



# Parkinson's disease: a study on the role of doctor-patient communication discussing the transition to complex therapies.

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## Objectives

Communication is a central process within patient-doctor relationship (Stewart, 1995). Few studies have considered the communicative processes in Parkinson's disease (PD). The influence of doctors' communication regarding advanced treatment on compliance and satisfaction about therapy was underlined (Lökk, 2011). An adequate communication is needed, especially during the advanced phases of PD, characterized by demanding therapeutic adjustments and the possible need of complex therapies (CT). Therefore, **our aim is to investigate the role of communication and patient-doctor relationship** in this specific phase of PD.

## Materials

Twenty-four idiopathic PD patients (M/F: 15/9; mean age:  $61.7 \pm 8.8$  years; disease duration:  $12 \pm 4.8$  years) eligible for CT (DBS, continuous infusion of levodopa-carbidopa intestinal gel or subcutaneous Apomorphine) underwent a **semi-structured interview** aimed to investigate communication-related cognitions, feelings and behaviours concerning PD and the possible introduction of a CT. Moreover, the Patient-Doctor Relationship Questionnaire (PDRQ-9) was administered.

Also neuropsychological and behavioural screening test were performed in order to assess neuropsychiatric symptoms (see Table 1 for demographic and clinical variables).

## Methods

Descriptive statistics were performed and Spearman's correlations were used to explore the relationship between communication processes and levels of anxiety or depression.

Age	61.7 (8.8)
Gender (M/F)	15/9
Education (years)	10.5 (3.9)
Disease duration (years)	12 (4.8)
MMSE	28.9 (1.4)
PDRQ-9	37.3 (7.3)
BDI (depression)	12.4 (7.6)
STAI X1 (state anxiety)	45.4 (13.3)
STAI X2 (trait anxiety)	42.8 (11.1)

Table 1: Patients' demographic and clinical features. Mean (standard deviation) are reported.

## Results

Patients' satisfaction about relationship with physicians (PDRQ-9:  $37.3 \pm 7.3$ ) was highlighted. Patients received a personal session with the referral neurologist discussing the eventual transition to CT.

**Non-verbal means of communication** played a key role during communicative processes and were interpreted as doctor's signal of interest and **empathy**.

From the patient's perspective, this communication aroused a wide range of **beliefs** and related **emotional contents** (see Table 2) such as **fear** (11/24 patients) and **concern** (15/24 patients). A significant correlation was found between anxiety measures and emotions like **sadness** and **skepticism**, whereas feelings of concern significantly correlated with depression scores. However, also feelings of **gladness** (41.7%) and **hope** for a motor improvement (62.5%) were reported, inversely correlated with anxiety scale. At the end of this personal session, half of patients (50%) desired to receive **further information** about the therapeutic options.

Emotional reaction	N (%)	BDI	STAI X1	STAI X2
Cry	7 (29.2)	0.35	0.10	0.02
Anger	4 (16.7)	0.22	0.40	0.40
Sadness	6 (25)	0.41	<b>0.63*</b>	<b>0.52*</b>
Silence	6 (25)	0.36	0.41	0.28
Denial	1 (4.2)	0.36	0.40	0.40
Shock	5 (20.8)	0.10	0.26	0.26
Skepticism	4 (16.7)	0.37	<b>0.55*</b>	<b>0.48*</b>
Concern	15 (62.5)	<b>0.61*</b>	0.24	0.25
Fear	11 (45.8)	0.25	0.31	0.01
Hope	15 (62.5)	-0.45	<b>-0.49*</b>	-0.30
Gladness	10 (41.7)	-0.32	-0.22	-0.25

Table 2: Spearman's correlations between emotional reactions and BDI – STAI X Form scores. \* Significant correlations ( $p < 0.05$ ).

## Discussion

From our data, three guide principles arise: **give realistic but supportive information; recognize negative thoughts and replace them with less-exaggerated beliefs as an alternative; elicit collaboration in developing a strategy or treatment plan for the future.**

## Conclusions

Our study underlines the importance of doctor-patient communication in the transition to CT for advanced PD to foster **treatment adherence** and favour a **patient-centred approach**.

## References

- [1] Stewart M. Effective physician-patient communication and health outcomes: a review. CMAJ. 1995;152 (9):1423–33.
- [2] Lökk J. Lack of information and access to advanced treatment for Parkinson's disease patients. JMDH. 2011; 4: 433-439.