

Care continuity for patients suffering from Parkinson's disease during COVID-19 and its impact on quality of life

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Introduction and Aims

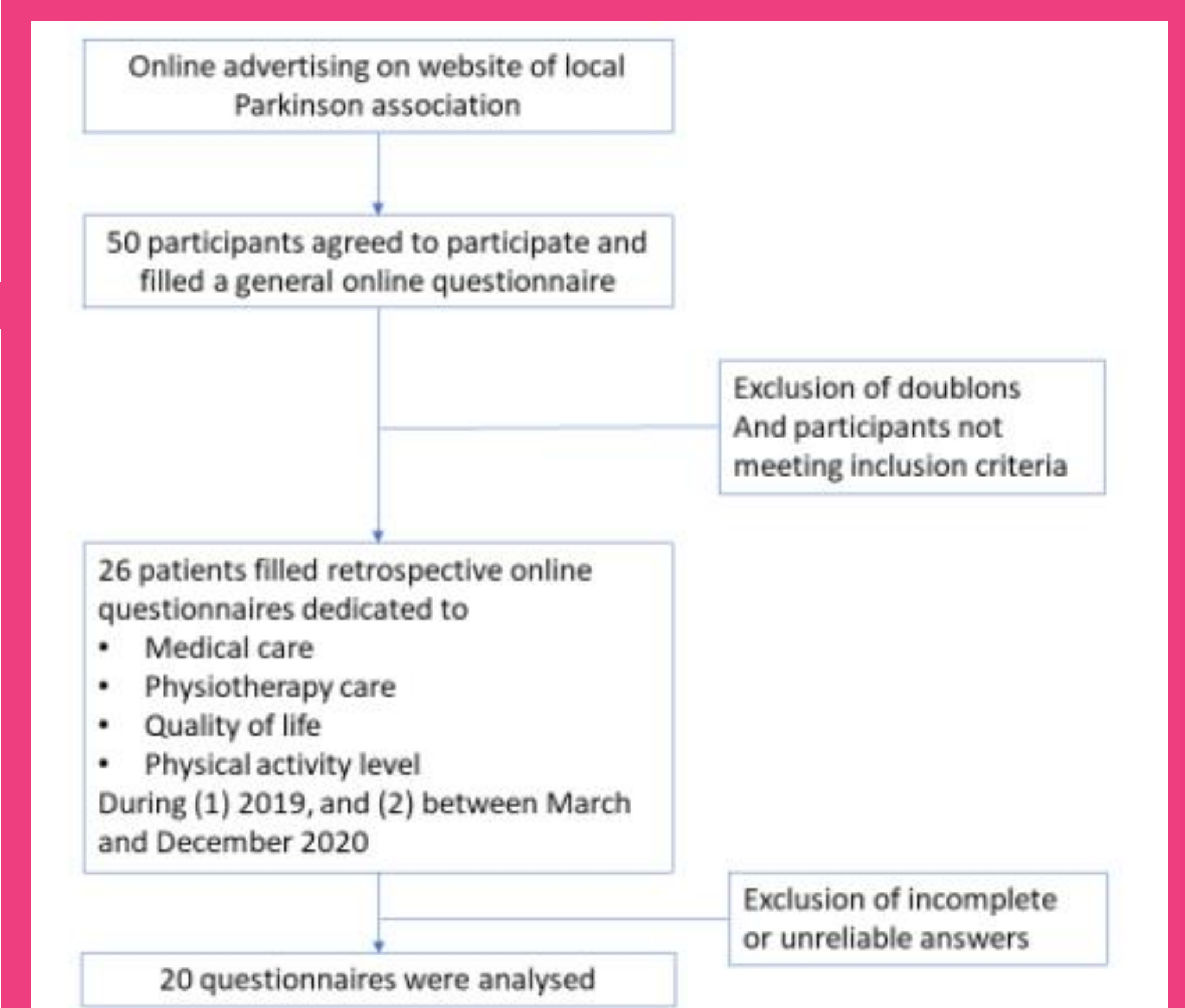
Parkinson's disease is a chronic neurodegenerative disease mainly causing motor symptoms (tremor, slow movements, muscle rigidity, impaired balance). Medication manages most of these symptoms, although it needs fine adaptation and may be associated with debilitating side-effects. For these reasons, optimal medical care involves a sustained monitoring from the Neurologist and a steady multidisciplinary follow-up. Physiotherapy is a fully-fledged part of the treatment aimed at preventing pain, muscle soreness, gait and balance impairments, or supporting an active behaviour. ¹ During the early COVID-19 sanitary crisis, sanitary lockdown led to medical appointments adjournments and nonurgent care cancellations for many outpatients. ² In many countries, the consequences may have been especially though for patients suffering from Parkinson's disease. ^{3,4}

The aim of this local retrospective research is to quantifying the impact of the sanitary crisis on medical cares and physiotherapy sessions in patients suffering from PD in Wallonia, Belgium.

