

Gardening for Clients with Huntington's disease

A study of the suitability of a garden for use by clients with Huntington's disease, relatives and staff, for leisure gardening and as a venue for therapy

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BACKGROUND

Clients with mid to late-stage Huntington's disease (HD) have an easily accessible, small, enclosed garden. For four years, clients have been replanting raised beds and containers and maintaining the garden, growing flowers and vegetables. There are only 2 reports of HD and gardening, both descriptive. The benefits of gardening to health for those with disabilities have been described in a major British study¹. This project seeks evidence about gardening with HD clients.

AIM

- Is gardening a stimulating leisure activity for clients with mid to late-stage Huntington's disease?
- Have any clinical problems or benefits been observed relating to the gardening activity?
- Is the garden environment suitable for therapy use?

METHOD

Views of clients (7), visitors (8) and staff (31) were captured with questionnaires (46) and interviews (5). Clients used a specially designed pictorial questionnaire that worked well and overcame communication problems.

RESULTS

Clients enjoyed growing both flowers and vegetables, but preferred bulbs to seeds and enjoyed watering and sweeping. Labelling their plants with their name was very important, as was being outside, in the sun and the quiet of the garden. They preferred red and pink flowers.



Garden with raised beds, pots and troughs with plants

Right:
Resident with harvested vegetables working from his wheelchair. He has been sweeping from his wheelchair, a favourite activity and is holding the broom.



Visitors used the garden for quite long periods (over an hour) on Summer visits to meet with residents. They were very encouraging about the activity for their relatives.

Staff said gardening was a constructive, outdoor activity, promoted social interaction and provided a sense of achievement. Half the staff said the activity was problem free and a third used the garden for therapy.

Interviews were analysed. The words used most frequently to describe the gardening group were: active, plant, sweep, grow, maintain, enjoyment, colour, flower, owner(ship) and vegetables.

CONCLUSIONS

The garden is valued and enjoyed by all three groups, used for therapy and leisure. It has provided evidence that we are meeting therapy objectives and providing enjoyable leisure. The most interesting result was preference for red and pink flowers. German research² indicates the disease affects the eyes and visual parts of the brain; our residents may not see blue well.

1. Sempik J, Aldridge J and Becker S, 2005, Health, Well-being and Social Inclusion, Therapeutic Horticulture in the UK, Bristol: the Policy Press
2. Paulus W et al, Impairment of retinal Increment Thresholds in Huntington's disease *Ann Neurol* 1993;34:574-578

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Url <http://www.rhn.org.uk/events/conferences-and-seminars/>

Funding: the Hamamelis Trust, the Neuro-disability Research Trust & Sutton's seeds,