Disease progression

Diagnosis and early disease | **Throughout disease** | **Later disease**

Interventions

Refer untreated to a specialist who makes and reviews diagnosis:
- use UK PDS Brain Bank Criteria
- consider ^{123}I-FP-CIT SPECT
- specialist should review diagnosis at regular intervals (6–12 months)

Consider management of non-motor symptoms in particular:
- depression
- psychosis
- dementia
- sleep disturbance

It is not possible to identify a universal first choice adjuvant drug therapy for people with later PD. The choice of drug prescribed should take into account:
- clinical and lifestyle characteristics
- patient preference

It is not possible to identify a universal first choice drug therapy for people with early PD. The choice of drug first prescribed should take into account:
- clinical and lifestyle characteristics
- patient preference

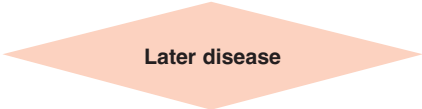Provide regular access to specialist care particularly for:
- clinical monitoring and medication adjustment
- a continuing point of contact for support, including home visits when appropriate, which may be provided by a Parkinson's disease nurse specialist

Consider apomorphine in people with severe motor complications unresponsive to oral medication:
- intermittent injections to reduce off time
- continuous subcutaneous infusion to reduce off time and dyskinesia

Consider access to rehabilitation therapies, particularly to:
- maintain independence, including activities of daily living and ensure home safety
- help balance, flexibility, gait, movement initiation
- enhance aerobic activity
- assess and manage communication and swallowing

Consider surgery:
- bilateral STN stimulation for suitable people refractory to best medical therapy
- thalamic stimulation for people with severe tremor for whom STN stimulation is unsuitable

Communication

Reach collaborative care decisions by taking into account:
- patient preference and choice after provision of information
- clinical characteristics, patient lifestyle and interventions available

Provide communication and information about:
- PD services and entitlements
- falls, palliative care and end-of-life issues

Figure 3.1 Parkinson's disease algorithm: interventions for people with PD.