Exercise- and strategy-based physiotherapy-delivered intervention for preventing repeat falls in people with Parkinson's: the PDSAFE RCT

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Declared competing interests of authors: Lynn Rochester reports grants from Newcastle University during the conduct of the study and grants from Parkinson's UK, the European Union Marie Curie Training Network, the Medical Research Council, the Engineering and Physical Sciences Research Council, the Wellcome Trust and the Stroke Association, outside the submitted work. Claire Ballinger is a member of the Primary Care Community and Preventive Interventions Health Technology Assessment (HTA) group and the associated Methods group. Victoria A Goodwin reports grants from the National Institute for Health Research (NIHR) during the conduct of the study (as a co-applicant), that is the NIHR HTA-funded trial (15/43/07) home-based exercise intervention for older people with frailty as extended rehabilitation following acute illness or injury, (ISRCTN13927531). Sarah E Lamb reports grants from the NIHR HTA programme during the conduct of this study. Furthermore, she was a member of the HTA Additional Capacity Funding Board, HTA End of Life Care and Add-on Studies, HTA Prioritisation Group and HTA Trauma Board during this study.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Published July 2019 DOI: 10.3310/hta23360

Plain English summary

The PDSAFE RCT

Health Technology Assessment 2019; Vol. 23: No. 36

DOI: 10.3310/hta23360

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Plain English summary

People with Parkinson's disease fall often. Falls are scary and make moving about harder. The PDSAFE trial tested a new 'home physiotherapy' programme for reducing falls. People with Parkinson's disease were allocated to one of two groups by chance: they either received the PDSAFE exercises or just normal care. The costs were looked at and people were asked for their views of the PDSAFE exercises.

To take part, people had to have Parkinson's disease, live in their own home, be able to walk, have had at least one fall in the previous year and pass a memory test. PDSAFE was taught by physiotherapists and included exercises and fall avoidance strategies. Everyone had to record falls on a monthly calendar, and balance, strength and walking were tested.

To our knowledge, this was the largest falls trial looking at people with Parkinson's disease in the world: 541 people took part. The number of falls an individual reported differed a lot between people. When all people with Parkinson's disease in the trial were considered, the physiotherapy programme did not reduce falls in the first 6 months. However, it was found that some people had fewer falls after taking part in the exercises, whereas others did not. Those with more severe Parkinson's disease (i.e. problems with movement, memory and freezing of gait) fell more often after the PDSAFE intervention, even though their balance and confidence improved. Those with good memory, moderate disease and two or three falls in the previous year reacted well to PDSAFE and had fewer falls. It was found that PDSAFE reduced near-falls (about to fall but managed to save themselves) and improved balance and confidence. The physiotherapists and those who took part liked the programme and felt that it helped, but it was expensive to run.

In conclusion, a falls prevention programme should be based on each person's needs and a different treatment should be used for those with more severe Parkinson's disease.

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Health Technology Assessment

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.819

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the Clarivate Analytics Science Citation Index

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 10/57/21. The contractual start date was in May 2013. The draft report began editorial review in November 2017 and was accepted for publication in September 2018. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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