Supplementary Material

Cross-Cultural Differences in Stigma Associated with Parkinson's Disease: A Systematic Review

Author (v)	Country	Dationt (n)	1.00	Stigma	Disease duration	UDDDC III	II P-V stage	Stigma soones	Non significant	Significant factor(s)
Autnor (y)	Country	Patient (n)	Age (Mean ± SD)	scale	(y) (mean ± SD)	score (mean ± SD)	(median (min- max)	(mean ± SD) (min- max) ^a	factor(s)	Significant factor(s)
Bansal et al., 2022 [1]	India	94 (37 f)	61.50 ± 10.53	PDQ-39	4.19 ± 3.38	NR	2.40 ± 0.81^{b}	High Scopa-AUT: 36.33 ± NR, Low Scopa-AUT: 20.29 ± NR (0-100)	NR	Autonomic dysfunction [+]
Cano-de-la-Cuerda et al., 2014 [2]	Spain	36 (7 f)	62 ± 11	PDQ-39	4.6 ± 1.2	22 ± 8	2 (1-3)	NR	Rigidity (trunk extensor 30°/s, 45°/s, 60°/s, flexor 45°/s, 60°/s)	Rigidity (trunk flexor at 30°/s) [+]
Chapuis et al., 2005 [3]	France	143 (70 f)	67.1 ± 9.2	PDQ-39	9.1 ± 5.4	11.5 ± 8.68	2.0 ± 0.7^{b}	36.9 ± 24.8 (0-100)	Dyskinesias (peak-dose and off type), sex	Motor fluctuations (early- morning akinesia, nocturnal akinesia, end-of-dose fluctuations, paradoxical fluctuations, unpredictable offs) and dyskinesia (diphasic, morning dystonias, and AIMS) [+], age [-], disease duration (and duration of dopamine therapy) [+], levodopa dosage [+]
Chircop et al., 2018 [4]	Malta	26 (10 f)	60.2 ± 9.3	PDQ-39	8.8 ± 2.7	Off: 45.9 ± 14.3, On: 19.5 ± 12.2	NR	38.8 ± 27.6 (0-100)	NR	DBS [-]
Cibulcik et al., 2016 [5]	Slovakia	40 (18 f)	69.5 ± 7.9	PDQ-39	8.3 ± 4.3	40.4 ± 14.9	3 (2-4)	34.3 ± 24.5 (0-100)	NR	Rasagiline treatment [-]
Dafsari et al., 2018 [6]	Multinational (UK, Germany)	120 (46 f)	62.1 ± 8.3	PDQ-8	10.8 ± 4.5	$\begin{array}{l} Off:\leq 59 \; y: \\ 44.9 \pm 12.9, \; 60-\\ 69 \; y: \; 43.8 \pm \\ 17.9, \geq 70 \; y: \\ 49.0 \pm 14.3; \\ On:\leq 59 \; y: \\ 21.9 \pm 10.0, \; 60-\\ 69 \; y: \; 22.4 \pm \\ 10.5, \geq 70 \; y: \\ 23.5 \pm 9.2 \end{array}$	2.5 (2.0-3.0) °	NR	NR	DBS-STN [-] (for age groups ≤59, 60 to 69, and ≥70 y)
Derost et al., 2007 [7]	France	87 (25 f)	Y: 57.4 \pm 4.9, O: 68.8 \pm 2.8	PDQ-39	$\begin{array}{c} Y:11.5\pm 0.6\\ O:12.4\pm 0.7 \end{array}$	Y off: 31.8 ± 1.7, Y on: 6.6 ± 0.6; O off: 34.5 ± 2.1, O on: 10.8 ± 1.3	Y off: $2.5 \pm$ 0.1, Y on: $1.8 \pm$ 0.1; O off: 2.7 \pm 0.2, O on: 1.8 \pm 0.1 ^b	NR	NR	DBS-STN improved stigma in young patients as compared to old patients [-]
Deuschl et al., 2006 [8]	Multinational (Germany, Austria)	156 (56 f)	DBS: 60.5 ± 7.4, MT: 60.8 ± 7.8	PDQ-39	DBS: 13.0 ±5.8, MT: 13.8 ± 5.6	DBS: 48.0 ± 12.3, MT: 46.8 ± 12.1	DBS: 4 (2-5), MT: 4 (1.5-5)	DBS: 33.5 ± 23.0, MT: 30.5 ± 22.9 (0- 100)	NR	DBS-STN (as compared with medication) [-]
Dong et al., 2014 [9]	China	128 (NR)	NR	PDQ-39	NR	NR	NR	48 ± 46 (0-100)	NR	Non-motor symptoms (not specified) [+]

