



NATIONAL PARKINSON FOUNDATION
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National AHEC
Organization

Practical Guide to Diagnosing Parkinson's Disease for Practitioners

This card was produced and provided by:

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Treatment Algorithm:

The treatment of PD is tailored to the individual, with consideration of age, general health and comorbidities. Patients often benefit from an interdisciplinary approach to care. A variety of medications may be used prior to levodopa (Sinemet) which may be added later as the disease progresses. Dopamine agonists and other non-levodopa agents, such as trihexyphenidyl, MAO-B inhibitors or amantadine, are generally preferred as first-line therapy. Levodopa is used initially in more fragile patients or when the side-effect profiles of the other agents prohibit their use. Levodopa is also added to the regimen when the other agents no longer achieve adequate symptom control.

This practical guide was developed from information provided by Dr. Melanie Brandabur, Dr. Monique Giroux, Dr. John Morgan, & Dr. George Wong, adapted from: *Jankovic, J. (2007). Pathophysiology and clinical assessment. In R. Pahwa & K. Lyons, Handbook of Parkinson's disease (4th edition). New York, NY: Informa Healthcare U.S.A.*

Features suggestive of other types of “Parkinsonism” (accounts for less than 10% of cases):

- Lack of robust response to dopaminergic therapy
- Absence of tremor
- Early gait difficulties with falls
- Early cognitive deficits or hallucinations
- Urinary problems, profound orthostatic hypotension, early sexual dysfunction
- Early and profound bulbar signs such as dysarthria, dysphagia
- Isolated shuffling gait and step-wise progression of symptoms, suggesting vascular parkinsonism
- Loss of volitional vertical gaze

History:

- Gradual onset of tremor (in 50%), typically asymmetrical in one arm/leg
- Stiffness/rigidity in one arm/leg
- Slowness
- Decreased facial expression
- Stooped posture and shuffling steps
- Falling more (in moderate to advanced stages of disease)

Other Motor Indicators:

- Decreased arm swing on affected side
- Drags one or both feet
- Masked face (less expressive)
- Rapid or “propulsive” gait
- Hypophonia (soft speech)
- Micrographia (small handwriting)
- “Freezing” of gait

Bradykinesia (slow movement) and one or more of the following:

- Resting tremor (4-6 Hz) or postural tremor (5-8 Hz)
- Cogwheel rigidity/increased tone with ratchet-like feel on passive movement about the elbow/wrist
- Loss of postural reflexes/difficulty with balance (in moderate to advanced stages of disease)

Frequently Associated Conditions:

- Depression and/or apathy
- Slowed thinking
- Mild orthostatic hypotension
- Constipation
- Urinary complaints/sexual dysfunction (later)
- Drooling/excessive salivation
- Sleep disturbances (vivid dreaming, etc.)
- Dementia (later in disease)
- Fatigue

Evaluation:

- Exclude drug-induced parkinsonism
- Family history (5-10% of PD is familial)
- Neurological exam (including assessment of facial expressiveness, speed of hand and leg movements, tremor, posture, tone and balance)
- Evaluation of associated conditions such as sleep disorders, depression, digestive complaints, and cognitive changes
- MRI sometimes done to rule out other conditions (vascular parkinsonism, Normal Pressure Hydrocephalus, Multiple Systems Atrophy, Corticobasal Degeneration, Progressive Supranuclear Palsy)