

Understanding Parkinsonism



Parkinsonism: a set of movement symptoms associated with Parkinson's disease and other disorders. These include **slow movements** plus one or more of the following:

- Stiffness
- Walking difficulties
- Balance problems
- Tremor

Learn more about parkinsonism disorders. Visit [Parkinson.org/Parkinsonism](https://www.parkinson.org/Parkinsonism) or scan the QR code below.



Parkinsonism is a term used to describe a collection of movement symptoms associated with several conditions — including Parkinson's disease (PD). These symptoms include slow movements along with stiffness, walking and balance issues and/or tremor. In addition to movement symptoms, parkinsonism disorders can share non-movement symptoms, such as mood and thinking changes, speech problems and sleep disturbances. Because of these similarities, parkinsonism disorders can sometimes be difficult to diagnose.

Types of Parkinsonism

Parkinson's Disease	Atypical Parkinsonism	Secondary Parkinsonism
A progressive brain disorder with movement and non-movement symptoms	A group of progressive brain disorders with some of the symptoms seen in PD	Conditions that can look like PD but are not always progressive
Symptoms worsen slowly over time	Symptoms are often more serious early on and progress quicker	Symptoms may improve by treating the underlying cause
Movement symptoms tend to improve with levodopa	Movement symptoms improve less or not at all with levodopa	Movement symptoms usually do not improve with levodopa

Atypical Parkinsonism Disorders

Compared to PD, atypical parkinsonism symptoms progress quicker and often do not respond as well to levodopa. Below are the types of atypical parkinsonism disorders and the distinct features that can tell them apart.

Dementia with Lewy Bodies (DLB)

- Progressive short-term memory loss and confusion
- Changes in attention and alertness
- Visual hallucinations, such as shadowy figures seen out of corner of eye

Multiple System Atrophy (MSA)

- Dizziness when standing and/or wide swings in blood pressure
- Loss of bladder control

Progressive Supranuclear Palsy (PSP)

- Slow or limited upward or downward eye movements
- Significant balance problems and frequent early falls
- Early and more severe thinking and behavioral changes

Corticobasal Degeneration (CBD)

- Muscle tightness and jerking
- Abnormal hand and feet postures (dystonia)
- Poor coordination

A movement disorders specialist is a neurologist with special training in diagnosing and treating parkinsonism disorders.

Questions for Your Neurologist

1. What is your experience with diagnosing and treating parkinsonism disorders?
2. How can exercise help my symptoms?
3. Can you provide referrals to speech, physical/occupational therapies?

Resources

CurePSP
psp.org

Lewy Body Dementia Association
lbda.org

MSA Coalition
multiplesystematrophy.org

Helpline

Get answers to your PD questions and receive referrals when you **contact our Helpline at 1-800-4PD-INFO or Helpline@Parkinson.org**.

We are here to help.

Parkinsonism Diagnosis

There is no specific test for diagnosing parkinsonism disorders. The neurologist will review your medical history and medications, ask about symptoms and perform a neurological exam to evaluate how your brain and body are functioning. It may be necessary to order brain imaging studies (MRI, DaTscan) or an alpha-synuclein skin biopsy test. A careful evaluation of how your symptoms respond to levodopa can also be an important diagnostic tool. **An accurate diagnosis can help you know what to expect, prepare for the future, identify treatments and participate in disease-specific clinical trials.**

Atypical Parkinsonism Treatment

Although levodopa therapy (used to treat PD) may not be effective for treating atypical parkinsonism disorders, there are other medications and lifestyle changes that can help manage specific symptoms and improve quality of life. Physical and occupational therapy as well as a regular exercise routine are key to staying as active and independent as possible. Speech therapy can help support communication and swallowing.

If you or your loved one has been diagnosed with an atypical parkinsonism disorder, look for a neurologist who is an expert in movement disorders and who can help you build a care team to address your individual needs. In addition to rehabilitation specialists, your team may include a social worker, psychiatrist, sleep doctor, urologist or other health professionals.

Secondary Parkinsonism Treatment

Unlike other parkinsonism disorders, some types of secondary parkinsonism may improve or resolve if the underlying cause is treated.

Drug-induced parkinsonism can be caused by medications that block the brain chemical dopamine, including drugs for nausea and vomiting, like metoclopramide (Reglan), and many antipsychotics, such as haloperidol (Haldol). If dopamine-blocking medications are stopped (with medical supervision), symptoms usually go away over time.

Normal pressure hydrocephalus is an abnormal buildup of fluid in the brain that causes progressive short-term memory loss, walking difficulty and loss of bladder control. A brain MRI can show excess brain fluid and the placement of a shunt can treat symptoms.

Treatment of other secondary parkinsonism disorders, such as vascular parkinsonism, which is stroke-related, depends on their specific causes and symptoms.



- ✓ If you receive a diagnosis of parkinsonism, ask your doctor what this means. It is possible more information and time are needed to make a specific diagnosis.
- ✓ **To help navigate the challenges of living with a brain disorder, educate yourself, build a support network and engage in meaningful activities.**

Review and content contributions from Jerome Lisk, MD, FAAN, Movement Disorders Specialist