Author (y)	Country	Patient (n)	Age (Mean ± SD)	Stigma scale	Disease duration (y) (mean ± SD)	UPDRS-III score (mean ± SD)	H&Y stage (median (min- max)	Stigma scores (mean ± SD) (min- max) ^a	Non-significant factor(s)	Significant factor(s)
Drapier et al., 2005 [10]	France	27 (8 f)	60.8 ± 9.3	PDQ-39	14.6 ± 4.6	Off: no sti: 48.4 ± 14.3, sti: 23.2 ± 14.0	Off: no sti: 3.75 ± 0.6, sti: 1.75 ± 0.9 ^b	41.8 ± 26.9 (0-100)	NR	DBS-STN [-]
Dubayova et al., 2009 [11]	Slovakia	153 (74 f)	67.9 ± 9.3	PDQ-39	7.5 ± 5.8	36.9 ± 20.62	NR	54.1 ± 26.0 (0-100)	Extraversion, sex, disease duration	Neuroticism (bf) [+], age (f) [-], UPDRS total (b) [+]
Dubayova et al., 2009 [12]	Slovakia	153 (74 f)	67.9 ± 9.3	PDQ-39	7.5 ± 5.8	NR	NR	NR	Disease duration	Type D personality (bm) [+], UPDRS total (f) [+], age (f) [-], Negative affectivity (m) [+], social inhibition (f) [+]
Eccles et al., 2022 [13]	UK	130 (74 f)	64.68 ± 9.42	SSCI	5.21 ± 4.86	NR	NR	31.20 ± 11.38 (13– 65)	Disease duration	Age [-], ADL [-], self compassion [-], depression [+], anxiety and stress [+]
Fereshtehnejad et al., 2014 [14]	Iran	150 (47 f)	60.8 ± 10.8	PDQ-39	6.8 ± 5.3	15.3 ± 8.8	2.0 (1.5) °	21.6 ± 25.1 (0-100)	Nutritional status	NR
Fereshtehnejad et al., 2015 [15]	Iran	PwP: 108 (31 f), C: 424 (116 f)	PwP: 60.9 ± 10.7, C: 60.4 ± 10.1	PDQ-39	PwP: 6.5 ± 5.0, PwP+RLS: 6.7 ± 3.9	PwP: 16.4 ± 9.7, PwP+RLS: 16.4 ± 7.0	PwP: 2.0 (2.0), PwP+RLS: 2.0 (1.0) °	NR	NR	RLS [+]
Fung et al., 2009 [16]	Multinational (Australia, the Philippines, Taiwan, and Thailand)	184 (77 f)	63.9 ± 9.87	PDQ-8	3.7 ± 3.08	15.1 ± 9.36	NR	NR	NR	Levodopa/carbidopa/entacapone treatment [-] (compared to levodopa/carbidopa group)
Gray et al., 2002 [17]	UK	97 (39 f)	65 (43–83) ^d	PDQ-39	NR	NR	NR	$45 \pm 29 \; (0-100)$	Pallidotomy (Unilateral and bilateral)	Thalatomy (unilateral) [-]
Hariz et al., 2013 [18]	Multinational (UK, Sweden)	49 (18 f)	F: 57.6 ± 6.6 , m: 57.7 ± 7.8	PDQ-39	f: 12.1 ± 5.3 , m: 12.7 ± 6.2	Off: f: 51.2 ± 10.5 , m: 49.4 ± 16.5 ; On: f: 16.2 ± 10.2 , m: 13.9 ± 7.1	NR	f: 34.7 ± 26.6 , m: 21.4 ± 19.2 (0-100)	Sex	DBS-STN (f) [-]
Hashim et al., 2014 [19]	Malaysia	76 (42 F)	H+: 65.1 ± 9.98, H-: 67.5 ± 7.34	PDQ-39	5.16 ± 4.2	50.62 ± 13.62	H+: 3 (2-5), H-: 2.5 (1-5)	6.14 ± 4.64 (0-16)	NR	Helicobacter Pylori eradication [-]
Hechtner et al., 2014 [20]	Multinational (France, Germany, Italy, Spain, UK)	817 (378 f)	66.5 ± 9.7	PDQ-39	3.3 (1.1-7.2)°	NR	2.1 ± 1.0 ^b	24.5 ± 24.4 (0-100)	On-off fluctuations, peak dose dyskinesias, off-dystonias (All); Country (Italy, Spain, UK (When compared to Germany))	Biphasic dyskinesias [+] (All); Country (France (When compared to Germany)) [+]
Hou et al., 2021[21]	China	276 (135 f)	62.5 ± 8.5	SSCI	9.9 ± 4.9	23.9 ± 11.2	3 (1-4)	29.4 ± 9.5 (13-65)	NR	UPDRS-III (bmf) [+], depression (bmf) [+], disease duration (bm) [+]
Hristova et al., 2009 [22]	Bulgaria	866 (412 f)	73.76 ± 0.25	PDQ-39	6.68 ± 0.91	NR	3 (1-5)	47.88 ± 1.08 (0- 100)	Sex	Living in rural area [+]
Irons et al., 2021 [23]	Multinational (Australia, UK, South Korea)	Aus: 56 (30 f), SK: 20 (17 f), UK: 19 (5 f)	Aus: 71.2 (51–94), SK: 66.5 (46–83), UK: 71.4 (50– 84) ^d	PDQ-39	Aus: 7.4 (0–25), SK: 4.05 (1–10), UK: 8.7 (1–30) ^d	NR	NR	20.00 ± 24.72 (0- 100)	NR	Group singing [-]
Islam et al., 2022 [24]	US	196 (113 f, 81 m, 2 NR)	64.8 ± 8.7	PDQ-39	5.2 ± 4.7	NR	NR	19.1 ± 21.1 (0-100)	Comorbidities	Depression [+], anxiety [+]

