

## Appendix B: Stakeholder consultation comments table

### 2018 surveillance of [Mental wellbeing in over 65s: occupational therapy and physical activity interventions](#) (2008)

Consultation dates: 23 January to 5 February 2018

Do you agree with the proposal to a partial update of the guideline?			
Stakeholder	Overall response	Comments	NICE response
Parkinson's UK	Yes	Parkinson's UK welcomes the proposal for partial update for the guideline to include yoga, Pilates and tai chi. We know that physical activity can improve mood and quality of life for people with Parkinson's, and that yoga and tai chi can help improve flexibility with strength. Li et al. (2012) Tai Chi and Postural Stability in patients with Parkinson's disease. New England Journal of Medicine, 366 (6), pp. 511 - 519. Parkinson's UK (2017) Parkinson's Exercise Framework	Thank you for your comment.

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Living Streets	Yes	<p>We strongly support the proposal to update recommendation 2, bringing it into line with the Chief Medical Officers' recommendation that walking is a good way for older adults to meet their recommended physical activity levels. Walking is accessible, free, and can provide valuable social time, helping to improve older people's mental wellbeing. In Living Streets' led walks with older people, 80% said they feel less stressed and anxious after taking part in the project.</p> <p><a href="https://www.livingstreets.org.uk/what-we-do/projects/walking-with-older-people">https://www.livingstreets.org.uk/what-we-do/projects/walking-with-older-people</a></p> <p>We also strongly support updating recommendation 3 to broaden the reference to walking group leaders. There are many formal and informal older people's led walks projects across the country, and it is important that all these are addressed.</p>	Thank you for your comments.
Tees Esk and Wear Valleys NHS Foundation Trust	Yes	It would be helpful to add clarification regarding responsibility for providing interventions. i.e., whether this should be delivered by primary care or secondary care providers.	Thank you for your comment. The 'who should take action' sections detail who has responsibility – where we state health care professionals, unless otherwise indicated, this would include primary and secondary care.
Royal College of Occupational Therapists	Yes	No comments provided	Thank you for your response.

**Do you have any comments on areas excluded from the scope of the guideline?**

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Stakeholder	Overall response	Comments	NICE response
Parkinson's UK	Yes	<p>We welcome the addition of yoga, pilates and tai chi to the range of types of physical activity in recommendation two. We believe these activities should be expanded to include a range of mixed exercise programmes of varied intensity from chair-based work for the more frail Parkinson's population, and moderate to vigorous intensities for the more mobile and fit population, or those exercising for specific health needs.</p> <p>We therefore recommend broadening the range of physical activities in the scope, enable people with Parkinson's to stay fit and healthy for longer.</p> <p>This would expand the range of physical activities available to people with Parkinson's, as we know moderate level exercise can improve quality of life in addition to movement quality and function Dereli E (2010).</p> <p>Below are other papers that demonstrate the evidence base around this issue.</p> <p>Comparison of the effects of a physiotherapist supervised exercise programme and a self-supervised exercise programme on quality of life in patients with Parkinson's disease. Clinical Rehabilitation; 24: 352–362, Rodrigues de Paula F, Teixeira-Salmela LF, Coelho de Morais Faria CD, et al (2006).</p> <p>Impact of an exercise program on physical, emotional, and social aspects of quality of life of individuals with</p>	<p>Thank you for your comments.</p> <p>Interventions assessing occupational health or physical activity interventions, including chair-based work, would be included if reported outcomes include mental health and wellbeing. No evidence was identified in this area during the surveillance review, which only includes evidence published from 1st January 2014 (please see surveillance review consultation document) as this reflects the end date of the searches undertaken in the <a href="#">previous surveillance review</a> completed in March 2015. Relevant publications from before January 2014 would have been considered as part of the evidence when the guideline was developed or during the other surveillance review periods. Thank you for providing a list of references, we have looked at all that were published from 1st January 2014, but these do not meet the inclusion criteria for the surveillance review.</p> <p>During the update, your suggestion on advising older people on the types of exercise most beneficial to them and provision of education to inform people about the benefits of different types of exercise will be passed on to the guideline developers.</p> <p>The recommendation on walking schemes is for 'older people and their carers', this would include older adults with long-term and degenerative conditions, such as Parkinson's; but would not include adults aged under 65 as the guideline referral from the Department of Health was for 'Guidance for primary care and for residential care institutions on the promotion of good mental health in older people'.</p>

