Dagliga aktiviteter bland äldre personer med kronisk hjärtsvikt – begränsningar och möjligheter

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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för avläggande av medicine doktorsexamen framläggs till offentligt förvar i Aulan, Vårdvetarhuset, fredagen den 11 april, kl. 13:00.
Avhandlingen kommer att förvaras på svenska.

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Abstract

Background: Chronic Heart Failure (CHF) is known to have a substantial impact on activities of daily living (ADL).

Aim: The overall aim of this thesis was to increase the knowledge of ADL ability and fatigue among elderly with CHF, to describe experiences of limitations in occupational performance and the strategies that they use to manage their daily activities. Finally, to describe a programme for occupational therapy including energy conservation for clients with CHF in primary healthcare.

Method: Study I: Forty participants ADL-ability were described by the Staircase of ADL and the quality of occupational performance was observed using Assessment of Motor and Process Skills (AMPS). The association between ADL ability and the New York Heart Association Classification (NYHA), a functional classification for people with CHF, was analyzed. Study II: Forty participants fatigue and its association to ADL ability, use of assistive devices and community support were analyzed. Study III: Ten respondents were interviewed about experiences of limitations in occupational performance and strategies used to manage ADL. Study IV: A programme including energy conservation based on the Occupational Therapy Intervention Process Model (OTIPM) for clients with CHF was developed. Five clients’ ADL-ability, goal achievements, and use of energy conservation strategies as well as the clients’ and the two OTs’ experiences of the program were described.

Results: Study I: Most participants were independent in personal ADL activities (PADL). A majority was dependent in one or more instrumental ADL activities (IADL) and perceived strain when performing the activities independently. The AMPS showed a reduced quality of occupational performance compared with healthy people of the same age. Participants in NYHA III/IV showed significantly increased effort (under motor cutoff) when performing ADL tasks compared with those in NYHA I/II. Study II: High levels of general fatigue, physical fatigue and reduced activity was found. Greater fatigue was associated with increased dependence and decreased quality of occupational performance. Participants who used assistive devices and home care estimated higher physical fatigue, but no correlation was found with community mobility services. Study III: The participants’ experiences of limitations in occupational performance and strategies used to manage ADL were described as redefining an active life, aware of one’s impaired body and planning activities and balancing the degree of effort. An ongoing process of occupational adaptation due to periodical physical decline and fluctuating day-to-day ability was described. Study IV: After the intervention, the clients’ ADL-ability had changed, most goals were achieved and many energy conservation strategies were used. The clients’ experiences were described as working in collaboration to manage daily activities and using professional support from OTs to enhance their activities. The OTs’ experiences of the programme were described as being supported with specific knowledge and a structured way of working and finding clinical benefits from working according to the program, but doubt the possibility of using it, due to constraints in clinical practice. Comorbidities, which can affect occupational performance, were common in all the studies.

Conclusion: The work with this thesis has increased the limited existing knowledge about elderly people with CHF and their ADL ability, fatigue and the adaptation of occupational performance that they use to manage their daily activities. The experiences indicated that a specialized programme including energy conservation for OTs in primary healthcare seemed to support the OTs work in a more comprehensive client-centered way. The programme needs to be further evaluated.

Keywords
Activities of daily living, Fatigue, Chronic Heart Failure, Aged, Programme, OTIPM, Energy management, Energy Conservation Strategies, Interview, Observation, Occupational Therapy Intervention, Primary Healthcare.