

Program Delays Nursing Home Admission in Parkinson's

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June 15, 2017

VANCOUVER — A multidisciplinary rehabilitation program for patients with Parkinson's disease (PD) in the Netherlands significantly improves activities of daily living, thereby delaying the need for their admission to a nursing home, results of a new study suggest.

Being able to stay at home longer reduces healthcare costs because most costs related to PD in the Netherlands are incurred in nursing homes, Elien Steendam-Oldekamp, PhD, University Medical Center Groningen, the Netherlands, told *Medscape Medical News*.

The results were presented here at the International Congress of Parkinson's Disease and Movement Disorders (MDS) 2017.

The study included 24 patients with PD (median age, 71 years) who were no longer able to stay at home. These patients lived for 6 weeks at the Rehabilitation Unit at the Parkinson Expertise Center (RU-PEC) in Groningen.

Here, they had access, as needed, to 20 health-related disciplines, including physiotherapy, speech therapy, occupational therapy, and dietary services. "Not all patients used all these services; the program was customized," said Dr Steendam-Oldekamp.

The multidisciplinary program also optimized each patient's medication.

The study also included 19 control patients already in a nursing home. This group received the type of care typically offered to a PD patient in such a setting.

The primary endpoints were activities of daily living as measured by the Academic Medical Center Linear Disability Score (ALDS) and the ability of patients to live independently at home after participation in the RU-PEC program.

Researchers assessed study participants at 6 weeks, 3 months, and 2 and 5 years.

Improved Scores

The study showed that the ALDS score improved in the RU-PEC group and worsened in the control group. About 78% of the intervention patients had an improved ALDS score, with a mean increase of 9.9 points ($P = .0001$) at 2 years. The ALDS score in the control group fell by a mean of 32.1 points after 2 years.

About 83% of the patients with PD could return home after participating in the program. After 2 years, 65% of them were still able to live independently at home, and after 5 years, 28% remained living at home.

The analysis also showed a change in the percentage of patients using a variety of primary care and hospital services after completing the program. For example, they used less general practitioner care and more home nursing care; were hospitalized less often; and were using more occupational therapy, physiotherapy, and speech therapy.

"Everything was better afterwards," commented Dr Steendam-Oldekamp.

In allowing patients to stay longer at home, the program cuts costs. In the Netherlands, 70% of costs of PD are due to nursing home costs, said Dr Steendam-Oldekamp.

In 2011, annual costs of PD care in the Netherlands were an estimated €267 million (over \$300 million).

Providing services to improve the quality of life for PD patients "is something we espouse in North America as well," said Janis Miyasaki, professor, neurology, and director, Movement Disorder Program, University of Alberta, Edmonton, Canada, when asked to comment.

"We are at the forefront of talking about exercise, using physiotherapy, occupational therapy, and speech language pathology for our patients, and of maintaining them in the community."

Experts on this side of the the Atlantic are also leaders in identifying risks for complications of PD, such as falls and injuries as a result of falls, as well as risks for aspiration pneumonia and for having poor nutrition because of the inability to swallow, added Dr Miyasaki.

Most of the therapy is provided on an outpatient basis, she noted. However, a rehabilitation hospital in Edmonton does provide inpatient services. "If patients are deemed appropriate for the inpatient service, they will be admitted for a period of 4 to 8 weeks for physiotherapy."

And Edmonton also has a unique Comprehensive Rehabilitative Interdisciplinary Services program (CRISP). "In this program, patients can access the same disciplines on an outpatient basis over the course of 8 weeks, and they can go back every 2 years," said Dr Miyasaki.

Access to such services should reduce hospitalization, which would not only cut costs but also avoid other complications, she said. "Once patients go into an acute hospital, things just go wrong because their pills aren't given on time, or they may get confused and they fall."

International Congress of Parkinson's Disease and Movement Disorders (MDS) 2017. Poster 729. Presented June 6, 2017.

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Cite this article: Program Delays Nursing Home Admission in Parkinson's - *Medscape* - Jun 15, 2017.

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