CHRIS Study

Interview – Parkinson

Version 1.1

24th April 2024

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1. Introduction

This module stores information related to the Parkinson-related symptoms of the participants, that was collected at the interview.

Participants book a morning appointment at the CHRIS study center, ranging from 7.45 to 8.45 a.m. Each study participant is assigned a workflow at the reception. If there are ten study participants (maximum capacity), there are ten different workflows, marked with the letters from "A" to "K". The current workflow is as follows: A-B-C-D-E-F-G-H-I-K. All the workflows can be found in the documentation of CHRIS Baseline/General information/Administrative data, in the file named "Workflows at baseline assessment". The interview occurs always after the spiralography and the blood drawing, for most as the last session, after the ECG assessment and the self-administered questionnaire (workflows B, C, E, F, H, I, L). For the remainder, the interview occurs after breakfast and just before the self-administered questionnaire (workflows A and G) or in between the blood drawing and the anthropometry (workflow D).

The questionnaire is based on the Neuro-Epidemiology Project South-Tyrol (NEPT) questionnaire, a screening instrument for Parkinson disease, based on 9 questions on Parkinson-specific symptoms and on Parkinson-specific medication.

The interview full text and its corresponding answer lists are available at CHRIS Baseline/Interview.

2. History version changes

Version 1 of this interview module was in use between August 24th,2011 and it remained the same throughout the CHRIS baseline assessment.

The cleaning process added the variables x0pk12, x0pk12a, x0pk13, x0pk13a.

3. Data cleaning

1. The main CHRIS dataset was loaded.
2. All the variables on symptoms questions of the screening questionnaire, x0pk01, x0pk02, x0pk03, x0pk04, x0pk05, x0pk06, x0pk07, x0pk08, x0pk09, had their observations transformed into:
    a) "Unexpected missing" (-89) if they were missing;
    b) "Don't know" (-88) if the "I do not know" option was chosen.
3. The sum of all the reported symptoms in x0pk01-x0pk09, only on the participants with all the answers available, was created and saved as x0pk12. If any of the symptom questions was "Unexpected missing" or "Don't know", the variable x0pk12 was assigned an "Unexpected missing".
4. The variables on Parkinson diagnosis and on intake of Parkinson-specific medications, x0pk10 and x0pk11, had their observations transformed into:
    a) "Unexpected missing" (-89) if they were missing;
    b) "Don't know" (-88) if the "I do not know" option was chosen.

5. The information on the sum of reported symptoms, x0pk12, Parkinson diagnosis, x0pk10, and Parkinson-specific medication intake, x0pk11, were summarized into the variable x0pk13, with values:
    a) "Yes" if x0pk10="Yes" or x0pk11="Yes" or x0pk12≥3;
    b) "No" if x0pk10="No" and x0pk11="No" or x0pk12<3;
    c) "Unexpected missing" (-89) if any of them is missing (x0pk10="Unexpected missing" or "Don't know" or x0pk11="Unexpected missing" or "Don't know" or x0pk12="Unexpected missing").
6. The sum of all the reported symptoms in x0pk01-x0pk09, on all the participants with at least one symptom question available, was created and saved as x0pk12a. If all of the symptom questions were "Unexpected missing" or "Don't know", the variable x0pk12a was assigned an "Unexpected missing".
7. The information for all participants with at least one symptom question available on the sum of reported symptoms, x0pk12a, Parkinson diagnosis, x0pk10, and Parkinson-specific medication intake, x0pk11, were summarized into the variable x0pk13a, with values:
    a) "Yes" if x0pk10="Yes" or x0pk11="Yes" or x0pk12a≥3;
    b) "No" if x0pk10="No" and x0pk11="No" and 0<x0pk12a<3;
    c) "Unexpected missing" (-89) if any of them is missing (x0pk10="Unexpected missing" or "Don't know" or x0pk11="Unexpected missing" or "Don't know" or x0pk12a="Unexpected missing").
8. The variable storing the notes additional information on Parkinson-specific symptoms and on alternative explanations for these symptoms occurrence, x0pknote, was translated and categorized when possible.
9. The baseline dataset was saved.

4. Advices for the analysis

The content of the nurse's notes includes information on Parkinson-related symptoms, its diagnosis, and alternative reasons that could explain the specific symptoms occurrence (head injury, …). Other reasons for the symptoms' occurrence can be found in the Neurology module of the CHRIS baseline assessment, x0ne, where the major neurological diseases were assessed.

The current medications can be looked at in the drugs module x0dd, where the participant let their current medication packages be scanned by the nurse at the study center. Specifically, the variable x0dd41 describes current use of anti-Parkinson drugs.

Finally, the analyst should always take into account that the operator in charge of carrying out the interview might have influenced how the participant reported their answers. The analyst should therefore adjust for the operator variable, x0_opintc, when possible.

5. References

Pramstaller PP, Falk M, Schoenhuber R, Poewe W. Validation of a mail questionnaire for parkinsonism in two languages (German and Italian). J Neurol. 1999 Feb;246(2):79-86. DOI: 10.1007/s004150050312