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	<p>Parkinson's disease. <i>Mov Disord</i>; 21: 1073–77, Ellis T, de Goede CJ, Feldman RG, et al (2005).</p> <p>Efficacy of a physical therapy program in patients with Parkinson's disease: a randomized controlled trial. <i>Arch Phys Med Rehabil</i>; 86: 626–32, and Baatile J, Langbein WE, Weaver F et al (2000). Effect of exercise on perceived quality of life of individuals with parkinson's diseas. <i>Journal of Rehabilitation Research and Development</i>; 37 (5): 529 – 34).</p> <p>There is also increasing evidence around the role of more vigorous, higher intensity exercise in returning function, which in turn, positively affects mood and quality of life (Dibble L, Hale T, Marcus R et al (2009). High intensity eccentric resistance training decreases bradykinesia and improves quality of life in person's with parkinson's disease: A preliminary study. <i>Parkinsonism and Related Disorders</i>; 15: 752 - 757).</p> <p>We would also recommend the following statement on page 9 of the guidance PH16 is broadened from-</p> <ul style="list-style-type: none"> <li>▪ <i>Ensure that exercise programmes reflect the preferences of older people.</i></li> </ul> <p>To</p> <ul style="list-style-type: none"> <li>▪ <i>Ensure that people are informed and advised on exercise that may be more of benefit to them than their preferred form of activity; their choice should reflect preference following education, and availability of exercise.</i></li> </ul> <p>We recommend that the scope of the consultation be extended to include advising older people on the types of</p>	<p>The scope cannot be extended to areas that would be outside of the original referral.</p>
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	<p>exercise most beneficial to them and provision of education to inform people about the benefits of different types of exercise.</p> <p>Further evidence to demonstrate the importance of widening this scope can be found in the exercise framework developed by Parkinson's UK. It was developed with people with Parkinson's, expert physiotherapists and exercise professionals and is based on evidence. This is a resource to support professionals working with people with Parkinson's and the framework refers to the following studies which would be useful to include in the evidence for the update of this guideline:</p> <p>Department of Health (2011). UK Physical activity guidelines. London, HMSO.</p> <p>Department of Health (2011). Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers. London, HMSO.</p> <p>Department of Health (2012). Long Term Conditions Compendium of Information, 3rd edition, May 2012, p 3. London, HMSO.</p> <p>National Collaborating Centre for Chronic Conditions (Great Britain). Parkinson's disease: national clinical guideline for diagnosis and management in primary and secondary care. Royal College of Physicians.</p> <p>Lord S, Godfrey A, Galna B, Mhiripiri D, Burn D, Rochester L. Ambulatory activity in incident Parkinson's: more than meets the eye?. Journal of neurology. 2013 Dec 1;260(12):2964-72.</p>	
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	<p>Rafferty MR, Schmidt PN, Luo ST, Li K, Marras C, Davis TL, Guttman M, Cubillos F, Simuni T. Regular exercise, quality of life, and mobility in Parkinson's disease: a longitudinal analysis of national parkinson foundation quality improvement initiative data. <i>Journal of Parkinson's disease</i>. 2017 Jan 1;7(1):193-202.</p> <p>Keus SH, Munneke M, Graziano M, Paltamaa J, Pelosin E, Domingos J, Brühlmann S, Ramaswamy B, Prins J, Struiksma C, Rochester L. European physiotherapy guideline for Parkinson's disease. KNGF/ParkinsonNet. 2014.</p> <p>Kolk NM, King LA. Effects of exercise on mobility in people with Parkinson's disease. <i>Movement Disorders</i>. 2013 Sep 15;28(11):1587-96.</p> <p>Speelman AD, Van De Warrenburg BP, Van Nimwegen M, Petzinger GM, Munneke M, Bloem BR. How might physical activity benefit patients with Parkinson disease?. <i>Nature Reviews Neurology</i>. 2011 Sep 1;7(9):528-34.</p> <p>Petzinger GM, Fisher BE, McEwen S, Beeler JA, Walsh JP, Jakowec MW. Exercise-enhanced neuroplasticity targeting motor and cognitive circuitry in Parkinson's disease. <i>The Lancet Neurology</i>. 2013 Jul 31;12(7):716-26.</p> <p>Ahlskog JE. Does vigorous exercise have a neuroprotective effect in Parkinson disease?. <i>Neurology</i>. 2011 Jul 19;77(3):288-94.</p> <p>Frazzitta G, Maestri R, Bertotti G, Riboldazzi G, Boveri N, Perini M, Uccellini D, Turla M, Comi C, Pezzoli G, Ghilardi MF. Intensive rehabilitation treatment in early Parkinson's</p>	
