

Exploring the need for ADL assistance among people with COPD

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Introduction

The ability to perform activities of daily living (ADL) decreases when living with chronic obstructive pulmonary disease (COPD), which leads to an increased need for assistance. The magnitude of ADL assistance in relation to ADL ability and living status (living alone or cohabiting) is important to consider to best support people with COPD and their caregivers.



The aim was to explore the predicted and actual need for assistance in relation to ADL ability and living status

Methods:

A cross sectional study design involving (N=80) persons living with COPD. Participants were evaluated using Assessment of Motor and Process Skills (AMPS), ADL-Interview (ADL-I) and a questionnaire addressing ADL assistance. Rasch models were applied to generate measures of ADL ability. Descriptive statistics were used to reveal the need for ADL assistance. Pearson correlation were applied to investigate the relation between ADL ability and living status.

Results

According to AMPS the predicted need for assistance (71%) is in line with the actual received assistance (74%). ADL assistance is provided by relatives (52%), private housekeeping (26%), home care service (22%). Almost half (46%) of the sample lives alone, yet there is no significant difference in ADL ability when living alone or cohabiting ($p=0.7$).

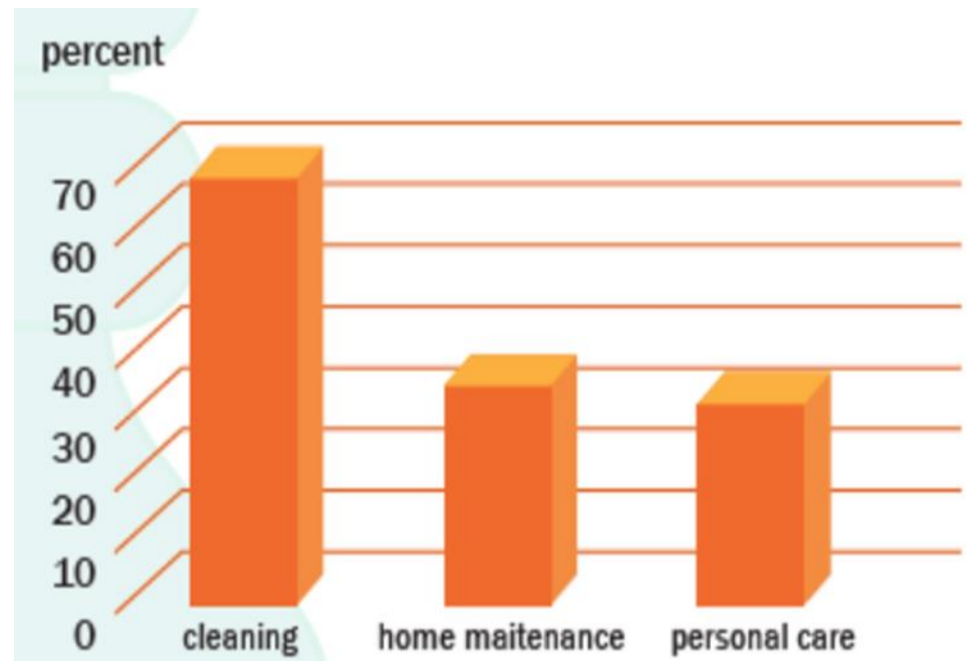


Figure 1

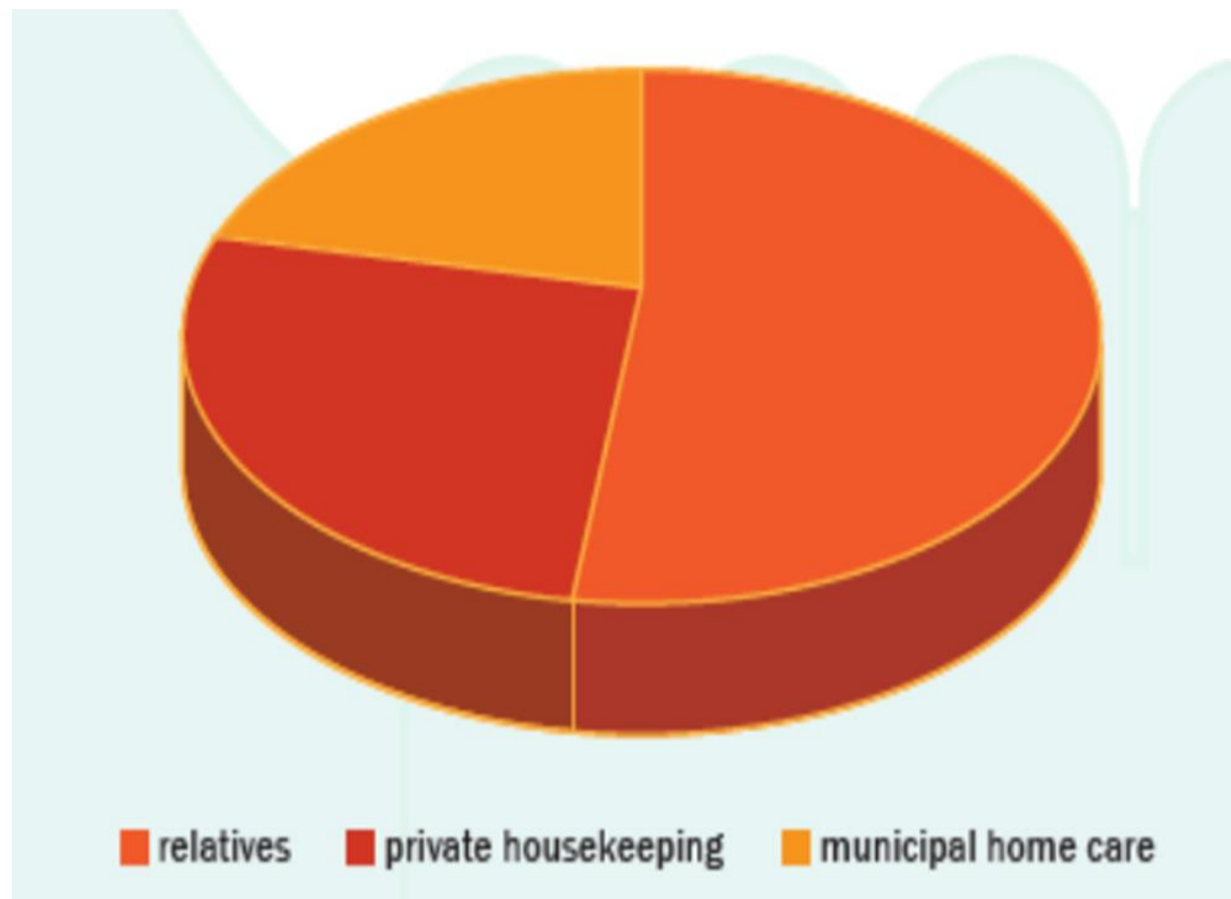
The most frequent activities of daily living where COPD patients require help



Characteristics of the study population (N=80)

