

00201 **One-stop Integrated Multidisciplinary Care for Patients With Parkinson's Disease: A Randomised Controlled Pilot Study.**

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Aims: A multidisciplinary team approach has been advocated in the management of Parkinson's disease (PD). However, little is known of the efficacy of such efforts. Although multidisciplinary PD care exists in Singapore, this is often fragmented and uncoordinated. We aimed to investigate the effects of a one-stop integrated multidisciplinary approach versus standard multidisciplinary care on quality of life (QoL) in people with PD. Our secondary aims included investigating its effects on disability, non-motor symptoms and patient satisfaction.

Methodology: Patients with mild to advanced idiopathic PD were screened from a PD clinic at the Singapore General Hospital and randomised into the 3-month intervention (one-stop integrated coordinated care) or standard care group using concealed computer-generated block randomisation. Patients were assessed by blinded assessors pre and post-intervention on the following outcomes: PD-QoL questionnaire, Unified PD-rating scale, Non-motor symptoms scale, PD Patient-centred satisfaction questionnaire. In-depth interviews of patients' trial experiences were conducted. The Mann Whitney test was used to analyse the differences in outcomes between both groups.

Result: 16 patients (63% males, mean age= 64±9.5 years, median Hoehn & Yahr stage=2) participated in the study. There were no significant differences in change in QoL or disability between both groups. However, patients in the treatment group showed greater reduction in non-motor symptoms ($p=0.721$), and increased patient satisfaction scores ($p=0.195$), especially in the Continuity and Collaboration of Professionals subscale ($p=0.08$) as compared to the control group. The qualitative interviews revealed strong support for integrated care, with themes of empowerment and a case-coordinator highlighted.

Conclusion: A one-stop integrated care appears to result in non-significant improvement in non-motor symptoms and satisfaction but not QoL or disability as compared to standard care. This proof-of-concept feasibility study provided pivotal evidence of the efficacy of such an approach, which remains to be further investigated in a larger trial, sufficiently powered to detect significant differences.