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	<p>disease: a randomized pilot study with a 2-year followup. Neurorehabilitation and neural repair. 2015 Feb;29(2):123-31.</p> <p>Uhrbrand A, Stenager E, Pedersen MS, Dalgas U. Parkinson's disease and intensive exercise therapy—a systematic review and meta-analysis of randomized controlled trials. Journal of the neurological sciences. 2015 Jun 15;353(1):9-19.</p> <p>Li F, Harmer P, Fitzgerald K, Eckstrom E, Stock R, Galver J, Maddalozzo G, Batya SS. Tai chi and postural stability in patients with Parkinson's disease. New England Journal of Medicine. 2012 Feb 9;366(6):511-9.</p> <p>Schrag A, Horsfall L, Walters K, Noyce A, Petersen I. Prediagnostic presentations of Parkinson's disease in primary care: a case-control study. The Lancet Neurology. 2015 Jan 31;14(1):57-64.</p> <p>Elsworth C, Dawes H, Sackley C, Soundy A, Howells K, Wade D, Hilton-Jones D, Freebody J, Izadi H. A study of perceived facilitators to physical activity in neurological conditions. International Journal of Therapy &amp; Rehabilitation. 2009 Jan 1;16(1).</p> <p>We would recommend that the definition of the target population for walking schemes should be expanded to include people with longterm and degenerative conditions, such as Parkinson's.</p> <p>We know that people with Parkinson's can be 30% less active than age matched peers, (Lord S, Godfrey A, Galna B,</p>	
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		et al (2013). Ambulatory activity in incident Parkinson's: Morethan meets the eye? J Neurol; 260: 2964 – 2972) and that some people with Parkinson's report being inactive for 70% of the day (Ford MP, Malone LA, Walker HC et al (2010). Step activity in persons with Parkinson's disease. J Phys Act Health; 7(6): 724 – 729)	
Living Streets	Yes	If the guideline were also to be aimed at local policymakers and those responsible for public open space, this could help to address some of the barriers to regular walking faced by some older people. For example, YouGov research on behalf of Living Streets in 2014 found that 50% of older people would be more likely to walk outside if the pavements were clear of vehicles parked on them, and 65% would be more likely if pavement surfaces and footways were well maintained. Including these within PH16 would bring it into line with PH8, which addresses barriers posed by the physical environment.	Thank you for your comment.  We only found 1 study in the surveillance review evaluating the effect on mental wellbeing of community interventions to improve the physical and social environment that were specifically aimed at older people and as such this is not sufficient to indicate an update in this area (please see surveillance report for consultation for details). While community interventions to improve the physical and social environment that are not specifically aimed at older people are excluded from PH16, these would be areas included in the in-development NICE guideline <a href="#">Physical activity and the environment (update)</a> .
Tees Esk and Wear Valleys NHS Foundation Trust	No	No comments provided	Thank you for your response.
Royal College of Occupational Therapists	No	No comments provided	Thank you for your response.

**Do you have any comments on equalities issues?**

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Stakeholder	Overall response	Comments	NICE response
Parkinson's UK	No	None	Thank you for your response.
Living Streets	Yes	Adults with mobility issues, including a large number of older people, walk less often and less far than those without ( <a href="#">National Travel Survey, 2016</a> ). Addressing barriers to walking in the physical environment can help ensure that these adults are equally able to experience the benefits of walking as others.	Thank you for your response, this is an area outside of the scope of this guideline as it is addressed by another NICE guideline: <a href="#">Physical activity and the environment</a> NICE guideline PH8 and the in-development NICE guideline <a href="#">Physical activity and the environment (update)</a> .
Tees Esk and Wear Valleys NHS Foundation Trust	No	No comments provided	Thank you for your response.
Royal College of Occupational Therapists	No	No comments provided	Thank you for your response.

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