Author (y)	Country	Patient (n)	Age (Mean ± SD)	Stigma scale	Disease duration (y) (mean ± SD)	UPDRS-III score (mean ± SD)	H&Y stage (median (min- max)	Stigma scores (mean ± SD) (min- max) ^a	Non-significant factor(s)	Significant factor(s)
Klepac et al., 2007[25]	Croatia	111 (58 f)	66 ± 11	PDQ-39	5 (3–11) °	25 ± 13	NR	31 (13–50) ° (0- 100)	NR	Living in rural area [+]
Lee et al., 2019 [26]	South Korea	42 (25 f)	Int: 62.73 ± 8.50, Com: 62.20 ± 5.27	PDQ-39	Int: 7.72 ± 3.84 , Com: 10.02 ± 6.27	NR	Int: 1.59 ± 0.67 , Com: 1.95 ± 0.85^{b}	Int: 10.02 ± 6.27 , Com: $22.50 \pm 19.60 (0-100)$	NR	Exercise program [-]
Lezcano et al., 2016 [27]	Spain	69 (27 f)	61.3 ± 7.4	PDQ-39	13.2 ± 5.7	40.4 ± 11.1	NR	34.9 ± 28.7 (0-100)	NR	DBS-STN (1-y and 5-y follow- up) [-]
Li et al., 2016 [28]	China	120 (60 T)	T: 66.6 ± 1.2 , C: 67.3 ± 1.2	PDQ-39	$\begin{array}{l} T: \ 5.2 \pm 0.4, \ C: \\ 5.1 \pm 0.5 \end{array}$	NR	$\begin{array}{c} T: \ 2.5 \pm 0.1, \ C: \\ 2.3 \pm 0.1 \ ^{b} \end{array}$	T: 28.07 ± 3.60, C: 29.21 ± 3.82 (0- 100)	NR	Medication (Bushen Huoxue Granule treatment) [-]
Lin et al., 2022 [29]	China	224 (103 f)	W/o stigma: 60.4 (14.9), w/ stigma: 56.5 (17.4) °	PDQ-39	W/o stigma: 1.2 (1.4), w/ stigma: 1.6 (1.2) °	W/o stigma: 21.0 (11.2), w/ stigma: 22.0 (17.0) °	W/o stigma: 2.0 (0.5), w/ stigma: 2.0 (0.5) °	NR	Disease duration, disease stage, sex, education, levodopa dosage, being married, being unemployed, fluctuation and dyskinesia, frontal and cognitive assessment, antidepressant, age, age of onset, non-motor symptoms (not specified), anxiety, UPDRS II-III	Depression [+]
Lyons et al., 2005 [30]	US	59 (15 f)	59.5 ± 9.8	PDQ-39	11.9 ± 5.0	On: 22.9 ± 8.5 , Off: 41.3 ± 9.8	NR	34.1 ± 21.8 (0-100)	NR	DBS-STN [-], UPDRS Part I [+] (at 12 months)
Ma et al., 2016 [31]	US	73 (29 f)	65.72 ± 10.10	SSCI PDQ-39	8.34 ± 7.41	NR	2 (1-4)	2.06 ± 0.74 (1-5)	PDQ-39 stigma: Sex, depression; SSCI felt stigma: Sex	PDQ-39 stigma: Disease stage [-], UPDRS II [+]; SSCI stigma: Disease stage [+], depression [+], UPDRS II [+], mobility [-], ADL [-], emotional well-being [-], social support [-], cognition (problems) [+], communication [-], bodily discomfort [-], QoL [-] (PDQ-39SI)
Martínez-Martín et al., 1997[32]	Spain	50 (NR)	NR	PDQ-39	NR	NR	NR	NR	NR	UPDRS [+], ISAPD [+]
Mehdizadeh et al., 2016 [33]	Iran	139 (39 f)	60.2 ± 12.27	PDQ-39	6.7 ± 5.53	NR	2.8 ± 1.49 ^b	On: high FoF: 37.41 ± 28.29, low FoF: 18.14 ± 19.39; Off: high FoF: 10.66 ± 14.53, low FoF: 32.76 ± 26.34 (0-100)	NR	FoF [+]
Meng et al., 2022 [34]	China	162 (92 f)	$\begin{array}{c} m:60.41\pm\\ 9.23f:59.60\pm\\ 7.24 \end{array}$	PDQ-39	m: 6.56 ± 3.91 , f: 6.38 ± 3.92	m: 33.86 ± 13.32, f: 32.70 ± 13.08	m: 2.5 (1-3), f: 2 (1-3)	m: 22.77 ± 19.91 , f: 31.52 ± 25.29 (0- 100)	NR	Sex (f) [+]
Moore et al., 2007 [35]	Israel	118 (52 f)	65.8 ±10.2	PDQ-39	8.5 ± 5.8	NR	Off: 2.7 ± 0.8^{b}	53.7 ± 26.6 (0-100)	FoG	NR
Moreira et al., 2017 [36]	Brazil	100 (50 f)	MIG 60-65: n=11, 66-70: n=16, 71-75: n=10, 76-80:	PDQ-39	MIG: 3.4 ± 2.2, MOG: 8.1 ± 4.7	NR	MIG (n=50): 1- 2, MOG (n=50): 3	MIG: 2.7 ± 3.1, MOG: 3.9 ± 3.8 (0- 16)	NR	QoL [-], disease stage [+]

Author (y)	Country	Patient (n)	Age (Mean ± SD)	Stigma scale	Disease duration (y) (mean ± SD)	UPDRS-III score (mean ± SD)	H&Y stage (median (min- max)	Stigma scores (mean ± SD) (min- max) ^a	Non-significant factor(s)	Significant factor(s)
			n=13, MOG: 60-65: n=13 66-70: n=6, 71-75: n=17, 76-80: n=12							
Oguru et al., 2010 [37]	Japan	150 (80 f)	69.7 ± 8.6	PDQ-39	6.3 ± 4.4	29.2 ± 16.2	$2.9\pm0.9^{\text{ b}}$	25.1 ± 25.2 (0-100)	NR	Apathy [+], depression [+]
Ongun, 2018 [38]	Turkey	96 (40 f)	63.68 ± 6.41	PDQ-39	9,04 ± 3,62	$18,\!29\pm7,\!04$	NR	28,33 ± 4,44 (0-100)	NR	Nutritional status [-]
Ory Magne et al., 2014 [39]	France	103 (45 f)	66.8 ± 8.9	PDQ-39	12.6 ± 6.3	NR	$\leq 2: n=45, 3:$ n= 51, 4: n=7	35.0 ± 23.8 (0-100)	NR	Rehabilitation program [-]
Ou et al., 2015 [40]	China	518 (273 D)	61.94 ± 10.66	PDQ-39	4.73 ± 4.10	29.49 ± 13.61	$2.0\pm1.0^{\text{ b}}$	3.49 ± 4.30 (0-16)	NR	Drooling [+]
Pahwa et al., 2007 [41]	Multinational (Belgium, the Czech Republic, France, Hungary, Italy, Poland, Spain, US)	393 (145 f)	R: 66.3 ± 9.2 , P: 66.0 ± 9.7	PDQ-39	R: 8.6 ± 4.8, P: 8.6 ± 5.2	R: 29.8 ± 12.9, P: 30.7 ± 14.4	R: 2.7 ± 0.5 , P: 2.7 ± 0.6 ^b	R: 31.2 ± 23.9, P: 30.3 ± 24.2 (0-100)	NR	Treatment (Ropinirole) [-]
Rajiah et al., 2017 [42]	Malaysia	122 (53 f)	58.1 ± 5.2	PDQ-39	10.6 ± 8.4	NR	2.25 (1-5)	15 ± 7.5 (0-100)	Emotional well-being, UPDRS total, QoL, gait	Caregivers' burden [+], hallucinations and psychosis [+], saliva and drooling [+], dyskinesia [+]
Reginold et al., 2013 [43]	Multinational (US, and Canada)	137 (46 f)	MCI absent: 70.66 \pm 5.25, MCI present: 71.61 \pm 5.47	PDQ-39	MCI absent: 4.74 ± 3.91, MCI present: 6.16 ± 5.65	MCI absent: 26.02 ± 11.54, MCI present: 28.18 ± 10.49	NR	MCI absent: 29.43 ± 6.56, MCI present: 30.64 ± 10.55 (0-100)	NR	Cognitive impairment (mild) and cognitive decline [+]
Salazar et al., 2019 [44]	US	362 (157 f)	67.0 ± 8.7	PDQ-39	6.1 ± 4.7	32.2 ± 14.6	2 (1-4)	14.9 ± 17.6 (0-100)	UPDRS II-III, TD subtype, PIGD subtype, disease stage, sex, disease duration	Age (bm) [-], depression (bmf) [+]
Schrag et al., 2003 [45]	UK	141 (83 f)	Y.o.: 53.7 ± 9.4, O.o.: 66.5 ± 7.0	PDQ-39	Y.o.: 12.4 ± 8.6 , O.o.: 8.8 ± 5.6	NR	Y.o.: 2.3 ± 1.0 , O.o.: 2.2 ± 1.2^{b}	Y.o.: 35.2 ± 21.9, O.o.: 21.7 ± 20.8 (0-100)	NR	Age of onset [-]
Silva et al., 2020 [46]	Brazil	54 (20 f)	58.2 ± 7.4	PDQ-39	14.1 ± 6.2	27.1 ± 14	3 (2/3) °	47.62 ± 31.3 (0-100)	Depression, UPDRS III, disease duration, age, comorbidities, mobility, emotional well-being	ADL [-]
Sobstyl et al., 2003 [47]	Poland	91 (NR)	NR	PDQ-39	NR	NR	NR	NR	NR	Thalamotomy [-], pallidotomy [-]
Song et al., 2014 [48]	China	693 (307 f)	61.5 ± 11.4	PDQ-39	4.4 ± 4.2	30.2 ± 13.4	2.5 (1.0) °	21.9 ± 26.7 (0-100)	NR	Non-motor symptoms (not specified) [+]
Suzukamo et al., 2006 [49]	Japan	183 (106 f)	65.8 ± NR	PDQ-39	NR	NR	2 (0-4) (28 results unknown)	23.5 ± 22.1 (0-100)	NR	Psychological adjustment [-]
Tkaczynska et al., 2020 [50]	Germany	189 (96 f)	64.7 ± 7.9	PDQ-39	5.1 ± 3.8	24.5 ± 10.9	2 (1-4)	Total PwP: 14.7 ± 18.5, PwP no-UU: 16.3 ± 20.6, PwP UU: 13.6 ± 17.1 (0- 100)	NR	UU [-]

