

From Sandie's Desk

Platypi and Parkinsonisms

Many of you have heard the old saying "if it looks like a duck, swims like a duck, and quacks like a duck, then it probably is a duck". But just because it has a bill and swims, it might not be a duck: it could be a platypus!

So what does this have to do with Parkinson's disease? Actually, nothing...and that is the point of my article today!

As you probably know if you've called us before, we often ask you is 'who made the diagnosis of PD, and who is treating you?' You know that wherever possible we encourage people to see a movement disorder specialist - a neurologist further specialized in PD and related conditions, or at the least, a general neurologist.

Those 'related conditions' are often referred to as "Parkinson's Plus" but more correctly as atypical parkinsonism. You might think that parkinsonism and Parkinson's disease are one and the same, but in actual fact, the term parkinsonism encompasses a group of conditions and disorders that mimic PD in some ways, but are distinct from PD in other ways. This is just like ducks and platypi lay eggs, and swim but are otherwise very different!

The adjective used to describe the common symptoms is parkinsonian. The four main parkinsonian symptoms common to the parkinsonism disorders are:

- T - tremor
- R - rigidity
- A - akinesia (lack of movement); or bradykinesia (slowness of movement)
- P - postural instability (loss of balance, falls, loss of coordination)

Indeed, the most common slowly progressive condition that causes parkinsonism is Parkinson's disease, but the point of today's article is to begin the conversation about other conditions that can be mistaken for PD - those that are similar to and often confused with Parkinson's.

Before we go further, I am in no way suggesting that people should engage in self-diagnosis. **A careful medical history and neurologic examination, combined with the passage of enough time to indicate how symptoms are progressing**, generally provides an accurate diagnosis. Again, this is why we look to movement disorder specialists (MDS) and neurologists to make the distinction.

Because none of the parkinsonisms that I am talking about today have initial tests, the MDS has to gather certain clues that may lead to an initial diagnosis of Parkinson's disease, and follow it with a list of clues that lead to the fact that you don't have typical Parkinson's disease. While some of these clues may be symptoms that also occur, it is *when* they turn up that makes them the biggest clue: the problematic symptoms typically turn up within a few years of diagnosis in atypical parkinsonism, but not until years or decades into Parkinson's disease!

So just what are these atypical parkinsonisms? I am going to briefly describe three of the most common, which are still very rare!



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Sandie Jones trained as a registered nurse, specializing in psychiatry. In 1998, she joined Parkinson Canada, and is now an integral part of the Information & Referral team. In this role she has provided information on support, education, medical aspects, coping strategies, community services, and other information about Parkinson's disease and its management, not only to people living with Parkinson's disease and their families, but to professionals working with these people as well. This role has given her a comprehensive insight into the problems of people living with Parkinson's disease, as well as their carepartners.



PD clues	Atypical parkinsonism clues
Onset of one-sided tremor; typically with a limb at rest, which has slowly gotten worse over 1-2 years	Early onset of blood pressure problems: fainting, dizziness when standing
A leg dragging or moving slowly while walking	Lack of response to antiparkinson's medications
Difficulty doing up buttons, brushing teeth, using utensils	Early onset of balance problems and falls
An arm failing to swing while walking	Early onset of forgetfulness
Soft or muffled voice	Early onset of swallowing problems
Lack of facial expression	Early onset of bladder dysfunction
Stooped posture when you stand or walk	Difficulty with eye movements

Multiple System Atrophy (MSA): the main features of this disorder involve a combination of symptoms that affect the autonomic nervous system, balance, coordination and movement. The autonomic functions are body functions that occur automatically, such as bladder control, blood pressure regulation, sexual function and bowel control, to name a few. Medications effective in PD are less effective or ineffective.

While people with advanced, late-stage Parkinson's may also have many of the above symptoms, in people with MSA these symptoms are evident within the first 2-3 years after the original diagnosis of PD, so the timing of the onset of these symptoms is very important when it comes to differentiating it from PD. Just like PD, MSA does not appear to be inherited, there is no known cause and it is not contagious or infectious.

Progressive Supranuclear Palsy (PSP): The primary distinctive symptom of PSP is difficulty with eye movement, particularly moving the eyes up or down, resulting in the inability to see food on a plate, or obstacles in the road.

People living with PSP also usually have the parkinsonian symptoms of rigidity, slowness of movement, severe gait and balance problems. Again, it is important to note that these symptoms are more prominent, severe, and appear earlier in PSP than in PD. Antiparkinson's medications are less effective than in the treatment of PD.

Corticobasal degeneration (CBD): symptoms affect one side of the body much more than the other. Individuals have profound clumsiness and difficulties in knowing how to perform complex movements. Movements may be jerky and are sometimes mistaken for tremor. Behaviour, language, and cognitive changes are all common early in the course of the disease.

Some people who contact us have been told that they have a parkinsonism, but the specialist isn't sure what is going on. Some people diagnosed with PD may find that the specialist changes the diagnosis, due to new symptoms appearing that don't match with PD. These are the reasons we want people to get connected with the right professionals, in order to maximize the treatment options that may be available, as well as put some future planning into place.

Some health care professionals have never heard of these conditions, and you may need help getting the help you need! If you or a loved one receives the diagnosis of an atypical parkinsonism, you may find yourself in need of information. Please contact us, and let us help you make the connections.

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This article does not substitute for medical advice specific to an individual, but is for general information purposes. Please speak to your doctor(s) for all diagnostic and therapeutic information.