Long-term adherence to a cognitive-motor exercise program for people with Parkinson disease

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INTRODUCTION

Combining motor and cognitive interventions in Parkinson's disease (PD) may be potentially beneficial given the emerging evidence on multitask training. However, uncertainties persist about the patient´s long-term adherence to such trainings in real-world settings.

OBJECTIVE

Assess the **long-term adherence** of a community program for people with PD combining web-based cognitive training with motor exercises (**Cogweb Move.It program**).

METHODS

Patients and caregivers were invited to participate in the program once per week, at the Parkinson Association. Participants were included according to therapist's best clinical judgment. The program is an ongoing community class funded through a grant*. At 4 months, the number of participants at baseline and at follow-up was assessed. Patients also completed a questionnaire evaluating: (1) reasons for absences; (2) perceived barriers and facilitators; (3) satisfaction; (4) perceived benefit; (5) adverse events; (6) interest in continuing; and (7) if they would recommend it.

RESULTS

The program started with 4 participants. **At 4-months**, the program included **15 participants** (2 caregivers, 8 male), participating minimal frequency of 3 times/month per participant. Thirteen participants had a diagnosis of PD, **mean age of 71 years, Hoehn & Yahr I-IV.** There was 1 drop-out due to difficulty following activities. All participants responded to a questionnaire at follow-up. Reasons for absence included: unexpected medical problems (6), transportation difficulties (2), and medical appointments (8). Adverse effects were mild (e.g. occasional mental fatigue).

Main barriers for participation: **Transportation, medical appointments, and physical disability.**

Main facilitators for participation: **Caregiver support, easy transportation, and perceiving the benefits.**

Participants were "very satisfied" (11/15) or "satisfied" (4/15) with the program. Patients had favorable perceived benefit (83% very useful; 17% moderately useful). All referred that they were **willing to continue** and **recommend it to others**.

CONCLUSION

The community-based exercise program was well-received, with increasing numbers of participants at 4 months. Such programs may ultimately promote a better use of non-pharmacological interventions in health care systems.

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