

Parkinson's Disease

Current Awareness Bulletin

April 2013

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**Jason Ovens
Head of Library & Knowledge Services**

Title: Does Physiotherapy Improve the Functional Ability of Patients with Parkinson's Disease?

Citation: American Journal of Nursing, 01 February 2013, vol./is. 113/2(65-65), 0002936X

Author(s): Jayasekar, Rasika

Title: Tai chi improves balance in people with Parkinson's disease.

Citation: Evidence Based Medicine, 01 February 2013, vol./is. 18/1(0-0), 13565524

Author(s): Venglar, Mollie

Full Text:

Available in *fulltext* from *Evidence-Based Medicine* at [Highwire Press](#)

Title: Community-based group exercise for persons with Parkinson disease: A randomized controlled trial.

Citation: NeuroRehabilitation, 01 January 2013, vol./is. 32/1(117-124), 10538135

Author(s): Combs, Stephanie A., Diehl, M. Dyer, Chrzastowski, Casey, Didrick, Nora, McCain, Brittany, Mox, Nicholas, Staples, William H., Wayman, Jessica

Abstract: The purpose of this study was to compare group boxing training to traditional group exercise on function and quality of life in persons with Parkinson disease (PD). A convenience sample of adults with PD (n = 31) were randomly assigned to boxing training or traditional exercise for 24-36 sessions, each lasting 90 minutes, over 12 weeks. Boxing training included: stretching, boxing (e.g. lateral foot work, punching bags), resistance exercises, and aerobic training. Traditional exercise included: stretching, resistance exercises, aerobic training, and balance activities. Participants were tested before and after completion of training on balance, balance confidence, mobility, gait velocity, gait endurance, and quality of life. The traditional exercise group demonstrated significantly greater gains in balance confidence than the boxing group ($p < 0.025$). Only the boxing group demonstrated significant improvements in gait velocity and endurance over time with a medium between-group effect size for the gait endurance ($d = 0.65$). Both groups demonstrated significant improvements with the balance, mobility, and quality of life with large within-group effect sizes ($d \geq 0.80$). While groups significantly differed in balance confidence after training, both groups demonstrated improvements in most outcome measures. Supporting options for long-term community-based group exercise for persons with PD will be an important future consideration for rehabilitation professionals.

Title: A cohort study on diet and the risk of Parkinson's disease: the role of food groups and diet quality.

Citation: British Journal of Nutrition, 28 January 2013, vol./is. 109/2(329-337), 00071145

Author(s): Sääksjärvi, K., Knekt, P., Lundqvist, A., Männistö, S., Heliövaara, M., Rissanen, H., Järvinen, R.

Title: What Do Social Workers Think about the Palliative Care Needs of People with Parkinson's Disease?

Citation: British Journal of Social Work, 01 February 2013, vol./is. 43/1(81-98), 00453102

Author(s): Waldron, Mary, Kernohan, W. George, Hasson, Felicity, Foster, Susan, Cochrane, Barbara

Title: The impact of occupational therapy in Parkinson's disease: a randomized controlled feasibility study.

Citation: Clinical Rehabilitation, 01 February 2013, vol./is. 27/2(99-112), 02692155

Author(s): Sturkenboom, Ingrid H, Graff, Maud J, Borm, George F, Veenhuizen, Yvonne, Bloem, Bastiaan R, Munneke, Marten, Nijhuis-van der Sanden, Maria W

Full Text:

Available from *ProQuest* in [Clinical Rehabilitation](#)

Title: Reliability of the Non-Instrumented Walk Test in Persons with Parkinson's disease.

Citation: Disability & Rehabilitation, 01 April 2013, vol./is. 35/7(538-542), 09638288

Author(s): Bryant, Mon S., Rintala, Diana H., Hou, Jyh-Gong, Protas, Elizabeth J.

Abstract: Purpose: To study the reliability of a Non-Instrumented Walk Test in individuals with Parkinson's disease (PD). Method: Thirty individuals (21 Males) with PD were studied. Their mean age was 68.90 ± 9.28 years. The average time since diagnosis was 8.75 ± 5.68 years. The reliability of the manual Non-Instrumented Walk Test was studied while 'OFF' and 'ON' dopaminergic medication. Subjects walked at their self-selected, usual speed during a Non-Instrumented Walk Test and while walking on a computerized instrumented walkway. Intraclass correlation coefficients (ICCs) were calculated and means were compared for three gait parameters as measured by the two methods. Results: During 'OFF' medication testing, ICCs between the Non-Instrumented Walk Test and the instrumented measures for gait speed, cadence and stride length were 0.96 ($p < 0.0005$), 0.72 ($p = 0.001$) and 0.97 ($p < 0.0005$), respectively. During 'ON' medication testing, the ICCs were 0.96 ($p < 0.0005$), 0.86 ($p < 0.0005$) and 0.96 ($p < 0.0005$), respectively. The means of the non-instrumented measures tended to be lower than those obtained on the instrumented walkway. Conclusions: The Non-Instrumented Walk Test is a quick, simple and inexpensive gait evaluation for individuals with PD. The method is sufficiently reliable to be used clinically in this population during different medication cycles.

Title: Parkinson's Disease Nurse Specialists and the King's College Hospital model of care.

