

Occupational Therapy: The importance of motivation and routine so as to maintain the activities of daily living.

Recently published research articles have equated the intervention of occupational therapy in the Alzheimer's disease with the effectiveness of drug therapies. It is important to start with the intervention as soon as possible in order to delay the development of the disease and to maintain maximum autonomy for the people.

Dementia is a syndrome (generally either of chronic or progressive nature) characterized by deterioration in cognitive function.

When a new user arrives at any of our facilities an occupational therapist always carries out a medical assessment. This evaluation concentrates on the interests of the person, the daily routines and personal habits. To this end, the therapist asks the family about the following issues:

- ✚ Basic activities of daily living (BADLs). Those concerning self-care: mobility (walking, going down and up the stairs, standing, transfers...); getting dressed; nutrition (in terms of the action of eating and swallowing); personal hygiene (oral and facial, shaving and combing); taking a bath or a shower; incontinence (urinary and anal).
- ✚ Instrumental activities of daily living (IADLs). Those made to interact with our immediate surroundings: taking care of the house/domestic skills (making the bed, washing the dishes, doing the laundry, etc.); meal preparation; money management; social media management (telephone, writing, etc.); medication management and social health resources management.

At our centers there are several Occupational Therapy activity programs that we use in group contexts so as to enhance cognitive functions that have been altered. But above all, our main target is working on the user's attention, as well as having routines in our activities and strengthening their skills. Examples include reality orientation,

reminiscence to evoke memories, manual activities, music as a therapy resource, physical activities (mobility, psychomotricity...), walks outside, etc.

For the whole treatment the occupational therapist uses **activity with confidence**, a previous analysis and clear objectives. It is important to see how the activity starts, how it is carried out and how he/she follows a sequence of behaviors towards a **goal**. However, as we have already explained, the most important are the basic activities of daily living (BADLs) and instrumental activities of daily living (IADLs). These are supposed to be performed a great number of times throughout the day. If we had to concentrate on them each time we make them we would have to put a lot of effort. That is the reason we humans refer to them as routines. For example, when we learn to drive we need to “pay attention” and make sure we look to the front, control the pedals and the gear switching... Once we have established the routines we can have a conversation with someone, think about something else, etc.

These “automated activities” encompass most activities of daily living. We should take into consideration that the caregivers are the ones responsible for all the workload. Apart from the fact that not being health professionals can make their task a little bit more difficult, they can also feel overtaken by the need of constant supervision, emotional implication and sense of responsibility.

The caregiver is the person who can encourage the patient and make BADLs an easier task. This is positive for the evolution of therapy interventions. Thanks to caregivers Alzheimer’s can be a more comprehensible, healthier and easier-going disease.

Advice for caregivers

Hereunder you can find a series of general advice related to how caregivers should approach BADLs so as to help maintain the autonomy of the user and improve their everyday lives:

- ✚ Keeping a regular schedule for meals, hygiene, etc. Also the same BADL sequence.

- ✚ Monitoring and taking special care of a regular sleep-wake cycle.
- ✚ Maintaining a stable, secure, easy, facilitating, orientating, adapted and peaceful environment, both physically and in terms of family life.
- ✚ Forestalling their needs without overprotecting them (boosting their autonomy, instead).
- ✚ Doing daily adapted physical exercise or the more often as possible.
- ✚ Maintaining a structure for daily activities.
- ✚ Ensuring periods of rest and relax.
- ✚ Maintaining and strengthening the skills that the patient hasn't lost.
- ✚ Encouraging the repetition of everyday habits and make sure they take part into the daily life in the house.
- ✚ Stimulating cognitive function.
- ✚ Simplifying to the most self-caring tasks from the very beginning. They can all be performed in an easier way so that they can do them on their own. It is important to repeat for them the guidelines for each step.
- ✚ Stimulating speech and any other type of communication with the outside world (in an adequate, easy, clear way).
- ✚ Constant temporal-spatial orientation.
- ✚ Being aware of annoying habits, mood changes and behavioral disorders related to the disease.
- ✚ Making sure you are always safe, as well as the people around you.
- ✚ Keeping a good social life.
- ✚ Looking for leisure activities that can be more motivating and participative for the patient.
- ✚ Being aware of other health conditions and sensory deficits (sight, hearing...) that the patients may end up having. Due to their impairments in communication, it is very important to look at signs of illness.
- ✚ Normalizing the impact of their behavior. It is important to understand their situation and their disease. Being flexible and patient are key points. Arguments would only create confusion.

✚ Giving continuity to the treatment ensures its effectiveness.

At our centers we always work with the motivation of our users in mind. We create routines for them and ease their everyday life without leaving aside the importance of their autonomy.

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