



Rehabilitation was ignored by NICE – was this reasonable?

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Derick Wade qualified as a doctor at Cambridge University and then trained in several specialties including neurology, neurosurgery, psychiatry and neurophysiology. He spent six years undertaking research into stroke and its rehabilitation before being appointed a consultant at Rivermead Rehabilitation Centre in Oxford in 1986. He is now consultant/professor in neurological rehabilitation and clinical director of the Enablement Directorate, the Oxford Centre for Enablement.

As an expert in neurological rehabilitation, Derick's clinical and research activities are wide and include: measures of outcome, stroke; the benefits of cannabis for people with MS; how to organise and fund delivery of equipment to people; the permanent vegetative state; and the nature, philosophy and ethics of rehabilitation.

The editor of 'Clinical Rehabilitation' since 1994 and author of several books and chapters on neurological disease, Derick has been invited to give lectures around the world. He is involved in training doctors and other professionals specialising in rehabilitation and closely involved in health service management and development, nationally and internationally.

Presentation abstract: Parkinson's is a disorder where progressive loss of specific neurones eventually leads to a variety of impairments – initially affecting many aspects of motor control, but later also impacting on other functions such as remembering and maintaining emotional stability. When direct control using drugs that enhance residual neuronal function becomes less effective, the person with the condition is faced with limitation on many activities. Under these circumstances, interventions that focus on one or more of the following may alleviate matters:

- Reducing symptoms such as pain or salivation
- Teaching new ways to achieve activities such as initiating gait
- Facilitating social participation, e.g. in groups for people with speech difficulties
- Altering the physical environment by providing equipment or carers
- Altering the social environment, for example by altering the skills and expectations of family members
- Altering the person's own context, for example through increasing self-confidence or self-efficacy.

NICE did investigate the effectiveness of different therapies in isolation, although without any clear definition of what distinguishes each one. However these therapies need to be undertaken in a coordinated way, by a variety of experts. Single individuals working alone are much less likely to have an effect. Moreover, the effectiveness of coordinated multidisciplinary rehabilitation has been well demonstrated for people with stroke, multiple sclerosis and head injury, and to a reasonable extent for people with motor neurone disease. Multidisciplinary rehabilitation has also been investigated in Parkinson's. It was unreasonable for NICE not to consider multidisciplinary rehabilitation while considering many of the component parts.