

Exercising 2.5 hours per week associated with slower declines in Parkinson's disease patients

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Parkinson's disease (PD) is a progressive condition that often results in mobility impairments and can lead to decreased health-related quality of life (HRQL) and death. There is evidence that physical activity can delay decline in PD patients. In a study in the *Journal of Parkinson's Disease*, researchers determined that people who exercised regularly had significantly slower declines in HRQL and mobility over a two-year period.

Lead investigator Miriam R. Rafferty, PhD, of Northwestern University and Rehabilitation Institute of Chicago, describes the main findings of the study. "We found that people with Parkinson's disease who maintained [exercise](#) 150 minutes per week had a smaller decline in quality of life and mobility over two years compared to people who did not exercise or exercised less. The smaller decline was significant for people who started the study as regular exercisers, as well as for people who started to exercise 150 minutes per week after their first study-related visit."

The data came from the National Parkinson Foundation Quality Improvement Initiative (NPF-QII), an international, multicenter, prospective clinical study of care and outcomes that has recorded data from 21 sites in North America, the Netherlands, and Israel identified as Centers of Excellence by the National Parkinson Foundation. Over 3400 participants provided data over two years, with information collected

during at least three clinic visits. The NPF-QII study collects demographics, disease duration, Hoehn and Yahr stage (HY), brief cognitive assessments, as well as data on pharmacologic and non-pharmacologic management of PD symptoms. These observational study visits are scheduled on a yearly basis. At each visit, exercise is measured by the self-reported number of hours per week of exercise.

The Parkinson Disease Questionnaire (PDQ-39) is used to measure patient-reported, PD-specific HRQL. Functional mobility was measured by the Timed Up and Go (TUG) test, in which performance is tested by timing participants as they rise from a chair, walk three meters, turn, and return to a sitting position.

Although this study did not determine which type of exercise is best, it suggests that any type of exercise done with a "dose" of at least 150 minutes per week is better than not exercising. "People with PD should feel empowered to find the type of exercise they enjoy, even those with more advanced symptoms," remarked Dr. Rafferty.

An unanticipated finding from the study was that the HRQL benefit associated with 30-minute increases in exercise per week was greatest in people with advanced PD. These data have significant implications for making exercise and [physical activity](#) more accessible to people with more severe disability. People with more advanced PD may have poor access to [regular exercise](#), as their mobility impairments would limit their independent participation in existing community and group exercise programs.

"The most important part of the study," according to Dr. Rafferty, "is that it suggests that people who are not currently achieving recommended levels of exercise could start to exercise today to lessen the declines in quality of life and mobility that can occur with this progressive disease."

More information: Miriam R. Rafferty et al, Regular Exercise, Quality of Life, and Mobility in Parkinson's Disease: A Longitudinal Analysis of National Parkinson Foundation Quality Improvement Initiative Data, *Journal of Parkinson's Disease* (2017). [DOI: 10.3233/JPD-160912](https://doi.org/10.3233/JPD-160912)

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