Hallucinations Are Not ‘Benign’ in Parkinson’s Disease

By Betsy Bates
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SAN DIEGO — So-called benign hallucinations associated with dopaminergic treatment for Parkinson’s disease rarely remain “benign,” calling into question the accuracy of the term. Researchers at Rush University in Chicago studied the clinical progression of 48 patients with Parkinson’s disease who were diagnosed with hallucinations characterized by the patient’s retention of the insight that the hallucinations are unreal. These hallucinations have been called benign, and traditionally have been associated with a Unified Parkinson Disease Rating Scale (UPDRS) Thought Disorder score of 2. In 2 years, just 2 of the 48 patients at Rush continued to have benign hallucinations without requiring either a decrease in their dose of dopaminergic medications or an addition of neuroleptic agents to counteract the hallucinations or progressing to more serious hallucinations (UPDRS Thought Disorder score of 3) or delusions (UPDRS Thought Disorder score of 4). Most, 39 of 48, progressed to scores of 3 or 4. Among nine patients who remained at a score of 2, seven required reduced dosages of dopaminergic medications in response to worsening of hallucinations and three also required neuroleptics to control the hallucinations.

Although the median time to progression of hallucinations to the point where patients were frankly delusional was less than 2 years after the onset of the study, the total length of time patients had hallucinations prior to enrollment was quite variable. In part, this was due to the differing interpretations of the UPDRS Thought Disorder scale. Put another way, were they truly hallucinating to the extent that patients were considered to have a Thought Disorder score of 4? Did the criteria being used by the investigators not capture the pathological progression of hallucinations?

The natural meeting of the American Neurological Association. However, the study made clear the fact that even if hallucinations seem “benign... at the moment,” they “portend serious consequences” and should not be given a label that suggests they are unimportant clinical developments, he said. “Because hallucinations progress, the concept of benign hallucinations is prognostically misleading,” Dr. Goetz and associates concluded. “The term benign hallucinations should be considered generally unsound and dropped from the operative vocabulary.”