Citation: British Journal of Neuroscience Nursing, 01 February 2013, vol./is. 9/1(22-29), 17470307

Author(s): martin, Anne, Mills, Jane

Abstract: Parkinson's is the second most common neurodegenerative disorder. Characterised by both motor and non-motor symptoms, it affects the young as well as the old. Offering treatment with minimal disruption as well as providing an easily accessible support network is vital for the quality of life of people living with Parkinson's, particularly younger people. King's College Hospital offers full specialist care for people with Parkinson's. At the heart of this is the Parkinson's Disease Nurse Specialist (PDNS), who provides continuous care both within the health-care setting and in people's homes. The PDNS also liaises with members of the multidisciplinary team. This article reviews the challenges faced when treating people with Parkinson's and shows how the model set up by King's College Hospital has overcome these obstacles. It is hoped that more centres in the UK and Europe will adopt this model, ensuring that all people with Parkinson's receive the best care possible.

Full Text:

Available from *British Journal of Neuroscience Nursing* in [Bath Academy Library](#)

Title: Implementing the Best Practice Tariff for Parkinson's disease.

Citation: British Journal of Neuroscience Nursing, 01 February 2013, vol./is. 9/1(42-43), 17470307

Author(s): Thomas, Sue

Full Text:

Available from *British Journal of Neuroscience Nursing* in [Bath Academy Library](#)

Title: Move for Change Part II: A European survey evaluating the impact of the EPDA Charter for people with Parkinson's disease

Citation: European Journal of Neurology, March 2013, vol./is. 20/3(461-472), 1351-5101;1468-1331 (March 2013)

Author(s): Stocchi F., Bloem B.R.

Abstract: Background and purpose: The Move for Change campaign is a three-part series of pan-European surveys designed by the European Parkinson's Disease Association (EPDA) to assess the impact that the EPDA Charter for People with Parkinson's disease (PD) has had since its launch in 1997. Here, we report results from the second survey, focusing on the third right of the Charter; that is, 'all patients have the right to have access to support services'. Although the level of evidence for different support services varies, it is important to ensure that patients can access services with clinically proven benefits. Methods: This survey comprised nine questions administered online via the EPDA and PD organization Web sites. Accessibility of support services was defined as 'services/medication/multidisciplinary healthcare professionals, etc. being

available and on hand to patients when required'. Results: Neurologists and general practitioners (GPs) received highest accessibility results (90.0 and 87.0% of respondents, respectively), with moderate results for physiotherapists (68.0%) and PD organizations (72.0%) and lower results for PD specialist nurses (26.0%), occupational therapists (23.0%), and counselors (27.0%). Support provided by neurologists and PD specialists was considered to be 'very helpful' by 59.0 and 55.7%, respectively, whilst only 31.8% of respondents gave such favorable ratings to GPs. Funding of services was variable across Europe. Conclusions: These data demonstrate the challenges faced by PD patients in accessing the adequate care and support required throughout the course of their disease. These findings can assist healthcare professionals and policymakers in improving access to support services for patients and their families across Europe. 2012 The Author(s) European Journal of Neurology 2012 EFNS.

Title: Clinical digest. Hospital treatment disrupts medication of patients with Parkinson's disease.

Citation: Nursing Standard, 13 March 2013, vol./is. 27/28(15-15), 00296570

Full Text:

Available in *fulltext* from *Nursing Standard* at [EBSCOhost](#)

Available in *fulltext* from *Nursing Standard* at [ProQuest](#)

Title: Community-Based Argentine Tango Dance Program Is Associated With Increased Activity Participation Among Individuals With Parkinson's Disease.

Citation: Archives of Physical Medicine & Rehabilitation, 01 February 2013, vol./is. 94/2(240-249), 00039993

Author(s): Foster, Erin R., Golden, Laura, Duncan, Ryan P., Earhart, Gammon M.

Abstract: Abstract: Objective: To determine the effects of a 12-month community-based tango dance program on activity participation among individuals with Parkinson's disease (PD). Design: Randomized controlled trial with assessment at baseline, 3, 6, and 12 months. Setting: Intervention was administered in the community; assessments were completed in a university laboratory. Participants: Volunteers with PD (n=62) enrolled in the study and were randomized to a treatment group; 10 participants did not receive the allocated intervention, and therefore the final analyzed sample included 52 participants. Interventions: Participants were randomly assigned to the tango group, which involved 12 months of twice-weekly Argentine tango dance classes, or to the no intervention control group (n=26 per group). Main Outcome Measure: Current, new, and retained participation in instrumental, leisure, and social activities, as measured by the Activity Card Sort (with the dance activity removed). Results: Total current participation in the tango group was higher at 3, 6, and 12 months compared with baseline ($P \leq .008$), while the control group did not change ($P \geq .11$). Total activity retention (since onset of PD) in the tango group increased from 77% to 90% ($P = .006$) over the course of the study, whereas the control group remained around 80% ($P = .60$). These patterns were similar in the separate activity domains. The tango group gained a significant number of new social activities ($P = .003$), but the control group did not ($P = .71$). Conclusions: Individuals with PD who participated in a community-based Argentine tango class reported increased participation in complex daily activities, recovery of activities lost since the onset of PD, and engagement in new activities. Incorporating dance into the clinical management of PD may benefit participation and subsequently quality of life for this population.

Full Text:

Available from *Archives of Physical Medicine and Rehabilitation* in [RNHRD Academy Library](#)

Sources Used

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