



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

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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.

Test	Pre-program Ax (mean)	Post-program Ax (mean)	Percent change (%)
PDQ-39	33.1	27	18.4
FES-I	25.9	21.8	15.8
6MW (sec)	4.5	4.0	11.1
6MW (steps)	9.3	8.6	7.5
TUG	8.2	7.1	13.4
Note: Lower score denotes improvement – percentage stated as percent improved			

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-1 (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.



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