

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.

- Rare neurodegenerative disease, the most common parkinsonian disorder after Parkinson's disease (PD)
- Originally described in 1964 as Steele-Richardson-Olzewski Syndrome
- Often mistakenly diagnosed as PD due to the similarity of early symptoms
- Symptoms include early postural instability, supranuclear gaze palsy (paralysis of voluntary vertical gaze with preserved reflexive eye movements), and levodopa-non-responsive parkinsonism
- Onset of symptoms is typically symmetric
- Pathologically classified as a tauopathy (abnormal accumulation of the tau protein in the brain)
- Five to seven cases per 100,000 people
- Slightly more common in men
- Average age of onset is 60–65 years, but can occur as early as age 40
- Life expectancy is five to seven years following symptom onset
- No cure or effective medication management

Signs and Symptoms

- Early onset gait and balance problems
- Clumsy gait or slow, shuffling gait
- Lack of coordination
- Slowed or absent balance reactions/postural instability
- Frequent falls (most often backward)
- Slowed movements
- Rigidity (generally axial)
- Vertical gaze palsy
- Generally downward gaze loss is first
- Abnormal eyelid control
- Decreased blinking with “staring” look
- Blepharospams (involuntary eyelid spasms)
- Double vision
- Dystonia – commonly at neck and hands into flexion, but can also be into extension at neck
- Speech and swallowing changes
- Subcortical dementia (personality changes, slowness of thought)
- “Rocket sign,” when patient jumps up quickly from seated position, often falling back in chair



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