Author (y)	Country	Patient (n)	Age (Mean ± SD)	Stigma scale	Disease duration (y) (mean ± SD)	UPDRS-III score (mean ± SD)	H&Y stage (median (min- max)	Stigma scores (mean ± SD) (min- max) ^a	Non-significant factor(s)	Significant factor(s)
Tomic et al., 2017 [51]	Croatia	40 (13 f)	67.2 ± NR	PDQ-39	$5 \pm NR$	17.7 (2-63) ^d	0-2.5 (92.5% of the patients)	NR	Autonomic dysfunction, age, sex	UPDRS III [+], disease duration [+]
Tran et al., 2021 [52]	Vietnam	89 (42 f)	42.15 ± 5.84	PDQ-39	6.68 ± 4.48	36.00 ± 13.68	$2.63\pm0.62^{\text{ b}}$	38.19 ± 28.44 (0- 100)	Age of onset, disease duration, sex, disease stage, levodopa dosage, UPDRS I-II-IV, sleep/ fatigue, perceptual problems/hallucinations, attention/ memory, gastrointestinal symptoms, urinary symptoms, sexual function, miscellaneous symptoms	Cardiovascular symptoms [+], mood [-], total non motor symptoms (not specified) [+], UPDRS III [+], total UPDRS [+]
Valálik et al., 2001 [53]	Hungary	45 (19 f)	64.2 ± 8.0	PDQ-39	6.2 ± 3.5	NR	2.3 ± 0.5 $^{\rm b}$	NR	NR	Thalamotomy [-]
Wu et al., 2014 [54]	China	649 (284 f)	61.7 ± 11.8	PDQ-39	4.8 ± 4.2	32.9 ± 16.1	2.5 ± NR ^b	21.8 ± 26.8 (0-100)	Education, living in rural area, MMSE (cognitive problems), levodopa dosage	Age onset [-], sex (f) [+], being married [-], comorbidity [-], neuropsychiatric problems [+], UPDRS III-IV [+], age [-], disease duration [+], disease stage [+], non-motor symptoms (not specified (NMSS)) [+]
Zahodne et al., 2009 [55]	US	42 (12 f)	STN: 61.3 ± 9.0, GPi: 61.3 ± 5.5	PDQ-39	STN: 13.6 ± 3.9, GPi: 12.4 ± 3.6	On: STN: 21.5 ± 7.3, GPi: 22.3 ± 8.3; Off: STN: 43.8 ± 10.6, GPi: 41.8 ±10.0	NR	STN: 23.5 ± 20.6; GPi: 38.7 ± 19.1 (0-100)	NR	DBS [-]
Zhao et al., 2008 [56]	Singapore	183 (57 f)	61.0 ± 9.8	PDQ-8	4.6 ± 3.8	22.0 ± 11.0	$2.3\pm0.7^{\text{ b}}$	NR	Sex, age, ethnicity (Chinese), education, disease stage, UPDRS III	Disease duration [+], survey language (Chinese) [+]
Zhu et al., 2021 [57]	US	95 (32 f)	67.81 ± 8.39	PDQ-8	<2: n=11, 2-5: n=31, 5-10: n=29, >11: n=24	NR	2 (1-4)	NR	NR	Demoralization [+]
Our Study	Turkey	232 (101 f)	61.5 ± 11.7	PDQ-39	4.0 (0-30)°	36.8 ± 17.2	2.0 (0-5)	3.0 (6) ^c	Education, family history, comorbidities, disease severity, MMSE, depression, anxiety,	Age (mf) [-], waist circumference (f) [+], disease duration (f) [+], UPDRS-IV (mf) [+], tremor dominant subtype (m) [+], LEDD (f) [-], UPDRS-II (f) [+]

