

Effect of Dual-Task Walking on Long-Range Correlations in People with Parkinson's Disease

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INTRODUCTION

Parkinson's disease (PD) impacts executive and motor function¹. Walking requires executive function and attention², but performing a secondary task while walking (i.e., dual-tasking) can impact the performance on one or both tasks³.
Locomotor function is reflected in stride-to-stride fluctuations, notably by the amplitude (coefficient of variation)⁴ and the temporal organization (scaling exponent α-DFA)⁵ of stride time intervals.

METHODS

40 people with Parkinson's disease (age>60), and 40 age and gender matched healthy elderly (HE) will participate in the study. All participants will perform three conditions in random order:

 Primary aim: To determine the effect of an attentiondemanding task on gait variability in people with PD.

RESULTS

- We have collected so far 19 people with Parkinson's disease (age 68 ± 4.6), and 4 healthy elderly (age 67 ± 5.0). We only report results from PD here.
- When listening to an audiobook:
 - PD participants walked slower (- 0.02 m/s)



• Audio trials involve

- Listening to an audiobook (different between seated and walking trials)
- o Monitoring 2 predefined words
- Answering 10 questions about context
- Gait variability in PD patients was more random (mean difference of DFA values = 0.07, p = 0.018).
- Gait steadiness did not significantly change (mean difference of CV values = 0.11 %, p = 0.203).





Figure 2: Comparing Cognitive tasks performance for PD group single-task (white) and dual-tasking (Black). Word monitoring task (A), Context questions (B), and dual-task costs (C).

DISCUSSION

• People with PD maintain their walking speed from single to dual-tasking, at the cost of more random variability. This

0 5 10 15 20 Participant

Figure 1: DFA values for the PD participants from single task walking (white circles) to dual-task walking (Black circles). Participant # 20 represents the average for all participants.

potentially reflects increased control of locomotion. In contrast, gait steadiness (CV) is not affected by dual-tasking.

 Walking does not seem to alter patient's performance on the cognitive task. This suggests that they prioritize the cognitive task, while controlling more their step-to-step variations.

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