Cognitive behavioural therapy reduces psychological distress in carers of people with Parkinson's disease

Secker DL, Brown RG. Cognitive behavioural therapy for carers of patients with Parkinson's disease: a preliminary randomised controlled trial. *J Neurol Neurosurg Psychiatry* 2005;**76**:491–7.

Q What are the effects of cognitive behavioural therapy on carers of people with Parkinson's disease?

METHODS

Design: Randomised controlled trial.

Allocation: Concealed.

Blinding: Unblinded.

Follow up period: Six months.

Setting: Carers referred through routine clinical contact, or from advertisements in newsletters of Parkinson's Disease Society in the UK. Time period not stated.

Patients: Thirty primary carers of and living with an individual with Parkinson's disease, and with a score of five or more on the 28 item General Health Questionnaire (GHQ-28). People were excluded if their English was not sufficiently fluent to participate in therapy.

Intervention: At least 12 weekly cognitive behavioural therapy (CBT) sessions over three months or no treatment. CBT comprised: education and introduction to CBT; accessing community resources and supports; pleasant activity scheduling; relaxation training; sleep improvement; identifying and challenging negative thoughts and feelings; challenging maladaptive rules and core beliefs; review and planning for the future.

Outcomes: Psychological distress on the GHQ-28 (lower score = less distress).

Patient follow up: 100%

MAIN RESULTS

In carers of people with Parkinson's disease, CBT reduced psychological distress compared with no treatment at three and six months

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(3 months: change in mean GHQ-28: -20.7 with CBT v -6.8 with no treatment; $p < 0.01$; 6 months: -21.1 with CBT v -7.5 with no treatment; significance not reported).

CONCLUSIONS

CBT for three months reduces psychological distress in carers of people with Parkinson's disease. Further research is needed to ascertain the longer term effects of CBT in a broad range of carers, and the best method for implementing CBT in clinical practice.

Commentary

The recent UK National Service Framework for long term (neurological) conditions states "Family members and friends who care for and support people with long-term neurological conditions are often vital to the progress, wellbeing and quality of life of the person".¹ Furthermore, "the importance of the role and needs of carers has been recognised and reflected in legislation and government initiatives since 1995, in reports by national carers' organisations and in a range of good practice guidelines".¹ However, the direct evidence base for interventions for carers of people with Parkinson's disease is small. In this context, Secker and Brown's preliminary randomised controlled trial of a cognitive behavioural approach is a very welcome addition to the literature.

In practice, few, if any, services will have the resources to provide 12–14 hours of an individualised, specialist intervention for each carer. Appropriately knowledgeable and experienced cognitive behavioural therapists or clinical psychologists are not widely available. Where such personnel exist, they may be expected to focus on those carers with greatest clinical need. The carers in most need of support are likely to be older, less educated, and more depressed than participants in Secker and Brown's trial, yet such carers may not wish to engage with a psychological therapist/psychologist. This may part explain the 51% refusal rate by potential participants. Potentially, Parkinson's nurse specialists, known to be valued by the client population,² could identify and refer those seeking specialist psychological interventions, or be trained to provide basic elements of cognitive behavioural interventions.

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- 1 Department of Health. National Service Framework for Long-Term Conditions. Available at www.dh.gov.uk/longtermnsf (accessed 1 August 2005).
- 2 Jarman B, Hurwitz B, Cook A, et al. Effects of community based nurses specialising in Parkinson's disease on health outcome and cost: randomised controlled trial. *BMJ* 2002;**324**:1072–5.