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AN INVESTIGATION INTO THE EFFECTS OF COGNITIVE STYLE ON REHABILITATION IN PARKINSON’S DISEASE

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PURPOSE
The study aims to evaluate the effects of cognitive style on rehabilitation of people with Parkinson’s disease (PD). Cognitive style refers to an individual's preferred method of processing information in stressful, or new, situations. This can be referred to as a coping strategy.

RELEVANCE
The study forms part of a European Commission funded multi-centre project, Rehabilitation in PD: Strategies for Cueing (RESCUE), which aims to develop a novel rehabilitation method using cues for delivery in the community to improve mobility.

SUBJECTS
25 participants with PD (10 female and 15 male) (mean age = 63.74 +/- 7.54), and 25 healthy control participants (13 females and 12 males) (mean age = 65.0 +/- 7.46) were studied. Participants had a mean disease severity of 2.5 +/- 0.68 on the Hoehn and Yahr scale. Informed written consent was obtained.

METHODS and MATERIALS
Cognitive style was assessed using the Monitor Blunter Style Scale (Miller 1987), a questionnaire that assesses two separate coping strategies in relation to adverse situations (in this case the situation related to having a diagnosis of PD). A blunter is someone who prefers unpredictability in adverse situations and uses strategies like denial, reinterpretation and intellectualisation to lower their arousal levels and maintain their positive bias about their health. A monitor prefers predictability, and seeks out information to provide this. This strategy will lead to higher arousal, and it is generally found that monitors have a more negative bias about their health.

ANALYSES
Bi-variate correlations and Independent samples t-tests were conducted.
RESULTS
There were no significant differences in cognitive style between the participants with PD and the control group. Within the PD group there was a significant correlation between monitoring and disease severity (Hoehn and Yahr) ($r = -.425$, $p<0.05$).

CONCLUSIONS
The ability to take on new information, use it and feel comfortable with it (monitoring) decreases as PD progresses. This has implications for the therapeutic management of people with PD throughout the different stages of the disease, in particular the timing of referral and training of novel movement strategies.