physical component score (difference -0.6 points, $p=0.5$), but less decline in carer SF-12 mental component score with PT +OT (difference -2.1 , $p=0.02$). There were no trends towards a therapy effect with age, NEADL or disease severity.

NHS PT+OT produced no benefits on ADL or QoL in mild to moderate PD.

021

PD REHAB RCT OF PHYSIOTHERAPY AND OT IN PARKINSON'S DISEASE

Carl Clarke,^{1,2} Smitaa Patel,¹ Rebecca Woolley,¹ Natalie Ives,¹ Caroline Rick,¹ Keith Wheatley,¹ Marion Walker,¹ Catherine Sackley¹. ¹University of Birmingham; ²Sandwell and West Birmingham Hospitals NHS Trust; ³University of Nottingham; ⁴University of East Anglia

10.1136/jnnp-2014-309236.21

38 centres randomised PD outpatients with limitations in activities of daily living to PT+OT or no therapy. Primary outcome – instrumental ADL (Nottingham-Extended-ADL-scale; NEADL). Secondary outcomes—health-related quality of life (Parkinson's-Disease-Questionnaire-39, EuroQoL-EQ-5D), adverse events, carer QoL (Short-Form-12). Assessments at 0, 3, 9, and 15-months.

762 patients with mild to moderate PD were randomised. Mean therapist contact time—4 visits; 55 minutes; over 8-weeks. At 3-months, there was no difference in NEADL total score between groups (difference 0.5 points, $p=0.4$) or PDQ-39 summary index (difference 0.007 points, $p=1.0$). EQ-5D quotient was of borderline significance in favour of therapy (difference -0.03 , $p=0.04$). There was no difference in carer SF-12