# Exploring the feasibility and effects of technological visual training as a potential rehabilitation tool in Parkinson's

| Submission date   | Recruitment status  No longer recruiting | [X] Prospectively registered |  |  |
|-------------------|--|------------------------------|--|--|
| 06/04/2021        |  | [X] Protocol                 |  |  |
| Registration date | Overall study status Completed           | Statistical analysis plan    |  |  |
| 21/04/2021        |  | [X] Results                  |  |  |
| Last Edited       | Condition category                       | Individual participant data  |  |  |
| 19/12/2024        | Nervous System Diseases                  |                              |  |  |

# Plain English summary of protocol

Background and study aims

This study aims to explore whether vision and balance can be improved with visual training for people with Parkinson's (PwP). Research has shown that PwP rely more heavily on their vision for day-to-day activities. Visual and cognitive (thinking) problems combined with balance issues increase the risk of falls. This risk in turn can lead to decreased physical activity and reduced quality of life for PwP. The study team aims to find out what effect visual training has on participants' visual abilities and whether this has any impact on their balance and walking. The study would also like to explore participants' experiences of using the visual training devices in this study.

#### Who can participate?

People over the age of 50 years with a diagnosis of Parkinson's by a movement disorder specialist. Participants must be able to walk and stand without support or assistance from another person and have adequate hearing/vision capabilities to allow participation in all aspects of study. Medication must be stable for the previous 1 month and anticipated over a period of 6 months.

# What does the study involve?

This study involves two different visual training interventions, one using technology and the other using pen and paper and game-based activities. Participants will be allocated to one of two groups, with an equal chance of being in either group (like tossing a coin). Participants will need to be available to visit the Gait Laboratory at Coach Lane Campus, Northumbria University on two separate occasions during the study for assessments of their vision, balance and gait. (Travel expenses will be reimbursed and refreshments will be provided).

After the initial assessment, participants will undertake a period of visual training which will involve a physiotherapist visiting them at home twice a week for 4 weeks. After they have completed this training, participants will be invited back to the Gait Lab for a final time to be reassessed

What are the possible benefits and risks of participating?

It is hoped that this work will increase understanding of visual training in PwP and will aid in the future development of more effective treatments for vision and balance problems experienced by PwP. In addition, participants may experience improvements in their visual function and/or balance as a result of the training they receive as part of this research and will receive feedback about this at the end of the study. With participants' permission, their local doctor or relevant medical practitioner will be informed of any findings from the assessments that may warrant further attention.

There are no significant risks in taking part in this research although involvement in the study will require a significant time commitment as detailed above. Participants will need to be available for 5 consecutive weeks which will include making 2 separate visits (lasting 2-3 h each) to the Clinical Gait Lab, as well as having time to allow a physiotherapist to visit their home for a 4-week period to undertake visual training exercises. While all visits will be arranged at the participants' convenience, they may find the schedule is difficult to accommodate.

Participants will be asked to undertake some training using special glasses called "Strobe Glasses". Training with these glasses has been shown to improve hand-eye coordination and reaction times. The lenses flicker between clear and opaque and some people may experience a feeling of slight motion sickness when wearing them for the first time (or if using them for prolonged periods). Participants who use prescription glasses will need to be able to manage without these for short periods (up to 10 min) to allow them to wear the strobe glasses.

Where is the study run from? Northumbria University (UK)

When is the study starting and how long is it expected to run for? From May 2021 to November 2022

Who is funding the study? Senaptec Inc. (USA)

Who is the main contact?

1. Dr Samuel Stuart
samuel2.stuart@northumbria.ac.uk

2. Mrs Julia Das
julia.das@northumbria.ac.uk

# **Contact information**

# Type(s)

Scientific

#### Contact name

Dr Sam Stuart

#### **ORCID ID**

https://orcid.org/0000-0001-6846-9372

#### Contact details

Northumbria University
Department of Sport, Exercise & Rehabilitation
Northumberland Building (Room NB318)
Newcastle upon Tyne
United Kingdom
NE1 8ST
+44 (0)191 227 3343
samuel2.stuart@northumbria.ac.uk

# Type(s)

Scientific

#### Contact name

Mrs Julia Das

#### **ORCID ID**

https://orcid.org/0000-0001-7006-6695

#### Contact details

Northumbria University
Department of Sport, Exercise & Rehabilitation
Faculty of Health & Life Sciences
Office G207
Coach Lane Campus East
Coach Lane
Newcastle upon Tyne
United Kingdom
NE7 7XA
+44 (0)191 227 3343
julia.das@northumbria.ac.uk

# Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

Integrated Research Application System (IRAS)

287526

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

CPMS 48327, IRAS 287526

# Study information

#### Scientific Title

Technological visual training in Parkinson's disease: a pilot randomised cross-over trial

