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Does the degree of improvement after deep brain stimulation surgery for Parkinson's disease meet the patient's expectations? What is the nurse specialist's role in the DBS patient care?

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Deep brain stimulation (DBS) is an effective surgical treatment that improves patient quality of life in advanced Parkinson's disease (PD). An essential part of patient care in DBS surgery is to identify and manage expectations. The DBS outcome is frequently influenced by patients' expectations of improvement after DBS surgery. For the whole group, there was a significant reduction in total Levodopa Equivalent Daily Doses (mg/day) by 50.45% after DBS and motor symptom improvement on the UPDRS-III OFF ($p < 0.001$), mobility ($p < 0.0048$), ADL ($p < 0.008$); stigma ($p < 0.014$) after DBS. This objective symptomatic improvement was also mirrored in the patient expectations being generally met for the motor symptoms at least. Most patients reported that expectations of improvement after DBS were met: 64% for motor symptoms, 71% and 83% for QoL and reductions in medication daily dose (respectively). Only 25% of the expected levels of improvement were met for the non- motor symptoms and for the social domain. The expectations of DBS were satisfied 6 months to 2 years after the surgery: in the GPi-DBS group, 100% were satisfied for reduction of dyskinesias, 83.3% for motor symptoms and 66.70% for QoL. STN-DBS patients were satisfied

with the reduction in medication (84.20%), 78.90% for motor symptoms and 73.70% for QoL. DBS did meet the perceived expected level of improvement in motor symptoms, QoL and reduction in medication within 6 months to 2 years after DBS surgery for the majority of patients which corresponded to the objective clinical outcome. The pre-DBS expected improvement of non-motor symptoms and social domain was not met after surgery. Overall, both STN-DBS and GPi-DBS patients were satisfied that DBS had met their expectations of surgery.

Speaker Biography

Joseph Candelario-Mckeown has completed his Master's degree in Advance Nursing Practice at City University London, UK. His work experience includes working for the past 10 years as a clinical nurse specialist in Surgical Movement Disorders – deep brain stimulation (DBS). Also, he is currently the treasurer and committee member of the Deep Brain Stimulation Nurse Association (DBSNA). He is one of the main contributors in the objectives of DBSNA which aims to standardize competency assessments, standardize pre-DBS assessments and improve education amongst DBS nurse specialists in centres around UK. He has collaborated with other world renowned neurologist and neurosurgeons in research and publications.

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