

“A window of opportunity”: Describing and developing an evidence, theory, and practice-informed occupational therapy intervention for people living with early-stage dementia.

Key findings

Intervention population: The impact early-stage dementia has on occupational performance was highly individual. However, difficulties experienced during performance were associated in the short-term with increased risk, mistakes, non-completion of an activity, an increased duration of time and effort, and feelings of stress and anxiety. Impact was typically discussed in the context of the impact dementia had upon a person's skills and abilities (e.g., memory, temporal orientation, sensory perception, insight or awareness). Causal factors not associated with dementia included sensory and physical impairments and a person's physical, social, and occupational environments.

Intervention setting and context: Across five participating Health Boards, only two were routinely providing occupational therapy interventions in their Memory Assessment Services (MAS). Contextual barriers included resources, other professionals' awareness and understanding of occupational therapy, and a lack of control and influence over service development and local and national policy. Primary care (e.g., GP Surgeries, MAS and Primary Care Mental Health Services) were identified as the preferred setting for an intervention.

Existing occupational therapy interventions: Research and practice-based interventions were heterogenous in nature (e.g., mode, duration, intensity) and no programme theories were identified. However, 'strategies' that problem-solve occupational performance problems were a primary intervention component. Only one research-based intervention was identified that was conducted in the UK, which was no more effective than treatment as usual (Wenborn et al 2021).

Intervention programme theory and design: A logic model of the problem and population at risk, matrices of change, and a simple intervention logic model were developed to articulate a proposed intervention programme theory. A broad overview of the proposed interventions' design was outlined including aim (optimising confidence and ability to perform meaningful activities); intervention mode (individual or dyad format); location (home environment and others as indicated e.g., work, community); duration (3 - 8 sessions) and three components (problem-solving strategies, coping strategies, and information, signposting and referral).

Research aim

- To describe and develop an evidence, theory, and practice-informed occupational therapy intervention for people living with early-stage dementia.

Research objectives

1. Understand the intervention population.
2. Understand the intervention setting and context.
3. Identify existing practice or research-based occupational therapy interventions.
4. Develop an intervention programme theory and design.

Background

Successive UK policy initiatives have highlighted the need to improve and innovate the way health and social care services for people living with dementia are delivered (WG 2008, SG 2017, DoH 2016). Significant emphasis has been placed on early diagnosis and intervention, including enhancing service provision in primary care, including Memory Services.

Whilst occupational therapy as an intervention for early-stage dementia is recommended by NICE (2018) and the Memory Services National Accreditation Programme (MSNAP) (RCPsych 2018), there is a scarcity of evidence to support the effectiveness of interventions based on occupational therapists' core skills in a UK context (Wenborn et al 2021).

In addition to a gap in evidence, a survey of occupational therapy practice with people living with dementia in the Welsh NHS indicated that there is also a gap in practice (Edwards 2017). Of 106 survey respondents across 7 Welsh Health Boards, only 4.5% identified MAS or primary care as their primary practice setting.

Methodology

An Intervention Mapping approach (Bartholomew Eldredge et al 2016) was used to guide the development process, in accordance with the Medical Research Council's (MRC) complex intervention research framework (Skivington et al 2021). Research objectives were developed based on Intervention Mapping Steps 1 – 3 and to meet these objectives, the research consisted of three studies.

Study 1 was a mixed methods evidence synthesis that aimed to identify, describe, appraise, and synthesise peer-reviewed research relating to occupational therapy and people affected by early-stage dementia living in the community. Study 2 consisted of twenty-two semi-structured interviews with 31 participants, 21 were occupational therapy practitioners and 10 were people affected by dementia. Participants were recruited across five Health Boards in Wales and interviews were analysed thematically. Study 3 synthesised data generated during Study 1 and 2 with data deriving from stakeholder engagement (practitioner workshops and feedback from the study's Lived Experience Advisory Group) to develop an intervention programme theory and design.

Implications and conclusion

Research evaluating interventions for people living with early-stage dementia based on occupational therapists' core skills is urgently needed. This research has established a robust foundation for further development work at Intervention Mapping Steps 4 – 6, including developing theoretically informed implementation strategies and producing materials in preparation for a feasibility evaluation. More broadly, this research has gleaned new insights into the routine practice of occupational therapists in a UK context using semi-structured interviews; has developed an intervention programme theory for an occupational therapy intervention for this population that can be tested and refined; and has synthesised the literature in relation to the day to day experiences of people affected by dementia and interventions delivered, designed or managed by occupational therapists for this population.

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