#### Acronym

TVT-PD

#### **Study objectives**

- 1. People with Parkinson's will find visual training using stroboscopic eyewear and a mobile application acceptable and more engaging than standard (pen & paper) methods and will not experience any adverse events from the interventions
- 2. Participants who undertake technological visual training using a combination of stroboscopic eyewear and a mobile application will show greater improvement in visual attention performance, compared to participants who undertake visual training using standard (pen & paper) methods

## Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Approved 31/03/2021, South Central - Berkshire B Research Ethics Committee (Reading Business Centre, Fountain House, 2 Queens Walk, Reading, Berkshire, RG1 7QF; +44 (0)207 104 8226; berkshireb.rec@hra.nhs.uk), ref: 21/SC/0042

## Study design

Randomized parallel trial

#### Primary study design

Interventional

# Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Parkinson's Disease

#### **Interventions**

Current interventions as of 24/05/2022:

This is now a parallel group design which means that after participants have been screened for eligibility, they will be assessed, and randomly allocated to one of two intervention groups (group A - technology-based or group B - standard care) using a computer-generated random number sequence. They will then receive 4-weeks of visuo-cognitive training, involving twice weekly visits from a Physiotherapist in their own homes.

Following the informed written consent procedure, participants (n=40) will be required to answer some demographic questions, such as education level, falls history, and activity level. They then will complete clinical assessments (such as the Unified Parkinson's Disease Rating scale) and a battery of neuropsychology and opthalmological assessments, which involve answering some questions and completing some pen and paper or computerised tasks.

All assessments will take place at the Clinical Gait Lab at the Coach Lane Campus, Northumbria University. Participants will undergo a total of 2 assessments: one at baseline and the other on completion of the 4-week intervention. All training interventions will take place in participants' own homes and with a qualified physiotherapist from the research team present at all times.

Participants will receive two visits per week for 4 weeks so they will receive a total of 8 home visits over the study period.

Participants allocated to group A (technology based intervention) will be invited to answer some questions in the form of a semi-structured interview to explore their experiences of using the visual training technology.

Participants will be involved with the study for a period of 5 consecutive weeks.

#### Previous interventions:

This is a cross-over trial which means after participants have been screened for eligibility, they will be assessed, randomly split into two equal size groups (group A and group B) using a computer-generated random number sequence, and then have two 4-week training periods involving two different visual training interventions.

Following the informed written consent procedure, participants (n=40) will be required to answer some demographic questions, such as education level, falls history, and activity level. They then will complete clinical assessments (such as the Unified Parkinson's Disease Rating scale) and a battery of neuropsychology and opthalmological assessments, which involve answering some questions and completing some pen and paper or computerised tasks.

All assessments will take place at the Clinical Gait Lab at the Coach Lane Campus, Northumbria University. Participants will undergo a total of 3 assessments: at baseline, after the first 4-week intervention, and after the second 4-week intervention. There will be a two-week break between training periods so that the effects of the first intervention have worn off before participants start the next intervention. Participants will receive the following two interventions (the order depending on whether they are in Group A or Group B):

- 1. Technological visual training (TVT), an intervention involving visual training with strobe glasses and a mobile application.
- 2. Active control intervention involving tasks, drills, and modified games that are currently used in clinical practice.

All training interventions will take place in participants' own homes and with a qualified physiotherapist from the research team present at all times. Participants will receive two visits per week for 4 weeks for each of the training interventions (TVT and active control) so they will receive a total of 16 home visits over the study period.

During the final visit of the second intervention arm, participants will be invited to answer some questions in the form of a semi-structured interview to explore their experiences of using the visual training technology.

Participants will be involved with the study for a period of 12 consecutive weeks.

#### **Intervention Type**

Behavioural

#### Primary outcome(s)

Current primary outcome measure as of 24/05/2022:

#### Feasibilty measures

Visual attention measured using the Visual Trail Making Test (TMT) Parts A and B at baseline and after the intervention period.

Previous primary outcome measure:

Visual attention measured using the Visual Trail Making Test (TMT) Parts A and B at baseline, 4, and 12 weeks

#### Key secondary outcome(s))

- 1. Mood measured using the Geriatric depression scale (GDS-15) at baseline
- 2. General cognition measured using the following:
- 2.1. Montreal cognitive assessment (MoCA) at baseline
- 2.2. The Penn Parkinson's Daily Activities Questionnaire-15 (PDAQ-15) at baseline, 4, and 12 weeks
- 2.3. Attention Computer Battery at baseline, 4, and 12 weeks
- 3. Visuospatial ability measured using Benton's Judgement of Line Orientation Test and the Clock copying task (Royall's CLOX 1 + 2) at baseline, 4, and 12 weeks
- 4. Visual acuity measured using LogMAR at baseline, 4, and 12 weeks
- 5. Contrast sensitivity measured using the Mars Letter Contrast Sensitivity Test at baseline, 4, and 12 weeks
- 6. Visual and sensorimotor skills measured using Senaptec Sensory Station at baseline, 4, and 12 weeks
- 7. Parkinson's disease status measured using the Hoehn & Yahr (H & Y) scale at baseline
- 8. Motor symptoms measured using the Unified Parkinson's Disease Rating Scale (UPDRS-III) at baseline, 4, and 12 weeks
- 9. Freezing of Gait measured using the new Freezing of Gait questionnaire (FOGQ) at baseline, 4, and 12 weeks
- 10. Falls measured using the Falls efficacy scale- International (FES-I) at baseline, 4, and 12 weeks
- 11. Quality of Life measured using Parkinson's Disease Questionnaire- 39 (PDQ-39) at baseline, 4, and 12 weeks
- 12. Balance measured using Mini Best Test at baseline, 4, and 12 weeks
- 13. Gait measured using Timed up and Go and the 10 m walk test at baseline, 4, and 12 weeks
- 14. Fatigue measured using the Fatigue Severity Scale at baseline, 4, and 12 weeks
- 15. Participation (effort/motivation) measured using Pittsburgh Rehabilitation Participation Scale at baseline, 4, and 12 weeks
- 16. Usability of visual training technology measured using Systems Usability Scale at either 4 weeks or 12 weeks
- 17. Participant experience measured using Semi-structured Interviews at 12 weeks

