

Enhancement of Community Independence of Elderly Patients through a Training Program in Instrumental Activities of Daily Living (A Randomized Control Trial)

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Introduction

The population of Hong Kong is aging and the functional declines in Instrumental Activities of Daily Living (IADL), such as cooking, shopping, transportation, laundry and housekeeping, of elderly patients are common. Many older people and their caregivers were burdened with their inabilities to perform IADL. IADL correlates significantly with functional health status, implying that, as health declines in elderly people, they may require more assistance in IADL and hence more community care in order to engage actively in their community.

Therefore, to maximize independence in community living of the elderly, to reduce the burden of caregivers and to minimize the needs of community care for them, enhancement in their IADL abilities is important. In this study, we examined the effectiveness of an "IADL training program" developed in the Occupational Therapy Unit of Geriatric Day Hospital, United Christian Hospital in improving the functional independence of the elderly patients.

Purpose of the Project

To investigate the effectiveness of the "IADL Training Program" in improving the functional independence and the community care of elderly patients in geriatric day hospital.

Material & Methods

Yung Fung Shee Geriatric Day Hospital (YFSDH) patients, who met the inclusion criteria: (1) pre-morbid independence in 2 or more of IADLs and (2) MMSE \geq 18, were recruited to the study. Simple randomization was used to allocate subjects to experimental or control group. In experimental group, patients received "IADL Training Program" which included meaningful and simulated IADL tasks training, in-vivo training, real tasks practice in the community, education groups, and aids prescription / home modifications (if needed). Whereas in control group, patients received usual remedial activities training and active mobilization only. Lawton IADL scale and Community Integration Questionnaire (CIQ) were used to assess subjects' level of independence in IADL and the community integration in home and social aspects respectively.

Results

Total 71 subjects participated into the study, including 36 in experimental group and 35 in control group. There were more statistically significant increases in both Lawton IADL scale ($p = 0.001$) and CIQ scores ($p < 0.001$) in experimental group than those in control group, after 6-week training and post discharge 2-month follow-up. The result showed that after 6-week training, subjects in experimental group had larger enhancement in IADL independence, such as shopping, cooking and transportation; and better community reintegration like increased participation in home, social and outdoor activities. Moreover, feedbacks from their family members during post discharge 2-month follow-up showed reduced caregivers' burden.

Conclusion

The IADL training program was more effective than usual remedial training and active mobilization in improving the functional independence and community reintegration of the elderly patients after the 6-week training and at post-discharge 2-month interval. With increase in functional independence, patients could be better integrated into the community with improved quality of life; caregivers' burden could be alleviated and the necessity and costs of community care for them could be reduced as well. Further study on the longer term maintenance effect of the training was suggested.