Table 3 (part 3 of 3): Summary of recommendations for treatment of motor symptoms

Recommendation number	Recommendation	Source	Grade
C60	Speech and language therapy should be offered to people with PD who are experiencing problems with communication, swallowing or saliva. Therapy should include: • Strategies to improve the safety and efficiency of swallowing to minimize the risk of aspiration, such as expiratory muscle stress • Strategies to improve speech and communication, such as attention to effort therapies.	NICE[8]	A
C61	Consideration should be given to referring people for alternative and augmentative communication equipment that meets their communication needs as PD progresses and their needs change.	NICE[8]	GPP
C62	Discussion should take place about a diet in which most of the protein is eaten in the final main meal of the day (a protein redistribution diet) for people with PD on levodopa who experience motor fluctuations.	NICE[8]	GPP
C63	People with PD should be advised to avoid a reduction in their total daily consumption of protein.	NICE[8]	GPP
C64	Consideration should be given to referring people with PD to a dietitian for specialist advice.	NICE[8]	GPP
C65	People with PD should be advised to take a vitamin D supplement.	NICE[8]	B GPP
C66	People with PD should be advised not to take over-the-counter dietary supplements without first consulting their pharmacist or other health care professional.	NICE[8]	GPP

Note: AAN = American Academy of Neurology practice parameters,[18] EFNS[14] = European Federation of Neurological Societies — Motor Guidelines,[14] ESR = erythrocyte sedimentation rate, GPi = globus pallidus interna, GPP = good practice point, MAO-B = monoamine oxidase B, NICE[7] = National Institute for Health and Clinical Excellence 2006 PD Guidelines,[7] NICE[8] = National Institute for Health and Clinical Excellence — 2017 PD Guidelines,[8] PD = Parkinson disease, SIGN[13] = Scottish Intercollegiate Guidelines Network,[13] STN = subthalamic nucleus.

Diagnosis and progression

Parkinson disease should be suspected in people presenting with tremor, stiffness, slowness, balance problems or gait disorders (grade: D, good practice point; source: NICE[7]).

Parkinson disease can be diagnosed using the Movement Disorder Society Clinical Diagnostic Criteria (grade: good practice point; source: CAN).

Parkinson disease is characterized by a constellation of clinical manifestations, which include slowness of movement (bradykinesia), rest tremor, rigidity and postural instability. The diagnosis of Parkinson disease is still based predominantly on its clinical features; in 2015, the Movement Disorder Society[9] published new criteria for clinically established and probable Parkinson disease. Typical Parkinson disease must be differentiated from secondary parkinsonism or tremor resulting from neuroleptic drug exposure, essential tremor or structural changes in the brain, such as from normal pressure hydrocephalus, multiple small vessel disease strokes (i.e., vascular parkinsonism) and other neurodegenerative forms of parkinsonism, for example (Figure 1).

Patients initially considered to have a possible diagnosis of Parkinson disease may benefit from a trial of dopamine replacement therapy to assist with an accurate diagnosis (grade: good practice point; source: SIGN[13]).

A clear response to dopamine replacement therapy (e.g., levodopa/carbidopa 600 mg/d) in an individual with Parkinson disease could help to reinforce that an accurate diagnosis has been established.

Routine use of functional imaging is not recommended for the differential diagnosis of Parkinson disease and Parkinson plus disorders such as progressive supranuclear palsy and multiple system atrophy (grade: C; source: SIGN[13]).

Positron emission tomography scanning is not recommended as part of the diagnostic work-up of parkinsonian syndromes, except within a research framework (grade: good practice point; source: SIGN[13]).

^{123}I-ioflupane (^{123}I-FP-CIT) single-photon emission computed tomography (SPECT) scanning should be considered as an aid to clinical diagnosis in patients where there is uncertainty between Parkinson disease and nondegenerative parkinsonism or tremor disorders (grade: B; source: SIGN[13]).

Computed tomography or magnetic resonance imaging brain scanning should not be routinely applied in the diagnosis of idiopathic Parkinson disease (grade: C; source: SIGN[13]).

Imaging modalities have been extensively researched over the years for a more accurate diagnosis of Parkinson disease, in the differential diagnosis of parkinsonian disorders, as well as in the consideration of a possible progression marker for typical Parkinson disease. However, to date, no single test has been shown to have sufficient sensitivity and specificity to accomplish all 3 objectives.