

Empower your mind to embrace your life: ACT intervention for early-onset Parkinson’s disease and acceptability data

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Introduction

Early diagnosis of Parkinson's disease (onset of motor symptoms between 21-50 years) is becoming **increasingly common** and carries **unique challenges** for patients in several areas of their lives (e.g., family, career, relationships, finances). Despite the centrality of motor manifestations, Parkinson's disease is also characterised by **non-motor symptoms** (e.g., fatigue, pain, depression, anxiety), which are **associated** with significant **psychological distress**, **functional impairment**, and **reduced quality of life**. While pharmacological therapy is considered the gold standard treatment, emerging evidence suggests that **Acceptance and Commitment Therapy (ACT)** may offer additional **benefits** for Parkinson's disease patients. However, current evidence remains limited.

To address this gap and advance clinical care of early-onset Parkinson's disease (EOPD), we developed the **Empower your mind to embrace your life** – a **novel group-based, online psychological intervention** integrating **ACT components** specifically **tailored to individuals with EOPD**.

Aims: 1) To present an **overview** of the **Empower your mind to embrace your life** intervention; 2) To access the **acceptability** of the intervention

Method

Design: **Feasibility trial** with a two-arm, parallel, randomised design
Recruitment: Routine medical appointment at **Neurology Departments** of ULS-Coimbra and Hospital da Luz Coimbra – identification of potential participants by neurologists

Online interview for **eligibility assessment** conducted by a psychologist of the research team

- Inclusion criteria:**

 - Diagnosis of early-onset Parkinson's disease
 - H&Y stage 1-2.5
 - < 65 years
 - Fluent Portuguese speaker
 - Regular internet access
 - Willingness to use Zoom
- Exclusion criteria:**

 - Cognitive impairment
 - Severe mental disorder
 - Suicidal ideation
 - Pregnancy
 - Currently receiving any form of psychological intervention



Allocation (ratio 1:1): **Experimental group** (*Empower your mind to embrace your life* intervention) vs. **Control group** (waitlist)

Intervention

- Empower your mind to embrace your life**
- Manualised 8-week intervention (90-minute sessions)
 - Videoconference-delivered
 - Group format (5-6 participants per group)
 - Led by two psychologists with training in ACT
 - Therapeutic techniques derived from ACT psychological flexibility model

Themes and contents of each session	
1. Welcome to “Empower your mind to embrace your life”	Living with EOPD; Mindfulness
2. A first step towards change	Creative hopelessness; Mindfulness
3. Discovering the power of human mind	Cognitive defusion; Self-as-context
4. What moves you?	Values; Committed action
5. You have a choice!	Committed action; Cognitive defusion
6. Embracing Parkinson's disease with acceptance	Acceptance; Gratitude for the body
7. Take care of yourself	Acceptance; Committed action
8. Towards a more meaningful life	Self-as-context; Acceptance

Measures: **Acceptability questionnaire** (collected online at T1)

- Overall level of satisfaction with the program
- Utility of intervention components
- Perceived usefulness of the intervention
- Intention to recommend the program to others
- Qualitative insights: feedback and suggestions

Results

Participants: **Eleven** patients (5 males and 6 females)
Age: $M = 53,09$; $SD = 4,16$
Disease stage (H&Y): $M = 1,32$; $SD = 0,51$
Age at diagnosis: $M = 44,45$; $SD = 5,57$
Disease duration (years): $M = 8,45$; $SD = 4,48$

Dropout: **2 participants (18,18%)**

- One after the first session (personal reasons)
- One after the fifth session (personal reasons)

Attendance: Ranged from 1 to 8 sessions ($M = 6,09$; $SD = 1,92$)

