6. parkinsonian signs - rigidity (usually severe), bradykinesia, hypotonic speech, masked fascies, stooped posture, slow shuffling gate
7. involuntary movmts, myoclonus, quadriparesis in flex., orthostatic hypotension and dysphagia

Diagnostic Procedures:
1. MRI or CT scans – show generalized cortical atrophy
2. EEG - abn or slow

Treatment:
- Supportive
- Levodopa response is unpredictable

Prognosis:
- A steady decline to death from incurrent infection
- Men more susceptible and carry a worse prognosis than women

CORTICODENTATONIGRAL DEGENERATION/ CORTICOBASAL DENEGERATION
- Slowly progressive condition w/ unilateral tremulous, akinetic, apraxic, rigid upper limb
- Rare illness that begins at 55-75
- Unknown etiology
- Late appearance of implantment of fx on the initially unaffected side

SSx: INITIAL: loss of dexterity of one limb combined with rigidity, postural imbalance and masked fascies
- Alien hand
- Dyspraxia – prominent feature
- Dementia is absent until late in the dse

No effective treatment

HALLERVORDEN-SPATZ DISEASE
- Unusual disorder, autosomal recessive trait (cause affecting several siblings in a family)
- Characterized by abn posture and mm tone, invol. Movements, and progressive dementia predominates

Incidence: appears in childhood and adolescence

SSx: