Abstract's For JNNP

Poster session WED, 130

Designing a Care Pathway for High Risk Parkinson's Patients

Tam Lok Yee Chloe1, Thea Dominey1, Emma Pearson2, Fiona Murphy2 and Camille Carroll, MD, PhD1
1University of Plymouth Faculty of Medicine and Dentistry, Plymouth, Devon, United Kingdom. PL6 8BX; 2 Plymouth Hospitals NHS Trust, Plymouth, Devon, United Kingdom. PL6 8BX

Objective: To inform pathway design for patients at high risk of an adverse outcome at 5 years post-Parkinson's disease (PD) diagnosis.

Background: In our service, all newly diagnosed patients follow a 12-month new patient pathway, which includes assessment with PDQ-39, NMS Quest and MOCA. Use of a prognostic calculator1 allows for refinement of the pathway according to patient need. Patients are classified as low (0-0.3), medium (0.31-0.79) or high (0.8-1) risk of an adverse outcome at 5 years (postural instability, dementia, death).

Aim: We aim to evaluate whether assessments in the newly diagnosed pathway identify additional care needs in higher risk patients.

Methods: An evaluation was carried out of our new patient database. Individuals who had the prognostic indicator performed (n=52) were included in the evaluation.

Results: Patients in the high risk groups were found to be older and more cognitively impaired than lower risk patients ($p < .05$). MOCA scores negatively correlated with NMS Quest ($r = -.44$, $p < .001$) and PDQ-39 ($r = -.51$, $p < .001$) suggesting as cognition becomes impaired, NMS burden increases, and quality of life is reduced.

Conclusions: Additional care needs were identified in high-risk patients. These findings highlight additional resources are required in this patient cohort to ensure needs are met.

References:

1. Velseboer, D. C. et al. Development and external validation of a prognostic model in newly diagnosed Parkinson disease.

camille.carroll@plymouth.ac.uk