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Abstract's For JNNP

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Designing a Care Pathway for High Risk Parkinson's Patients

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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.

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