PARKINSONISM: ONSET, PROGRESSION, AND MORTALITY

MM Hoehn, MD Yahr

Neurology 1967;17:427-442

Parkinsonism, described in its entirety over one hundred and fifty years ago,¹ rarely presents itself as a diagnostic problem. In consequence, little scrutiny has been directed to the marked variability of this frequently encountered neurological syndrome and to the progression of the disease in large groups of patients. As with most chronic neurological disorders, marked diversity can be expected to exist in age and mode of onset, relative prominence of the cardinal signs and symptoms, rate of progression, and resultant degree of functional impairment. Controversy over the effectiveness of therapeutic measures for parkinsonism is due partially to this wide variability and to the paucity of clinical information about the natural history of the syndrome. It is also related to differences in terminology regarding the type of parkinsonism and the degree of its severity at the time of treatment. Consequently, it is difficult to determine whether treatment really influences the course of the disease and to what extent symptomatic relief is significant. It seems clear that, at a time when many new approaches to the treatment of parkinsonism are being suggested, information of this sort is of paramount importance.

References can be found in the online article.

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Comment from Ryan J. Uitti, MD, FAAN, Associate Editor: The first large longitudinal experience of a syndrome, parkinsonism, this landmark paper not only described expectations regarding onset, progression, and mortality, but also provided the first staging system for parkinsonism. The modified Hoehn and Yahr staging system continues to be utilized by clinicians and researchers, reflecting upon the importance of this publication authored by outstanding clinicians from two generations. The timing of the article, reporting experience from the pre-levodopa era, allowed one last glimpse at expectations for this condition prior to meaningfully effective therapy.

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