Types of parkinsonism

Parkinsonism is a term that covers several conditions, including Parkinson’s and other conditions with similar symptoms such as slow movement, rigidity (stiffness) and problems with walking.

This information explains the different forms of parkinsonism and how parkinsonism is diagnosed. It also looks at how your specialist might work out which type of parkinsonism you have.

What are the different forms of parkinsonism?

**Idiopathic Parkinson’s**
Most people with parkinsonism have idiopathic Parkinson’s disease, also known as Parkinson’s. Idiopathic means the cause is unknown.

The most common symptoms of idiopathic Parkinson’s are tremor, rigidity and slowness of movement.

**Vascular parkinsonism**
Vascular parkinsonism (also known as arteriosclerotic parkinsonism) affects people with restricted blood supply to the brain. Sometimes people who have had a mild stroke may develop this form of parkinsonism.

Common symptoms include problems with memory, sleep, mood and movement.

**Drug-induced parkinsonism**
Some drugs can cause parkinsonism. Neuroleptic drugs (used to treat schizophrenia and other psychotic disorders), which block the action of the chemical dopamine in the brain, are thought to be the biggest cause of drug-induced parkinsonism.

The symptoms of drug-induced parkinsonism tend to stay the same – only in rare cases do they progress in the way that Parkinson’s symptoms do.
Drug-induced parkinsonism only affects a small number of people, and most will recover within months – and often within days or weeks – of stopping the drug that’s causing it.

**Multiple system atrophy (MSA)**
Like Parkinson’s, MSA can cause stiffness and slowness of movement in the early stages.

However, people with MSA can also develop symptoms that are unusual in early Parkinson’s, such as unsteadiness, falls, bladder problems and dizziness.

**Progressive supranuclear palsy (PSP)**
PSP affects eye movement, balance, mobility, speech and swallowing. It’s sometimes called Steele Richardson-Olszewski syndrome.

**Normal pressure hydrocephalus**
Normal pressure hydrocephalus mainly affects the lower half of the body. The common symptoms are walking difficulties, urinary incontinence and memory problems. Removing some cerebrospinal fluid through a needle in the lower back can help with these symptoms in the short term. If there is improvement after this procedure, an operation to divert the spinal fluid permanently (known as ventricular drainage) can help in the long term.

**Various tremors, including essential tremor**
While these are not parkinsonian disorders, you may be diagnosed with one of these conditions if tremor is your only symptom.

Find out more: see our information on tremor and Parkinson’s.

**Rarer causes of parkinsonism**
There are several other, much rarer, possible causes of parkinsonism.

These include rare conditions like Wilson’s disease, an inherited disorder where there’s too much copper in your body’s skin and muscles.

**How is parkinsonism diagnosed?**
You should be referred to a Parkinson’s specialist for diagnosis. They’ll look at your medical history, ask you about your symptoms and do a medical examination.

**Investigating symptoms**
Telling the difference between types of parkinsonism isn’t always easy, for the following reasons:

- The first symptoms of the different forms of parkinsonism are so similar.
- In many cases, parkinsonism develops gradually. Symptoms that allow your doctor to make a specific diagnosis may only appear as your condition progresses.
- Everyone with parkinsonism is different and has different symptoms.

Find out more: see our information on symptoms of Parkinson’s, and diagnosing Parkinson’s.
Response to Parkinson's drugs

One of the most useful tests to find out what sort of parkinsonism you may have is to see how you respond to treatment.

If your specialist thinks you have idiopathic Parkinson's, they'll expect you to have a good response to Parkinson's drugs such as levodopa (co-careldopa or co-beneldopa). A good response means that your symptoms will improve. Sometimes, it will only be clear that you've responded to medication when the drug is reduced or stopped, and your symptoms become more obvious again.

If you don't have any response to Parkinson's medication, your specialist will have to look again at your diagnosis.

If you have both unusual symptoms and no response to Parkinson's drugs, this doesn't automatically mean you have another form of parkinsonism. But it will make your specialist want to reconsider your diagnosis.

In this case, your specialist may use the terms 'atypical parkinsonism' or 'Parkinson's plus'. These terms are not a diagnosis, they simply mean that you probably have something other than Parkinson's, perhaps one of the conditions mentioned in this information. Your specialist will be able to tell you more.

Find out more: see our information on drug treatments for Parkinson's.

Specialist tests

Although not routinely available, your specialist may wish to carry out some of the tests below.

None of these tests alone can make a definite diagnosis, but sometimes they can rule out a particular condition. Sometimes (used alone or combined with other tests) they may help strengthen a case for a particular diagnosis, but only when put together with your medical history and the results from your medical examination.

Current tests available include:

- magnetic resonance imaging (MRI) brain scanning
- dopamine transporter chemical scan, known as a Dat Spect Scan, DaTSCAN or FP-CIT scan
- metaiodobenzylguanidine (MIBG) scan of your heart
- lumbar puncture – a simple procedure to test the spinal fluid that surrounds the brain
- electrical recording (EMG) of the urethral or anal sphincter – to check the health of the muscles and the nerves that control them
- special recordings of your pulse and blood pressure, known as autonomic function tests (AFTs)

Find out more: to read more about MRIs and DaTSCANs, see our information on diagnosing Parkinson's.
More information and support

Parkinson’s nurses
Parkinson’s nurses provide expert advice and support to people with Parkinson’s and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson’s nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson’s nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson’s doesn’t always need to see their specialist for changes to or queries about their Parkinson’s drugs.

