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=0.5) 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.