

MDS-UPDRS Part IV: Motor Complications

○ 0 of 15 completed

Form Instructions

Overview and Instructions: In this section, the rater uses historical and objective information to assess two motor complications, dyskinesias and motor fluctuations that include OFF-state dystoni...

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Assessment Date

11/09/2020



A. Dyskinesias [exclusive of OFF-state dystonia]

4.1 Time Spent with Dyskinesias

Instructions to examiner: Determine the hours in the usual waking day and then the hours of dyskinesias. Calculate the percentage. If the patient has dyskinesias in the office, you can point them out as a reference to ensure that patients and caregivers understand what they are rating. You may also use your own acting skills to enact the dyskinetic movements you have seen in the patient before or show them dyskinetic movements typical of other patients. Exclude from this question early morning and nighttime painful dystonia.

Instructions to patient [and caregiver]: Over the past week, how many hours do you usually sleep on a daily basis, including nighttime sleep and daytime napping? Alright, if you sleep ___ hrs, you are awake ___ hrs. Out of those awake hours, how many hours in total do you have wiggling, twitching, or jerking movements? Do not count the times when you have tremor, which is a regular back and forth shaking or times when you have painful foot cramps or spasms in the early morning or at nighttime. I will ask about those later. Concentrate only on these types of wiggling, jerking, and irregular movements. Add up all the time during the waking day when these usually occur. How many hours ___ (use this number for your calculations).

1. Total Hours Awake:



Input a number

2. Total Hours with Dyskinesia:



Input a number

3. % Dyskinesia = $((2/1)*100)$:



Input a number

Normal: No dyskinesias.

Slight: $\leq 25\%$ of waking day.

Mild: 26 - 50% of waking day.

Moderate: 51 - 75% of waking day.

Severe: $> 75\%$ of waking day.

Unable to Rate

4.2 Functional Impact of Dyskinesias

Instructions to examiner: Determine the degree to which dyskinesias impact on the patient's daily function in terms of activities and social interactions. Use the patient's and caregiver's response to your question and your own observations during the office visit to arrive at the best answer.

Instructions to patient [and caregiver]: Over the past week, did you usually have trouble doing things or being with people when these jerking movements occurred? Did they stop you from doing things or from being with people?

Normal: No dyskinesias or no impact by dyskinesias on activities or social interactions.

- Slight: Dyskinesias impact on a few activities, but the patient usually performs all activities and participates in all social interactions during dyskinetic periods.
- Mild: Dyskinesias impact on many activities, but the patient usually performs all activities and participates in all social interactions during dyskinetic periods.
- Moderate: Dyskinesias impact on activities to the point that the patient usually does not perform some activities or does not usually participate in some social activities during dyskinetic episodes.
- Severe: Dyskinesias impact on function to the point that the patient usually does not perform most activities or participate in most social interactions during dyskinetic episodes.
- Unable to Rate

B. Motor Fluctuations

4.3 Time Spent in the OFF State

Instructions to examiner: Use the number of waking hours derived from 4.1 and determine the hours spent in the "OFF" state. Calculate the percentage. If the patient has an OFF period in the office, you can point to this state as a reference. You may also use your knowledge of the patient to describe a typical OFF period. Additionally you may use your own acting skills to enact an OFF period you have seen in the patient before or show them OFF function typical of other patients. Mark down the typical number of OFF hours, because you will need this number for completing 4.6.

Instructions to patient [and caregiver]: *Some patients with Parkinson's disease have a good effect from their medications throughout their awake hours and we call that "ON" time. Other patients take their medications but still have some hours of low time, bad time, slow time, or shaking time. Doctors call these low periods "OFF" time. Over the past week, you told me before that you are generally awake ___ hrs each day. Out of these awake hours, how many hours in total do you usually have this type of low level or OFF function? ___ (use this number for your calculations).*

Input a number

2. Total Hours OFF:



Input a number

3. % OFF = $((2/1)*100)$:



Input a number

Normal: No OFF time.

Slight: $\leq 25\%$ of waking day.

Mild: 26 - 50% of waking day.

Moderate: 51 - 75% of waking day.

Severe: $> 75\%$ of waking day.