Methods

Patients were enrolled online through the local Parkinson Association (<https://www.parkinsonasbl.be>) between January and march 2021. They retrospectively filled questionnaires about medical cares, physiotherapy cares, and quality of life (PQD-39) (a) in 2019, and (b) between March and December 2020.

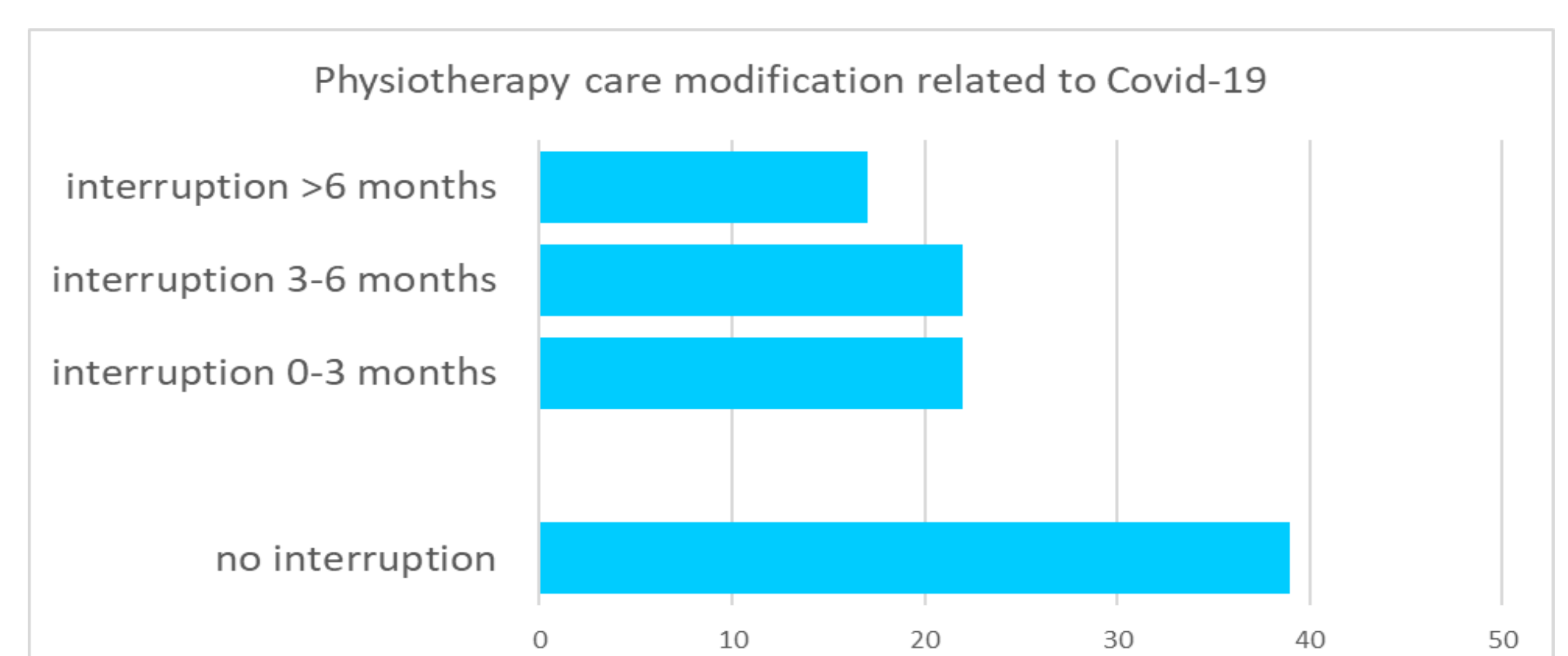
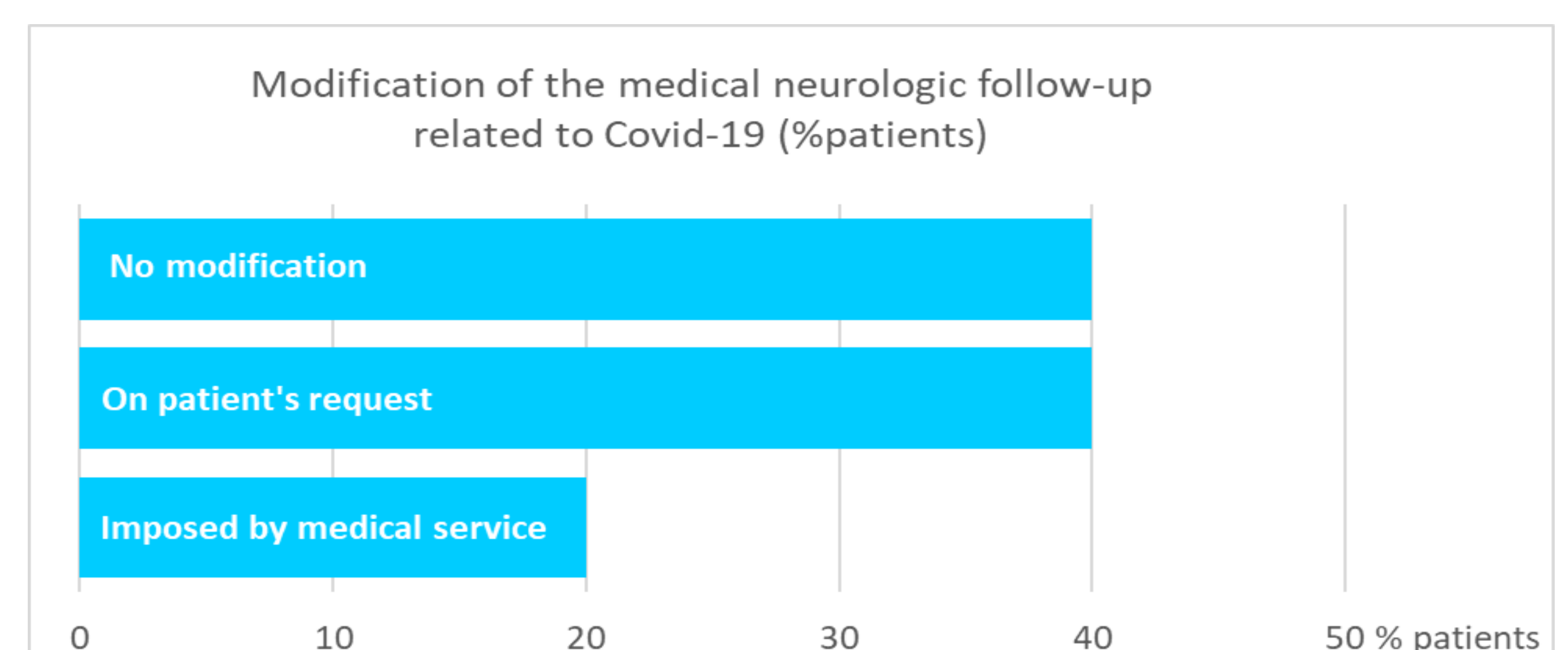
Twenty-six patients replied and met the inclusion criteria (suffering from mild to moderate Parkinson's disease, but not suffering from any other debilitating cardiac, respiratory, neurologic or rheumatologic diseases, or dementia). After exclusion of incomplete or poorly reliable replies, only twenty answers were eligible for the analyses.



Results

Sixty percent of the patients underwent medical appointment disruption related to Parkinson's disease follow-up. In 66% of these cases, the cancelation or postponement was patient's own decision instead of hospital adjournment. Patients with medical care interruption showed significant worse score of depression than patients who kept their regular schedules ($p=0.047$). Global quality of life worsened between 2019 and 2020 ($p=0.02$).

Ninety percent of the patients had regular physiotherapy before the lockdown. Sixty-one percent of these patients had physiotherapy care cancelled due to the sanitary crisis. Among these patients, the duration of the interruption lasted less than 3 months for 36% of them, 3 to 6 months for 36% of them. In March 2021, 28% had still not resumed physiotherapy sessions. Reasons evoked for long-lasting care interruptions were fear of the virus, lack of interest for physiotherapy, or physical inability. Besides, physiotherapy sessions in Hospital or Rehabilitation Centres were more subjected to interruption than among private practitioners ($p=0.038$).



Conclusion

Sanitary situation and measures in Wallonia had a negative impact on patients' medical physical therapy follow-up, which could be especially damageable for patients with Parkinson's disease. Most of the time, medical appointment modifications were on patients request. Patients subjected to depressive symptoms or consulting in in hospital or rehabilitation centre may need a particular attention and advises during specific sanitary situations. Although its small sample size and quality limitations linked to retrospective and online design, it may help to set up courses of action during exceptional health events.

Références

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