

Patient's ID: \_\_\_\_\_ Patient's Age: \_\_\_\_\_  
 Patient's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## MANAGE-PD OVERVIEW

**MANAGE-PD is a validated instrument designed to support healthcare providers in the identification of patients with Parkinson's Disease uncontrolled on oral medications. The tool can help determine which patients may be adequately controlled on their current treatment regimen or may require change, including evaluation for device-aided therapy.**

The questionnaire consists of two sections and should be answered based on symptoms during the **last month**. Definitions to terms can be found on page 3. **Please refer to ManagePD.com for additional information.**

## PATIENTS WILL BE CATEGORIZED INTO THREE CATEGORIES BASED ON YOUR INPUT

**1**

### Category 1

Patient may be controlled on the **current treatment regimen**. Continue monitoring the patient based on best medical treatment/clinical guidelines and your professional judgment.

**2**

### Category 2

Patient may not be controlled on the current treatment regimen. Additional benefits may be obtained from **further treatment optimization and device-aided therapies may not be needed at this time**. However, use your patient's medical history, treatment preference, and your best medical judgment for treatment recommendation.

**3**

### Category 3

Patient may not be controlled on the current treatment regimen and may **benefit from device-aided therapy**. It is suggested that you evaluate eligibility for device-aided therapy based on patient's medical history, treatment preference, and your best medical judgment for treatment recommendation.

## SECTION 1

Section 1 is composed of five questions to assess if your patient is adequately controlled with their current treatment regimen. Your responses will determine if you should proceed to Section 2 for a more detailed assessment.

Please start by completing the five questions (**YES or NO**). If the answer is **NO** to **ALL** questions in Section 1, then the patient is classified as **Category 1** (please see above for explanation of this category). If the answer is **YES** to **ANY** question in Section 1, **please follow the guidance in each case**.

Please check the appropriate answer for each question

	<input type="checkbox"/> ≤3 doses	<input type="checkbox"/> 4 doses	<input type="checkbox"/> ≥5 doses
<b>1.</b> How many daily <b>doses of levodopa</b> does the patient report taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b> Is the patient experiencing a <b>total of ≥ 2 hours</b> daily with "off" time?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<b>3.</b> Is the patient experiencing <b>unpredictable</b> fluctuations of motor symptoms with current oral treatment?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<b>4.</b> Is the patient experiencing <b>troublesome</b> dyskinesia (involuntary, choreic movements) with current oral treatment?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<b>5.</b> Is the patient presently limited in performing <b>one or more</b> activities of daily living (eg, writing, walking, bathing, dressing, eating, toileting, etc.)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<b>Output: Section 1</b>	<b>Category 1:</b> "No" to all questions and ≤ 4 levodopa doses	<b>Category 2:</b> Yes to any questions and taking ≥ 3 levodopa doses	<b>Category 1:</b> "No" to all questions and ≤ 4 levodopa doses
	Patient may not be controlled on current treatment regimen <b>Proceed to Section 2</b>		Patient may not be controlled on current treatment regimen <b>Proceed to Section 2</b>

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## SECTION 2

Complete only for patients on ≥ 4 doses of levodopa from section 1

This section assesses the frequency and severity of several symptoms, including key motor, non-motor symptoms, adverse events and functional impact. **Output of section 2 will help determine if your patient may benefit from further treatment optimization or may be considered for device-aided therapy.**

### SECTION 2 SCORING:

- **Frequency score:** 0= Never, 1= Rarely (≤1/week), 2= Sometimes (several times per week), 3= Most/All the time (daily).
- **Severity score:** 1= Mild, 2= Moderate, 3= Severe.
- **Level of independence** (Activities of Daily Living): 0= Independent in all activities, 1= Independent in most activities, 2= Needs assistance/dependent in some activities, 3= Totally dependent in all activities.
- **Falls per month:** 0= No falls, 1= 1 fall, 2= 2 or more falls.

The **TOTAL SCORE = FREQUENCY X SEVERITY** for each question should be obtained by the multiplication of frequency and severity (frequency X severity).

**RESULTS:** The highest category of any individual question is used to determine the overall patient categorization.

**Please note:** Scores for "Dystonia with Pain" and "Impulse Control Disorder" do not impact the outcome of the instrument and are included for your considerations

Please check the appropriate answer for each question

#### MOTOR FLUCTUATIONS If answer to Q3 on SECTION 1 is NO, please skip this question

How often are the <b>motor fluctuations</b> unpredictable?	0	Never	1	Rarely	2	Sometimes	3	Most/All the time	_____
How severe/troublesome are the <b>motor fluctuations</b> ?			1	Mild	2	Moderate	3	Severe	_____
<b>TOTAL SCORE</b> (frequency X severity)									_____

#### FREEZING OF GAIT

How often is the patient experiencing <b>freezing of gait</b> during "off" time?	0	Never	1	Rarely	2	Sometimes	3	Most/All the time	_____
How severe/troublesome are the episodes of freezing of gait during "off" time?			1	Mild	2	Moderate	3	Severe	_____
<b>TOTAL SCORE</b> (frequency X severity)									_____

#### NON-MOTOR SYMPTOMS

How often is the patient experiencing <b>non-motor "off" symptoms</b> (eg, anxiety, pain, mood changes, sleep, etc.)?	0	Never	1	Rarely	2	Sometimes	3	Most/All the time	_____
How severe/troublesome are the non-motor "off" symptoms?			1	Mild	2	Moderate	3	Severe	_____
<b>TOTAL SCORE</b> (frequency X severity)									_____

#### HALLUCINATION/PSYCHOSIS

How often does the patient experience <b>hallucination/psychosis</b> without insight?	0	Never	1	Rarely	2	Sometimes	3	Most/All the time	_____
How severe/troublesome are the episodes of <b>hallucination/psychosis</b> without insight?			1	Mild	2	Moderate	3	Severe	_____
<b>TOTAL SCORE</b> (frequency X severity)									_____

