Supplementary Table 2– Web only file

Author, year	Subtypes identified	Differences found between subtypes (variables not included in derivation process)
Graham, 1999[4]	Short duration (mean 5 years) 1: good motor control without cognitive impairment 2: good motor control, executive cognitive deficits 3: older age at onset, poor motor control + complications, mild cognitive impairment Longer duration (mean 14 years) 1: poor motor control, no cognitive impairment 2: poor motor control, moderately severe cognitive impairment	Not reported
Gasparoli 2002[5]	1. Rapid progression	Older Greater symmetry of parkinsonism Greater bradykinesia/rigidity and gait disturbance at baseline
	2. Slow progression	
Dujardin 2004[3]	1. Mild motor impairment, relatively preserved cognition	
	2. "Reduced overall cognitive efficiency, an exacerbated subcorticofrontal syndrome and more severe motor dysfunction"	Best predicted by lower educational level and poorer performance at **baseline** on: -Stroop colour-word interference index, -Semantic fluency -MMS SPECT scan differences also found
Lewis 2005[6]	1. Young onset	More dyskinesias More motor fluctuations More frequently treated with dopamine agonists
	2. Non-tremor dominant, with cognitive impairment and depression	

	3. Rapid progression without cognitive impairment	
	4. Tremor dominant	More frequently treated with anticholinergic medications
Schrag 2006[7]	1. Young onset	Higher levodopa mean dose Higher depression scores
	2. Older onset, more rapid progression, less dyskinesias and fluctuations	
Post 2008[8]	1. Young onset with slow progression	
	2. Intermediate age onset with anxiety and depression	Poorer Short Form (SF)-36 mental component score
	3. Oldest onset	More physical disability
Reijnders 2009[9]	1. Rapid progression	
	2. Young onset with motor complications	Lower mean age Longer disease duration
	3. Non-tremor dominant and psychopathology	Longer disease duration Higher Hoehn and Yahr stage Higher UPDRS ADL scores
	4. Tremor dominant	
Van Rooden 2011[10]	1: Mild all domains, young	
	2. Severe motor complications, sleep and depressive symptoms, youngest	Youngest age at onset More women Longer disease duration
	3. Medium severity, older	
	4. Most severe, except mild tremor, prominent motor complications, older.	More women

Liu 2011[11]	1. Non-tremor dominant 2. Rapid disease progression 3. Young onset 4. Tremor dominant	Not reported