Unable to Rate

4.4 Functional Impact of Fluctuations

Instructions to examiner: Determine the degree to which motor fluctuations impact on the patient's daily function in terms of activities and social interactions. This question concentrates on the difference between the ON state and the OFF state. If the patient has no OFF time, the rating must be 0, but if patients have very mild fluctuations, it is still possible to be rated 0 on this item if no impact on activities occurs. Use the patient's and caregiver's response to your question and your own observations during the office visit to arrive at the best answer.

Instructions to patient [and caregiver]: *Think about when those low or "OFF" periods have occurred over the past week. Do you usually have more problems doing things or being with people than compared to the rest of the day when you feel your medications working? Are there some things you usually do during a good period that you have trouble with or stop doing during a low period?*

- Normal: No fluctuations or no impact by fluctuations on performance of activities or social interactions.
- Slight: Fluctuations impact on a few activities, but during OFF, the patient usually performs all activities and participates in all social interactions that typically occur during the ON state.
- Mild: Fluctuations impact many activities, but during OFF, the patient still usually performs all activities and participates in all social interactions that typically occur during the ON state.
- Moderate: Fluctuations impact on the performance of activities during OFF to the point that the patient usually does not perform some activities or participate in some social interactions that are performed during ON periods.
- Severe: Fluctuations impact on function to the point that, during OFF, the patient usually does not perform most activities or participate in most social interactions that are performed during ON periods.
- Unable to Rate

4.5 Complexity of Motor Fluctuations

Instructions to examiner: Determine the usual predictability of OFF function whether due to dose, time of day, food intake, or other factors. Use the information provided by the patients and caregivers and supplement with your own observations. You will ask if the patient can count on them always coming at a special time, mostly coming at a special time (in which case you will probe further to separate slight from mild), only sometimes coming at a special time, or are they totally unpredictable? Narrowing down the percentage will allow you to find the correct answer.

Instructions to patient [and caregiver]: For some patients, the low or "OFF" periods happen at certain times during day or when they do activities like eating or exercising. Over the past week, do you usually know when your low periods will occur? In other words, do your low periods always come at a certain time? Do they mostly come at a certain time? Do they only sometimes come at a certain time? Are your low periods totally unpredictable?"

- Normal: No motor fluctuations.

Slight: OFF times are predictable all or almost all of the time (> 75%).

Mild: OFF times are predictable most of the time (51-75%).

Moderate: OFF times are predictable some of the time (26-50%).

Severe: OFF episodes are rarely predictable ($\leq 25\%$).

Unable to Rate

C. "OFF" Dystonia

4.6 Painful OFF-State Dystonia

Instructions to examiner: For patients who have motor fluctuations, determine what proportion of the OFF episodes usually includes painful dystonia? You have already determined the number of hours of "OFF" time (4.3). Of these hours, determine how many are associated with dystonia and calculate the percentage. If there is no OFF time, mark 0.

Instructions to patient [and caregiver]: In one of the questions I asked earlier, you said you generally have ___ hours of low or "OFF" time when your Parkinson's disease is under poor control. During these low or "OFF" periods, do you usually have painful cramps or spasms? Out of the total ___ hrs of this low time, if you add up all the time in a day when these painful cramps come, how many hours would this make?

1. Total Hours OFF:

⋮

Input a number

2. Total OFF Hours with Dystonia:

⋮

Input a number

3. % OFF Dystonia = $((2/1)*100)$:

⋮

Input a number

Normal: No dystonia OR NO OFF TIME.

Slight: $\leq 25\%$ of time in OFF state.

Mild: 26-50% of time in OFF state.

Moderate: 51-75% of time in OFF state.

Severe: $> 75\%$ of time in OFF state.

Unable to Rate

Summary statement to patient: READ TO PATIENT

This completes my rating of your Parkinson's disease. I know the questions and tasks have taken several minutes, but I wanted to be complete and cover all possibilities. In doing so, I may have asked about problems you do not even have, and I may have mentioned problems that you may never develop at all. Not all patients develop all these problems, but because they can occur, it is important to ask all the questions to every patient. Thank you for your time and attention in completing this scale with me.

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MDS UPDRS Part III (ON State) (As Needed)

Features of Parkinsonism