**IF TOTAL SCORE IS 3 OR MORE TO ANY OF THESE QUESTIONS = CATEGORY 3. ANYTHING ELSE CATEGORY 2**

#### OFF - TIME If answer to Q2 on SECTION 1 is NO, please skip this question

How severe/troublesome are the <b>"off" time</b> periods in the patient with current oral treatment?	1	Mild	2	Moderate	3	Severe	_____
<b>TOTAL SCORE</b>							_____

#### DYSKINESIA If answer to Q4 on SECTION 1 is NO, please skip this question

How often is the patient experiencing troublesome <b>dyskinesia</b> ?	0	Never	1	Rarely	2	Sometimes	3	Most/All the time	_____
<b>TOTAL SCORE</b>									_____

#### ADL IMPAIRMENT If answer to Q5 on SECTION 1 is NO, please skip this question

What level of assistance or support does the patient need in performing one or more activities of daily living (eg, walking, bathing, dressing, eating, toileting, etc.)?	0	Independent in all activities	1	Independent in most activities	2	Needs assistance/dependent in some activities	3	Totally dependent in all activities	_____
<b>TOTAL SCORE</b>									_____

**IF TOTAL SCORE IS 2 OR 3 TO ANY OF THESE QUESTIONS = CATEGORY 3. ANYTHING ELSE CATEGORY 2**

#### FALLS

How often did the patient <b>fall</b> in the past month?	0	No falls	1	1 fall	2	2 or more falls	_____
<b>TOTAL SCORE</b>							_____

**IF SCORE 1 OR 2 = CATEGORY 3. ANYTHING ELSE CATEGORY 2**

#### DYSTONIA

How often is the patient experiencing <b>dystonia</b> with pain?	0	Never	1	Rarely	2	Sometimes	3	Most/All the time	_____
How severe/troublesome is the <b>dystonia</b> with pain?			1	Mild	2	Moderate	3	Severe	_____
<b>TOTAL SCORE</b> (frequency X severity)									_____

#### IMPULSE CONTROL DISORDER

How often is the patient experiencing <b>impulse control disorder</b> ?	0	Never	1	Rarely	2	Sometimes	3	Most/All the time	_____
How severe/troublesome is the impairment due to ICD?			1	Mild	2	Moderate	3	Severe	_____
<b>TOTAL SCORE</b> (frequency X severity)									_____

**FOR INFORMATIVE PURPOSES**

TERM	DEFINITION
"Off" Time	Parkinson's symptoms become more noticeable (eg, movement becomes more difficult, slow, or stiff) often after an initial benefit from treatment. <sup>1</sup>
Unpredictable Fluctuations of Motor Symptoms	Sudden and unpredictable recurrence of symptoms (eg, slowness, stiffness) generally unrelated to timing of next dose (also called "on-off" fluctuations). <sup>2</sup>
Troublesome Dyskinesia	Involuntary body movements caused by dopaminergic medications used to treat Parkinson's that interfere with activities of daily living (troublesome) and can appear as jerking, fidgeting, twisting or turning movements. <sup>1,2</sup>
Dystonia With Pain	Sustained or intermittent uncontrolled muscle contractions causing abnormal, often repetitive, movements or postures, or both. <sup>3</sup>
Freezing of Gait	Brief, episodic absence or marked reduction of forward progression of the feet despite the intention to walk. <sup>4</sup>
Non-Motor "Off" Symptoms	Refers to non-motor symptoms that are exclusively present or worsen during motor "off" periods. Symptoms include, but are not limited to mood disorders, cognitive changes, hallucinations, autonomic disorders (eg, orthostatic hypotension, sweating), sleep disorders, GI disorders (eg, constipation, bloating), and urinary disorders. <sup>5,6,7</sup>
Impulse Control Disorders	Involve behaviors performed repetitively, excessively, and compulsively. Major symptoms include pathological gambling (PG), hypersexuality (HS), compulsive buying/shopping (CB), and binge eating (BE). <sup>8</sup>
Hallucination/Psychosis Without Insight	Symptoms of psychosis include hallucinations — most commonly visual but may also include other modalities (eg, auditory, tactile, or olfactory). The recognition that some experiences are hallucinations is lost as Parkinson's disease advances. <sup>9</sup>

**REFERENCES**

1. <https://www.parkinson.org/glossary> Accessed on Dec 3, 2020.
2. Freitas MA, et al. Motor complications of dopaminergic medications in Parkinson's disease. *Semin Neurol.* 2017; 37(2):147-157.
3. Jinnah HA, et al. The new classification system for the dystonias: why was it needed and how was it developed? *Mov Disord Clin Pract.* 2014;1(4):280-284.
4. Heremans E, et al. Freezing of gait in Parkinson's disease: where are we now? *Curr Neurol Neurosci Rep.* 2013;13(6):350.
5. Storch A, et al. Nonmotor fluctuations in Parkinson Disease. Severity and correlation with motor complications. *Neurology.* 2013;80:800-809.
6. Chaudhuri KR, et al. Non-motor symptoms of Parkinson's disease: dopaminergic pathophysiology and treatment. *Lancet Neurol.* 2009;8:464-474.
7. Cheon SM, et al. Non-Motor Off Symptoms in Parkinson's Disease. *J Korean Med Sci.* 2009;24:311-314.
8. Gatto EM, et al. Impulse control disorders in Parkinson's disease: a brief and comprehensive review. *Front Neurol.* 2019;10:351.
9. Ffytche DH, et al. The psychosis spectrum in Parkinson disease. *Nat Rev Neurol.* 2017;13(2):81-95.