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Hypokinetic Movement Disorders

Objectives

- List common hypokinetic movements disorders
- List red flags and be able to elicit these findings
- Have a quick method of scanning each year for alternative diagnoses

Recall

- Parkinson disease progresses slowly
  - If your patient does not respond or requires a walking aid within 5 years, this is NOT PD
- Multiple system atrophy progresses rapidly BUT may respond to levodopa
- Corticobasal syndrome progresses rapidly and often is on a spectrum with PSP
- Consider FrontoTemporal Dementia in your patients through Hx, Px and radiology

Parkinson Disease

- Clinically established PD
  - Absence of absolute exclusion criteria
  - At least 2 supportive criteria and
  - No red flags

Absolute exclusion criteria

- Unequivocal cerebellar abnormalities
- Dowanward vertical supranuclear gaze palsy
- Diagnosis of probable behavioral variant of FTD within 5 y
- Parkinsonian features restricted to lower limbs for > 3 years
- RX with dopamine blocker or dopamine-depleting agent
- Absence of observable response to high dose levodopa despite moderate severity of disease
- Unequivocal cortical sensory loss
- Normal function neuroimaging of presynaptic dopaminergic system
- Documentation of alternative condition known to cause parkinsonism

Red Flags

- Wheelchair bound in 5 years
- Complete absence of progression of motor symptoms or signs over 5 years (unless stability related to Rx)
- Early bulbar dysfunction within 5 y (unintelligible speech, dysphagia requiring NG)
- Inspiratory stridor or frequent inspiratory sighs
- Severe autonomic failure in first 5 y
- Recurrent falls within 3 y of onset (>1/y)
- Disproportionate anterocollis or hand contractures in 10 y
- Absence of common nonmotor features despite 5 y duration
- Otherwise unexplained pyramidal tract signs
- Bilateral symmetric parkinsonism – either by hx or examination

Supportive features

- Clear and dramatic response (>30% improvement on UPDRS III) or subjectively or unequivocal and marked on-off fluctuations
- Presence of levodopa induced dyskinesia
- Rest tremor of limb
- Presence of either olfactory loss or cardiac sympathetic denervation on MIBG scintigraphy

- Videos and text to discuss PSP and CBS will be presented