



Older Adults with Multiple Chronic Conditions: Optimizing Occupational Therapy

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OkDCN Age-Friendly Nursing Home ECHO



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Multiple chronic conditions (MCC)

- 81% of older adults in the US have multiple chronic conditions (MCC)
 - 2 or more long-term health conditions



- Older adults with MCC
 - Have poor health outcomes (disability, quality of life)
 - High healthcare utilization and costs
 - Perform fewer health self-management activities

(Buttorff et al., 2017), (Klinedinst et al., 2021, 2022)



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MCC + functional limitation

- Functional limitation:
 - Difficulty seeing, hearing, mobility, communication, cognition and self care
- Half of older adults with MCC also have functional limitations.
- Having MCC *and* functional limitations
 - Compounds the difficulties in engaging in health self-management behaviors and activities.
 - Increases rates of disability and death by 5-fold!

(Buttorff et al., 2017, Hajek et al., 2015, Chamberlain et al., 2019)



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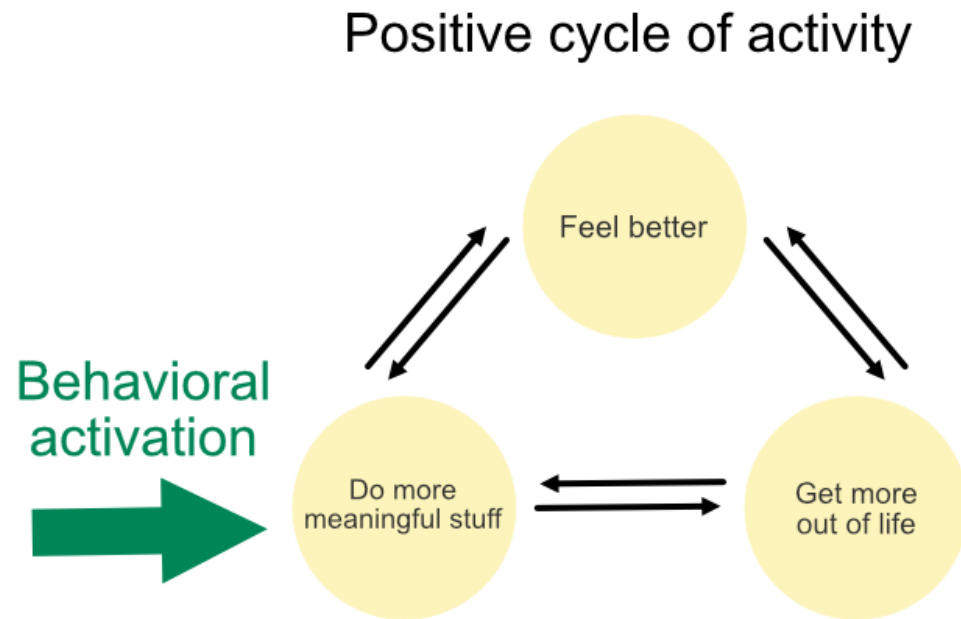
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Existing chronic condition self-management programs

- Not designed for people with MCC or functional limitations.
 - Continue to show null and mixed results.
- Designed to change individual behavior, not unsupportive contexts and activities.
- Lack of focus on daily routines.



Why behavioral activation (BA)?



Vranceau, et al., 2016; Santos, 2021

- In BA participants schedule, perform, and monitor results of rewarding daily activity.
- Learn to connect accomplishments to feelings of success and self-efficacy
- BA is a powerful tool for building mastery and motivation to change.



Why occupational therapy (OT)?

WHAT ARE OCCUPATIONS?



Activities of Daily Living:

Bathing, dressing, toileting, eating, etc



Work:

Interests, finding a job, job performance



Instrumental Activities of Daily Living:

Caretaking, driving, health management, meal prep, etc



Play:

Fun activity involving pretend play, exploration, games, symbolic play, etc



Sleep:

Rest, sleep preparation, sleep participation



Social Participation:

Engagement with community, family, and peers



Education:

Academic, nonacademic (recess, lunchroom), extracurricular



Leisure:

Enjoyable activities you choose to do

- Track record of health and wellness interventions
- Use Person-Environment-Occupation-Performance Model
 - Modify the environment
 - Adaptations to activity
 - Adjust daily routines and roles
 - Remediate functional limitations



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(American Occupational Therapy Association, 2020)(Leland et al., 2016)
(Baum et al., 2015)

Optimizing Occupations



- Building capacity for occupation
AND
- Arranging these occupations into health-promoting daily routines
AND
- Finding ways to increase physical activity within daily occupations.



ACTIVE INGREDIENTS OF THE INTERVENTION

Step 1	GOAL	Goal Setting
Step 2	PLAN	Action planning Activity scheduling Examine and develop daily routines Problem Solving • Modify environment • Adapt activity
Step 3	DO	Client does the activity with OT
Step 4	CHECK	Activity monitoring Change the Action Plan or choose a new goal Problem Solving • Modify environment • Adapt activity • Generalize strategy to other problems



Participant goals

- **Meaningful physical activity-** daily walks, increasing stamina and energy level, riding bike
- **Medication management-** streamlining medication routines
- **Daily activity-** decreasing pain during LB dressing, transfer training
- **Social/community roles-** improving community access to combat social isolation, volunteering
- **Healthy meal preparation**



Takeaways for residential care...

- 1) Behavioral Activation is a powerful tool for increasing health-promoting daily activity
- 2) Developing daily routines supports health-promoting activity
- 3) Use a NEAT approach (Non-Exercise Activity Thermogenesis) for increasing physical activity



Using behavioral activation in nursing homes

- Behavioral activation is a brief, structured treatment for depression that aims to increase engagement in pleasurable and joyful activity.
- Relevant activities in the residential setting include:
 - Social interactions with other residents and volunteers
 - Physical activity (adapted for impairments)
 - Leisure activities (art, music,
- Volunteers or peer mentors can be trained to deliver the intervention
 - Activity scheduling, mood monitoring, setting SMART goals, engaging passive residents

(Bryant et al., 2020; (Theurer et al., 2020)



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Benefits of habits and routines

- Choosing activities, schedule, and health care consistent with the person's interests.
 - Help people establish a “sense of home” in their new residence.
 - Supports autonomy and well-being in daily life by providing structure
 - Can be very simple – finding out resident's usual awakening times “gentle awakening”
 - Work with residents to make a weekly schedule and display it in their room if they would like.
 - Use reminders on phone
 - Lay out items or clothing the night before



Using NEATS to increase activity

- Non-Exercise Activity Thermogenesis (NEATS)
 - Energy expended for everything that is not sleeping, eating, or exercise
 - DAILY ACTIVITY!
 - Residents create an activity log of their general daily routines (or yesterday if they don't have a routine yet)
 - Identify problem areas where they spend a lot of sedentary time, and see if they can find a way to do this activity standing or moving in some way.
- As little as 100 calories each day can translate to 10.5 lbs lost in one year!



THANK YOU!!!

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