org.uk/orderingresources) or by calling **0300 123 3689**.

We make every effort to ensure that our services provide current, unbiased and accurate information. We hope that this will add to any professional advice you receive and help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson's. If you'd like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at [publications@parkinsons.org.uk](mailto:publications@parkinsons.org.uk)

## Impulsive and compulsive behaviours (PKFS77/2019)

Do you have any feedback about this information? Your comments will help us ensure our resources are as useful and easy to understand as possible. Please return to [Information Content team, Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ](mailto:Information Content team, Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ), or email [publications@parkinsons.org.uk](mailto:publications@parkinsons.org.uk). Thank you!

### 1. Please choose the option that best fits you.

- I have Parkinson's and was diagnosed in           I care for someone with Parkinson's
- I have a friend or family member with Parkinson's  I'm a professional working with people with Parkinson's
- Other (please specify)

### 2. Where did you get this information from?

- GP  Specialist  Parkinson's nurse  Parkinson's UK local group  Parkinson's UK local adviser
- Ordered directly from us  Call to the helpline
- Other (please specify)

### 3. Has it answered all your questions?

- Yes, completely  Yes, mostly  Not sure  Partly  Not at all

### 4. How easy was it to understand?

- Very easy  Easy  Not sure  Quite difficult  Very difficult

## More information and support

While some of the side effects discussed here can be embarrassing, it's important to seek help if you recognise any of these issues in yourself or someone you know. The organisations listed below offer a sensitive and professional service.

### Gamcare

This organisation provides support, information and advice to anyone experiencing a gambling problem. Its website offers the option to talk live online with a trained adviser, or to use its forum and chat-room to speak to others going through a similar experience.

0808 802 0133  
www.gamcare.org.uk

### Action against Medical Accidents (AvMA)

This independent charity has a team of medically and legally trained caseworkers providing free and confidential advice to people who have been affected by a medical accident. Its website includes a link to finding a solicitor.

0845 123 2352  
www.avma.org.uk

### College of Sexual and Relationship Therapists

A charity whose professional members offer sexual and relationship therapy.

020 8543 2707  
info@cosrt.org.uk  
www.cosrt.org.uk

### Relate

Relate offers counselling for people with sexual or relationship problems.

0300 100 1234  
www.relate.org.uk

If debt has become a problem, these agencies may be able to help. Please note, these agencies do not work directly with Parkinson's UK, but have a national reputation.

### National Debtline

A helpline that provides free, confidential and independent advice on how to deal with debt problems.

0808 808 4000  
www.nationaldebtline.org

## StepChange Debt Charity

A debt charity that offers free, anonymous advice. 0800 138 1111  
www.stepchange.org

### Parkinson's nurses

Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson's nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson's nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson's doesn't always need to see their specialist for changes to or queries about their Parkinson's drugs.

Parkinson's nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at [parkinsons.org.uk/nurses](http://parkinsons.org.uk/nurses)

### Information and support from Parkinson's UK

You can call our free confidential helpline for general support and information. Call 0808 800 0303 (calls are free from UK landlines and most mobile networks) or email [hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk).

Our helpline can put you in touch with one of our Parkinson's local advisers, who give one-to-one information and support to anyone affected by Parkinson's. They can also provide links to local groups and services.

Our website [parkinsons.org.uk](http://parkinsons.org.uk) has a lot of information about Parkinson's and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at [parkinsons.org.uk/localtoyou](http://parkinsons.org.uk/localtoyou)

Visit [parkinsons.org.uk/forum](http://parkinsons.org.uk/forum) to chat to other people with similar experiences on our online discussion forum.

It can be upsetting to realise that these things may be happening to someone you love, but remember that these behaviours are triggered by their Parkinson's treatment.

## Practical ways to manage impulsive and compulsive behaviours

If you think you're experiencing impulsive and compulsive behaviours, the first step is to speak to your specialist or Parkinson's nurse. It can be upsetting to realise this is happening to you, so it shows strength of character to get medical advice. Remember, your behaviour doesn't reflect badly on you.

It may be embarrassing and you may feel uncomfortable talking to a healthcare professional about the difficulties you're having. But remember they'll have spoken to others with similar problems before and everything you tell them will be treated confidentially.

If you find it difficult to talk about, try writing your questions down and giving them to the healthcare professional you're seeing. If you feel comfortable, you may want to attend appointments with your partner, carer, friend or relative, so you can discuss the issues together.

You can also speak anonymously to an adviser on our free, confidential helpline (**0808 800 0303**). Our specialist helpline nurses have a lot of experience of talking about this issue. You may also find other practical things useful, such as asking a trusted family member to keep your credit cards safe, setting up internet blocks on gambling or explicit websites and having voluntary 'bans' from bookmakers.

## Treatment for impulsive and compulsive behaviours

Treatment can involve reducing your daily dose of Parkinson's medication, or changing a dopamine agonist prescription to levodopa or another type of medication.

Clinical guidelines say your healthcare professional should talk with you about the benefits and disadvantages of changing your Parkinson's treatment. They should also make any changes

gradually, monitoring you for changes in behaviour and withdrawal symptoms. They should offer you psychotherapy if changing drugs is not completely effective too.

