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

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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=0.5) 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 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.