D.5.2 Occupational therapy

Study details	Participants	Methods	Results	Comments
Full citation Sturkenboom,I.H., Graff,M.J., Hendriks,J.C., Veenhuizen,Y., Munneke,M., Bloem,B.R., Nijhuis-van der Sanden MW, OTiP study group, 20140708, Efficacy of occupational therapy for patients with Parkinson's disease: a randomised controlled trial.[Erratum appears in Lancet Neurol. 2014 Jun;13(6):536], Lancet Neurology, 13, 557-566, 2014 Ref Id 310044 Country/ies where the study was carried out Netherlands Study type RCT Aim of the study To evaluate the effectiveness of home-based occupational therapy compared to usual care in the improvement of daily activities, social participation and quality of	Sample size N=191; intervention n=124, control n=67 caregiver: 117/124 in intervention and 63/67 in control had caregiver who participated Inclusion criteria patients: had diagnosis of PD according to UKBB criteria were living at home reported difficulties in meaningful daily activities Exclusion criteria excluded patients who had: received OT	Details multi-centre assessor-masked randomised controlled clinical trial with 3 and 6 month follow up all patients with diagnosis of PD according to UK BB from 10 centres were invited to participate after baseline assessment, patients randomized to group (2:1) randomization by computer-generated minimisation algorithm assessors masked to tmt allocation. patients and therapists could not be masked Interventions within 2 weeks of randomization the experimental group received 10 weeks of home-based OT according to Dutch guidelines of OT in PD interventions included advice or strategy training activities, or adaptation of tasks, daily routines, or environment in OT intervention, caregivers needs in supporting patient were also assessed and addressed if needed.	Results completion: 3 months intervention: :n = 122 3 month control: n = 63 6 month intervention : n=120 6 month control: N=61 reasons for loss in both groups = acute illness; unexplained withdrawal and general loss to follow up demographics median age intervention = 71 (63.3 - 76), control = 70 (63.0 - 75.0) men 63% int, 61% control disease duration in = 6.0 (4 - 10), control = 6 (3 - 11) UPDRS III: int = 27 (18 - 36), control = 28 (19 - 36) daily LED in = 687.5 (415.5 - 957.7) control = 550 (332.5 - 1033.4) RESULTS key: COPM = Canadian occupational performance measure; p = performance; s = satisfaction; PDQ39 = PD questionnaire 39; BDI = becks depression inventory; PCC = proactive coping competence scale; ERPS = evaluation of rehabilitation-participation satisfaction scale assessment | 3nt MD 95% | 6mnt MD 95% COPM-p | 1.2 (0.8 to 1.6) | 0.9 (0.5 to 1.3) COPM-s | 1.1 (0.7 to 1.5) | 0.9 (0.5 to 1.3) PDQ39 | -1.7 (-3.9 to 0.5) | -2.1 (-4.3 to 0.1) EQ5D | 0.03 (-0.03 to 0.08) | 0.02 (-0.03 to 0.07)	Overall Risk of Bias An appropriate method of randomization was used to allocate pts to treatment groups? Yes There was adequate concealment of allocation : not applicable The groups were comparable at baseline, including all major confounding and prognostic factors? Yes Comparison groups received same care apart from interventions. Yes - best medical treatment Pts receiving care were kept blind to tmt allocation. No - not possible

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<td>life for Patients with PD and their carers.

Study dates
Patients recruited and assigned between April 2011 and Nov 2012. Published 2014

Source of funding
Study funded by Prinses Beatrix Spierfonds and the Parkinson Vereniging</td>
<td>in preceding 3 months
had predominant disabling comorbidity
insufficient understanding of the dutch language
had an MMSE of <24</td>
<td>mix of intervention strategies used was individually tailored to alleviate the problems in activities prioritised by the patient and to suit the patients coping style, the patients capacity to change, and the environmental and social context in which the targeted activity is usually done
depending on complexity of issue addressed, number of sessions could vary, with max of 16hrs over 10 weeks
session lengths were mostly 1 hour
control group did not receive OT but were allowed to receive other medical, psychosocial, or allied health-care interventions
all therapists had extensive experience in OT, median exp of 12 years, and attended a 3 day training course for this study and 1 day booster training halfway through study</td>
<td>
<table>
<tr><td>BDI</td><td>-1.4 (-3.0 to 0.3)</td><td>-0.8 (-2.5 to 0.8)</td></tr>
<tr><td>carer burden</td><td>-1.1 (-3.8 to 1.7)</td><td>-2.5 (-5.3 to 0.4)</td></tr>
<tr><td>EQ5D carer</td><td>0.0 (0.02 to 0.11)</td><td>0.04 (0.01 to 0.09)</td></tr>
<tr><td>HADS carer</td><td>0.3 (-05 to 1.0)</td><td>0.0 (0.04 to 0.19)</td></tr>
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<tr><td></td><td>3 month MD 95%</td><td>6 month MD 95%</td></tr>
<tr><td>Fatigue severity</td><td>0.1 (-0.2 to 0.4)</td><td>0.0 (-0.3 to 0.3)</td></tr>
<tr><td>Utrecht PCC</td><td>0.09 (-0.02 to 1.21)</td><td>0.06 (-0.05 to 0.17)</td></tr>
<tr><td>Utecht ERPS</td><td>3.2 (-0.6 to 6.8)</td><td>2.1 (-3.6 to 5.8)</td></tr>
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authors conclusions: In this study, OT significantly improved patient's self perceived performance in meaningful daily activities, had positive effects on satisfiaction about performance of daily activities and on participation in instrumental activities, but did not improve carer outcomes apart from EQ5D at 3 months.
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<td>Individuals administering care were kept blind to tmt allocation . No - not possible
All groups followed up for an equal length of time . yes
Groups comparable for treatmen completion? Yes
Groups were comparable with respect to avalilability of outcome data? Yes
Study had appropriate length of followup. Yes
Study used a precise definition of outcome. Yes
Valid and reliable method was used to determine the outcome . Yes
Investigators were kept blind to participants exposure to the</td>
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Study details	Participants	Methods	Results	Comments
				intervention. Yes - blind assessors Investigators were kept blind to other important confounding and prognostic factors. Unclear Low risk of bias