^aMin-Max scores that can be obtained from the scale; ^bMean ± standard deviation; ^cMedian (IQR); Mean (Min-Max); ^cMean (range). ADL, Activities of daily living; AIMS, Abnormal Involuntary Movement Scale; Aus, Australia; bf, associated with stigma in total sample and females; bm, associated with stigma in total sample and males; bmf, associated with stigma in total sample and females; C, control; Com, comparison group; D, drooling; DBS, deep brain stimulation; DBS-STN, DBS of the subthalamic nucleus; f, in females; FoF, fear of falling; FoG, freeing of gait; GPi, DBS of globus pallidus; H+, H.pylori positive; H-, H.pylori negative; H&Y, Hoehn and Yahr Scale; INT, intervention group; ISAPD, Intermediate Scale for Assessment of PD; IQR, interquartile range; LEDD, L-dopa equivalent daily dose; m, males; mf, associated with stigma in males and females; MCI, mild cognitive impairment; MIG, group with mild PD; MMSE, Mini-mental state examination; MOG, group with moderate PD; MT, medical treatment; NMSS, Non-motor symptoms scale; no sti, off stimulation; NR, not reported; O, old patients; O.o, older-onset group; P, placebo; PDQ-8, Parkinson's Disease Questionnaire-8; PDQ-39, Parkinson's Disease Questionnaire-39; PIGD, Postural instability and gait disorder; PwP, patient with Parkinson's disease; PwP no-UU, PD patients with nurinary urgency; QoL, quality of life; R, Ropinirole; RL, Restless legs syndrome; SCOPA-AUT, Scales for Outcome in Parkinson's Disease-Autonomic Questionnaire; SD, standard deviation; SK, South Korea; SSCI, Stigma Scale for Chronic Illness; sti, on stimulation; T, treatment; TD, tremor dominant; UPDRS, Unified Parkinson's disease; rating scale; W/, with; W/o, without; Y, young patients; Y.o., young-onset group.

First author & year Main Potential bias in patient selection Is exclusion of Were potential Study confounders taken into design objective dementia included mentioned? account? No Bansal et al., 2022 [1] CS OoL Yes Yes Cano-de-la-Cuerda et Patients with problems in walking and a history of CS OoL Yes No al., 2014 [2] psychiatric problems were excluded Chapuis et al., 2005 [3] CS OoL Patients with surgery of the basal ganglia were Yes Yes excluded Chircop et al., 2018 [4] QoL Patients eligible for DBS were included Yes NA Int Cibulcik et al., 2016 [5] Patients with freezing of gait were included. More Int Other No NA severe motor disorders, psychiatric illnesses, and symptomatic orthostatic hypotension were excluded. Dafsari et al., 2018 [6] Patients eligible for DBS were included OoL Yes NA Int Patients eligible for DBS with no postural instability Derost et al., 2007 [7] QoL Yes NA Int during the best "on" were included Deuschl et al., 2006 [8] OoL Patients eligible for DBS were included Int Yes NA Dong et al., 2014 [9] CS Article in Chinese, evaluated only per abstract Article in Chinese. Article in Chinese. OoL evaluated only per evaluated only per abstract abstract Drapier et al., 2005 OoL Patients eligible for DBS were included NA Int Yes [10] Dubayova et al., 2009 CS patients older than 85 years were excluded Yes OoL Yes [11] Dubayova et al., 2009 CS QoL patients older than 85 years were excluded Yes Yes [12] Eccles et al., 2022 [13] CS Stigma No No Yes Patients with mild to moderate motor disability were Fereshtehnejad CS QoL Yes Yes et al., 2014 [14] included Fereshtehnejad CS OoL Yes Yes No et al., 2015 [15] Fung et al., 2009 [16] Patients with modified H&Y stage of 1.0 to 2.5, and NA Int OoL No 0-3 hours of nondisabling off-time, no previous or current use of COMT inhibitors, no history of dyskinesia were included Gray et al., 2002 [17] Int QoL Patients eligible for surgery were included No NA Hariz et al., 2013 [18] OoL Patients with advanced PD eligible for surgery were NA No Int included

Supplementary Table 2. Risk of bias assessment of the included studies.

Hashim et al., 2014 [19]	Int	QoL	Patients with no recent use of proton pump inhibitors, histamine antagonists or antibiotics were	No	NA
			included		
Hechtner et al., 2014 [20]	CS	QoL	No	No	Yes
Hou et al., 2021[21]	CS	Stigma	No	Yes	Yes
Hristova et al., 2009 [22]	CS	QoL	No	No	No
Irons et al., 2021 [23]	Int	QoL	No	Yes	NA
Islam et al., 2022 [24]	CS	Stigma	Patients with access to a computer, and ≥8 years of education with no serious comorbidities were included	Yes	Yes
Klepac et al., 2007 [25]	CS	QoL	No	Yes	Yes
Lee et al., 2019 [26]	Int	QoL	Patients aged 50 years or older, and (c) ability to ambulate independently were included	Yes	Yes
Lezcano et al., 2016 [27]	Int	QoL	Patients who met the inclusion criteria of the Core Assessment Program for Surgical Interventional Therapies in PD with no GPi-DBS and surgery in other centers were included	Yes	NA
Li et al., 2016 [28]	Int	QoL	Patients with DBS were excluded	Yes	NA
Lin et al., 2022 [29]	Pros	Stigma	Patients with disease duration <3 years were included	No	Yes
Lyons et al., 2005 [30]	Int	QoL	Patients eligible for DBS were included	Yes	NA
Ma et al., 2016 [31]	CS	Stigma	No	Yes	Yes
Martínez-Martín et al., 1997[32]	CS	QoL	Article in Spanish, evaluated only per abstract	Article in Spanish, evaluated only per abstract	Article in Spanish, evaluated only per abstract
Mehdizadeh et al., 2016 [33]	CS	QoL	Patients with the ability to stand and walk independently, having no other neurological diseases, diabetes or addiction were included	Yes	Yes
Meng et al., 2022 [34]	CS	QoL	Patients with H&Y stage: I-III, no DBS or serious medical conditions were included	Yes	Yes
Moore et al., 2007 [35]	CS	QoL	Patients with disease duration >2 years were included	Yes	Yes
Moreira et al., 2017 [36]	CS	QoL	Patients with H&Y stage: I-III and aged 60-80 years were included	Yes	No
Oguru et al., 2010 [37]	CS	Other	No	Yes	Yes
Ongun, 2018 [38]	Pros	QoL	No	Yes	Yes

