PARKINSON'S DISEASE AND PARKINSONISM: THE IMPORTANCE OF BIOPSYCHOSOCIAL MODEL IN CLINICAL PRACTICE

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Introduction: Assessment of quality of life (Qol) is an important measure in Parkinson's Disease and Parkinsonism (PD). Depression, cognitive impairment, coping strategies, dyskinesia, gait disorders and complications of dopaminergic drugs are the variables that most affect the Qol of PD patients.

Aims: To evaluate the impact of sociodemographic variables on quality of life (Qol) in PD patients.

Methods: 100 PD patients were consecutively enrolled in Movement Disorders Ambulatory of IRCCS Centro Neurolesi “Bonino-Pulejo”, Messina. Unified Parkinson Disease Rating Scale motor sub-scales (UPDRS-III), Parkinson Disease Questionnaire-39 (PDQ-39), as a disease-specific measure of Qol, and a sociodemographic variables checklist were recorded.

Results: Ninety-five patients (51% men; age 71.02 +/- 8.64; years of illness 5.44 +/- 5.54; UPDRS-II 23.21 +/- 6.75) completed the booklet. 31% of patients live alone, 65% with spouse, 10% with children and 5% with siblings. Most reported other debilitating diseases (66.7%). We investigated differences with the Kruskal-Wallis test (C.I.95%). Gender difference was significant in relation to mobility ($\chi^2=5.604$; df=1; $p=0.018$), psychological well-being ($\chi^2=5.815$; df=1; $p=0.016$) and physical discomfort ($\chi^2=4.247$; df=1; $p=0.039$). The presence/absence of comorbidity significantly influence the mobility ($\chi^2=8.985$; df=1; $p=0.003$) and psychological well-being ($\chi^2=5.277$; df=1; $p=0.022$). Mobility ($\chi^2=12.337$; df=3; $p=0.006$), daily activities ($\chi^2=14.485$; df=3; $p=0.002$) and social stigma ($\chi^2=12.211$; df=3; $p=0.007$) are significantly influenced by the “cohabitation, proximity, or live alone”.

Conclusions: The socio-demographic variables, as sex, comorbidity and cohabitation, affect various dimensions of Qol, self-assessment by patients with PD. These data validate the importance of applying the biopsychosocial model in clinical practice for the specific effect of biological, psychological and social variables on prognosis, to customize health care interventions.