Self-reported Quality of ADL Task Performance in Adults with Schizophrenia

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Introduction and Aim
Previous studies, often based on observation, indicate that adults with schizophrenia are having problems related to performing activities of daily living (ADL). However, little is known about how adults with schizophrenia perceive their ADL task performance. More specifically, how they perceive the quality of their performance in terms of effort/fatigue, use of time, safety risks, and need for assistance. The aim was to investigate the self-reported quality of ADL task performance in adults with schizophrenia.

Subjects
Participants were recruited from October 2013 to December 2014 among in- and out patients from Aalborg University Hospital – Psychiatry and Brønderslev Psychiatric Hospital. The sample was a consecutive sample of convenience fulfilling the following inclusion criteria: age ≥ 18 years, diagnosed with psychotic disorders (F20) according to ICD 10 and referred to occupational therapy during hospitalization. Reasons for exclusion were ongoing substance abuse and somatic disease affecting occupational performance mostly.

Instrumentation and Procedure
Data were collected using the ADL Interview (ADL-I). The ADL-I is a standardized occupational therapy evaluation tool developed to describe and measure the quality of ADL task performance in terms of effort/fatigue, use of time, safety risks, and need for assistance based on self-report. Occupational therapists employed at the hospitals and trained in conducting the ADL-I were collecting data. The interviews were conducted at the wards or in the occupational therapy clinic.

Results
In total, 107 patients participated in the study. Two thirds were men and the participants were between 20-71 years (mean 36 years and SD 12.5 years).

Results indicated that the participants to some extent reported decreased quality of both personal ADL (PADL) and instrumental ADL (IADL). Aside from decreased independence, the participants also reported problems related to increased effort, increased use of time, and some safety issues. Although most of the participants reported to be competent in relation to PADL tasks such as toileting, washing hands and face, combing one’s hair, dressing/undressing, drinking and transferring in bed, several of the participants reported decreased quality when calling for attention (49%), reading (40%) and taking part in a conversation (39%). Furthermore, problems were reported in relation to walking/moving around in the neighborhood (29%), using telephone (28%), bathing (24%) and brushing teeth (23%).

In relation to IADL most of the participants reported to be competent when going by car, preparing a cold meal, heating up food and when doing light washing in a washing machine, while several reported problems related to weekly cleaning (52%), daily cleaning (41%), cooking (38%), going by bus (36%) and daily shopping (30%).

Clinical implications
This study outlines the importance of evaluating different aspects related to quality of ADL task performance. If only addressing one single aspect (e.g. independence) other ADL problems, important to the client, might be overlooked.

Figure 1
Self-reported quality of ADL task performance – PADL

Figure 2
Self-reported quality of ADL task performance – IADL