

# SCOPA-PC

Scales for Outcomes in Parkinson's Disease – Psychiatric Complications

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## **SCOPA-PC**

The proposed questions are used to introduce the psychiatric complications, ask for more details or examples to clarify whether the problem is present or not, and if so, to what degree.

The following symptoms can occur due to side-effects of anti-parkinsonian medication. Did any of the following symptoms occur during the <u>last month</u>? (Ask patient and caregiver).

#### 1. Hallucinations

Did you perceive (see, hear, feel, smell) things that you knew were not there or that other people didn't perceive? When you perceived it, did you realize it was not real? Did you sometimes act upon these phenomena (for instance tried to touch it)? Did these phenomena scare you? Did you get agitated or aggressive when you noticed these phenomena or when someone tried to convince you they were not real? For the caregiver: do you have the impression the patient perceived phenomena that were not there, for instance, did (s)he talk to people that were not there? Did (s)he know it was not real or could you convince him/her that it was not real? Did (s)he get agitated or aggressive when (s)he perceived these phenomena?

- **0.** absent
- 1. mild; complete insight; non-threatening
- 2. moderate; partial insight; can be convinced; may be threatening
- **3.** severe; no insight; cannot be convinced; may be associated with heightened emotional tone, agitation, aggression.

#### 2. Illusions and Misidentification of persons

Did you perceive (see, hear) things differently then they really were (for instance a person instead of a tree, a bug instead of a crumb)? When you perceived them, did you realize it was not real? Did you sometimes act upon these phenomena (for instance tried to touch them)? Did these phenomena scare you? Did you get agitated or aggressive when you noticed these phenomena or when someone tried to convince you they were not real? For the caregiver: do you have the impression the patient perceived phenomena differently, for instance, did (s)he wave to a tree or picked up a crumb saying it is bug? Did (s)he know it was not real or could you convince him/her that it was not real? Did (s)he get agitated or aggressive when he perceived these phenomena?

- **0.** absent
- 1. mild; complete insight; non-threatening
- 2. moderate; partial insight; can be convinced; may be threatening
- **3.** severe; no insight; cannot be convinced; may be associated with heightened emotional tone, agitation, aggression.

#### 3. Paranoid Ideation (persecutory and/or jealous type):

Were you more suspicious or jealous then you should be? (For instance were you convinced that people were having "bad thoughts" about you, that people were stealing from you). Did you wrongfully accuse people? Did these thoughts make you more tense or aggressive? For the caregiver: do you have the impression the patient had ideas that were not true, for instance accused you wrongfully of infidelity? Could you convince him/her that the ideas were false? Did (s)he get aggressive or refused to cooperate because of these ideas?

- **0.** absent
- 1. mild; associated with suspiciousness
- 2. moderate; associated with tension and excitement
- **3.** severe; accusations of persons, aggression and/or lack of cooperation (i.e. refusal to eat and/or take medication).

#### 4. Altered dream phenomena:

Did you dream more then you used to? Do you recall vivid or unpleasant dreams? Has someone told you that you moved, talked or screamed while sleeping? Were you aware of having had a dream when you woke up, were you afraid, agitated or confused? For the caregiver: have you noticed that the patient was dreaming? Did (s)he move, talk or scream while sleeping? Was (s)he afraid, agitated or confused when waking up?

- **0.** absent
- 1. mild; vivid dreams; restless sleep (moving or talking in sleep); may be associated with anxiety
- 2. moderate; associated with feeling of danger
- **3.** severe; associated with agitation and confusion.

# 5. Confusion: (impaired attention, memory, orientation in time, place or person, or incoherence of speech)

Were you able to think as clearly as you used to? Were you able to concentrate? (on a book or a conversation?) How was your memory? (Did you forget what you were doing?) How was your orientation? (Did you always know where you were, could you find your way; did you know what day/month it was or whether it was morning or evening; did you always know who a familiar person was). How coherent was your speech (Did you sometimes stop when talking because you couldn't focus on the topic or made an illogical switch to another subject?) For the caregiver: do you have the impression the patient had difficulties with concentration, memory, orientation or speech?

- **0.** absent
- 1. mild; mildly impaired awareness of environment or mildly impaired attention; may have some problems with memory, orientation, or incoherence of speech
- **2.** moderate; considerably impaired awareness of environment; impaired attention; may have considerable problems with memory, orientation, or incoherence of speech
- **3.** severe; unaware of environment, unable to focus, sustain, or shift attention; may have severe problems with memory, orientation, or incoherence of speech.

### 6. Sexual Preoccupation:

Did you dream or think more about sex or did your sex drive increase? Did you get angry or aggressive when your desires couldn't be fulfilled? For the caregiver: do you have the impression the patient is more occupied by sexual thoughts or that his/her sex drive has increased? Did (s)he get angry or aggressive when his/her desires couldn't be fulfilled?

- **0.** absent
- 1. mild; increased sexual thoughts, dreams
- 2. moderate; increased demand for sexual activity
- 3. severe; violent sexual impulsiveness.

#### 7. Compulsive behavior (shopping/gambling):

Are your thoughts more occupied by a desire to shop or gamble? Did you spend more time or money on shopping or gambling? Was it difficult to control your thoughts or behavior? Did this behavior lead to financial problems or problems in daily life? For the caregiver: Do you have the impression the patient thought more about shopping or gambling? Did (s)he spend more time or money on shopping or gambling? Was it difficult for him/her to control the thoughts or behavior? Did this behavior lead to financial problems or problems in daily life?

- **0.** absent
- 1. mild; mildly increased thoughts or time spent shopping or gambling, some control over thoughts and behavior, no financial problems
- 2. moderate; increased time or money spent by shopping or gambling, hard to resist, disturbs daily life
- **3.** severe, extreme time and money spent by shopping or gambling/financial problems, unsuccessful to control, severe problems in daily life

Use of this questionnaire in studies should be communicated to the International Parkinson and Movement Disorder Society (MDS). No changes may be made to the questionnaire without written permission from MDS. Please use the following reference in publications: Visser M, Verbaan D, van Rooden SM, Stiggelbout AM, Marinus J, van Hilten JJ. Assessment of psychiatric complications in Parkinson's disease: The SCOPA-PC. Mov Disord 2007 15;22(15):2221-8.

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