Don't stop taking or change your Parkinson's medication without the advice of your specialist or Parkinson's nurse. Any changes have to be made slowly and gradually and should always be carried out and reviewed by a specialist, because of the risk of side effects and withdrawal symptoms.

You should also talk to your specialist or Parkinson's nurse about having a general mental health assessment with a qualified professional. This is because certain problems, such as depression, may increase the development of impulsive and compulsive behaviours.

For more support you can take this information to your appointment to discuss with your healthcare professional. Our Parkinson's local advisers can also help in your local area. You can find their contact details at the end of this information.

## Medicines and Healthcare Products Regulatory Authority

Side effects from Parkinson's drugs can take many forms and our helpline deals with lots of enquiries related to side effects each year.

You can also report any side effects to the Medicines and Healthcare Products Regulatory Authority (MHRA), the government body responsible for ensuring medicines work and are safe. To do so, you should complete a Yellow Card form, available from your pharmacist, GP, specialist or via the Yellow Card hotline (**0808 100 3352**). You can also complete this form online, or download and print it out from [www.yellowcard.mhra.gov.uk](http://www.yellowcard.mhra.gov.uk)

NHS guidelines say that healthcare professionals, carers and family members of people with Parkinson's need to monitor behaviour over a long period of time. This is because these behaviours can develop some time after treatment is introduced. In some cases, this can be after years of treatment without any problems. If you're concerned about someone with Parkinson's, look out for any of the following signs:

- Have they recently put on weight? There may be a number of reasons for this, but you might want to look for the signs of binge eating. Someone may be eating large quantities of food, even when they're not hungry, in a short period of time and in private. They may be feeling guilty about their behaviour.
- Are they being more protective than usual about their finances?
- Are they being more secretive, perhaps with phone calls or their use of the internet?
- Have they started collecting or organising certain objects?
- Have you noticed them carrying out some tasks repeatedly?
- If the person with Parkinson's is your partner, have you noticed an increase in their sex drive or a change in their sexual behaviour, either towards you or anyone else?
- Are they going shopping more often than usual?
- Are they spending more money, or have they started to lead a more expensive lifestyle?
- Are they spending more time than usual on their computer, phone or tablet (perhaps on shopping or gambling websites, or websites with sexual content)? This may be during the night or the early hours of the morning, so you may not even be aware this is happening. Online services have made it much easier to engage in compulsive shopping, gambling and sex than it used to be.
- Are they taking more of their Parkinson's medication than they should?
- Have you noticed an increase in any aggressive behaviour?
- Are they more restless and irritable than usual?

## Speak to your GP, specialist or Parkinson's nurse about impulsive and compulsive behaviours

Not everyone who takes Parkinson's medication will experience these behaviours so it should not put you off taking your medication to control your symptoms. However, make sure you get help as soon as possible if there are any issues. Asking your specialist to make changes to your medication regime or adjusting the doses that you take is the easiest way to control impulsive and compulsive behaviours. So, if you or the person you care for is experiencing this side effect, tell your healthcare professional as soon as possible before it creates large problems.

### Clinical guidelines

Clinical guidelines say professionals should give you, your family and carers information about the possibility of impulsive and compulsive behaviours when you start taking drugs that may cause it. This should include information about the possible types of behaviours, how a person might hide their behaviour and who to contact if you have concerns. The guidelines also say professionals should discuss whether you're experiencing any impulsive or compulsive behaviours regularly at review appointments.

## As a family member, friend or carer of someone with Parkinson's, how do I spot signs of impulsive and compulsive behaviours?

Often, people who experience impulsive and compulsive behaviours may not realise they have a problem. So, if you're a carer or a family member and you notice any changes in behaviour, talk to the person with Parkinson's and get support from their healthcare professional.

It's important to understand that many behaviours are kept secret or may not be apparent even to close family and friends. The person experiencing behaviour changes may or may not experience distress, and possibly may not realise the effects their behaviour will have.

Dopamine is the chemical messenger in the brain affected in Parkinson's. It controls movement and Parkinson's medication helps to ease movement symptoms and restore dopamine levels. But taking parts of the brain too which can lead to impulsive and compulsive behaviours.

Some people may be more likely to develop these behaviours, for example:

- younger people with Parkinson's
- people who have had Parkinson's for a long time
- people who have issues with movement (known as motor complications)
- smokers
- people with a history of psychiatric symptoms
- people with a family history of gambling or alcohol abuse

## What might cause impulsive and compulsive behaviours?

The number of people who may experience impulsive and compulsive behaviours may vary in research because of:

- differences in research study design
- differences in the methods used to diagnose Impulse Control Disorder
- different social and cultural backgrounds amongst those participating in studies

People with Parkinson's may also be embarrassed about their behaviour and not report it to their healthcare professional. There may also be limited awareness of impulsive and compulsive behaviours and people may not think that there is a link to Parkinson's medications.