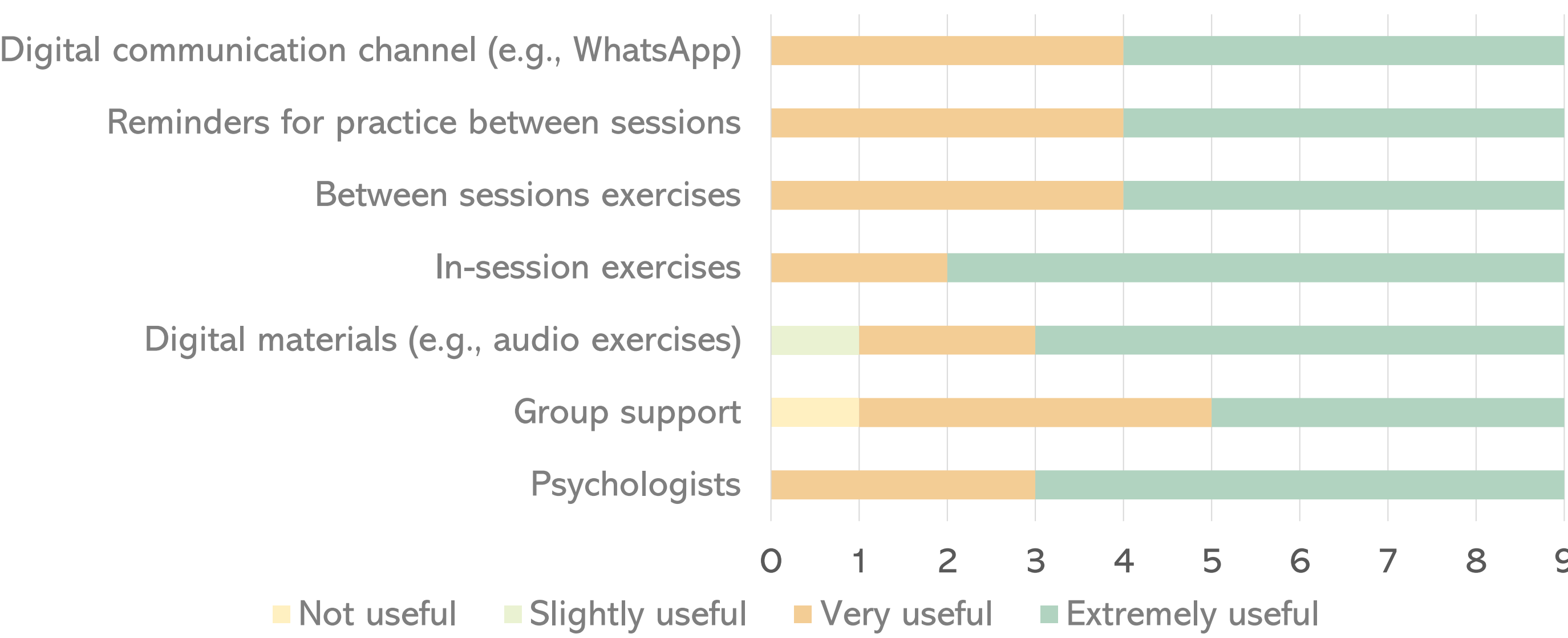
- Of the total sample, **81,82%** reached **treatment completer status** (i.e., attended at least 70% of the sessions)
- Main reasons to not attend: problems with internet ($n = 1$), holidays ($n = 2$), surgery ($n = 1$), work commitments ($n = 5$), family commitments ($n = 1$), forgetting the session ($n = 1$)

Satisfaction and perceived utility of the intervention

Table 1. Participants assessment of the acceptability of the intervention ($N = 9$)

	<i>M</i>	<i>SD</i>	<i>Minimum</i>	<i>Maximum</i>
Satisfaction with the intervention	9.11	1.54	6	10
Utility of the intervention	9.44	0.73	8	10
	No (<i>n</i> ; %)	Yes (<i>n</i> ; %)		
Content tailored to the specificities of EOPD	0 (0%)	9 (100%)		
Recommend this program to other patients	0 (0%)	9 (100%)		

Figure 1. Utility of intervention components ($N = 9$)



Participants feedback about the intervention

“It was a different experience, but one that helped us a lot.” (53-year-old participant)

“I really enjoyed this initiative. I think this program should be implemented for all Parkinson's patients in the early stages of the disease.” (50-year-old participant)

“Self-care and acceptance are fundamental to our daily lives. I was neglecting myself and, despite being very optimistic, I had some issues to resolve. Here, I took the first steps. Thank you.” (49-year-old participant)

Discussion

These results were encouraging, as most participants reported a **high level of satisfaction** with the **Empower your mind to embrace your life** intervention and considered it **useful**. Overall, findings suggest the **acceptability** of this **innovative ACT-based intervention** and underscore its **relevance** for the context of **EOPD**.

References

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