

Parkinson's Disease

Current Awareness Bulletin

December 2012

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Title: Does a supervised program in physical therapy and/or occupational therapy improve pain scores in patients with parkinson disease?

Citation: PM and R, October 2012, vol./is. 4/10 SUPPL. 1(S314-S315), 1934-1482 (October 2012)

Author(s): Murtaugh B., Albert M.V., Karvelas K., Marciniak C.M., Toledo S.D.

Language: English

Abstract: Objective: To test the hypothesis that a supervised treatment program in physical therapy and/or occupational therapy will improve pain scores self-reported on a Brief Pain Inventory (BPI) questionnaire in patients with Parkinson's disease (PD), independent of active oral pain medication use. Design: Retrospective chart review. Setting: Outpatient movement disorders clinic at a free-standing academic rehabilitation hospital. Participants: 31 subjects diagnosed with idiopathic PD with pain at baseline evaluation. Interventions: Skilled physical therapy and/or occupational therapy program, which included flexibility, range of motion, strengthening, balance training, gait training, and/or postural exercises. Main Outcome Measures: Patient BPI ratings prior to and after the supervised therapy program, including BPI pain (each rated on 0-10 scale) at worst, pain on average, and the effect of pain on general activity, mood, walking ability, sleep, and enjoyment of life. Results: 17 females and 14 males, mean age 72.5 years (SD 9.04) completed surveys pre- and post-therapy interventions. The mean improvement in BPI pain at worst was 1.55 ($P<.0004$, paired t-test, $df=28$) and pain on average 1.67 ($P<.002$, paired t-test, $df=29$). Improvements also occurred with regard to the effect of pain on general activity ($P<.02$, paired t-test, $df=23$), sleep ($P<.037$, paired t-test, $df=24$), and enjoyment of life ($P<.046$, Wilcoxon sign-rank test, $df=25$). There was no significant effect of pain on walking ability ($P<.25$) or mood ($P<.30$). Conclusions: A supervised treatment program in physical therapy and/or occupational therapy designed to address impairments related to the patients' Parkinson disease has the additional benefit of improving patients' pain scores. Significant improvements were found in self-reported pain scores of pain at worst and pain on average, as well as improvements in the effect of pain on general activity, sleep, and enjoyment of life.

Title: Active-Assisted Cycling Improves Tremor and Bradykinesia in Parkinson's Disease.

Citation: Archives of Physical Medicine & Rehabilitation, 01 November 2012, vol./is. 93/11(2049-2054), 00039993

Author(s): Ridgel, Angela L., Peacock, Corey A., Fickes, Emily J., Kim, Chul-Ho

Language: English

Abstract: Abstract: Ridgel AL, Peacock CA, Fickes EJ, Kim C-H. Active-assisted cycling improves tremor and bradykinesia in Parkinson's disease. Objectives: To develop a rapid cadence cycling intervention (active-assisted cycling [AAC]) using a motorized bike and to examine physiological parameters during these sessions in individuals with Parkinson's disease (PD). A secondary goal was to examine whether a single session of AAC at a high cadence would promote improvements in tremor and bradykinesia similar to the on medication state. Design: Before-after pilot trial with cross-over. Setting: University research laboratory. Participants: Individuals with idiopathic PD ($N=10$, age 45-74y) in Hoehn and Yahr stages 1 to 3. Intervention: Forty minutes of AAC. Main Outcome Measures: Heart rate, pedaling power, and rating of perceived exertion were recorded before, during, and after a bout of AAC. Functional assessments included tremor score during resting, postural, and kinetic tremor. Results: This AAC paradigm was well tolerated by individuals with PD without excessive fatigue, and most participants showed improvements in tremor and bradykinesia immediately after a single bout of cycling. Conclusions: This paradigm could be used to examine changes in motor function in individuals with PD after bouts of high-intensity exercise.

Publication Type: journal article

Source: CINAHL

Full Text:

Available from *Archives of Physical Medicine and Rehabilitation* in RNHRD Academy Library

Title: Prolonged Swallowing Time in Dysphagic Parkinsonism Patients With Aspiration Pneumonia.

Citation: Archives of Physical Medicine & Rehabilitation, 01 November 2012, vol./is. 93/11(2080-2084), 00039993

Author(s): Lin, Chia-Wei, Chang, Yeun-Chung, Chen, Wen-Shiang, Chang, Kevin, Chang, Hui-Ya, Wang, Tyng-Guey

Language: English

Abstract: Abstract: Lin C-W, Chang Y-C, Chen W-S, Chang K, Chang H-Y, Wang T-G. Prolonged swallowing time in dysphagic Parkinsonism patients with aspiration pneumonia. Objective: To quantitatively measure which dysphagic features, including swallowing time and hyoid bone displacement, would be associated with increased risk of aspiration pneumonia in dysphagic Parkinsonism patients. Design: Clinical survey. Setting: Tertiary care center. Participants: Patients with Parkinsonism and dysphagia (N=25), referred for videofluoroscopic swallowing study, were recruited by retrospective review of medical records. They were divided into 2 groups according to the history of aspiration pneumonia. Interventions: Not applicable. Main Outcome Measure: Swallowing time including onset of pharyngeal swallowing, oral transit time and pharyngeal transit time, and maximum hyoid bone displacement including total, horizontal, and vertical displacement during swallowing in thin and thick bariums were recorded. Results: Patients with history of aspiration pneumonia had significantly longer pharyngeal transit time (4.14 vs 2.31s, $P=.038$) and onset of pharyngeal swallowing (2.16 vs 1.04s, $P=.031$) than those without, when swallowing thin barium. Patients with aspiration pneumonia also had significantly longer swallowing time when swallowing thick barium (oral transit time: 7.14 vs 2.33s, $P=.018$; pharyngeal transit time: 6.39 vs 1.23s, $P=.004$; onset of pharyngeal swallowing: 5.11 vs .31s, $P=.006$). There was no significant difference in hyoid bone displacement between the 2 groups. Conclusions: Patients with Parkinsonism dysphagia and aspiration pneumonia had longer swallowing time than those without, but there was no difference in displacement of hyoid bone.

Publication Type: journal article

Source: CINAHL

Full Text:

Available from *Archives of Physical Medicine and Rehabilitation* in RNHRD Academy Library

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