Most of the research we mention focuses on certain impulsive and compulsive behaviours which are categorised as Impulse Control Disorder. Find out more about this in our first section about what impulsive and compulsive behaviours are.

## Which types of drugs are linked to impulsive and compulsive behaviours?

**Addition to Parkinson's medication (dopamine dysregulation syndrome)**

Some people with Parkinson's have a compulsion to take more medication than they need to control their symptoms because they are addicted to the way it makes them feel.

If a person is taking too much medication and their healthcare professional attempts to reduce it to the levels they're supposed to take, this may cause unpleasant feelings, anxiety and cravings. It may also cause reduced mobility. A person may refuse to accept this, sometimes resulting in aggression, secret hoarding or requests for repeat prescriptions. Remember that you may not realise you are increasingly taking more medication. So it's important that family members or carers know your prescribed doses so they can spot when you're taking too much.

## What proportion of people with Parkinson's experience impulsive and compulsive behaviours?

It's difficult to find one number that answers this question. Research into impulsive and compulsive behaviours is ongoing. Below we mention some key research.

A recent review of published research found that the reported proportion of people with Parkinson's who experience impulsive and compulsive behaviours varied a lot from 2.6% to 34.8%.

Some studies in specific groups of people have found that this number is higher. For example, a study of some younger people with Parkinson's reported that 58.3% experienced impulsive and compulsive behaviours.

Speak to your GP, specialist or Parkinson's nurse as soon as you or your family or carer notice any change in behaviour.

Impulsive and compulsive behaviours that are more severe, are often categorised as Impulse Control Disorder.

In this information we use the term impulsive and compulsive behaviours to include Impulse Control Disorder too. But below we give examples of both.

## Impulse Control Disorder

### Addictive gambling

This is when someone can't resist the impulse to gamble, even though it may harm their family or personal finances. Gambling is easier to do than ever before – especially online, on TV or on your phone. This means it may not always be obvious that someone is doing it.

Some people with Parkinson's who have developed an addiction to gambling have told us they might even steal money to gamble or to finance an expensive lifestyle.

### Hypersexuality

This is a focus on sexual feelings and thoughts. Sexual impulses become more intense and might be felt at inappropriate times and towards people other than a partner. This can be really distressing for the person and those around them.

It may also result in an increase in using the internet to access explicit websites. This may happen in secret, perhaps in the middle of the night, when no one else would know. For example, it's now easier than ever to access porn on the web, and hide that you're watching it.

Some people may experience changes in sexual orientation or start wearing clothes usually worn by people of the opposite sex.

There's also a risk that someone will behave in a way that's socially unacceptable, or may even break the law.

### Binge eating

This is when someone eats large amounts of food in a short period of time because they can't control their appetite, so they could gain a lot of weight.

People with this impulse may eat alone because they're embarrassed or feel guilty about the amount of food they're eating. They may also eat secretly at night.

### Obsessive shopping

Some people may become obsessed with buying things. They will get an irresistible urge to buy more than they can afford or need. This can lead to financial problems. This problem is increasing because it's easier than ever to shop online these days, and for spending to creep up over time.

## Other types of impulsive and compulsive behaviours

### Punding

This is when someone does things such as continually handling and sorting objects. They may be fascinated with taking technical equipment apart or collecting a type of object. This behaviour can mean people don't get enough sleep. It can also cause social problems with family or at work.

If someone collects objects or takes machinery apart without knowing how to put it back together, it can also have a big financial impact, as they'll need to spend money to buy new objects or getting equipment repaired.

Some people also experience other behaviours such as compulsive singing, writing, smoking, reckless driving or walking around for no reason and with no purpose.

### Hobbyism

This is when someone has the compulsive urge to carry out a hobby such as cleaning, using the internet or doing crafts.

### Hoarding

This happens when someone feels that they must continue to keep items that they don't need. The thought of getting rid of the items may make someone feel upset.



# Impulsive and compulsive behaviours in Parkinson's

Impulsive and compulsive behaviours are a possible side effect of some Parkinson's drugs. This information describes what they are, why they might happen and how to manage them.

In this information we use the term impulsive and compulsive behaviours to include all the types of behaviour you may experience. But you may also hear the phrase Impulse Control Disorder used to describe some of these behaviours. You can read about Impulse Control Disorder further on in this information.

## Key points

- Not everyone who takes Parkinson's medication will experience impulsive and compulsive behaviours, so these side effects should not put you off taking your medication to control your symptoms.
- Impulsive and compulsive behaviours can have a serious impact on the person affected and those around them so speak to your healthcare professional as soon you notice any changes.
- Asking your specialist to make changes to your medication regime or adjust the doses that you take is the easiest way to control these behaviours.

## What are impulsive and compulsive behaviours?

People who experience impulsive and compulsive behaviours can't resist the temptation to carry out an activity – often one that gives immediate reward or pleasure.

Impulsive and compulsive behaviours happen when a person has an overwhelming urge to behave in a certain way. They will often carry out their behaviour repetitively as a way to reduce the worry or tension they get from their urge. Some people continue to act in this way without thinking and even when they no longer get any pleasure or reward from the activity.