Ory Magne et al., 2014 [39]	Int	QoL	Patients with no orthopaedic or cardiovascular problems, severe depression or pronounced visual hallucination were included	Yes	NA
Ou et al., 2015[40]	CS	Other	No	No	Yes
Pahwa et al., 2007 [41]	Int	Other	Patients with modified Hoehn & Yahr stage of II to IV with motor complications and no dopamine agonist use within 4 weeks of screening were included	yes	NA
Rajiah et al., 2017 [42]	CS	QoL	PD patients who were taken care of by caregivers were included	No	Yes
Reginold et al., 2013 [43]	CS	QoL	Patients with Geriatric Depression Scale < 6 and minimum grade 8 years of education were included	Yes	Yes
Salazar et al., 2019 [44]	CS	Stigma	Patients with no previous surgery were included	Yes	Yes
Schrag et al., 2003 [45]	CS	QoL	No	No	No
Silva et al., 2020 [46]	CS	Stigma	Patients who were candidates for DBS were included	Yes	Yes
Sobstyl et al., 2003 [47]	Int	QoL	Patients eligible for surgery were included	Article in Polish, evaluated only per abstract	Article in Polish, evaluated only per abstract
Song et al., 2014 [48]	CS	QoL	No	No	Yes
Suzukamo et al., 2006 [49]	CS	QoL	No	Yes	Yes
Tkaczynska et al., 2020 [50]	CS	Other	No	Yes	Yes
Tomic et al., 2017 [51]	CS	QoL	Patients with no device aided therapies were included	No	No
Tran et al., 2021 [52]	CS	QoL	Patients with an age of onset of 21-40 were included	No	Yes
Valálik et al., 2001[53]	Int	Other	Patients with tremor-dominant PD undergoing thalamatomy were included	Yes	NA
Wu et al., 2014 [54]	CS	QoL	Patients only from Southwest China with no DBS were included	No	Yes
Zahodne et al., 2009 [55]	Int	QoL	Patients aged 30-75 years with DBS planning were included	Yes	Yes
Zhao et al., 2008 [56]	CS	QoL	No	Yes	Yes
Zhu et al., 2021 [57]	CS	QoL	Patients with no suicide risk were included	Yes	Yes

CS, cross-sectional; Int, interventional; Pros, prospective; QoL, quality of life.

REFERENCES

- [1] Bansal N, Paul B, Paul G, Singh G (2022) Gender differences and impact of autonomic disturbance on fatigue and quality of life in Parkinson's disease. *Neurol India* **70**, 203-208.
- [2] Cano-De-La-Cuerda R, Vela-Desojo L, Miangolarra-Page JC, Macías-Macías Y (2014) Isokinetic dynamometry as a technologic assessment tool for trunk rigidity in Parkinson's disease patients. *Neurorehabilitation* **35**, 493–501.
- [3] Chapuis S, Ouchchane L, Metz O, Gerbaud L, Durif F (2005) Impact of the motor complications of Parkinson's disease on the quality of life. *Mov Disord* 20, 224–230.
- [4] Chircop C, Dingli N, Aquilina A, Zrinzo L, Aquilina J (2018) MRI-verified "asleep" deep brain stimulation in Malta through cross border collaboration: clinical outcome of the first five years. *Br J Neurosurg* **32**, 365–371.
- [5] Cibulcik F, Benetin J, Kurca E, Grofik M, Dvorak M, Richter D, Donath V, Kothaj J, Minar M, Valkovic P (2016) Effects of rasagiline on freezing of gait in Parkinson's disease - An open-label, multicenter study. *Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub* **160**, 549–552.
- [6] Dafsari HS, Reker P, Stalinski L, Silverdale M, Rizos A, Ashkan K, Barbe MT, Fink GR, Evans J, Steffen J, Samuel M, Dembek TA, Visser-Vandewalle V, Antonini A, Ray-Chaudhuri K, Martinez-Martin P, Timmermann L, EUROPAR and the IPMDS (International Parkinson's and Movement Disorders Society) Non-Motor Parkinson's Disease Study Group (2018) Quality of life outcome after subthalamic stimulation in Parkinson's disease depends on age. *Mov Disord* 33, 99–107.
- [7] Derost P-P, Ouchchane L, Morand D, Ulla M, Llorca P-M, Barget M, Debilly B, Lemaire J-J, Durif F (2007) Is DBS-STN appropriate to treat severe Parkinson disease in an elderly population? *Neurology* **68**, 1345–1355.
- [8] Deuschl G, Schade-Brittinger C, Krack P, Volkmann J, Schäfer H, Bötzel K, Daniels C, Deutschländer A, Dillmann U, Eisner W, Gruber D, Hamel W, Herzog J, Hilker R, Klebe S, Kloß M, Koy J, Krause M, Kupsch A, Lorenz D, Lorenzl S, Mehdorn HM, Moringlane JR, Oertel W, Pinsker MO, Reichmann H, Reuß A, Schneider G-H, Schnitzler A, Steude U, Sturm V, Timmermann L, Tronnier V, Trottenberg T, Wojtecki L, Wolf E, Poewe W, Voges J (2006) A randomized trial of deep-brain stimulation for Parkinson's disease. *N Engl J Med* 355, 896–908.
- [9] Dong H, Liu C, Hu X (2014) [Effects of non-motor symptoms on health-related quality of life in Parkinson's disease]. *Zhonghua Yi Xue Za Zhi* 94, 813–815.
- [10] Drapier S, Raoul S, Drapier D, Leray E, Lallement F, Rivier I, Sauleau P, Lajat Y, Edan G, Vérin M (2005) Only physical aspects of quality of life are significantly improved by bilateral subthalamic stimulation in Parkinson's disease. J Neurol 252, 583–588.
- [11] Dubayova T, Nagyova I, Havlikova E, Rosenberger J, Gdovinova Z, Middel B, Van Dijk JP, Groothoff JW (2009) Neuroticism and extraversion in association with quality of life in patients with Parkinson's disease. *Qual Life Res* 18, 33–42.
- [12] Dubayova T, Nagyova I, Havlikova E, Rosenberger J, Gdovinova Z, Middel B, Van Dijk JP, Groothoff JW (2009) The association of type D personality

with quality of life in patients with Parkinson's disease. Aging Ment Health 13, 905–912.

