Importance of informal care partner participation in interventions for people living with Parkinson’s disease

Category: Allied Healthcare, Physical Therapy, Rehabilitation, Quality of Life / Caregiver Burden

First Author: Monika Gross, Executive Director, The Poise Project
Co-Authors: Dr. Rajal G Cohen, University of Idaho; Celeste L Condie, University of Idaho

Objective: We previously reported benefits, post-course and at 6 months, of in-person and online adapted Alexander technique (AT) based group courses for people living with Parkinson’s (PWP). Now we focus on two aspects of dyadic relationship between PWPs and care partners (CPs): 1) how inclusion of informal CPs facilitates course attendance and retention; and 2) how couple participation enhances dyadic relationships.

Background: AT is a cognitive embodiment approach. Once learned, AT principles are applied moment-to-moment during daily life. We included CPs in AT-based in-person and online group courses for PWP.

Methods: Design: CPs joined in-person and online AT-based group courses for PWPs. 7 groups (4 In-person; 3 Online) met 90-105 minutes, 2X/week, over 8 or 9 weeks. Participants: 35 PWP/CP dyads (34 married; 1 friend), and 6 PWP without CP. Intervention: Courses met in community spaces or in-home via Zoom. Coursework included functional anatomy and self-management skills taught via verbal instruction, demonstration, anatomical models and images, and partnered activities. AT principles were embedded in everyday activities: walking, talking, sit-to-stand transitions, and IADLs. Review handouts were shared. Participants were not paid. Outcome Measures: Functional reach, one-leg stance, TUG, 7-item Physical Performance Test, symptom-management self-report, anonymous course evaluations, and head-neck angles were previously reported. The present report focuses on course attendance and completion data, and semi-structured participant interviews.

Results: Overall Attendance was 83%. When CP attended regularly, PWP also had better attendance. Overall Completion was 80%. Out of 35 dyads, 3 dropped out (2 due to illness), and 1 PWP with OCD dropped out, although her CP chose to complete the course. Thus, completion for PWPs with CPs was 89% while for 6 PWP without CPs, 4 dropped out (33% completion rate). Interviews: Most dyad participants reported improved communication, enhanced patience, increased empathy, and greater understanding of the impacts PD had on each other’s lives as a result of taking the course together.

Conclusions: Including CPs in interventions for PWPs can improve outcomes, both in course attendance and completion, and also in improved dyadic relationships. 6 month follow-up data is being analyzed to assess impact on retention of benefits for PWPs who had highly motivated CP support.
**CARE PARTNER ATTENDANCE CORRELATES WITH 6 MONTH FOLLOW UP IMPROVEMENT**

At 6-month follow up, more dyads reported better communication, patience, and compassion for each other, as well as a greater understanding of the impact living with Parkinson’s had on both of their daily lives.

**RESULTS - SEMI-STRUCTURED INTERVIEWS**

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**OUTCOME MEASURES**

Functional reach, one-leg stance, TUG, 7-item Physical Performance Test, symptom-management self-report, anonymous course evaluations, and head-neck angles were previously reported. This report focuses on course attendance and completion, 6-month follow up data, evaluations, and semi-structured interviews.

**REFERENCES**

2. Gross, M., et al. (2020). Focused Business of Blindness: A Review of Business Alexander Technique Group Work. Functional reach, one-leg stance, and head-neck angles were previously reported. This report focuses on course attendance and completion, 6-month follow up data, evaluations, and semi-structured interviews.

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Including care partners in interventions for people living with Parkinson’s disease can improve course attendance, course completion, long-term symptom management, and foster better dyadic relationships.

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**CONCLUSIONS**

Including care partners in interventions for people living with Parkinson’s disease can improve course attendance, course completion, long-term symptom management, and foster better dyadic relationships. Further research is needed to explore the effectiveness of these interventions in other populations and settings.