**iCAHE JC Critical Appraisal Summary**

**Journal Club Details**

- **Journal Club location**: Repat
- **JC Facilitator**: Caroline Bartle
- **JC Discipline**: Dietetics

**Clinical Scenario**

*Timing of protein intake and levodopa/carbidopa in elderly patients with Parkinsons*

**Article/Paper**


*Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.*

**Article Methodology:** Systematic Review

Click [here](#) to access critical appraisal tool
<table>
<thead>
<tr>
<th>Ques No.</th>
<th>Yes</th>
<th>Can’t Tell</th>
<th>No</th>
<th>Comments</th>
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</thead>
</table>
| 1        | ✓   |            |    | Did the review address a clearly focused question?  
The American Academy of Neurology suggests advising the redistribution of daily protein meal content to every Parkinson’s disease (PD) patient with motor fluctuations during levodopa treatment. However, no comprehensive evaluation of this complementary therapy has been performed. |
| 2        | ✓   |            |    | Did the authors look for the appropriate sort of papers?  
Studies involving a LPD and/or a PRD intervention in PD patients affected by motor fluctuations were potentially all eligible for inclusion. Considering all intervention studies was appropriate for this paper. While RCTs are considered the gold standard, conducting RCTs in this area would raise ethical concerns.  
Is it worth continuing? Yes |
| 3        | ✓   |            |    | Do you think the important, relevant studies were included?  
The search was very limited with only one database searched. For a SR we recommend a minimum of three databases are searched to ensure comprehensive literature searches.  
Searches for English language studies published between January 1, 1973 and June 1, 2009 were performed in PubMed. The key words used to identify relevant articles included “Parkinson’s disease” coupled with “neutral aminoacids,” “levodopa,” “motor fluctuations,” “on-off effect,” “meal,” “protein diet,” “protein redistribution,” and “low protein.” All relevant articles were identified also by reviewing publications cited by some of the selected articles. |
| 4        | ✓   |            |    | Did the review’s authors do enough to assess the quality of the included studies?  
The quality of the included studies does not appear to have been assessed. |
| 5        |     |            |    | If the results of the review have been combined, was it reasonable to do so?  
NA |
| 6 |  | What are the overall results of the reviews? 
There was not enough evidence to support the use of Low-Protein Diet. Response to Protein-Redistribution Diets seemed very good. Acceptability appeared high upon introduction, but it seemed to progressively decrease over time. On average, Protein-Redistribution Diets resulted in improved motor function, but also complications occurred. |
|---|---|---|
| 7 |  | How precise are the results? 
NA |
| 8 |  | Can the results be applied to the local population? 
Consider whether 
- the patients covered by the review could be sufficiently different to your population to cause concern 
- your local setting is likely to differ much from that of the review |
| 9 |  | Were all important outcomes considered? |
| 10 |  | Are the benefits worth the harms and costs? |
| 11 |  | What do the study findings mean to practice (i.e. clinical practice, systems or processes)? |
| 12 |  | What are your next steps? (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.) |
|  |  | What is required to implement these next steps? |
| Journal Club to discuss |

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