Diagnosis and Prognosis

**Suspect Parkinson’s**

- Referral to specialist

**Consider possibility of atypical parkinsonism**

- No confirmatory tests available (Discuss option of brain donation)

**Predictors of more benign course**

- Younger onset
- Rest tremor

**Predictors of more rapid course**

- Older onset and rigidity/hypokinesia
- Postural instability/Freezing gait
- Dementia
- Associated comorbidities
- Male sex
- Poor levodopa response

**Identify**

- Rest tremor
- Slowness/stiffness
- Gait disorders

**Diagnosis**

- Early falls
- Poor response to levodopa
- Symmetry at onset
- Rapid progression
- Lack of tremor
- Prominent dysautonomia

**Prognosis**

These guidelines are endorsed by the Canadian Neurological Sciences Federation

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Pharmacological Therapy for Motor Symptoms in Early PD

The choice of drug first prescribed should take into account clinical and lifestyle characteristics and patient preference, after the patient has been informed of the short- and long-term benefits and drawbacks of the drug classes.

<table>
<thead>
<tr>
<th>Medications Effective for Early Symptomatic Treatment (currently available in Canada)*</th>
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</table>
| **MAO-B inhibitors (A)**
- rasagiline
- selegiline |
| **Dopamine agonists**
- pramipexole (A)
- ropinirole (A)
- bromocriptine** |
| **Levodopa (A)**
- levodopa/carbidopa - immediate release
- levodopa/benserazide - immediate release |
| **Amantadine (D)** |
| **Anticholinergics (B)**
- benztropine
- ethopropazine
- procyclidine
- trihexyphenidyl |

Pharmacological Therapy for Motor Symptoms in Later PD

Levodopa is the most effective treatment for PD. In the early stages of disease, the clinical response to levodopa is prolonged; however, within a few years the duration of benefit from each dose may become progressively shorter.

<table>
<thead>
<tr>
<th>Treatment Options for Motor Complications*</th>
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<tbody>
<tr>
<td><strong>Reduce Off Time</strong></td>
</tr>
<tr>
<td>First Line</td>
</tr>
<tr>
<td>Entacapone (A)</td>
</tr>
<tr>
<td>Rasagiline (A)</td>
</tr>
<tr>
<td>Pramipexole (B)</td>
</tr>
<tr>
<td>Ropinirole (B)</td>
</tr>
<tr>
<td><strong>Reduce Dyskinesia</strong></td>
</tr>
<tr>
<td>Amantadine (C)</td>
</tr>
<tr>
<td>DBS globus pallidus internus (GPi) (D)</td>
</tr>
</tbody>
</table>

Non-Motor Symptoms of PD

<table>
<thead>
<tr>
<th>Mental Health</th>
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<tr>
<td><strong>Depression</strong></td>
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</table>
| Reported to occur in up to 50% of cases of PD
Maintain high index of suspicion; clinical features of depression overlap with the motor features of PD |
| **Psychotic symptoms** |
| Typical progression from illusions of presence, through pseudo hallucinations to true hallucinations. Paranoia is a common accompaniment.
Not all hallucinations require treatment |
| **Dementia** |
| Frequency increases with disease duration
Simplification of medications will minimize potential central nervous system effects that accentuate the cognitive dysfunction |
| **Sleep Disorders** |
| Include insomnia, excessive daytime somnolence, REM sleep behaviour disorder and restless legs syndrome
Advised to be aware of their provincial legislation regarding driving in patients who are experiencing sleep attacks |
| **Autonomic Disturbances** |
| **Urinary dysfunction** |
| Most common forms are urgency, frequency and nocturia
Prostatic hypertrophy must be ruled out in men |
| **Constipation** |
| Dyssmotility in PD is caused by lower GI dysfunction and a slowing of transit time through the entire GI tract
Good quality data is lacking for most suggested therapies for constipation in PD |
| **Erectile dysfunction** |
| In addition to the dysautonomia caused by the PD, mood dysfunction, motor disability and side effects of medications may also contribute significantly.Add sildenafil |
| **Orthostatic hypotension** |
| Causes include: poor intake of fluids; side-effects of general medications such as antihypertensives, antidepressants, diuretics; other medical conditions such as cardiac dysfunction, diabetic neuropathy, PD dysautonomia; and side-effects of all PD medications especially dopamine agonists. |

*Level of evidence indicated after each type of therapy
**An non-ergot-derived agonist is preferred in most cases

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