	N (%)	Mean \pm SD
Age (years)	80 (100)	70.05 \pm 9.38
Gender:	80 (100)	
<i>Males</i>	30 (38)	
<i>Females</i>	50 (62)	
Living conditions:	80 (100)	
<i>Living alone</i>	37 (46)	
<i>Cohabiting</i>	43 (54)	
Stage of COPD:	78 (98)	
<i>Normal</i>	4 (5)	
<i>Stage I</i>	17 (21)	
<i>Stage II</i>	50 (62)	
<i>Stage III</i>	7 (9)	
<i>Stage IV</i>	0	
Education:	77 (96)	
<i>Primary school/skilled worker</i>	60 (75)	
<i>Student/Higher education</i>	17 (21)	
ADL task performance (ADL-I)	80 (100)	2.57 \pm 1.76
AMPS ADL motor	80 (100)	1.18 \pm 0.43
AMPS ADL process	80 (100)	1.04 \pm 0.43
Received ADL assistance	60 (74)	

Figure 2. Distribution of who provides the ADL assistance



Conclusion

The magnitude of needed and received ADL assistance is imperative. Relatives are the main providers of assistance which is important to consider since almost half of the population lives alone. Even though there is no significant difference in ADL ability related to living status, aspects of ADL assistance are important to further investigate and critical to address in clinical interventions.

Implications for practice

- It is important to consider if persons with COPD living alone are receiving the assistance they actually need.
- The relatives of persons living with COPD are very supportive (52%). However, they might want to be 'just' relatives instead of assistance providers.
- When having a need of assistance, it may affect how persons living with COPD prioritize their engaging activities. Supporting persons living with COPD in performing engaging activities might be indicated.



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