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Diagnosis of Parkinson's Disease



What is MDS-PD criteria?

MDS-PD criteria involves both motor and non-motor symptoms. The most important and essential criterion is parkinsonism which consists of bradykinesia with at Least 1 of rest tremor or rigidity.

To have a diagnosis of Clinically Established PD, it needs:

1. Absence of absolute exclusion criteria



3. Absence of red flags



What is MDS-PD criteria?

To have a diagnosis of Clinically Probable PD, it needs:

- 1. Absence of absolute exclusion criteria
- 2. Presence of red flags counterbalanced by supportive criteria (maximum number of red flags is two):
 - If one red flag is present, there should be at least one supportive criterion.
 - If two red flags are there, then there should be two supportive criteria.

How to Diagnosis of Parkinsonian disease?

Bradykinesia (slowness of initiation of voluntary movement) and at least one of the following:

- Muscle rigidity.
- Rest tremor.
- Postural instability.

What are the red flags about Parkinson's

disease?

 Rapid progression of gait impairment requiring regular use of wheelchair within 5 years of onset.

- A complete absence of progression of motor
 symptoms or signs over 5 or more years unless stability
 is related to treatment.
- 3. Early bulbar dysfunction is characterized by the presence of one of three symptoms within the first five years of the disease: severe dysphonia, dysarthria (mostly incomprehensible speech), or severe dysphagia (needing soft food, NG tube, or gastrostomy feeding).

- 4. Inspiratory respiratory dysfunction which is defined as either throughout-day or night-time inspiratory stridor or frequent inspiratory sighs
- 5. Severe autonomic failure during the initial five years of disease. This may include:
- Orthostatic hypotension: orthostatic drop in blood
 pressure of at least 30 mm Hg systolic or 15 mm Hg
 diastolic within 3 minutes of standing.

- Severe urinary incontinence or retention in the first five
 years of the disease, which is not just functional
 incontinence, except for long-term stress incontinence
 in females. Urinary retention in males must be
 accompanied with erectile dysfunction and not be the
 result of prostate disease.
- 6. Repeated falls (more than once per year) within 3 years of onset
- 7. The presence of disproportionate anterocollis (dystonic in nature) or contractures of hand or feet.

- 8. Unexplained pyramidal tract signs (pyramidal weakness or clear pathologic hyperreflexia, with the exclusion of mild reflex asymmetry and isolated extensor plantar response).
- 9. Bilateral symmetric Parkinsonism during the course of the disease. Both the patient and the caregiver report symmetric onset of symptoms without any apparent side predominance, and an objective examination reveals no side predominance.

signs after five years of disease, including Sleep

dysfunction (rapid eye movement sleep behavior

disorder, and insomnia related to maintaining sleep) or

autonomic dysfunction (symptomatic orthostasis,

daytime urinary urgency) or Psychiatric disorders

(anxiety, or hallucinations.)



What are the methods of x-ray diagnosis?

Imaging for PD include:

- Dopamine transporter single-photon emission computed tomography (SPECT) scan.
- Dopamine transporter scan (DaT-scan).
- Magnetic resonance imaging of brain (MRI brain).

Sources and References:

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Review and audit:

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