

Appendix

About depression, RBD and Parkinson's disease

There are currently over 300,000 depression patients and 12,000 Parkinson's disease (PD) patients in Hong Kong. Patients with depression are 1.5-3 times more likely to develop PD than those without it.

The natural history of the development of PD has become clearer and the onset of PD motor symptoms is usually preceded by a prodromal stage of 10 to 20 years. Conventional treatment of PD can only alleviate disease symptoms, and there is no cure at present.

RBD is the most specific prodromal stage of PD, with a prevalence of 0.7-1% among older adults and elderly people in Hong Kong, but the figure is nearly 10 times higher in patients with depression. While a healthy person is expected to have muscle atonia during rapid eye movement sleep when dreaming occurs, RBD patients preserve the muscle tone and act out their dreams, resulting in a constellation of features including shouting, punching, kicking, rolling and falling out of bed, and leading to sleep-related violence and injuries. More importantly, studies have shown that about 90% of RBD patients will go on to develop PD or other α -synucleinopathy-related neurodegenerative diseases within 15 years.

附件

抑鬱症、柏金遜病和 RBD 的背景

香港目前有超過 30 萬名抑鬱症患者和 1.2 萬名柏金遜病患者。抑鬱症病人患上柏金遜病的可能性比沒有抑鬱症的人士估算高 1.5 倍至 3 倍。

柏金遜病有長達 10 至 20 年的先兆期，患者會漸漸出現行動障礙和認知障礙。此症目前只能紓緩病徵，暫無根治的方法。

RBD 是明確的先兆期腦退化病徵，影響本港 0.7% 至 1% 的中老年人，抑鬱症患者的 RBD 發病比例高近十倍。由於在快速眼動睡眠期（發夢期）期間缺乏肌張力抑制，他們在睡眠時會作出與夢境一致的暴力行為，如拳打腳踢、翻滾、喊叫等，並會引致損傷。研究顯示九成以上的 RBD 患者在 15 年內會轉化成柏金遜病及其他腦退化病。