

00175 Adjuvant Psycho-behavioural Therapy in Patients Diagnosed With Parkinson's Disease Who Experience Freezing-of-gait: A Randomised Controlled Pilot Trial

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Aims: People with Parkinson's disease (PD) often experience freezing of gait (FOG). Nonmotor symptoms such as depression, anxiety and stress have been shown to exacerbate FOG. This study aimed to investigate the effect of a psycho-behavioural intervention (PBI) on the experience of depression, anxiety, stress, and FOG associated with PD when compared with a health education program (HEP).

Methodology: Participants were recruited from a sample of convenience. FOG was assessed using a questionnaire and timed up and go test. Depression, anxiety, and stress were assessed using the Beck's Depression Inventory, State-Trait Anxiety Inventory, and Perceived Stress Scale.

Assessments were conducted at baseline and post-intervention. Participants were randomised into PBI or HEP group. Both groups attended an hour of physiotherapy exercise class and an hour of PBI or HEP once a week, for a period of four weeks. The Wilcoxon signed-rank and the Mann Whitney U tests were used to investigate within-group and between-group differences pre and post-intervention.

Result: Twenty people (70% male, mean age = 68.5 ± 8.2 years, mean disease duration = 5.29 ± 3.74 years; HEP group, $n = 9$; PBI group, $n = 10$) with Parkinson's disease were recruited. One dropped out before the initial assessment. No significant differences were found on all measures. However, there was an overall decrease in self-report gait freezing severity and anxiety levels in the PBI group, but an increase in the HEP group

[Freezing - PBI: Pre ($M = 11.7 \pm 3.16$), Post ($M = 10 \pm 3.43$), HEP: Pre ($M = 11.1 \pm 5.78$), Post ($M = 12.9 \pm 5.90$); Anxiety - PBI: Pre ($M = 12.6 \pm 6.19$), Post ($M = 11.90 \pm 6.57$), HEP: Pre ($M = 11.33 \pm 8.34$), Post ($M = 13.11 \pm 7.56$)].

Conclusion: PBI may improve FOG and anxiety in people with PD to a greater degree than HEP.