What can occupational therapy offer to patients with vascular dementia?

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Vascular dementia (VaD) is an important cause of disability in elderly populations, and typically leads to impairments in the performance of activities of daily living (ADL). The performance of ADL is a key focus of the occupational therapy (OT) intervention process and therefore patients with VaD are commonly referred to OT for ADL screening and appropriate interventions. Besides considering ADL, occupational therapist also explore a patient's participation in enjoyed pass-times, social, recreational and leisure activities.

ADL can be divided into two main forms, basic ADL (BADL), such as eating, drinking, bathing, dressing and grooming. Patients with VaD will frequently have problems with these types of BADL. Another form of ADL is known as Instrumental ADL (IADL) and includes more complex and demanding tasks such as shopping, cooking, driving, managing finances, telephone use and other every day tasks. A wide range of underlying factors such as cognitive, motor, perceptual, mood changes, apathy, and even urinary incontinence, have an impact on ADL performance, and all these aspects of functioning are well recognised and have been studied within the VaD population.

An occupational therapist assesses ADL using various types of assessment. The first stage in the assessment process is to evaluate a patient's own personal priorities in terms of their BADL and IADL performance. The OT will then build on the patient's reported needs and concerns and support the patient to identify any additional, overlooked but important, ADL problems. The next step, ideally, is for an OT to observe motor and process skills, while the patient with VaD is performing BADL or IADL that they are having problems with and want, need, or are expected to do by others. One way to do this is by using the ADL scale of the well recognised Assessment of Motor Process Skills (AMPS)(1) approach, by which an OT can generate information about ADL impairments in terms of 'ADL motor', and 'ADL process' skills. AMPS has been shown to be a better indicator of a patient's ability to resume independent living than by assessment of the level of impairment alone (such as assessments of executive function, memory, apraxia, apathy and others) (1,2). AMPS assessment findings can subsequently be used to serve as a basis for an appropriate OT treatment program, grounded in specific data reflecting ADL deficits.

It has been shown in dementia studies that OT has improved daily functioning of people with dementia and reduced the burden on the care giver, despite the patient’s limited learning ability (3,4). In addition, it has been established that the quality of the relationship between the person with dementia and their care giver, is an important predictor of whether a person with dementia will stay in the community, or need to enter an institution for ongoing care (5).

An occupational therapist will employ compensatory strategies to modify the performance of a person with dementia in relation to relevant BADL or IADL, and may also enable use of environmental modifications and other strategies. Ideally, and especially in the case of more disabled patients, OT intervention will involve relatives or significant others - who will be able to prompt, monitor or supervise the person with dementia on a daily basis. Apart from focusing on BADL and IADL performance, an occupational therapist will promote
involvement in leisure activities. To promote well-being patient's choices will be explored and encouraged and new hobbies introduced, relevant to an individual's living context. Examples of leisure activities may include, horticultural therapy, regular social and recreational activities, music and art therapy.

VaD progresses in a stepwise manner and therefore patients can benefit from ongoing OT intervention to allow adjustments of interventions and to introduce appropriate support according to changes in functional needs. An effective OT intervention process makes it possible to improve, sustain and even to delay the decline in overall functional performance of people with VaD. Thus, by involvement of OT in the care of people living with VaD and also those with other forms of dementia, patients are supported to maintain their highest possible level of autonomy for as long as possible. In addition, OT intervention has proven to have a positive effect on the health related quality of life of patients with VaD and also on their caregivers.

Literature:


