









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
 - ΔHR / ΔSBP < 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





QUICK REFERENCE CARD

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WHEN TO THINK MSA

- ✓ Parkinsonism or cerebellar ataxia
- ✓ Early autonomic failure
- ✓ Poor levodopa response
- ✓ Preserved smell & cognition

! EARLY RECOGNITION HELPS PATIENTS GET THE RIGHT CARE SOONER.