

# Parkinson's Disease

# Current Awareness

# Bulletin

**November 2016**

**A number of other bulletins are also available – please contact the  
Academy Library for further details**

**If you would like to receive these bulletins on a regular basis please contact the  
library.**

For any references where there is a link to the full text please use your NHS  
Athens username & password to access. (if you need any help with this  
please let us know)

If you would like any of the full references from those that do not have links  
please let us know & we will source them for you.

**Academy Library 824897  
ruh-tr.library@nhs.net**

**Title:** Identifying Fallers among Home Care Clients with Dementia and Parkinson's Disease.

**Citation:** Canadian Journal on Aging, 2016, vol./is. 35/3(319-331), 07149808

**Author(s):** Bansal, Symron; Hirdes, John P.; Maxwell, Colleen J.; Papaioannou, Alexandra; Giangregorio, Lora, M.

**Abstract:** Few studies have focused on falls among home care (HC) clients with neurological conditions. This study identified factors that increase risk of falling among HC clients with no recent history of falls, and explored whether risk profiles varied among those with dementia or parkinsonism compared to those without selected neurological conditions. A retrospective cohort design was used and analysis of data from community-based HC clients across Ontario was conducted on a sample of ambulatory clients with dementia, parkinsonism, or none of the selected neurological conditions. Data were obtained from the Resident Assessment Instrument for HC (RAI-HC) assessment. The outcome used in multivariable analyses was whether clients fell during follow-up. Unsteady gait was a strong predictor of falls across all three groups. Co-morbid parkinsonism most strongly predicted falls in the dementia group. Clients with borderline intact to mild cognitive impairment had higher odds of falling within the parkinsonism and comparison groups.

---

**Title: Medication use in people with late stage Parkinson's disease and parkinsonism living at home and in institutional care in north-east England: A balance of symptoms and side-effects?**

**Citation:** Parkinsons Related Disorders, 2016 Nov, vol./is. 32 (120-123). Epub 2016 Sep 2. doi:10.1016/j.parkreldis.2016.09.001.

**Author(s):** Hand, A; Gray, W.K, Oates, L.L; Woolford, M; Todd, A; Bale, E; Jones, C, Wood, B.H, Walker, R.W.

**Background:** People with Parkinson's disease (PD) and parkinsonism living in care homes (residential or nursing care) in the UK represent around 10-15% of all people with PD and 3-5% of all care home residents. There are few previous data on medication use in those living in care homes with PD. In this study we aimed to compare medication use in a representative cohort of people with PD living in care homes in north-east England with those living in their own homes.

**Method:** All people with late stage (Hoehn and Yahr III-V) idiopathic PD, PD dementia, or atypical parkinsonian syndromes under the care of the Northumbria Healthcare NHS Foundation Trust PD service on 1st January 2015 were identified. Demographic, disease characteristics and medication use data were collected from an audit of medical notes of all those identified.

**Results:** We identified 377 people who met the inclusion criteria, 91 (24.1%) of whom were living in a care home. Disease stage, age and age at disease onset were all significantly higher and levodopa equivalent dose significantly lower in those living in care homes, although disease duration and levodopa dose were not. Greater age, lower levodopa equivalent dose and higher disease stage were independently associated with being in a care home.

**Conclusions:** Although people in care homes had more advanced disease, they were on a significantly lower levodopa equivalent dose. This is likely to be due to the requirement to balance symptom management with drug side-effects.

**Title: Loss of independence in early Parkinson disease: A 5-year population-based incident cohort study.**

**Citation:** Neurology, 2016 Oct 11, vol./is 87(15) (1599-1606). Epub 2016 Sep 2.

**Authors:** Bjornestad, A; Tysnes, O.B; Larsen, J.P; Alves, G.

**Objective:** To determine the risk, predictors, and prognosis of independence loss and institutionalization in patients with early Parkinson disease (PD).

**Methods:** We conducted a prospective population-based 5-year longitudinal study following 189 patients with incident PD and 174 controls matched for age, sex, and comorbidity. Health care status was assessed repeatedly with standardized interviews.

**Results:** More newly diagnosed patients with PD (15.9%) than controls (5.7%) were dependent in activities of daily living at baseline (relative risk [RR] 2.8,  $p = 0.004$ ). During follow-up, 40.9% of the initially independent patients lost their independence vs 9.1% of controls (RR 4.5,  $p < 0.001$ ). Higher age, shorter symptom duration, increasing motor severity, and presence of mild cognitive impairment at PD diagnosis independently predicted independence loss during follow-up. Dependency was irreversible in most (>95%) patients. Long-term care facility placement was needed in 8.8% of patients vs 0.6% of controls (RR 15.4,  $p = 0.001$ ). More patients with PD admitted to long-term care facilities were fallers (RR 4.8,  $p < 0.001$ ), had hallucinations (RR 4.4,  $p = 0.001$ ), or had dementia (RR 4.2,  $p < 0.001$ ) than home-dwelling patients. Once admitted to a long-term care facility, the age-adjusted RR for death during the study period was 5.5 ( $p = 0.002$ ) vs patients never admitted and 25.1 ( $p < 0.001$ ) vs controls.

**Conclusions:** Patients with early PD face a substantially greater risk of independence loss and institutionalization than well-matched controls. Independence loss is irreversible in most patients and represents a sinister prognostic factor in early PD. These findings have implications for patient management and health care planning.

**Sources Used**

The following databases are searched on a regular basis in the development of this bulletin:

Amed  
British Nursing Index  
Cinahl  
Medline

**Disclaimer**

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.