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Community Occupational Therapy for People with Dementia in the UK

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Abstract: The number of people with dementia is increasing worldwide. Approximately 820,000 people have dementia in the UK, supported by approximately 670,000 family members. UK government policy emphasises the importance of: people receiving an early diagnosis of dementia; people with dementia and their families being able to obtain information and support services quickly and easily; and the development of high quality, evidence based interventions. Dementia is a high priority for research funding organisations.

Community occupational therapy is well established within health and social care services, most of which are publicly funded. National clinical practice guidelines and quality standards include a requirement for occupational therapy assessment and intervention to be provided to people with dementia and their family carers. This paper describes how occupational therapists in the UK currently support people with dementia and their family carers living in the community. Examples of projects to develop and put occupational therapy evidence based interventions into practice are provided.

‘Valuing Active Life in Dementia’ (VALID) is a five year research programme that aims to adapt, develop, evaluate and implement an occupation based intervention which will promote independence, meaningful activity and quality of life for people with mild to moderate dementia and their family carers living in the community. The programme builds on the work conducted in The Netherlands by Graff and colleagues. Results of the first phase that led to the development of COTiD-UK; and progress with the pilot and randomised controlled trials will be reported.

Key words: Community, Occupational therapy, Dementia, Family carer

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Community Occupational Therapy for People with Dementia in the Netherlands & Developments in Europe

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Abstract: In 2010 the worldwide number of people with dementia was estimated to be 35.6 million worldwide. This number is expected to grow to 135 million by 2050 (1a,b). A similar trend is expected in the Netherlands, where the number of people with dementia is estimated to grow from 243,000 in 2011 to 565,000 in 2050 (2). About 70% of the people with dementia live at home and are cared for by informal caregivers, which are mostly family members (2). The policy for elderly people and ageing pursues a de-institutionalization of care (3), which is in line with the desire of elderly people to remain at home for as long as possible, acknowledging that, as the disease progresses, admission to a nursing home is inevitable.

In the Netherlands there are about 3800 occupational therapists who work both in the community and in institutes (4). Because most people with dementia live at home, community occupational therapy for people with dementia and their caregivers has become a common intervention in the last decade. In the Netherlands, community occupational therapy intervention is for all people who have occupational therapy related problems covered by public health insurance. It includes 10 occupational therapy sessions of one hour a year. Community occupational therapy for older people with dementia and their caregivers (COTiD) is a client- system-centered intervention, which is directed on both the older person with dementia and the caregiver. It focuses on both people's problems and goals for participation in meaningful activities (5, 6).

COTiD was proven (cost-) effective in improving the daily functioning, quality of life,

mood, health status and competence of older people with dementia and their caregivers in a randomized controlled trial the Netherlands (7-9). However, this was not found in a German pragmatic multicenter trial. Before implementing, the COTiD intervention was not adapted to the German culture, and OTs had no experience and limited training in the program. Baseline results showed no room for improvement, although the patients' cognitive status scores on the Mini Mental State Examination (MMSE) were comparable. Cultural differences in client-caregiver and professional characteristics as also implementation problems played an important role (10, 11). In the Netherlands, it was found that even when interventions have shown to be effective in research, these benefits evidenced do not necessarily translate when the intervention is implemented in routine care. Nationwide strategies for implementing COTiD in routine care appeared to be partly effective. This is due to barriers in bridging the gap between research and practice, like quality of professional networks, professional and organizational barriers (12-15). Bridging the gap between different cultures is even more difficult. COTiD is translated in four different languages (German, English, French, Italian; Spanish in progress). It was found that European implementation and research on (cross-) national implementation and evaluation of this COTiD program needs a careful preparative process comparative to the Medical Research Council framework for development and evaluation of complex interventions (16). Lessons learnt were that it is important to first develop country specific COTiD programs, get understanding on access to and quality of care delivery, on barriers and facilitators for effective implementation, on implementation strategies and factors before effectively implementing evidence-based occupational therapy interventions in other countries.

