FEATURE ARTICLE FROM
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Dementia Patients Get Relief From Occupational Therapy

Finding a way to alleviate the tough realities of dementia would bring relief to about 6.8 million people in the United States; of those, 5.4 million have Alzheimer's, making it the most common cause of dementia. In 2012, it's expected that a half million new cases of Alzheimer's will be diagnosed (Advance for Occupational Therapy Practitioners).

Dementia is not a specific disease, but rather symptoms caused by other illness or conditions that affect the brain. Contrary to what many people believe, it is not a normal part of the aging process. It is a severe loss of cognitive ability, such as thinking, memory, and reasoning, that interferes with a person's daily functioning. Symptoms include personality changes, behavioral problems, and memory problems.

Treatments for dementia currently include prescription drugs and/or housing tailored for individuals with memory issues. While these options help manage the disease, it's been discovered that occupational therapy has positive effects on dementia patients' ability to perform daily activities and on their caregivers' confidence levels, both in the short- and long-term.

A 2006 study by the *British Medical Journal* through Nijmegen University in the Netherlands followed 135 patients. Each was over age 65, with mild to moderate dementia, and had a primary caregiver at least one day a week. Occupational therapists received training specifically for dementia patients, and then provided therapy to both the patient and the caregiver twice a week for five weeks, totaling 10 sessions.

Patients were scored on two measures: 1) motor and process skills and 2) deterioration of daily activities. Caregivers were assessed about their feelings of competence in taking care of the dementia patient. Twelve weeks after therapy ended, 75% of the patients showed improved process skills and 82% needed less assistance with activities of daily living (ADLs) (Medical News Today, 2006). In addition, 58% of caregivers reported an increase in their own sense of competence as it related to taking care of the dementia patient (healthandage.com, 2009). These findings clearly indicate the significant benefits of occupational therapy for dementia-related situations, and the cost benefits to this approach are under investigation.

According to the Alzheimer's Association, in 2010, $172 billion was spent towards Alzheimer's. Because occupational therapy appears to lengthen the amount of time an individual remains self-sufficient and helps a caregiver remain more confidently in control of the caregiving, it may offer new answers in several ways for patients, caregivers, doctors, and insurance providers.

Paying for occupational therapy may have to come from one or more sources, including private pay and Medicare Part B, which covers occupational therapy only under certain conditions (see www.medicare.gov):

Medicare helps pay for medically necessary outpatient physical and occupational therapy and speech-language pathology services when:

- Your doctor or therapist sets up the plan of treatment, and
- Your doctor periodically reviews the plan to see how long you will get therapy.

The amount you need to pay:

- Medicare Part B pays for Occupational, Physical, and Speech therapy as long as it is medically necessary.
- Only up to the yearly benefit limit, which varies from state to state.
- Before the limits, you pay 20% of the Medicare-approved amount after you have met your yearly deductible.
- After you have reached the cap for your state under Medicare Part B, you will be responsible for 100% of the charge, unless you have other insurance coverage.

There may be limits on physical therapy, occupational therapy, and speech language pathology services. If so, there may be exceptions to these limits.

What does occupational therapy look like?
The American Occupational Therapy Association uses this chart as a guide for implementing occupational therapy for Alzheimer's patients. Because Alzheimer's is a degenerative disease with gradual deterioration of the brain resulting in a progressive onset in three stages – early, middle and late, occupational therapy is implemented in different ways at each stage.

Table: Occupational Therapy Intervention for Early, Middle, and Late Stages of Alzheimer's Disease

Stage	Areas of Occupation	Occupational Therapy Intervention
Early Stage	Work/Volunteer	Create opportunities to engage in work/volunteer tasks adapted to client capacity.
	IADLs (Instrumental Activities of Daily Living)	Modify environmental and activity demands to reduce frustration and provide caregiver education and training in modifications.
	Social Participation	Maintain safe engagement in IADLs with appropriate supports and resources. Establish primary and secondary social network with family and community. Promote involvement in leisure activities of choice; adapt leisure activities to client capacity.
Middle Stage	ADLs	Maximize engagement in ADLs through compensatory and environmental adaptations.
	Leisure	Train caregivers in tailored activity programs.
	Social Participation	Create opportunities for leisure skills identifying adequate supervision and concerns for safety. Pursue community-based programs for people with cognitive loss.

	Sleep	Prevent sleep disturbances through active engagement in daytime activities.
Late Stage	ADLs Social Participation Sleep	Maintain client factors to participate in ADLs with caregiver support and training. Modify approach to social participation to meet the need for human contact. Prevent co-morbidities related to decreased movement during sleep/rest.
Source: American Occupational Therapy Association, Inc., 2010.		

Family-Centered Care Model
For the person with dementia who depends on a family caregiver, a treatment plan is put together using a family-centered care model based on collaboration among the occupational therapist, patient, caregiver, and family members. Family caregivers are involved in determining the patient's levels of ADL abilities, exploring the patient's strengths and limitations, and setting goals for patient independence and caregiver support.

Team-Centered Care Model
In more severe dementia cases, and with a move to a memory care facility or long-term care institution, a team-centered care model, which includes the patient's family, physician, and the staff of the care facility, is used. The team works together to determine the patient's ability levels, select goals, and develop a plan of care that includes occupational therapy.

Goal of Occupational Therapy
The challenge of occupational therapy is to create a comfortable balance between patient safety and maximum independence. The payoff for the dementia patient is improvement in cognitive and hands-on skills in doing daily activities that help the patient live more independently with a better quality life for a longer period. Caregivers who are trained in occupational therapy benefit with reduced stress and an increased feeling of proficiency. Occupational therapy is worth investigating if you or a loved one is affected by dementia.

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