Exploring healthcare professionals’ perceptions of diet and exercise as a form of symptom management in Parkinson’s Disease

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Parkinson’s Disease (PD) is a neurodegenerative disorder in which dopaminergic neurons of the substantia nigra, a region of the brain that controls movement, are lost over time. This results in motor symptoms, such as bradykinesia, and non-motor symptoms such as depression. Evidence-based resources and programmes utilising exercise for symptom management are widely available. However, despite emerging evidence showing that diet changes can improve quality of life and reduce disease severity, there are few dietary guidelines and programmes. This study aims to address a current literature gap in qualitative studies assessing the opinions of healthcare professionals (HCPs) towards diet and exercise in PD care, and to identify barriers and facilitators of this in care.

A qualitative design was used to assess the views and beliefs of HCPs. Semi-structured interviews were conducted via telephone, using a topic guide developed by the research team, consisting of 20 questions. The data were analysed using the six-phase process of Reflexive Thematic analysis to determine key themes in the data.

Five HCPs participated in this study. One main theme and two subthemes were identified. The main theme was that provisions of care and dietary advice are limited by a lack of knowledge of evidence-based, PD-specific, dietary guidelines. Subtheme 1 was that evidence-based exercise guidelines have been important facilitators in supporting care provision. Subtheme 2 was that lack of dietary guidance has been a barrier to optimum care provision and self-efficacy of HCPs.

HCPs were less likely to discuss diet, due to barriers including lack of available resources or knowledge thereof, self-efficacy to recommend dietary changes, time constraints in the clinic, and less well-established referral pathways for dietitians. HCPs were unaware of the influence of diet in PD treatment, despite diet’s impact on symptoms being discussed in clinic. However, HCPs agreed that evidence-based resources would benefit HCPs’ practice, to improve symptom severity and nutritional status of patients. Exercise was more likely to be discussed, as evidence-based guidelines and empirical understanding meant HCPs were more aware of the beneficial effects on symptoms.

While limited by small numbers, these findings suggest that a lack of knowledge, low self-efficacy, and time pressures mean that patients may not receive dietary guidelines which may be beneficial to their care. Self-efficacy of HCPs should be improved through PD-specific nutritional education, development and dissemination of PD-specific nutrition guidelines and resources. Future research should aim to determine the effectiveness of relevant dietary strategies’ in managing and caring for PD.

Acknowledgments
Many thanks to the HCPs who participated in this research, providing their insights and experiences caring for PwP. In addition, thank you to the research team who conducted the research interviews and shared the data for the current analysis.

References