## Completion date

30/11/2022

# **Eligibility**

# Key inclusion criteria

- 1. Clinical diagnosis of Parkinson's by a movement disorder specialist according to UK brain bank criteria (Hoehn and Yahr stage I-III)
- 2. Aged >50 years

- 3. Able to walk and stand without support or assistance from another person
- 4. Have adequate hearing/vision capabilities to allow participation in all aspects of the study (if participant wears prescription glasses, they must be comfortable to remove these for short periods of up to 5 min at a time in order to take part in activities whilst wearing strobe glasses) 5. Stable medication for the previous 1 month and anticipated over a period of 6 months.

## Participant type(s)

**Patient** 

#### Healthy volunteers allowed

No

## Age group

Adult

#### Sex

All

#### Total final enrolment

40

## Key exclusion criteria

- 1. History of epilepsy, seizures, migraines, severe motion sickness, or sensitivity to light
- 2. Psychiatric co-morbidity (such as major depressive disorder as determined by a geriatric depression scale [GDS-15] score <10)
- 3. Clinical diagnosis of dementia or other severe cognitive impairment
- 4. History of stroke, traumatic brain injury, MS, or neurological disorders other than Parkinson's disease
- 5. Acute lower back or lower extremity pain, peripheral neuropathy, or rheumatic and orthopaedic diseases
- 6. Unstable medical conditions including cardio-vascular instability in the past 6 months
- 7. Unable to comply with the testing protocol
- 8. Currently participating in another interfering research project or undergoing any interfering therapy
- 9. Have not had the opportunity to receive a COVID-19 vaccine (individuals may still be included in the study if they have been offered the vaccine but have declined due to personal circumstances)
- 10. If experiencing COVID-19 symptoms individuals will be managed as per the latest government guidelines

# Date of first enrolment

03/05/2021

#### Date of final enrolment

28/10/2022

# Locations

#### Countries of recruitment

**United Kingdom** 

## England

# Study participating centre North Tyneside General Hospital

Rake Ln Tyne and Wear North Shields United Kingdom NE29 8NH

# Study participating centre Gateshead - Queen Elizabeth Hospital

Queen Elizabeth Hospital Sherriff Hill Gateshead United Kingdom NE9 6SX

# Sponsor information

# Organisation

Northumbria University

#### **ROR**

https://ror.org/049e6bc10

# Funder(s)

# Funder type

Industry

#### **Funder Name**

Senaptec Inc.

# **Results and Publications**

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date. The specific data sharing plans are still being established but we will make data available at the end of the trial. Participants will provide their written consent for their anonymised data to be archived in a suitable discipline data repository, with potential to be used in future by other researchers.

Data from the study will only be accessed directly by the research team on the application and will be securely password protected. The data will be kept and stored according to the university's regulations and will be destroyed as such when the study is complete. No personal or identifiable data will be uploaded to any repository or shared with any outside parties, as that would be a breach of data security. Information will be kept in accordance to GDPR and will be destroyed according to the appropriate timescales. Once the study has completed its main objectives, data will be stored for 10 years after which it will be disposed of.

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

| Output type                   | Details                       | Date created | Date added | Peer reviewed? | Patient-facing? |
|-------------------------------|-------------------------------|--------------|------------|----------------|-----------------|
| Results article               | Experiences                   | 15/06/2023   | 19/12/2023 | Yes            | No              |
| Results article               |                               | 18/12/2024   | 19/12/2024 | Yes            | No              |
| Protocol article              |                               | 07/10/2022   | 19/10/2022 | Yes            | No              |
| HRA research summary          |                               |              | 28/06/2023 | No             | No              |
| Participant information sheet | version v2.0                  | 09/03/2021   | 21/04/2021 | No             | Yes             |
| Participant information sheet | version 3.0                   | 11/10/2021   | 24/05/2022 | No             | Yes             |
| Participant information sheet | Participant information sheet | 11/11/2025   | 11/11/2025 | No             | Yes             |