OA 2

AOTA Evidence Briefs

Older Adults

Structured Abstracts

A product of the American Occupational Therapy Association's Evidence-Based Literature Review Project

Preventive occupational therapy reduces the health risks of older adulthood

CITATION: Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D., Hay, J., Josephson, K., Cherry, B., Hessel, C., Palmer, J., & Lipson, L. (1997). Occupational therapy for independent living older adults. *JAMA,278*, 1321–326.

LEVEL OF EVIDENCE: IA1b
Randomized control trial, n=20 per condition, high internal validity. No alternate explanation for outcome, moderate external validity (between high and low)

RESEARCH OBJECTIVE/QUESTION
To evaluate the effectiveness of preventive occupational therapy services specifically tailored to multiethnic, independent-living older adults.

DESIGN

X	RCT		Single Case		Case Control
	Cohort		Before-After		Cross Sectional

SAMPLING PROCEDURE

	Random		Consecutive
X	Controlled	X	Convenience

SAMPLE

N=361	M age=74.4	Male=NR	Ethnicity=culturally diverse (Asian, Hispanic)	Female=65%

NR = Not reported

PARTICIPANT CHARACTERISTICS
Group members were 60 years of age or older and similar demographically and clinically at baseline. There were no treatment group differences in pretest means of

questionnaires control groups similar except for RAND SF-36 vitality scale at posttest (groups combined for analysis)

group A= 122 (OT group)
group B= 120 ("social" control group)
group C= 119 (no treatment control group)

MEDICAL DIAGNOSIS/CLINICAL DISORDER
none

OT TREATMENT DIAGNOSIS
independent living older adults

OUTCOMES

AREA	OT TERMINOLOGY	ICIDH-2	MEASURE	FREQUENCY
Physical and social function, self-rated health, life satisfaction, and depressive symptoms	Performance area	Activity Limitation	Self-administered questionnaires	Pre-test Posttest
Potential functional disabilities or disruptions of daily activities in physical and social domains	Performance area	Activity Limitation	Functional Status Questionnaire	
Life satisfaction	Performance context Roles	Participation Restrictions	Life-Satisfaction Index-Z	
Depressive symptoms	Performance Areas	Activity Limitation	Center for Epidemiologic Studies Depression Scale	

Self-health perceptions	Performance context	Activity Limitation	Medical Outcomes Study Short Form General Health Survey	
Physical and mental health-related dimensions	Performance Areas	Activity Limitation	Rand 36-Item Health Status Survey Form-36	

INTERVENTION

Description
OT program: A theme of health through occupation by didactic teaching, experience, and reflection

Social control program: Activities were introduced to encourage social interactions among members in the group.

Nontreatment control group

OT & ICIDH-2 Terminology
Performance area and context
Activity limitation
Participation Restriction

Who Delivered
Occupational therapists (masked to study purposes)
Non-professionals (masked to study purposes)

Setting
NR

Frequency
OT Program: Two hours per week of group occupational therapy; 9 hours total of individual occupational therapy
Social Control program: 2.25 hours per week

Duration
9 months

RESULTS

STATISTICAL TESTS	STATISTICAL RESULTS	DESCRIPTIVE INFORMATION

Intent-to-treat analysis		• Asian (non-Mandarin speaking) showed greater improvement in Life Satisfaction Index-Z (p=.01); CES Dep. Scale (p=.03); MOS health perception (p=.04) • Hispanics showed greater improvement on Rand SF-36 (p=.01) *Analysis of outcomes within control groups compared to OT group
Mean change scores		
Analysis of covariance	Significant benefit of OT for Functional status questionnaire (p=.03); Life Satisfaction Index-Z (p=.03); MOS Health Perception (p=.05); Role limits due to health (p=.02); Vitality (p=.004); Social function (p=.05); Role limits due to emotional disturbances (p=.05); and General mental health (p=.02)	

CONCLUSIONS

Significant benefits for the occupational therapy preventive treatment group were found across various health, function, and quality-of-life domains.

The control group tended to decline during the study, which may suggest that occupational therapy preventive health may mitigate against the health risks of older adulthood.

LIMITATIONS

- 12 volunteer participants withdrew prior to the study (unable to make the time commitment)
- 55 volunteers withdrew before the posttest for a variety of reasons
- results may not generalize to older adults living in different situations or of different socio-economic status.

Biases

	Attention		Masking/blinding		Drop outs
x	Contamination	x	Co-intervention		

- Co-intervention not accounted for
- Contamination not accounted for
- Sample bias due to voluntary participation

- Terminology used in this document is based on two systems of classification current at the time the evidence-based literature reviews were completed: *Uniform Terminology for Occupational Therapy Practice—Third Edition* (AOTA, 1994) and *International Classification of Functioning, Disability and Health (ICIDH-2)* (World Health Organization [WHO], 1999). More recently, the *Uniform Terminology* document was replaced by *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002), and modifications to *ICIDH-2* were finalized in the *International Classification of Functioning, Disability and Health* (WHO, 2001).

This work is based on the evidence-based literature review completed by Mary Law, PhD, OT(C), Debra Stewart, BSc, MSc, and Brenda McGibbon Lammi, BPHE, BHSc (OT), MSc.

For more information about the Evidence-Based Literature Review Project, contact the Practice Department at the American Occupational Therapy Association, 301-652-6611, x 2040.

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