- [13] Eccles FJR, Sowter N, Spokes T, Zarotti N, Simpson J (2023) Stigma, self-compassion, and psychological distress among people with Parkinson's. *Disabil Rehabil* 45, 425-433.
- [14] Fereshtehnejad SM, Ghazi L, Shafieesabet M, Shahidi GA, Delbari A, Lökk J (2014) Motor, psychiatric and fatigue features associated with nutritional status and its effects on quality of life in Parkinson's disease patients. *PLoS One* 9, e91153.
- [15] Fereshtehnejad SM, Shafieesabet M, Shahidi GA, Delbari A, Lökk J (2015) Restless legs syndrome in patients with Parkinson's disease: A comparative study on prevalence, clinical characteristics, quality of life and nutritional status. Acta Neurol Scand 131, 211–218.
- [16] Fung VSC, Herawati L, Wan Y, Boyle R, Hughes A, Lueck C, Silburn P, Snow B, Stell R, Temlett J (2009) Quality of life in early Parkinson's disease treated with levodopa/carbidopa/entacapone. *Mov Disord* 24, 25–31.
- [17] Gray A, McNamara I, Aziz T, Gregory R, Bain P, Wilson J, Scott R (2002) Quality of life outcomes following surgical treatment of Parkinson's disease. *Mov Disord* 17, 68–75.
- [18] Hariz GM, Limousin P, Zrinzo L, Tripoliti E, Aviles-Olmos I, Jahanshahi M, Hamberg K, Foltynie T (2013) Gender differences in quality of life following subthalamic stimulation for Parkinson's disease. Acta Neurol Scand 128, 281–285.
- [19] Hashim H, Azmin S, Razlan H, Yahya NW, Tan HJ, Manaf MRA, Ibrahim NM (2014) Eradication of Helicobacter pylori infection improves levodopa action, clinical symptoms and quality of life in patients with Parkinson's disease. *PLoS One* 9, e112330.
- [20] Hechtner MC, Vogt T, Zöllner Y, Schröder S, Sauer JB, Binder H, Singer S, Mikolajczyk R (2014) Quality of life in Parkinson's disease patients with motor fluctuations and dyskinesias in five European countries. *Parkinsonism Relat Disord* 20, 969–974.
- [21] Hou M, Mao X, Hou X, Li K (2021) Stigma and associated correlates of elderly patients with Parkinson's disease. *Front Psychiatry* **12**, 708960.
- [22] Hristova DR, Hristov JI, Mateva NG, Papathanasiou JV (2009) Quality of life in patients with Parkinson's disease. Folia Med (Plovdiv) 51, 58-64.
- [23] Irons JY, Hancox G, Vella-Burrows T, Han E-Y, Chong H-J, Sheffield D, Stewart DE (2021) Group singing improves quality of life for people with Parkinson's: an international study. *Aging Ment Health* **25**, 650–656.
- [24] Islam SS, Neargarder S, Kinger SB, Fox-Fuller JT, Salazar RD, Cronin-Golomb A (2022) Perceived stigma and quality of life in Parkinson's disease with additional health conditions. *Gen Psychiatry* **35**, e100653.
- [25] Klepac N, Pikija S, Kraljić T, Relja M, Trkulja V, Juren S, Pavliček I, Babić T (2007) Association of rural life setting and poorer quality of life in Parkinson's disease patients: A cross-sectional study in Croatia. *Eur J Neurol* 14, 194–198.
- [26] Lee JH, Choi MK, Yoo Y, Ahn S, Jeon JY, Kim JY, Byun JY (2019) Impacts of an exercise program and motivational telephone counseling on healthrelated quality of life in people with Parkinson's disease. *Rehabil Nurs* **44**, 161–170.
- [27] Lezcano E, Gómez-Esteban JC, Tijero B, Bilbao G, Lambarri I, Rodriguez O, Villoria R, Dolado A, Berganzo K, Molano A, de Gopegui ER, Pomposo I,

Gabilondo I, Zarranz JJ (2016) Long-term impact on quality of life of subthalamic nucleus stimulation in Parkinson's disease. J Neurol 263, 895–905.

- [28] Li M, Yang HM, Luo DX, Chen JZ, Shi HJ (2016) Multi-dimensional analysis on Parkinson's disease questionnaire-39 in Parkinson's patients treated with Bushen Huoxue Granule: A multicenter, randomized, double-blinded and placebo controlled trial. *Complement Ther Med* 29, 116–120.
- [29] Lin J, Ou R, Wei Q, Cao B, Li C, Hou Y, Zhang L, Liu K, Shang H (2022) Self-stigma in Parkinson's disease: a 3-year prospective cohort study. *Front* Aging Neurosci 14, 790897.
- [30] Lyons KE, Pahwa R (2005) Long-term benefits in quality of life provided by bilateral subthalamic stimulation in patients with Parkinson disease. J Neurosurg 103, 252–255.
- [31] Ma HI, Saint-Hilaire M, Thomas CA, Tickle-Degnen L (2016) Stigma as a key determinant of health-related quality of life in Parkinson's disease. *Qual Life Res* **25**, 3037–3045.
- [32] Martínez-Martín P, Frades Payo B, Fontán Tirado C, Martínez Sarriés FJ, Guerrero MT, del Ser Quijano T (1997) [Assessing quality of life in Parkinson's disease using the PDQ-39. A pilot study]. Neurologia 12, 56–60.
- [33] Mehdizadeh M, Lajevardi L, Habibi SAH, ArabBaniasad M, Baghoori D, Daneshjoo F, Taghizadeh G (2016) The association between fear of falling and quality of life for balance impairments based on hip and ankle strategies in the drug On- and Off-phase of patients with idiopathic Parkinson' disease. *Med J Islam Repub Iran* 30, 453.
- [34] Meng D, Jin Z, Gao L, Wang Y, Wang R, Fang J, Qi L, Su Y, Liu A, Fang B (2022) The quality of life in patients with Parkinson's disease: Focus on gender difference. *Brain Behav* 12, e2517.
- [35] Moore O, Peretz C, Giladi N (2007) Freezing of gait affects quality of life of peoples with Parkinson's disease beyond its relationships with mobility and gait. *Mov Disord* **22**, 2192–2195.
- [36] Moreira RC, Zonta MB, De Araújo APS, Israel VL, Teive HAG (2017) Quality of life in Parkinson's disease patients: Progression markers of mild to moderate stages. Arg Neuropsiguiatr 75, 497–502.
- [37] Oguru M, Tachibana H, Toda K, Okuda B, Oka N (2010) Apathy and depression in Parkinson disease. J Geriatr Psychiatry Neurol 23, 35–41.
- [38] Ongun N (2018) Does nutritional status affect Parkinson's Disease features and quality of life? PLoS One 13, e0205100.
- [39] Ory Magne F, Fabre N, Gu C, Pastorelli C, Tardez S, Marchat JC, Marque P, Brefel Courbon C (2014) An individual rehabilitation program: Evaluation by Parkinsonian patients and their physiotherapists. *Rev Neurol (Paris)* **170**, 680–684.
- [40] Ou R, Guo X, Wei Q, Cao B, Yang J, Song W, Shao N, Zhao B, Chen X, Shang H (2015) Prevalence and clinical correlates of drooling in Parkinson disease: A study on 518 Chinese patients. *Parkinsonism Relat Disord* 21, 211–215.
- Pahwa R, Stacy MA, Factor SA, Lyons KE, Stocchi F, Hersh BP, Elmer LW, Truong DD, Earl NL (2007) Ropinirole 24-hour prolonged release: Randomized, controlled study in advanced Parkinson disease. *Neurology* 68, 1108–1115.

