

Many Hearts,
One Hope



UNBIND P² SCREEN FOR MSA

Think MSA in any patient with parkinsonism
or cerebellar ataxia.



U Urinary
retention

- Incomplete emptying,
↑ post-void residual



N Neurogenic
orthostatic
hypotension

- Check orthostatics
(supine → standing at 1 & 3 min)
- **Definition:** ↓ SBP ≥20 or
↓ DBP ≥10 mmHg within 3 min
- $\Delta\text{HR} / \Delta\text{SBP} < 0.5$
(inadequate HR rise → neurogenic)



B Noisy
breathing
(stridor)

- Stridor or noisy breathing,
especially at night



I Imbalance /
early falls

- Falls within **3 years** of
symptom onset



N No levodopa
response
(if tried)

- Little or no meaningful
benefit from levodopa



D Dream
enactment
(RBD)

- Acts out dreams or
moves/talks in sleep

P²

PRESERVED ×2



Preserved smell
(argues against PD)



Preserved cognition early
(argues against DLB)



**ANY UNBIND FEATURE OR ABSENCE OF P² FEATURES
→ INVOLVE NEUROLOGY (PREFERABLY MOVEMENT DISORDERS)**



KEY POINT: MSA often presents with autonomic failure
and gait/balance problems — but typically **maintains**
smell and cognition early.

MSA = Multiple System Atrophy | PD = Parkinson's Disease | DLB = Dementia with Lewy Bodies

Credit: Philip Tipton, MD 2026 Defeat MSA