

Appendix 1: Revised McDonald Criteria for Diagnosis of Multiple Sclerosis³

(in specialist setting)

What evidence for MS does a patient already have?	What additional data is needed for an MS diagnosis?
Two or more relapses AND EITHER Clinical evidence of 2 or more lesions, OR Clinical evidence of 1 lesion with evidence of previous relapse	None
Two or more relapses; clinical evidence of 1 lesion	Dissemination in space shown by: <ul style="list-style-type: none"> • 1 or more typical MS lesions on MRI scan, OR • a further relapse showing damage in another area of the CNS
One relapse; clinical evidence of 2 or more lesions	Dissemination in time shown by: <ul style="list-style-type: none"> • Oligoclonal bands in CSF, OR • MRI evidence of a new lesion, OR • a further relapse
One attack/relapse; clinical evidence of 1 lesion	Dissemination in space shown by: <ul style="list-style-type: none"> • 1 or more typical MS lesions on MRI scan, OR • A further relapse affecting another part of the CNS, OR • Oligoclonal bands in CSF
Insidious neurological progression suggestive of MS	Continued progression for one year, plus any 2 of: - <ul style="list-style-type: none"> • 1 or more typical MS lesions in the brain on MRI scan, • 2 or more typical MS lesions in the spinal cord on MRI • Oligoclonal bands in CSF

Appendix 2: Stages of Parkinson's Disease⁴⁰

Stage 1	During this initial stage, the person has mild symptoms that generally do not interfere with daily activities. This might include mild tremor and/or mild difficulty mobilising and only affecting one side of the body.
Stage 2	Symptoms start getting worse. Motor symptoms affect both sides of the body. Walking problems and poor posture may be apparent. The person is able to live alone, but daily tasks are more difficult and lengthier.
Stage 3	Considered mid-stage, loss of balance (such as unsteadiness as the person turns or when he/she is pushed from standing) is the hallmark. Falls are more common. Functionally the person will be restricted in his/her daily activities now but is still physically capable of leading an independent life.
Stage 4	At this point, symptoms are fully developed and severely disabling. The person is still able to walk and stand without assistance but may need to use mobility aids for safety. The person needs significant help with activities of daily living and may be difficult to live alone.
Stage 5	This is the most advanced and debilitating stage. Stiffness in the legs may make it impossible to stand or walk. The person is bedbound or confined to a wheelchair unless aided. Around-the-clock care is required for all activities.