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Alexander technique group classes are a feasible and promising intervention for care partners of people living with Parkinson's disease

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Objective: To test an adapted Alexander technique (AT) group course to improve quality of life for care partners of people living with Parkinson's disease (PlwPD).

Background: Alexander technique is an embodied mindfulnes sapproach that aims to transform disruptive reactions to stress into adaptive responses, enhancing performance of daily activities while improving confidence and reducing anxiety. Studies show that private AT sessions can reduce neck and back pain.

Design/Setting: We delivered "Partnering with Poise", an adapted AT program, in seven cities in North Carolina (USA). Groups met 90 minutes weekly for 10 weeks. Outcomes were assessed before and after the intervention.

Intervention: Coursework included functional anatomy and self management strategies taught through verbal instructions, hands-on guidance, partnering activities, and interactive games. A unique feature of our program is that all activities are prefaced with strategic thoughts and verbal prompts to interrupt automatic reactions. These self-regulatory strategies are presented simply enough to be remembered and used independently outside of class. Another unique aspect an AT approach is that highly time-pressured care partners do not need to set time aside to practice Alexander skills, but rather can continuously incorporate them moment-to-moment during their daily real-life activities while meeting the ongoing challenges of caregiving.

Outcome measures: Anonymous course evaluations, executive function (Stroop and Digit Span), balance (Mini BESTest), and self report measures (mindfulness, fatigue, pain, stress, self-efficacy, and mood).

Results: Course attendance was 83%. Retention was high (83%). On a 0–10 scale, the mean rating was 9.5 for “enjoyed the interaction with other participants,” 9.2 for “encountered new ideas,” 8.4 for “learned skills to take care of myself emotionally,” 8.3 for “likely to use the new skills in my daily life”, and 8.0 on “I feel better prepared for the daily demands of caregiving.” Executive function improved ($p<.05$). Neither balance nor any self-report measures showed significant improvement. However, there was strong correlation between improved self-reported mindfulness and increased self-efficacy and reduced fear and fatigue ($p<.00005$).

Conclusion: AT shows promise as a long-term self-management approach to ease care partner burden. Group classes have the potential to provide cost-effective delivery with additional social benefits.

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