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Exploring healthcare professionals' perceptions of diet and exercise as a form of symptom management in Parkinson's Disease

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Parkinson's Disease (PD) is a neurodegenerative disorder in which dopaminergic neurons of the substantia nigra, a region of the brain that controls movement, are lost over time⁽¹⁾. This results in motor symptoms, such as bradykinesia, and non-motor symptoms such as depression⁽²⁾. Evidence-based resources and programmes utilising exercise for symptom management are widely available⁽³⁾. However, despite emerging evidence showing that diet changes can improve quality of life and reduce disease severity⁽⁴⁾, there are few dietary guidelines and programmes. This study aims to address a current literature gap in qualitative studies assessing the opinions of healthcare professionals (HCPs) towards diet and exercise in PD care, and to identify barriers and facilitators of this in care.

A qualitative design was used to assess the views and beliefs of HCPs. Semi-structured interviews were conducted via telephone, using a topic guide developed by the research team, consisting of 20 questions. The data were analysed using the six-phase process of Reflexive Thematic analysis to determine key themes in the data⁽⁵⁾.

Five HCPs participated in this study. One main theme and two subthemes were identified. The main theme was that provisions of care and dietary advice are limited by a lack of knowledge of evidence-based, PD-specific, dietary guidelines. Subtheme 1 was that evidence-based exercise guidelines have been important facilitators in supporting care provision. Subtheme 2 was that lack of dietary guidance has been a barrier to optimum care provision and self-efficacy of HCPs.

HCPs were less likely to discuss diet, due to barriers including lack of available resources or knowledge thereof, self-efficacy to recommend dietary changes, time constraints in the clinic, and less well-established referral pathways for dietitians. HCPs were unaware of the influence of diet in PD treatment, despite diet's impact on symptoms being discussed in clinic. However, HCPs agreed that evidence-based resources would benefit HCPs' practice, to improve symptom severity and nutritional status of patients. Exercise was more likely to be discussed, as evidence-based guidelines and empirical understanding meant HCPs were more aware of the beneficial effects on symptoms.

While limited by small numbers, these findings suggest that a lack of knowledge, low self-efficacy, and time pressures mean that patients may not receive dietary guidelines which may be beneficial to their care. Self-efficacy of HCPs should be improved through PD-specific nutritional education, development and dissemination of PD-specific nutrition guidelines and resources. Future research should aim to determine the effectiveness of relevant dietary strategies' in managing and caring for PD.

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