

Older Adults with Multiple Chronic Conditions: Optimizing Occupational Therapy

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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



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 5fold!



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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.

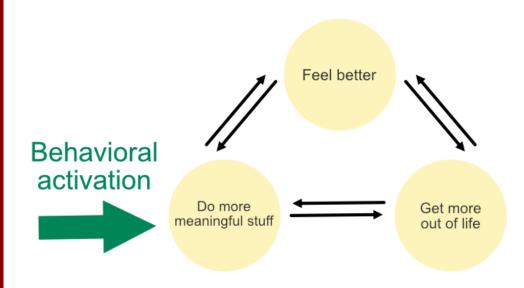
 Designed to change individual behavior, not unsupportive contexts and activities.

Lack of focus on daily routines.



Why behavioral activation (BA)?

Positive cycle of activity



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



Instrumental Activities of Daily Living:

Caretaking, driving, health management, meal prep, etc



Sleep:

Rest, sleep preparation, sleep participation



Education:

Academic, nonacademic (recess, lunchroom), extracurricular



Work:

Interests, finding a job, job performance



Play:

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



Social Participation:

Engagement with community, family, and peers



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



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.

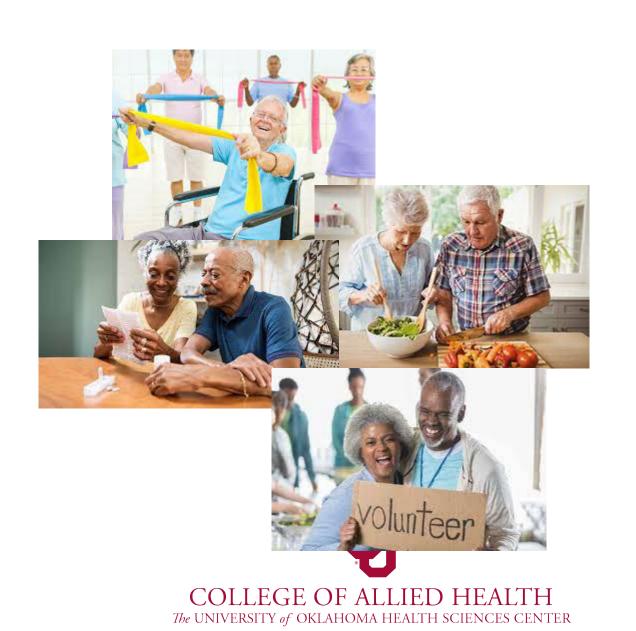
ACTIVE INGREDIENTS OF THE INTERVENTION

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 managementstreamlining medication routines
- Daily activity- decreasing pain during LB dressing, transfer training
- Social/community rolesimproving community access to combat social isolation, volunteering
- Healthy meal preparation



Takeaways for residential care...

- 1) Behavioral Activation is a powerful tool for increasing healthpromoting 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



Benefits of habits and routines

- Choosing activities, schedule, and heath 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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