

## **Parkinson's Disease & Nursing Current Awareness Mar 2013**

The Effect of Standing Posture-enhancing Exercise on Parkinson's Disease Patients' Turning Around Motion.

Ju-Hyun Kim; Jeong-Uk Lee et al

Journal of Physical Therapy Science, 01 November 2012, vol 24, no 10, p1047-1050

### **Abstract**

*The article presents a study which aims to evaluate the effect of standing posture improvement exercises, such as trunk extension exercise and shoulder external rotation, on the turning around motion of patients with Parkinson's disease. The study observed 16 patients for 12 weeks, wherein their turning around motion were measured using ink footprint method. The study concludes that standing posture improvement exercises help in the turning around motion of patients with Parkinson's disease.*

Feasibility of 2 Different Water-Based Exercise Training Programs in Patients With Parkinson's Disease: A Pilot Study.

Ayán, Carlos; Cancela, José

Archives of Physical Medicine & Rehabilitation, 01 October 2012, vol 93, no 10, p1709-1714

### **Abstract**

*Objective: To compare the effects of 2 different water-based exercise training programs on functional mobility, motor symptoms, and quality of life (QOL) on patients with mild to moderate Parkinson's disease (PD). Design: Matched, controlled, pilot study. Setting: Outpatient Parkinson's disease center. Participants: Patients (N=21) with PD (Hoehn and Yahr stage range, 1–3). Interventions: Participants were assigned to a low-intensity water exercise program (group 1) or a muscular resistance water exercise intervention (group 2). Group sessions were held for 12 weeks, twice a week for 60 minutes per session. Main Outcome Measures: Functional mobility was measured by means of the Five Times Sit-to-Stand Test, while the motor part of the Unified Parkinson's Disease Rating Scale was used to assess motor impairment. Patients' QOL was rated by means of the 39-item Parkinson's Disease Questionnaire. Results: Once the intervention ended, the participants' QOL improved significantly, regardless of the program undertaken ( $P=.02$  for group 1;  $P=.005$  for group 2). Only participants in group 2 showed a significant change in functional mobility ( $P=.001$ ) and Parkinsonian motor symptoms ( $P=.012$ ). Conclusions: Water-based exercise training programs are a helpful therapy in PD. Muscular resistance programs of this kind seem to be of value in improving functional mobility, motor symptoms, and QOL in patients with PD. Some of the methodologic aspects detailed here can be used to design larger controlled trials.*

Intrarater Reliability of the Action Research Arm Test for Individuals with Parkinson's Disease.

Song, Chiang-Soon

Journal of Physical Therapy Science, 15 December 2012, vol 24, no 12, p1355-1357

### **Abstract**

*The article presents a study which examined the intrarater reliability of the Action Research Arm Test for Parkinson's disease patients. It states that an assessment in two sessions was made on the Action Research Arm Test. It notes that the Action Research Arm Test was a reliable tool for evaluating the upper extremity's functional activities.*

Low cardiometabolic risk in Parkinson's disease is independent of nutritional

status, body composition and fat distribution.

Cereda E, Cassani E et al

Clin Nutr. 2012 Oct, vol 31, no 5, p699-704

**Abstract**

*BACKGROUND & AIMS: To investigate if the reduced cardiometabolic risk in Parkinson's disease (PD) is independent of nutritional status, body composition and fat distribution.*

*METHODS: We designed a case-control study comparing 80 non underweight PD patients with 80 controls matched for sex, age and body mass index (BMI).*

*Nutritional assessment included: anthropometry (BMI and waist circumference [WC]), body composition estimated by impedance and biochemistry (fasting glucose, serum lipids and transaminases). The presence of arterial hypertension, diabetes mellitus and metabolic syndrome (MetS) were noted.*

*RESULTS: Compared to controls and independently of gender, PD patients showed lower percentage of body fat ( $P < 0.001$ ) and biochemical parameters (glucose,  $P < 0.001$ ; total cholesterol,  $P < 0.001$ ; LDL,  $P < 0.001$ ; triglycerides,  $P = 0.002$ ; alanine aminotransferase,  $P < 0.001$  and aspartate aminotransferase,  $P = 0.015$ ) but similar WC ( $P = 0.324$ ). The prevalence of hypertension and MetS was similar in the two groups, as well as the frequency and the number of MetS criteria. The relationship between PD and low cardiometabolic profile was independent of age, gender, current smoking and BMI. After adjusting for WC and body fat, most of the associations remained significant.*

*CONCLUSIONS: PD patients seem to have a more favorable cardiometabolic risk profile, independently of nutritional status, body composition and fat distribution.*

Psychiatric syndromes in Parkinson's disease.

Starkstein SE; Brockman S; Hayhow BD

Current Opinion in Psychiatry, 01 November 2012, vol 25, no 6, p468-472

**Abstract**

*PURPOSE OF REVIEW: To examine progress about relevant behavioural and psychiatric disorders in Parkinson's disease, such as depression, apathy, psychosis, and impulse control disorder. RECENT FINDINGS: Several recent studies have characterized the phenomenology of depression in Parkinson's disease, and randomized controlled trials have demonstrated the efficacy of tricyclics, selective serotonin reuptake inhibitors and psychotherapy for depression in Parkinson's disease. Apathy is a valid behavioural syndrome in Parkinson's disease and is associated with depression and cognitive deficits. Psychosis is highly prevalent in the late stages of the disease, but there are few effective therapeutic modalities for this psychiatric condition. Impulse control disorders are also relatively frequent in Parkinson's disease, and are associated with comorbid psychiatric disorders. SUMMARY: Standardized criteria should be used to diagnose depression and apathy in Parkinson's disease. Psychotherapy and pharmacotherapy are useful treatment modalities for affective disorders in Parkinson's disease. Clozapine is still the most effective, albeit rarely used, treatment for psychosis in Parkinson's disease. Impulse control disorders are relatively frequent in Parkinson's disease and all patients should be screened for this complex disorder.*