Key words: Community, Occupational therapy, Dementia, Caregiver

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◆RESEARCH ARTICLES

Factors affecting job placement for clients with schizophrenia in vocational support: Focus on occupational performance during job training

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To examine the factors concerning the effectiveness of vocational support of subjects with jobs and without jobs, we compared the individual attributes and evaluated work ability. 46 subjects participated in the study: 23 were employed and 23 were unemployed. The attribute comparison revealed that there was more family cohabitation in the employment group than the unemployment group. Attendance of training at the vocational institution, accuracy of the work tasks, speed of the word tasks and communication ability were analyzed through multiple logistic regression. Analysis revealed that attendance and accuracy of work were the factors that most predicted success in employment.

Key words: Vocational support, Schizophrenia, Vocational evaluation, Vocational rehabilitation

Circadian rhythm and cognitive functioning in schizophrenia in the hospital and community with Actiwatch 2 and BACS-J

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We report herein on the characteristics of the circadian rhythm and cognitive functioning in hospitalized schizophrenia patients in the hospital and in community settings with Actiwatch 2 (AW 2) and BACS-J. Hospitalized patients (n=11) demonstrated a better circadian rhythm than those in the community setting (n=11), but had worse cognitive performances. Our findings suggest that it is useful in psychiatric occupational therapy to objectively evaluate the circadian rhythm and cognitive functioning in schizophrenia using AW 2 and BACS-J.

Key words: Schizophrenia, Actiwatch 2, BACS-J, Circadian rhythm, Cognitive function

**Development of Arm Performance Test for Hemiplegia (APTH):
Verification of its reliability and validity**

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We developed the Arm Performance Test for Hemiplegia (APTH), a test that evaluates daily life arm performance in patients with post-stroke hemiplegia, and in consideration of aspects of Japanese culture and the dominant hand. APTH evaluates arm function based on 20 items with a total score of 100 points. The present study investigated the reliability and validity of APTH in 33 patients with hemiplegia. Reliability was investigated in terms of test-retest reliability, while validity was investigated in terms of criterion-related validity with the Wolf Motor Function Test (WMFT), Motor Activity Log (MAL) and Brunnstrom stage. The results showed a

significantly high intraclass correlation coefficient between APTH scores at initial evaluation and at re-evaluation, and significant correlations were observed between APTH scores and WMFT, MAL and Brunnstrom stage. These results indicate that the reliability and validity of APTH as an arm function test are sufficiently high.

Key words: Arm function test, Stroke, Hemiplegia, Dominant hand

◆PRACTICAL REPORTS

Occupational therapy for a young female with obsessional slowness:

A case study

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Among the variants of obsessive compulsive disorder, severe obsessional slowness often leads to social isolation and functional deterioration as it does not respond sufficiently to pharmacotherapy or behavioral therapy. The patient included in this study was a young female with severe obsessional slowness who required a substantial amount of time for activities of daily living (ADLs) and had difficulty with verbal communication. To improve her functional independence, we implemented occupational therapy (OT) which focused on specific behaviors of the ADL and interpersonal aspects that were causing difficulties in life, and promoted active performance. OT was implemented during the hospital stay and led to a reduction of symptoms and an improvement of ADLs and interpersonal communication. During the 5-year follow-up period, the patient has experienced no symptomatic exacerbation and has led a functional life in the community. This indicates that OT which promotes active performance in difficult activities is effective for patients with severe obsessional slowness.

Key word: Obsessional slowness, Young female, Occupational therapy

Visual agnosia intervention using the visual images

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We report a case of a 70-something woman with visual agnosia caused by bilateral occipital lobe infarction. The patient presented agnosia for familiar faces including her family. Although she had difficulty recognizing members of her family, after chatting about her family she became able to identify faces in family pictures. This episode suggested that visual recall improved the ability of face-recognition. Thus, we hypothesized that it could be possible to improve object- or image-recognition by stimulating visual recall and we examined clinical interventions based on this hypothesis. By evoking visual images, object- and image-recognition of the patient was temporarily improved, although the effect was not continuous. Also, visual recognition could be improved by alternative sensory stimulation. We will continue to investigate clinical intervention using visual recall.

Key words: Visual agnosia, Visual image, Alternative sensory stimulation