

Diagnosing Progressive Supranuclear Palsy (PSP)

PSP is a terminal degenerative neurological condition. The difficulty in diagnosing PSP has led to the creation of red flags to act as warning signs that may raise clinical suspicion of PSP.

Think about PSP when seeing patients diagnosed with movement disorders e.g. Parkinson's disease where there has been a poor response to Levodopa, more rapid progression of symptoms and the development of clinical features not seen in Parkinson's disease.

What to look for in a patient consultation:

- 1 Unexplained falls within 3 years of initial symptoms
- 2 Symmetric bradykinesia and rigidity
- 3 Unexplained, vague visual problems
- 4 Withdrawn or irritable personality
- 5 Speech that is spastic/ataxic rather than purely hypophonic
- 6 Slowed downward command saccades
- 7 Disordered downward opticokinetic nystagmus
- 8 Square wave jerks on primary gaze
- 9 Unexpectedly rapid progression for someone with parkinsonism
- 10 Unexpectedly upright posture for someone with parkinsonism
- 11 Unexpectedly modest levodopa response for someone with parkinsonism

If your patient has one or more of these symptoms, please refer to movement disorder specialist and state 'possible PSP' in the referral letter. Please use our *Doctor Finder* at www.psp.org/doctor-finder to search for specialists in the patient's area.

For further information, please contact us at:



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