- [42] Rajiah K, Maharajan MK, Yeen SJ, Lew S (2017) Quality of life and caregivers' burden of Parkinson's disease. *Neuroepidemiology* 48, 131–137.
- [43] Reginold W, Duff-Canning S, Meaney C, Armstrong MJ, Fox S, Rothberg B, Zadikoff C, Kennedy N, Gill D, Eslinger P, Marshall F, Mapstone M, Chou KL, Persad C, Litvan I, Mast B, Tang-Wai D, Lang AE, Marras C (2013) Impact of mild cognitive impairment on health-related quality of life in Parkinson's disease. *Dement Geriatr Cogn Disord* 36, 67–75.
- [44] Salazar RD, Weizenbaum E, Ellis TD, Earhart GM, Ford MP, Dibble LE, Cronin-Golomb A (2019) Predictors of self-perceived stigma in Parkinson's disease. *Parkinsonism Relat Disord* **60**, 76–80.
- [45] Schrag A, Hovris A, Morley D, Quinn N, Jahanshahi M (2003) Young- versus older-onset Parkinson's disease: Impact of disease and psychosocial consequences. *Mov Disord* 18, 1250–1256.
- [46] da Silva AG, Leal VP, da Silva PR, Freitas FC, Linhares MN, Walz R, Malloy-Diniz LF, Diaz AP, Palha AP (2020) Difficulties in activities of daily living are associated with stigma in patients with Parkinson's disease who are candidates for deep brain stimulation. *Braz J Psychiatry* **42**, 190–194.
- [47] Sobstyl M, Zabek M, Koziara H, Kadziołka B (2003) [Evaluation of quality of life in Parkinson disease treatment]. *Neurol Neurochir Pol* 37 Suppl 5, 221–30.
- [48] Song W, Guo X, Chen K, Chen X, Cao B, Wei Q, Huang R, Zhao B, Wu Y, Shang HF (2014) The impact of non-motor symptoms on the Health-Related Quality of Life of Parkinson's disease patients from Southwest China. *Parkinsonism Relat Disord* 20, 149–152.
- [49] Suzukamo Y, Ohbu S, Kondo T, Kohmoto J, Fukuhara S (2006) Psychological adjustment has a greater effect on health-related quality of life than on severity of disease in Parkinson's disease. *Mov Disord* **21**, 761–766.
- [50] Tkaczynska Z, Becker S, Maetzler W, Timmers M, Van Nueten L, Sulzer P, Salvadore G, Schäffer E, Brockmann K, Streffer J, Berg D, Liepelt-Scarfone I (2020) Executive function is related to the urinary urgency in non-demented patients with Parkinson's disease. *Front Aging Neurosci* 12, 55.
- [51] Tomic S, Rajkovaca I, Pekic V, Salha T, Misevic S (2017) Impact of autonomic dysfunctions on the quality of life in Parkinson's disease patients. *Acta Neurol Belg* **117**, 207–211.
- [52] Tran TN, Ha UN Le, Nguyen TM, Nguyen TD, Vo KNC, Dang TH, Trinh PMP, Truong D (2021) The effect of non-motor symptoms on health-related quality of life in patients with young onset Parkinson's disease: a single center Vietnamese cross-sectional study. *Clin Park Relat Disord* **5**, 100118.
- [53] Valálik I, Sági S, Solymosi D, Julow J (2001) CT-guided unilateral thalamotomy with macroelectrode mapping for the treatment of Parkinson's disease. *Acta Neurochir (Wien)* **143**, 1019–1030.
- [54] Wu Y, Guo XY, Wei QQ, Song W, Chen K, Cao B, Ou RW, Zhao B, Shang HF (2014) Determinants of the quality of life in Parkinson's disease: Results of a cohort study from Southwest China. *J Neurol Sci* **340**, 144–149.
- [55] Zahodne LB, Okun MS, Foote KD, Fernandez HH, Rodriguez RL, Wu SS, Kirsch-Darrow L, Jacobson IV CE, Rosado C, Bowers D (2009) Greater improvement in quality of life following unilateral deep brain stimulation surgery in the globus pallidus as compared to the subthalamic nucleus. *J Neurol*

256, 1321–1329.

- [56] Zhao YJ, Tan LCS, Lau PN, Au WL, Li SC, Luo N (2008) Factors affecting health-related quality of life amongst Asian patients with Parkinson's disease. Eur J Neurol 15, 737–742.
- [57] Zhu B, Kohn R, Patel A, Koo BB, Louis ED, De Figueiredo JM (2021) Demoralization and quality of life of patients with Parkinson disease. *Psychother Psychosom* **90**, 415–421.