Parkinson’s nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at parkinsons.org.uk/nurses

Information and support from Parkinson’s UK
You can call our free confidential helpline for general support and information. Call 0808 800 0303 (calls are free from UK landlines and most mobile networks) or email hello@parkinsons.org.uk.

We run a peer support service if you’d like to talk on the phone with someone affected by Parkinson’s who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer.

Our helpline can put you in touch with one of our Parkinson’s local advisers, who give one-to-one information and support to anyone affected by Parkinson’s. They can also provide links to local groups and services.

Our website parkinsons.org.uk has a lot of information about Parkinson’s and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at parkinsons.org.uk/localtoyou

Visit parkinsons.org.uk/forum to chat to other people with similar experiences on our online discussion forum.
Thank you
Thank you very much to everyone who contributed to or reviewed this information sheet:

Anthony Schapira, Professor of Clinical Neurosciences, UCL Royal Free Campus

Anette Schrag, Professor of Clinical Neurosciences, UCL Queen Square Institute of Neurology

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

Can you help?
At Parkinson’s UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson’s.

If you would like to get involved, please contact our Supporter Services team on 0800 138 6593 or visit our website at parkinsons.org.uk/donate. Thank you.

Our information
All of our most up-to-date information is available at parkinsons.org.uk/informationsupport
If you’d prefer to read one of our printed leaflets or booklets, find out how to place an order at parkinsons.org.uk/orderingresources or by calling 0300 123 3689.

We make every effort to ensure that our services provide current, unbiased and accurate information. We hope that this will add to any professional advice you receive and help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson’s.

If you’d like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at publications@parkinsons.org.uk
Types of Parkinsonism (stock code PKFS14/2018)
Do you have any feedback about this information? Your comments will help us ensure our resources are as useful and easy to understand as possible. Please return to Information Content team, Parkinson’s UK, 215 Vauxhall Bridge Road, London SW1V 1EJ, or email publications@parkinsons.org.uk. Thank you!

1. Please choose the option that best fits you.
☐ I have Parkinson’s and was diagnosed in ☐ ☐ ☐
☐ I care for someone with Parkinson’s
☐ I have a friend or family member with Parkinson’s ☐
☐ I’m a professional working with people with Parkinson’s
☐ Other (please specify)

2. Where did you get this information from?
☐ GP ☐ Specialist ☐ Parkinson’s nurse ☐ Parkinson’s UK local group ☐ Parkinson’s UK local adviser
☐ Ordered directly from us ☐ Call to the helpline
☐ Other (please specify)

3. Has it answered all your questions?
☐ Yes, completely ☐ Yes, mostly ☐ Not sure ☐ Partly ☐ Not at all

4. How easy was it to understand?
☐ Very easy ☐ Easy ☐ Not sure ☐ Quite difficult ☐ Very difficult

5. Has it helped you manage your condition better, or make choices that have improved your life in some way?
☐ It helped a lot ☐ It helped a little ☐ No change ☐ It didn’t help ☐ It made things worse

6. What is your ethnic background?*
☐ Asian or Asian British ☐ Black or Black British ☐ Chinese ☐ Mixed ☐ White British ☐ White other
☐ Other (please specify)

*We ask about your ethnicity to ensure our information is reaching a broad range of people. However, this question is optional.

Want to hear more from us?
☐ I would like a response to my feedback ☐ I would like to be a member of Parkinson’s UK
☐ I’m interested in joining the Information review group, to offer feedback on Parkinson’s UK information

If you’ve answered yes to any of these options, please complete your details below.

Name
Address
Email ☐ Telephone

How would you prefer us to contact you? ☐ Email ☐ Post ☐ Phone

We will not pass on your details to any other organisation or third party. To find out more, read our privacy policy at parkinsons.org.uk/termsandconditions
Every hour, two people in the UK are told they have Parkinson’s – a brain condition that turns lives upside down, leaving a future full of uncertainty.

Parkinson’s UK is here to make sure people have whatever they need to take back control – from information to inspiration.

We want everyone to get the best health and social care. So we bring professionals together to drive improvements that enable people to live life to the full.

Ultimately, we want to end Parkinson’s. That’s why we inspire and support the international research community to develop life-changing treatments, faster. And we won’t stop until we find a cure.

Together we can bring forward the day when no one fears Parkinson’s.

Parkinson’s UK
Free confidential helpline 0808 800 0303
Monday to Friday 9am–7pm, Saturday 10am–2pm. Interpreting available.
NGT Relay 18001 0808 800 0303 (for use with smart phones, tablets, PCs and other devices).
For more information see www.ngts.org.uk
hello@parkinsons.org.uk
parkinsons.org.uk