An occupational therapist as a new professional at home: which profiles of clients are reached?

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Introduction

Occupational therapy (OT) is a relatively new health profession in Belgium which at the moment draws a lot of interest. This discipline, integrated to client’s environment, seems to be effective and would have a positive impact on elderly client including falls prevention or mortality risk [1 - 2].

The Belgian National Institute for Health and Disability Insurance (NIHDI) wishes to evaluate 63 innovative projects in the elderly care sector. 8 projects propose occupational therapy services at home.

The main activity proposed by occupational therapy projects is home adaptation

All projects offer more than one visit on the duration of the inclusion

Purpose : Analyze the profile of clients who receive occupational therapy at home with the main activity being home adaptation.

Methods

- Assessments with the interRAI Home Care and the Zarit Burden Scale which measures burden perceived by the informal caregiver
- ADL : Activity of Daily Living measure (feeding, moving,...)
- IADL scales (Capacity and Performance) : are used to assess somewhat higher levels of performance, such as the ability to perform household chores or go shopping.
- CPS : Cognitive Performance Scale
- Instruments are filled out every 6 months until the client leaves the project
- Statistical analysis was performed with STATA 11.1

Results

A total of 621 subjects are included in the study

- The population mean age is 79 ± 0.3 years old (female = 66.6%, male = 33.4%)
- 73.1% [95%CI: 69.5-76.7] of population are somewhat frail in having either CPS>=3 or ADL>=3 or IADLp>=32 or IADLp>=32
- 266 patients report living alone (44.0%) [95%CI: 40.0-44.0]
- 479 patients declare having an informal caregiver (82.6%) [95%CI: 79.5-85.7] and 278 (63.0%) [95%CI: 59.0-67.0] of informal caregivers perceive burden (Zarit cut-off >= 10)

Half of the sample [95%CI: 46.0-54.0] has a moderate to an extreme dependency in ADL i.e., basic activities of everyday life.

55.8% [95%CI: 51.7-59.9] and 51.5% [95%CI: 47.4-55.6] of patients have respectively an extensive assistance for IADL Capacity (what a person can do) and IADL Performance (how the person does do).

31.0% [95%CI: 27.0-34.0] have a moderate to a severe cognitive decline.

Conclusions

Patients who receive occupational therapy through a home adaptation mainly have troubles with the activities of daily living. A large percentage of their caregivers perceive burden from giving care. Patients reporting living alone have a better functional status than those with a burdened informal caregiver. Concerning functional status, it’s expected that home adaptation is relevant in order to relieve difficulties in ADL’s achievement.

The next step consists on comparing this sample with a control group to assess whether occupational therapy at home, still through a home adaptation, improves the functional status and perceived burden by a prospective informal caregiver.

References:


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