

The role of the Occupational Therapist in Cardiovascular Conditions

by **Joanna Chetcuti** MSc (Lond.), SROT
Principal Occupational Therapist, Occupational Therapy Department, St. Luke's Hospital,
Assistant Lecturer, Institute of Health Care, University of Malta.

Occupational Therapy (OT) plays a vital role in the care of cardiac patients. OT intervention can improve function, reduce anxiety and improve the overall well-being of the patient. The root skills of our profession together with our patient-centred approach, enable us to work well with such patients. The emphasis is on empowering individuals to make informed choices for their health rather than force changes in lifestyle.

OT is a health profession which helps individuals adjust to their limitations and develop or improve the required skills to lead a fulfilling life. Service delivery begins by assessing the patient's occupational needs and implementing an intervention plan using goal directed activities to treat people in all their performance areas (AOTA, 2002). Through the use of functional activities, the occupational therapist maximizes the patient's ability to perform tasks which are important to them such as self care (bathing, eating, dressing, etc),

education, work, leisure and participation in social activities.

The involvement of the Occupational Therapist has changed over the past thirty years with a shift in focus from progressive resumption of activity through craft and calisthenics used in the USA (Mesenbourg et al, 1970) to similar underlying principles which however place emphasis on education and counseling, now firmly established in Australia (Tooth et al, 1996). The level of input may vary according to the diagnosis and different stages of the patient's condition. A variety of patients can benefit from OT but the most common diagnosis is that concerning angina, post-myocardial infarction and pre or post cardiac surgery.

A patient-centred approach is commonly recognized as the approach of choice. This allows the OT and the patient to form a partnership in order to attain the patient's own chosen goals (Sumsion, 1999). A study carried out in Malta on lifestyle changes following a myocardial

infarction (Chetcuti, 1998) found that most of the participants made changes but often this was accompanied by fear. In order to enhance compliance, patients should play an active role in their own health and change behaviours out of choice rather than fear (Parmee, 1995).

OT may be carried out on an inpatient basis prior to an operative procedure such as coronary bypass surgery or following an acute episode such as post-myocardial infarction and may include the following:

- Assessment of the patient's ability to perform normal daily activities;
- Task simplification and guidance in resuming daily activities;
- Prescription of adaptive equipment (such as a shower chair, bathroom rail);
- In-patient educational information (including advice on risk factor modification);
- Basic graded exercises and activities;
- Psychological support;
- Stress management.

continues on page 13

Augmentin 875/125mg

875mg amoxicillin/125mg clavulanic acid per tablet

NEW STRENGTH & POWER
when you need it most

For bacterial infections requiring
a higher dose of amoxicillin

Trade name: Augmentin 875/125mg Film Coated tablets. Quantity of active ingredients per unit dose: Augmentin 875/125mg Film Coated tablets contain Amoxicillin trihydrate equivalent to 875mg amoxicillin and clavulanic acid equivalent to 125mg clavulanic acid. Indications: Amoxicillin-clavulanic acid is indicated for short term treatment of bacterial infections when caused by amoxicillin-clavulanic acid susceptible organisms (see SPC for full details). **Posology and Administration:** Administer at the start of a meal. Treatment should not be extended beyond 14 days without review. Adults and children over 12 years of age only: 875/125mg to moderate infections; 875/125mg twice daily. Severe infections (including chronic and recurrent acute infections and those of the lower respiratory tract): 875/125mg three times daily. **Contraindications:** Penicillin or cephalosporin hypersensitivity. History of amoxicillin-clavulanic acid associated anaphylaxis or hepatic dysfunction. **Precautions and warnings:** Care with previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens. Caution in hepato-renal impairment (see SPC). Avoid if alcohol consumption is suspected. **Side effects:** (and/or possible effects). Very common >1/10, common >1/100 and <1/10, uncommon >1/1,000 and <1/10,000, rare >1/10,000 and <1/100,000, very rare <1/10,000. **Very common:** diarrhoea. Common: nausea, vomiting, and flatulence. Uncommon: dysuria, headache, indigestion, skin rash, pruritus, urticaria. Moderate to severe: allergic reactions, eosinophilia, neutropenia and thrombocytopenia, epidermal reactions. Very rare: anaphylaxis, serum sickness, hypersensitivity vasculitis, reversible agranulocytosis and haemolytic anaemia. Convulsions may occur in patients with impaired renal function or in those receiving high doses, antibiotic associated colitis, vaginitis and cholestatic jaundice - these events have also been noted with other penicillins and cephalosporins. Severe skin rash syndrome, toxic epidermal necrolysis. See SPC for full details. **Legal category:** POM. **Product Licence Number:** PA 8789/12/96. **Marketing Authorisation Holder:** GlaxoSmithKline (Ireland) Limited, Syncomarway, Rathfriland, Dublin 16. Tel: 01 495 5000. Fax: 01 495 5225. Date of preparation: December 2004.

 GlaxoSmithKline

The role of the Occupational Therapist in Cardiovascular Conditions

continued from page 10

Following discharge from hospital, the Occupational Therapist treats the patient both individually as well as part of a team within a cardiac rehabilitation programme. The cardiac rehabilitation team consists of a number of health professions who all work towards helping the patient return to the highest level of function and independence possible. The transdisciplinary approach is characterized by professionals who are committed to teach and work across professional borders to provide an integrated service. This provides a total care plan but this necessitates team members to make joint decisions. (Cohn, 2003). The Occupational Therapist is concerned with the development and implementation of such patient education programmes to improve the patients' quality of life. Occupational Therapists require knowledge of Adult Learning Theories, Learning styles and teaching techniques. The ability to choose teaching strategies will increase understanding and communication between the health

care professional and the patient. It is therefore vital to know how much information to provide and to structure the information and provide written information which patients can comprehend in order to encourage learning (Kiger, 2004). The involvement of the patients' family in the management of their treatment gives them a sense of shared responsibility. This may empower them and thus enhances compliance with treatment plans (Kautzmann, 1992). In addition, the inclusion of family members can be an indirect source of support for the patient (Matthews, 2001).

The role of the Occupational Therapist following discharge includes:

- Increasing the patient's physical and work tolerance through graded activities;
- Teaching energy conservation techniques, pacing and work simplification;
- Teaching concepts of energy levels required to perform daily tasks using the MET (metabolic equivalent table) system;
- Time management techniques;
- Educating the patient on lifestyle changes;

- Stress management techniques;
- Liaison with the family and providing the necessary support;
- Possible home visits and advice on home activities;
- Explore work interests if not returning to previous work and provide a work tolerance programme in order to re-train for work;
- Possible work modifications to reduce cardiac stress;
- Discussion groups to discuss issues such as anxieties and fears, diet, coping skills, sex and diet;
- Helping the patient select leisure activities within his physical capabilities.

The Occupational Therapy service is provided on a referral basis to in-patients. As staff increase in number, it is hoped that a broad spectrum of cardiac conditions can be treated automatically on both an in-patient and out-patient basis. The involvement of OT in cardiac rehabilitation services will help to improve the prognosis of patients through lifestyle changes and intervention to improve functional status. It will allow them to make informed decisions about their own health status. [3]