

Well, when a patient comes to me and he or she is complaining of some symptoms of Parkinson's disease, then the first question is, is this Parkinson's disease or is this a mimicker? So some presentations are rather typical of Parkinson's disease, and just by the look at of it, then I don't really need to do anything else.

For example, an elderly gentleman in his 60s presents with resting tremor of the right hand, and on my examination, he has some rigidity of the right arm. And on his gait examination, he drags his right leg, and he doesn't swing his right arm. And then I look for signs that might suggest atypical forms of Parkinsonism, such as brisk reflexes or early onset of dystonias, or an alien limb syndrome, or some cognitive decline.

And I don't see any of that, so I don't see any red flags that will make me suspect other causes of Parkinsonism. The patient is not exposed to any dopamine receptor blocking agents, such as antipsychotics or antiemetic medications. And the presentation is rather typical. It was a gradual onset, somewhat asymmetrical-- or predominantly on his right hand for this patient, or right arm and right leg-- and presents with resting tremor.

So for that patient, I'm actually not going to do any further testing. The age group is rather typical. The presentation is rather typical. And I would then tell this patient, it is likely or it is probable that you have Parkinson's disease. Now, the treatment for this depends on how bothered he is with his symptoms. If he is quite bothered with his symptoms, then I would start giving him his options for treatment.

Now, sometimes we catch Parkinson's way too early, at least way too early for treatment, and they're not really that bothered by their symptoms. They come to see you because they're wondering-- they're curious as to why they're shaking, but the shaking itself doesn't really bother them or disable whatever they're doing or whatever they enjoy in life.

And so in this case, you can still diagnose them with Parkinson's disease, but withhold treatment, perhaps advise them to adopt a healthier lifestyle and to exercise every day, and maybe to see them in three to six months. And by the time they see you back, because Parkinson's disease is a progressive disorder, until we find the cure, the point will come or the time will come where there is enough symptomatic disability to warrant treatment.