PD Dementia: Diagnostic checklist



Date:				
Patient details:	Name: DOB: Hosp No: NHS No: Address: (or affix patien	nt label)		
Members of MDT pr	resent:			
	Name	Desig	nation Conta	ct details
Step one: Fulfils l	JK Brain Bar	nk Criteria fo	r a diagnosis of PD	?
		YES	NO	
Step two: Progres	sive cognitiv	ve symptom:	s impacting on acti	vities of daily life?
		YES	NO	
Step three: Fluctu	ations and e	excessive day	ytime sleepiness?	
		YES	NO	
Step four: Is there	objective ev	vidence of de	ecline in global cog	nitive function?
		YES	NO	
Step five: Patient	fulfils MDS o	criteria for PI	DD?	

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NO

YES

Step one: Fulfills UK Brain Bank Criteria for a diagnosis of PD?

Parkinsonism?

YES

NO

Bradykinesia - plus at least one of the following...

- · Rest tremor
- Rigidity
- · Postural instability

Any atypical features?

YES

NO

Exclusion criteria including:

- history of repeated strokes
- · neuroleptic medication use

presence of atypical features (such as)

- · early falls
- supranuclear gaze palsy
- · ataxia and cerebellar features
- · early autonomic features
- · early cognitive decline
- poor L-DOPA response

Any supportive features?

YES

NO

Supportive prospective criteria

- Unilateral onset
- Rest tremor present
- Evidence of progression
- Persistent asymmetry
- Excellent response to L-dopa
- L-dopa-induced dyskinesias
- L-dopa response for 5+ years
- · Clinical course of 10+ years

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Step two: Cognitive symptoms impacting on activities of daily life?

Cognitive symptoms checklist (for discussion with patient and carers; give examples)

Has the <u>patient</u> noticed memory and thinking problems in the past 12 months? (losing train of thought, forgetting names, episodes of confusion etc.)
Has the <u>carer/family</u> noticed memory and thinking problems in the past 12 months?
Do the cognitive problems impact on ADLs? (medication omissions, struggling with finances, problems preparing a meal, stopped hobbies or interests etc.)
Are there behavioural features evident in the past 12 months? (apathy, delusions, depressed mood, visual hallucinations, fluctuating drowsiness)
How long have these features been evident?
Have the changes been sudden or gradual?
Are the symptoms getting worse, better or staying the same?

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Step three: Fluctuations and excessive daytime sleepiness?

(a score of 3 or more suggests fluctuations)

Are there times when the patient's flow of ideas seems disorganized, unclear or not logical?

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YES (score 1) NO (score 0)
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Does the patient stare into space for long periods of time?

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YES (score 1) NO (score 0)
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How much time does the patient spend sleeping during the day (before 7:00pm)?

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a) 2 hours or more (score 1)
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b) Less than 2 hours (score 0)

How often is the patient drowsy and lethargic during the day, despite getting enough sleep the night before?

- a) All the time or several times a day (score 1)
- b) Once a day or less (score 0)

Score

Step four: Is there objective evidence of decline in global cognitive function?

Global cognitive function:

- MMSE 25 or less (state score)
- Addenbrookes 81 or less (state score)
- MoCA 25 or less (state score)

Cognitive domain scores (mark which tests are abnormal):

- · months reversed or sevens backwards
- lexical fluency (one minute naming test)
- · clock drawing
- MMSE pentagons
- 3-word recall
- Other (details)

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PD Dementia: Diagnostic checklist

Step five: Patient fulfills MDS criteria for PDD?

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Steps one - four fulfilled?		

YES NO

Any better explanation for cognitive and behavioural symptoms? (infection, medication, major depression, recent vascular events)

YES NO

Any contraindication to treatment?

ECG - evidence of cardiac conduction problem?

YES	NO
comments:	

Symptomatic postural hypotension?

YES NO

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BP (mmHg):

Lying -

Sitting -

Standing -
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Outcome and actions

Diagnosis of PD dementia reached by consensus?						
YES	NO					
Documenta	ition in notes	?				
YES	NO					
If "No", wha	at action is to	be taken to address	this?			
Discussion	with patient	and family members?				
YES	NO					
If "No", wha	If "No", what action is to be taken to address this?					
	ues to addres Illiative care e		services input, respite ca	re, financial		
Signed:		Print name:	Date:			

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