EVALUATION OF A NEW EVIDENCE BASED OUTPATIENT PROGRAM FOR PARKINSON’S DISEASE

Ms Kim Eckersley¹, Mr Scott MacMillan¹, Ms Jessica Mao¹, Mr Dylan Mercieca¹

¹North Eastern Rehabilitation Centre, Ivanhoe, Australia

Background
Up to 70% of people with Parkinson’s Disease fall at least once a year, with many suffering from recurrent falls. Falls risk education, strength training and movement strategy training have been shown to reduce the frequency of falling in patients with Parkinson’s Disease.

Aim
Evaluate feasibility and effectiveness of an evidence based interdisciplinary health and wellbeing program for people living with idiopathic Parkinson’s Disease.

Method
Participants recruited via local Neurologists and presentations at community support groups. Eight week therapy programs commenced with groups of 4-6 people consisting of intensive strength and movement strategy training, falls prevention education and daily living strategy training for 1.5 hours per visit, twice weekly. Pre and post program data was collected from participants including questionnaires, objective testing and patient satisfaction forms.

Results
Recruitment: Participant recruitment via local Neurologists and community support groups was feasible and effective.
Adherence: Attendance to scheduled sessions was high (94% attendance rate)
Attrition: No participants dropped out (100% retention rate)
Effectiveness: Participants reported increases in perceived ability to self manage and implement risk management/movement strategies as measured by FES-I (75% improved), PDQ-39 (100% improved) and patient feedback forms (100% improved). Clinically significant objective improvements were also demonstrated by TUG (71.4% improved) and 6-metre walk tests (71.4% improved).
Safety: No adverse events were recorded during program sessions.

Significance
Early results support the potential for intensive multi-disciplinary programs to improve health and wellbeing in people living with Parkinson’s Disease. Evidence of demand for a program that is both practical and feasible from a clinician and patient perspective.
A larger randomised trial is required to confirm results for the wider Parkinson’s population.

<table>
<thead>
<tr>
<th>Test</th>
<th>Pre-program Ax (mean)</th>
<th>Post-program Ax (mean)</th>
<th>Percent change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDQ-39</td>
<td>33.1</td>
<td>27</td>
<td>18.4</td>
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<tr>
<td>FES-I</td>
<td>25.9</td>
<td>21.8</td>
<td>15.8</td>
</tr>
<tr>
<td>6MW (sec)</td>
<td>4.5</td>
<td>4.0</td>
<td>11.1</td>
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<tr>
<td>6MW (steps)</td>
<td>9.3</td>
<td>8.6</td>
<td>7.5</td>
</tr>
<tr>
<td>TUG</td>
<td>8.2</td>
<td>7.1</td>
<td>13.4</td>
</tr>
</tbody>
</table>

Note: Lower score denotes improvement – percentage stated as percent improved

Ph: (03) 9474 8923

North Eastern Rehabilitation Centre