SUPPLEMENTARY MATERIAL: CASE REPORT

A 69-year-old previously-well right-handed man presented with six months of difficulty writing, doing up the buttons of his clothing and softening of his voice. He complained of trouble rising from a chair and his wife noticed his movements were slower and posture was stooped. He had normal bowel and bladder function but had begun to experience erectile dysfunction. His wife reported nocturnal dream enactment behaviors suggestive of Rapid Eye Movement Behavioural Disorder. Neurological examination showed mild hypomimia and hypophonia, and asymmetrical right-sided predominant bradykinesia and rigidity. Gait was slow, with decreased arm swing and normal base. Pull test was normal. There was no orthostatic blood pressure drop. MRI of the brain showed mild atrophy and mild white matter signal changes. Brain single-photon emission computed tomography (SPECT) scan showed normal perfusion. Neuropsychological testing showed relative weakness of processing speed and visuospatial abilities as well as mild executive dysfunction, but no evidence of dementia.

His motor symptoms improved with the initiation of levodopa-carbidopa oral tablets, and this response supported the diagnosis of idiopathic Parkinson’s disease with mild cognitive impairment. Over the next two years he began to develop fluctuations in attention and significant daytime sleepiness. His wife noted that he had trouble paying attention to conversations and routine tasks. He complained of light-headedness with standing. Home blood pressure recordings over five days showed significant drops in both systolic and diastolic blood pressure from lying to standing. The addition of fludrocortisone 0.1 mg in the morning improved his cognitive function and reduced episodes of mental fluctuations.