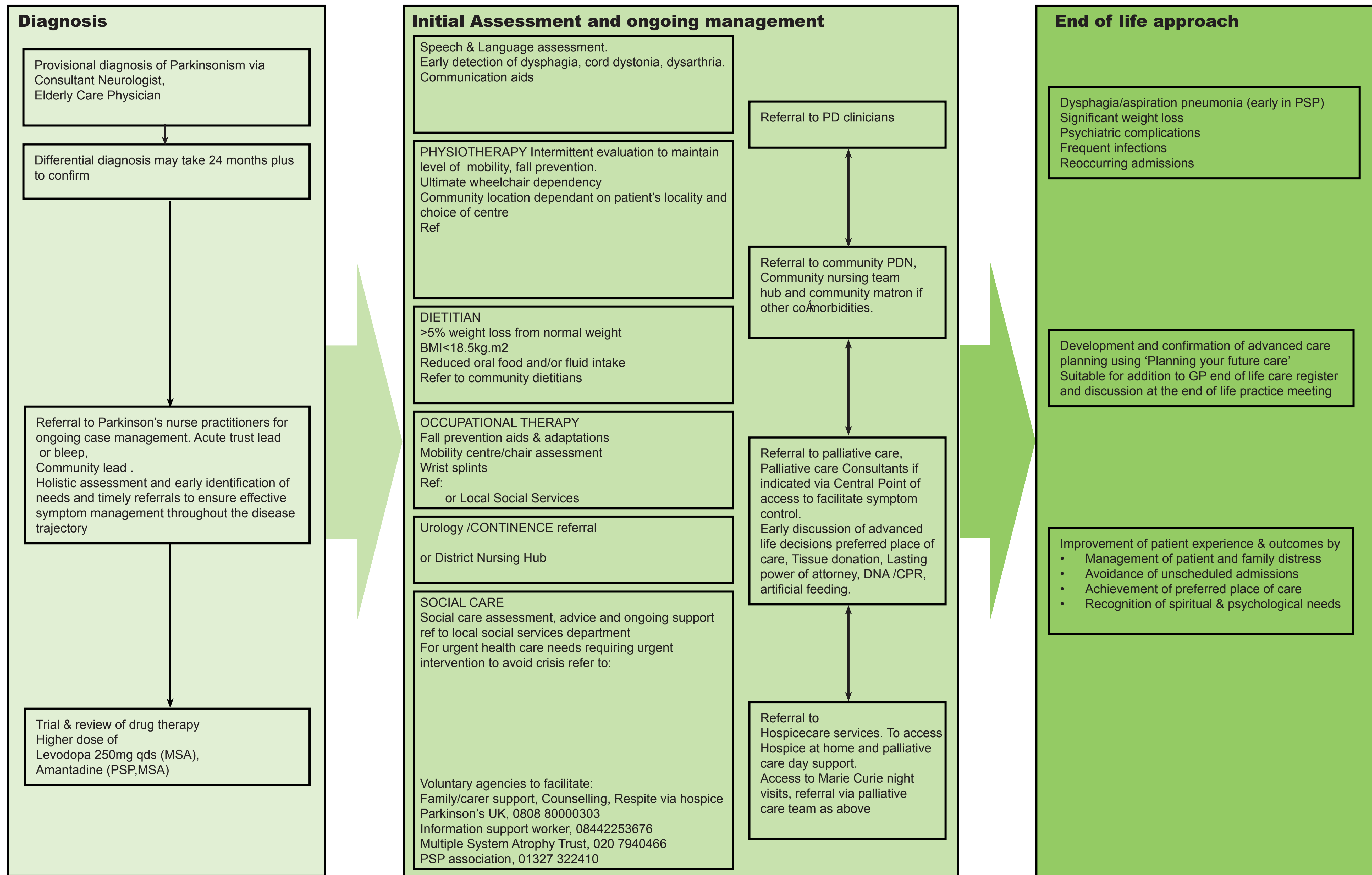


# Care pathway for Multiple System Atrophy (MSA), Progressive Supranuclear Palsy (PSP) & Corticobasal Degeneration (CBD)



**Management of symptoms**

|            |   |   |
|------------|---|---|
| UROGENITAL | - EARLY - Haematuria - Recurrent Urinary tract infections - Symptoms unresponsive to treatment - Consideration for botulinum toxin A injections - Erectile dysfunction<br>- LATE indicators for long term catheterisation - Untreatable outlet obstruction - Intractable skin break down - Neurogenic bladder and retention, bowel dysfunction. | <p><b>Timely referral to identify Specialist within secondary care:</b></p> <p><b>Lead by Parkinson's Nurse Practitioner in collaboration with patient's General Practitioner and PD clinician.</b></p> |
| AUTONOMIC  | - EARLY - Unexplained falls - Orthostatic hypotension associated symptoms include light headedness, dizziness, leg weakness, fatigue and syncope - Sleep Apnoea - Eye movement disorders (PSP)<br>- LATE Vocal Cord Palsy and Laryngeal stridor - Dysphagia/ Cachexia recurrent chest infections  |   |
| COGNITION  | - EARLY - Cognitive or behavioural changes in PSP which may increase with disease progression - Depression - Emotional lability in both PSP and MSA   |   |