

Daily activity habits, energy conservation methods and ADL- training for patients with COPD. A qualitative study.

Ingrid Elise Sundfar¹, Kristin Heggdal²

¹ Dep. of Occupational Therapy, Glittreklinikken, Hakadal, Norway (Ingrid.Elise.Sundfar@glittreklinikken.no)

² Faculty of Health Sciences, Oslo University College, Norway

Introduction

Patients with Chronic Obstructive Pulmonary Disease (COPD) commonly have symptoms like dyspnea and fatigue that affect their occupational performance and activities of daily living (ADL), but there are few studies about COPD patients' activity performance and how it can be supported in pulmonary rehabilitation (PR)¹⁻⁴.

Aim

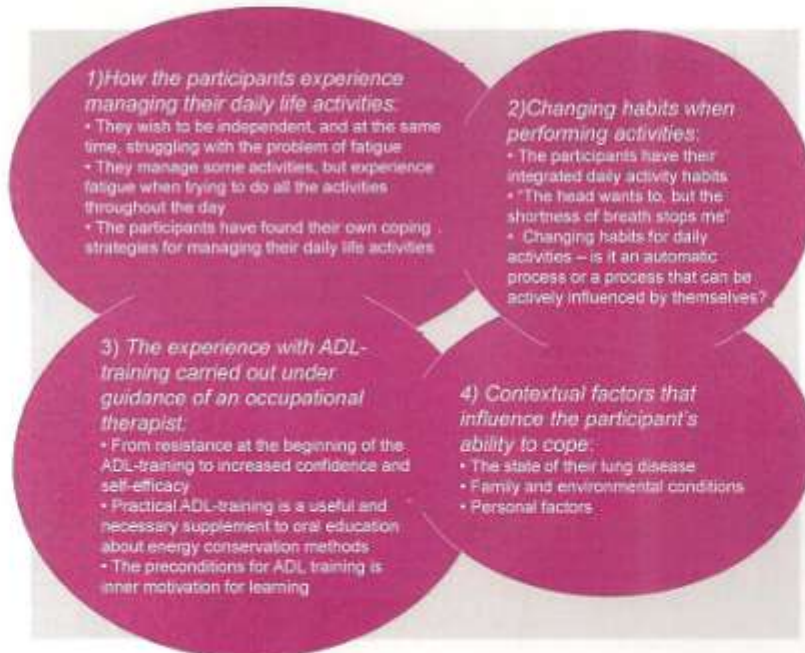
The purpose of the study was to explore COPD patients' experience of habits when performing activities of daily life, and how practicing daily life activities (ADL training/ activity training) during pulmonary rehabilitation had been useful for energy conservation and coping.

Methods

A qualitative research design was chosen. The participants were interviewed 4 to 6 months after a 4 weeks inpatient pulmonary rehabilitation program.

Results

The findings are summarized in four categories.



Subject characteristics

Sex, M / F	2 / 4
Age, yrs	55 to 75
Live alone	2
Live together with family	4
Spirometric Classification of Severity and Stages of COPD (GOLD):	
Stage 2, moderate COPD	2
Stage 3, severe COPD	4

Activity problems*:

- Take a shower
- Get dressed
- Vacuuming
- Clearing the floor
- Cleaning windows
- Washing clothes
- Ironing
- Food preparation
- Carry wood up indoor stairs
- Carry groceries

* Defined by the participants during the PR program using COPM^{5,6}.

The interviews were analyzed by means of phenomenological method and Systematic Text Condensation (STC)⁷.

Conclusion

People with COPD experience the change of habits, in performing daily life activities, as a process. ADL-training, in which the body is used as the primary source of knowledge, can be useful if the patient is in a stage of his / her health promoting process where he or she is motivated for changing and learning new habits in daily life.

References

1. Nici L, Donner C, Vittinger E et al (2006) American Thoracic Society / European Respiratory Society Statement of Pulmonary Rehabilitation. *American Journal of Respiratory and Critical Care Medicine* 173(2):1335-1413
2. Romagosa AI, Willesen J, Møgaard R et al (2005). The Effectiveness of Different Components of Pulmonary Rehabilitation Program Components. A Randomized Controlled Trial. *Chest* 128(3):853-872
3. Romagosa A, Eide P, Sævi O & Berntzen MC (2008) A pilot study of a pulmonary rehabilitation programme evaluated by four adults with chronic obstructive pulmonary disease. *Occupational Therapy International* 2:114-132
4. Trösel T, Casabian R, Givens R, D'Amico M (2006) Role of the art. Pulmonary rehabilitation in chronic obstructive pulmonary disease. *American Journal of Critical Care Medicine* 173(1):16-26
5. Hansen, F.B. (2010) ADL-training og energikonservering ved person-til-person rehabilitering av pasienter med kronisk obstruktiv lungesykdom. Universitetsforlaget, Medisinsk fakultet, Helsevitenskap.
6. Sevelin L, Singh SJ (2005) The Canadian Occupational Performance Measure: is it a reliable measure in Clients with Chronic Obstructive Pulmonary Disease? *British Journal of Occupational Therapy* 4:300-310
7. Malinck H (2005) *Kvalitative metode i helsevitenskap* 2. utgave. Oslo: Universitetsforlaget