Clinical effectiveness and cost-effectiveness of physiotherapy and occupational therapy versus no therapy in mild to moderate Parkinson's disease: a large pragmatic randomised controlled trial (PD REHAB)

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Plain English summary

The PD REHAB trial

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Plain English summary

Parkinson's disease (PD) is a degenerative condition of the brain of uncertain cause that mainly affects older people. Shaking is a distinctive feature of the disease, but slowness, poverty of movement and stiffness interfere with everyday life. Drug treatment helps with only some aspects of the condition, so other therapies are considered.

Physiotherapy (PT) promotes and maintains mobility and activity by treating physical problems with task-related practice. Core work areas are gait, balance, posture and transfers. Occupational therapy (OT) addresses personal rehabilitation goals through activity and participation, helping patients to remain independent and to reduce carer strain. When delivered at home, OT includes equipment provision and environmental adaptations to facilitate independence.

There is not enough evidence of the value of PT and OT in PD, so we performed the PD REHAB trial to assess the benefits of both therapies.

In total, 762 patients with mild to moderate PD and limitations in activities of daily living (ADL) from 38 neurology/geriatric medicine outpatient clinics across the UK were randomised to either both therapies or no therapy. Patients reported no meaningful benefit of therapy at 3, 9 and 15 months after joining the trial in ADL or quality of life. Economic evaluation showed a small increase in costs for a small gain in quality-adjusted life-years, but these results were uncertain.

We conclude that NHS low-dose, patient-centred, goal-directed PT and OT do not produce immediate or long-term improvements in ADL or quality of life in mild to moderate PD.

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