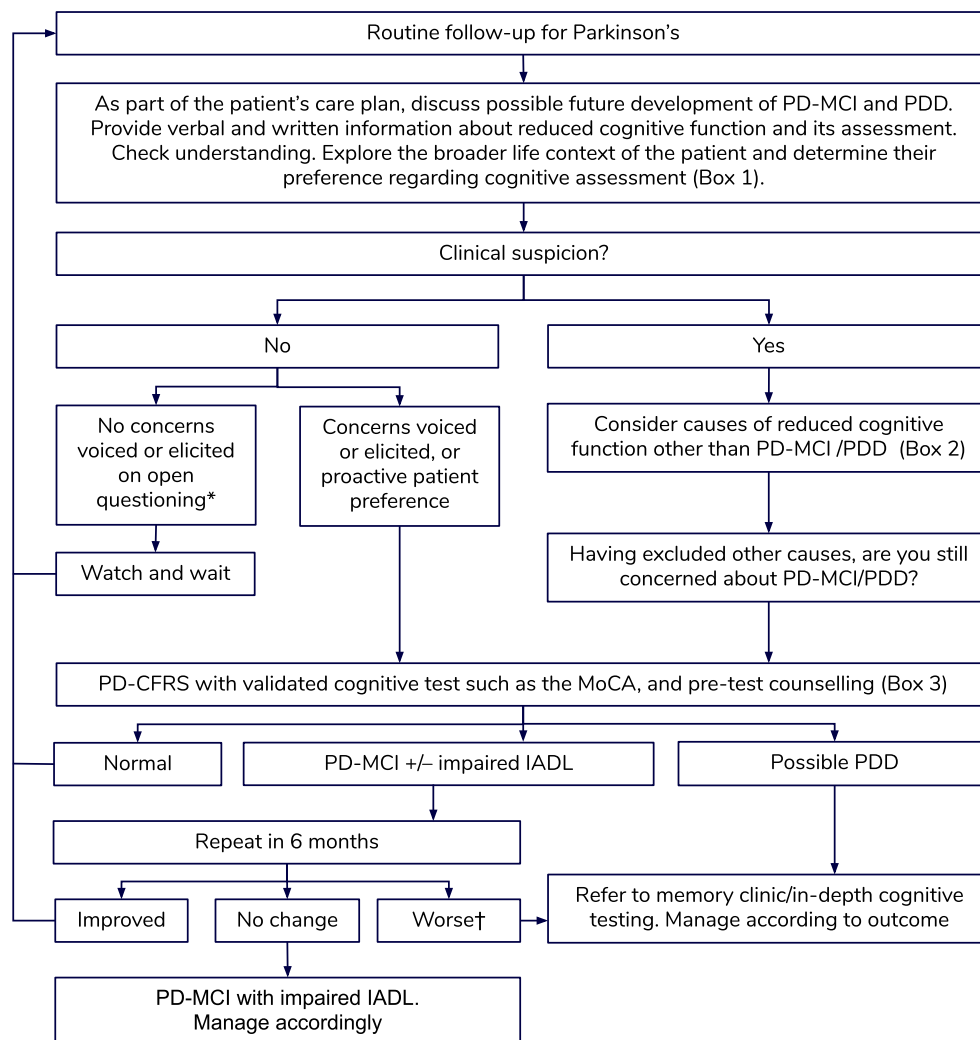


## Assessment of PD-MCI



## 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>

\*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.<sup>1</sup>

1. Kulisevsky J, Fernandez de Bobadilla R, Pagonabarraga J, et al. Measuring functional impact of cognitive impairment: validation of the Parkinson's disease cognitive functional rating scale. *Parkinsonism & Related Disorders*. 2013;19(9):812-817.

PD-MCI: Parkinson's disease - mild cognitive impairment; PDD: Parkinson's disease dementia; PD-CFRS: Parkinson's Disease - Cognitive Functional Rating Scale; MoCA: Montreal Cognitive Rating Scale; IADL: Instrumental activities of daily living.