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Self-reported and Observed Quality of ADL Task Performance in Adults with Depression

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Introduction

Limited relationship between measures of self-reported and observed quality of ADL task performance has been revealed in a rheumatologic population, stressing the need to apply both self-report and observation in that population when evaluating ADL task performance. As occupational therapists offer their services to a wide range of diagnostic groups, it was decided to investigate if a similar pattern would show, when examining the relationship between self-reported and observed quality of ADL task performance in a different population. For this purpose, adults with depression were chosen.

Aims

• To investigate which information can be obtained about the quality of ADL task performance based on self-report and observation, respectively
• To examine the relationship between measures of self-reported and observed quality of ADL task performance.

Subjects

Twenty patients >18 years diagnosed with depression (range 19-79, median 45.5)

Procedure

In order to evaluate the participants’ self-reported and observed quality of ADL task performance the ADL-Interview (ADL-I) and the Assessment of Motor and Process Skills (AMPS) were chosen. Both instruments are developed to evaluate and measure the quality of ADL task performance. The ADL-I was conducted first and thereby formed the basis for identifying relevant tasks for the AMPS evaluation. Both evaluations were conducted on the same day by trained and calibrated occupational therapists.

Results

The results indicated that the participants both reported (figure 1 and 2) and demonstrated increased effort and/or fatigue, increased use of time, need for assistance and safety problems. 85% had AMPS ADL motor ability measures below cut-off indicating clumsiness, fatigue, increased effort, safety risk and/or need of assistance during ADL task performance. 35% had AMPS ADL process ability measures below cut-off indicating decreased efficiency, safety risk and/or need of assistance. However, limited relationship was found between measures of self-reported and observed quality of ADL task performance (figure 3 and 4).

Conclusion

Based on the limited relationship between measures of self-reported and observed quality of ADL task performance, it is recommended that occupational therapists perform evaluations of ADL task performance based on both interview and observation as prescribed in the Occupational Therapy Intervention Process Model (OTIPM).

Clinical implications

Evaluations based on self-report and observation to some extent provide similar information related to quality of ADL task performance in adults with depression. Thus, at group level problems in terms of increased physical effort and/or fatigue, inefficient use of time, some safety risk and/or need for assistance were both perceived and observed in this sample. However, the results of this study revealed that single measures of self-reported and observed quality of ADL task performance had limited relationship to each other.

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