The Impact of LSVT BIG on Instrumental Activities of Daily Living in Persons with Parkinson's Disease: A Retrospective Study Eirish Doyogan OTS, Ariane Mallon OTS, Laura Park OTS, Kalena Patton OTS

Abstract

Objective

To observe changes in instrumental activities of daily living (IADL) performance in patients with Parkinson's disease (PD) after receiving Lee Silverman Voice Treatment BIG (LSVT-BIG) training, as measured by the Lawton IADL Scale.

Methods

The study reviewed already existing documentation from the LSVT BIG certified therapists. The quantitative results obtained from pre and post assessment data of the Lawton IADL scale was analyzed using descriptive data.

Background

Parkinson's disease (PD): a progressive, degenerative, neurological disease that primarily affects motor functions due to loss of dopaminergic neurons in the brain. • Common signs and symptoms:

- Resting tremors, muscle rigidity, bradykinesia, hypokinesia, loss of impaired gait, loss of coordination and difficulty with balance, speech production

- Difficulties with activities of daily living (ADLs), instrumental activities living (IADLs), and decreased quality of life of daily

Unknown cause & presently no cure

>LSVT-BIG, a standardized evidence-based protocol: a promising non pharmacological treatment for the motor symptoms of PD.

- 4-week protocol consisting of 16 one-hour, one-to-one treatment sessions
- Intensive exercise of large amplitude movements + independent home exercise
- Activity-based program to improve gross motor function

>Evidence supports the positive effect of LSVT-BIG on improvements in gait speed, balance, trunk, mobility, decreased fall risk, and cognitive performance

Methodology

Procedures

➤ Recruitment of Participants:

- Contacted via email 145 certified LSVT-BIG providers listed on the LSVT Global website and located within 10 miles of New York City
- Two participants were recruited for this study

≻Role of Participants

- Screen closed clients' charts to identify community dwelling adults diagnosed with early to mid-stage PD and have completed LSVT training in 2019
- Use information from patients' charts to complete pre and post Lawton IADL Scale

Demographic Information	Patient A	Patient B		
Age	92 years	74 years		
Gender	Male	Female		
Hoehn & Yahr Stage	3	2.5		
Comorbidities	Congestive Heart Failure	History of Right Cerebrovascular Accident		
Medications	25-100 4x daily	10-100 3x daily		
Race & Ethnicity	Caucasian	Caucasian		
Work Status	Not working	Not working		
Marital Status	Single	Divorced		
Living Situation	Lives with two friends in the community	Living in an assisted living or nursing facility		

Data Management and Analysis

- ≻No identifiable information of the therapists or their chart was maintained
- > Descriptive statistics used to analyze significance between pre & post Lawton IADL Scale
- ≻Changes in scores from the pre and post Lawton IADL Scale were used to determine if LSVT-BIG contributed to clients' IADL function improvement

Scan to see so
Lawton IADL Scale
A. Ability to Use Telephon
1. Operates telephone on ow
2. Dials a few well-known nu
3. Answers telephone but do
4. Does not use telephone at
B. Shopping
1. Takes care of all shopping
2. Shops independently for s
3. Needs to be accompanied
4. Completely unable to shop
C. Food Preparation
1. Plans, prepares, and serve
2. Prepares adequate meals
3. Serves prepared meals/pre
4. Needs to have meals prep
D. Housekeeping
1. Maintains house alone with
2. Performs light daily tasks s
3. Performs light daily tasks,
4. Needs help with all home r
5. Does not participate in any
E. Laundry
1. Does personal laundry cor
2. Launders small items, rins
3. All laundry must be done b
F. Mode of Transportation
1. Travels independently on p
2. Arranges own travel via ta
3. Travels on public transport
4. Travel limited to taxi or aut
5. Does not travel at all
G. Responsibility for Own
1. Is responsible for taking m
2. Takes responsibility if med
3. Is not capable of dispensir
H. Ability to Handle Finan
1. Manages financial matters
2. Manages day-to-day purch
3. Incapable of handling mon

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Findings

cale			Patient A		Patient B	
		Pre	Post	Pre	Post	
ne						
wn initiative; looks up and dials numbers	1				x	
umbers	1		х	х		
bes not dial.	1	х				
at all	0					
g needs independently					х	
small purchases				х		
d on any shopping trip			x			
p		х				
ves adequate meals independently						
s if supplied with ingredients						
repares meals but does not maintain adequate diet	0				x	
pared and served.	0	х	х	х		
th occasion assistance (heavy work)	1					
such as dishwashing, bed making	1				х	
, but cannot maintain acceptable level of cleanliness	1					
maintenance tasks	1					
y housekeeping tasks	0	х	х	х		
mpletely	1					
ses socks, stockings, etc	1		x		x	
by others.	0	х		х		
n						
public transportation or drives own car	1				x	
axi, but does not otherwise use public transportation	1					
rtation when assisted or accompanied by another	1		x			
tomobile with assistance of another	0	x		x		
	0					
n Medications						
nedication in correct dosages at correct time	1				х	
dication is prepared in advance in separate dosages	0		x	x		
ing own medication	0	x				
nces						
s independently; collects and keeps track of income	1					
hases but needs help with banking/major purchases,	1		x	x	x	
ney	0	x				

Discussion

Descriptive statistical analysis suggests improvement in IADL performance after LSVT-BIG training, as measured by the Lawton IADL scale.

Patient A:

- \succ Improved from a score of 2 to 7
- Improved in the ability to use the phone, shopping, laundry, modes of transportation, responsibility for own medications, and ability to handle finances
- > Improved from being completely unable to shop, to needing to be accompanied on any shopping trips
- > No changes in the areas of food preparation and housekeeping

Patient B:

- Improved from a score of 1 to 4
- \succ Improved in the ability to use the telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, and responsibility for own medications
- Significantly improved in the performance of modes of transportation, going from \succ having travel that was limited to taxi or automobile with assistance of another, to traveling independently on public transportation or driving his/her own car
- > Improved from not participating in any housekeeping tasks to performing light daily tasks such as dishwashing and bed making

Both Patients:

Improved in the ability to use the phone, shopping, laundry, modes of transportation, and responsibility for their own medications

Assumptions and Limitations

Assumptions:

- 1. Participants were accurate and truthful reporters of their patient's functional status
- 2. The report of IADL performance was an accurate measure of patient IADL performance

Limitations:

- Data obtained may not be representative of the target population since improvement in functioning
- 2. Only two participants were recruited for the study which was not enough to make generalization of study results to the targeted population.

Conclusion & Implications for Future Research

- Therapists' reports of patients' improvements in IADL may suggest that LSVT-PD. Further research needs to be conducted with a larger sample size to understand the impact of LSVT-BIG on IADL performance.
- > This research is significant in occupational therapy practice because it supports that LSVT BIG can have potential positive impact on PD patients' functional performance, This research promotes the need for future prospective studies on LSVT BIG and its effectiveness in improving IADL performance specifically.



participants may have provided data only on select patients that have displayed

BIG is an effective program for improving functional performance in patients with