**Clinical algorithm: assessment of PD-MCI**

**Assessment of PD-MCI**

- **Routine follow-up for Parkinson’s**
  - As part of the patient’s care plan, discuss possible future development of PD-MCI and PDD. Provide verbal and written information about reduced cognitive function and its assessment. Check understanding. Explore the broader life context of the patient and determine their preference regarding cognitive assessment (Box 1).

**Clinical suspicion?**

- **No**
  - No concerns voiced or elicited on open questioning*
  - Watch and wait

- **Yes**
  - Concerns voiced or elicited, or proactive patient preference
  - Consider causes of reduced cognitive function other than PD-MCI/PDD (Box 2)
  - Having excluded other causes, are you still concerned about PD-MCI/PDD?

**PD-CFRS with validated cognitive test such as the MoCA, and pre-test counselling (Box 3)**

- **Normal**
  - PD-MCI +/- impaired IADL
  - Repeat in 6 months

- **Improved**
  - No change
  - Worse†
  - Refer to memory clinic/in-depth cognitive testing. Manage according to outcome

- **PD-MCI with impaired IADL. Manage accordingly**

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**Supporting information**

**Box 1. Patient preference**
- ‘Proactive’: preference for routine assessment every 6 to 12 months.
- ‘Watch and wait’: preference for assessment only if concern arises, or symptoms suspected or confirmed by a clinician.

Make all possible efforts to preserve patient autonomy given cognitive capacity.

**Box 2. Other potential causes of reduced cognitive function**
- Depression, anxiety, apathy, medications, premorbid cognition, acute confusion (eg infection, metabolic), sleep disorder or other cognitive disorders (eg coexistent Alzheimer’s). Discuss with patient, investigate and manage accordingly.

**Box 3. Pre-test counselling**
- Description of what assessment involves.
- If positive, no promise of cure, and prognosis still uncertain. However, definitive diagnosis allows more informed life-planning, enhanced surveillance of cognitive symptoms, recognition of the need for strategies to preserve function and avoidance of medications that impair cognition.

*Critically Appraised Topics (CATs) are available at*[https://www.parkinsons.org.uk/professionals/evidence-based-practice-working-group](https://www.parkinsons.org.uk/professionals/evidence-based-practice-working-group)*

*Examples of open questions: ‘Do you have any concerns about the future with Parkinson’s?’ and ‘What symptoms have you noticed?’*

† An increase of 2 points in the PD-CFRS after 6 months is associated with clinically significant deterioration in cognitive functional status.†
