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608 403 0000

*Neurology Care 7 days a Week. Because Your Brain Matters.*

# Atypical Parkinsonism (Parkinson-Plus Syndromes)

Patient education guide · Movement Disorders · Madison Neurology LLC

## What is it?

Atypical parkinsonism refers to a group of disorders — progressive supranuclear palsy (PSP), multiple system atrophy (MSA), corticobasal degeneration (CBD), and Lewy body dementia among them — that share Parkinson's features (slowness, stiffness) but add distinctive 'red flags' and respond less well to standard Parkinson's medications.

## How does it happen?

These are protein-accumulation disorders: tau (PSP, CBD) or alpha-synuclein (MSA, Lewy body dementia). Their causes are unknown; they are generally not inherited. They are less common than Parkinson's disease but together account for roughly 10-15% of parkinsonism.

## Common symptoms

- Early, prominent falls (especially backward) or severe balance problems
- Poor or short-lived response to levodopa
- Distinctive extras: eye-movement limitation (PSP), blood pressure drops and bladder problems (MSA), one-sided 'alien' limb (CBD), hallucinations and fluctuations (LBD)
- Rapid progression compared with typical Parkinson's
- Speech, swallowing, sleep (REM behavior disorder, stridor), and thinking changes

## How is it diagnosed?

Diagnosis is clinical, supported by MRI patterns, autonomic testing, DaTscan, and (for synuclein) skin biopsy. Distinguishing among them — and from Parkinson's — often becomes clearer over time and matters for prognosis and clinical trial eligibility.

## How is it treated?

There is no disease-modifying therapy yet; care is intensive symptom management: physical, occupational, speech, and swallowing therapy; blood pressure support (fluids, salt, compression, midodrine/droxidopa) for MSA; Botox for dystonia and drooling; mood and sleep treatment; and careful, time-limited levodopa trials for rigidity. Palliative care principles applied early improve comfort and planning. Clinical trials (especially for PSP and MSA) are active.

## What does the future hold?

These disorders progress faster than Parkinson's — typically over 6-10 years — but proactive, multidisciplinary care markedly improves daily life, safety, and dignity. Specialist centers and disease-specific foundations offer deep support and trial access.

## Questions patients commonly ask

### Q: Why doesn't my Parkinson's medication work well?

A: These conditions involve brain circuits beyond the dopamine system, so levodopa response is limited — that poor response is itself a diagnostic clue.

### Q: How certain is the diagnosis?

A: Clinical diagnosis is good but imperfect; it is refined over time and sometimes revised — follow-up at a movement disorders center is worthwhile.

### Q: What should we focus on now?

A: Fall prevention, swallowing safety, blood pressure stability, and advance care planning — plus clinical trials, which need participants most.

## National support groups & resources

- **CurePSP** — psp.org — 1-800-457-4777
- **Multiple System Atrophy Coalition** — multiplesystematrophy.org
- **Parkinson's Foundation (Helpline)** — parkinson.org — 1-800-473-4636

(Organization contact details were current at the time of compilation; please verify online.)

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