The false-positive rate for a Parkinson's disease (PD) diagnosis is about 35% at the initial diagnosis and 24% at the final diagnosis, according to data from several autopsy studies. Autopsy results remain the preferred method for confirming a diagnosis of PD, noted Dr. Reich, professor of neurology at the University of Maryland and codirector of its Maryland Parkinson's Disease and Movement Disorders Center.

In a study of more than 470,000 U.S. nursing home residents, the three best predictors of PD were the presence of a resting tremor, a unilateral onset of symptoms, and a beneficial and sustained response to levodopa, the investigators noted (Pharmacotherapy 1999;19:1321-7).

Not everyone with PD has a resting tremor, but most patients with PD present with this tremor, which improves with movement. Classic PD starts on one side of the body, unrelated to right- or left-handedness. Some patients with Parkinson's-like syndromes (such as progressive supranuclear palsy or Huntington's disease) can be symptoms of PD. It appears clinically as a shuffling, broad-based gait, difficulty rising from a chair, and impaired posture and balance. Most patients with PD present at an age older than 70 years, and the symptoms occur below the waist.

Some of these patients respond well to shunts for normal-pressure hydrocephalus, he noted.

Drug-induced Parkinsonism. This condition often goes unrecognized because it might take up to 1 year to resolve even after taking a particular drug. “You have to ask what medicines patients have taken in the past,” Dr. Reich said.

Check hospital records to confirm medical management and medication use. Some patients have PD—especially if they have taken antidepressants, metoclopramide, or dopamine depletors such as reserpine, because the PD symptoms might resolve with time.

Parkinson's disease vs. Parkinsonism. Red flags that differentiate a Parkinson's syndrome (such as progressive supranuclear palsy or multiple system atrophy) from PD include imbalance, early hallucinations, early dementia, and falls early in the course, as well as symmetric onset and absence of tremor.

Alzheimer's disease presenting as Parkinsonism. The physical symptoms of Parkinsonism, such as lack of balance, may bring the patient to your office, but if it is accompanied by dementia, it is probably Parkinsonism rather than clinical PD, Dr. Reich said.

Parkinson's of "normal aging." PD tends to peak at about 60 years of age, so be cautious about diagnosing it after age 75 years, he said.

The last four pitfalls of PD diagnoses are false negatives.

Sensory or pain presentation of PD. Dr. Reich said he often sees patients who have recovered from a frozen shoulder, for example, but think the moving one hand. Foot pain, particularly in young-onset PD patients, as well as tingling or numbness, fibromyalgia, or restless legs syndrome, can be symptoms of PD.

Young-onset PD. PD is often not recognized in patients in their 30s and 40s. “You can be too old for PD, but not too young,” Dr. Reich said. “It is uncommon, but it is out there,” he said.

Unilateral lower extremity presentation. “When a patient presents with one lower-extremity symptom, even if he or she complains of pain or weakness, don't discount PD,” Dr. Reich said.

A tremor of the head or voice is usually an essential tremor, he added.

Handwriting in patients with PD tends to be micrographic but is not tremulous, even if patients have tremor at rest. Patients with ET have full-sized handwriting, but it looks shaky. Patients with PD also may have micrographic rigidity, a masked face, and trouble rising from a chair.

Lower-half Parkinsonism. These are the patients geriatricians see day in and day out. They are disproportionately fine from the waist up. Dr. Reich said. This is not PD. It appears clinically as a shuffling, broad-based gait, difficulty rising from a seated position, with impaired posture and balance. Movement is present at an age older than 70 years, and the symptoms occur below the waist.

Some of these patients respond well to shunts for normal-pressure hydrocephalus, he noted.