Randomised controlled trial of the Alexander Technique for idiopathic Parkinson's disease*

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Alexander Technique (AT)

- Concerns the practical relationship between thought and muscle activity involved in postural support and in movement
- Taught in one-on-one lessons with verbal advice and manual contact

Hypotheses

1. AT lessons alongside pharmacological therapy benefit people with Parkinson's disease (Stallibrass 1997)
2. Sustained improvement is mainly due to learnt AT skills, rather than beneficial effects of touch and attention in hands-on work

Method

93 subjects were randomly allocated to 3 groups, balanced for age, gender, and duration and severity of illness
- Normal treatment only
- Normal treatment +24 AT lessons
- Normal treatment +24 therapeutic massage sessions (TM)

Assessments were made pre- and post-intervention (a three-month period) and 6 months after AT lessons and massage had ended

Results

1. Disability

Main outcome measure: Self-rated Parkinson’s Disease Disability Scale (25 everyday activities)

- After AT lessons the AT group performed everyday activities with less difficulty than the normal treatment only group, both at best (p=0.04) and at worst times of day (p=0.0004)
- At 6 month follow-up, the comparative improvement was maintained both for best times (p=0.03) and for worst times (p=0.01)
- Post-intervention the improvement in the massage group compared to the normal treatment only group was not statistically significant
- Parkinson’s being a progressive disease, performance declined in all groups during follow-up but the AT group, unlike the other two groups, was still performing better than at the start of the trial (See chart below)

![Improvement with AT in everyday activities](image)

<table>
<thead>
<tr>
<th>% who mentioned</th>
<th>AT</th>
<th>TM</th>
</tr>
</thead>
<tbody>
<tr>
<td>improved balance/posture</td>
<td>59%</td>
<td>7%</td>
</tr>
<tr>
<td>improved walking</td>
<td>48%</td>
<td>3%</td>
</tr>
<tr>
<td>improved speech</td>
<td>38%</td>
<td>3%</td>
</tr>
<tr>
<td>greater energy/less tired</td>
<td>31%</td>
<td>7%</td>
</tr>
<tr>
<td>reduced tremor</td>
<td>28%</td>
<td>7%</td>
</tr>
</tbody>
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2. Feelings

Beck Depression Inventory

- Post-intervention, the AT group were comparatively less depressed than the normal treatment only group (p=0.03)
- At 6 month follow-up, comparative improvement was less marked (p=0.16)

Attitudes to Self Scale

- Post-intervention, absolute improvement in the AT group was 5.1 points compared to 1.8 for the normal treatment only group (p=0.07)
- At 6 month follow-up the comparative improvement was greater (p=0.04)

Open-ended questionnaire, post-intervention

<table>
<thead>
<tr>
<th>% who mentioned</th>
<th>AT</th>
<th>TM</th>
</tr>
</thead>
<tbody>
<tr>
<td>more positive/hopeful</td>
<td>41%</td>
<td>14%</td>
</tr>
<tr>
<td>reduced stress/panic</td>
<td>35%</td>
<td>7%</td>
</tr>
<tr>
<td>improved self-confidence</td>
<td>28%</td>
<td>0%</td>
</tr>
</tbody>
</table>

3. Parkinson’s disease medication and symptoms

Clinical records and Self-report questionnaire

- A higher proportion of non-AT subjects adjusted their Parkinson’s disease medication to improve symptoms during the trial than AT subjects (p=0.001)
- And of subjects in non-AT groups who had not adjusted their PD medication at 6 month follow-up, a higher proportion reported worsening symptoms than of such subjects in the AT group (p=0.045)

Open-ended questionnaire, post-intervention

CLINICAL MESSAGES

1. A course of Alexander Technique lessons leads to sustained benefits in people with idiopathic Parkinson's disease

2. Sustained benefits are mainly due to the ability to apply Alexander Technique skills in daily life

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