

Vælge meningsfuld aktivitet til - hvor svært kan det være?

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Agenda

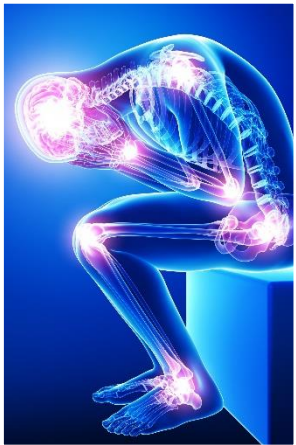
- Smertedefinition og ny smerteklassifikation
- Aktivitet og deltagelse påvirket af kroniske smerter
- Hverdagslivet – hvad skaber focus på det?
- Eksempler fra egen forskning

Redesign your
Everyday Activities
and **Lifestyle** with
Occupational
Therapy -
REVEAL(OT)
intervention

Værdibaseret
aktivitetsdeltagelse
til **FREM**me af
fysisk **Aktivitet** i
hver**D**agen –
FREMAD
intervention



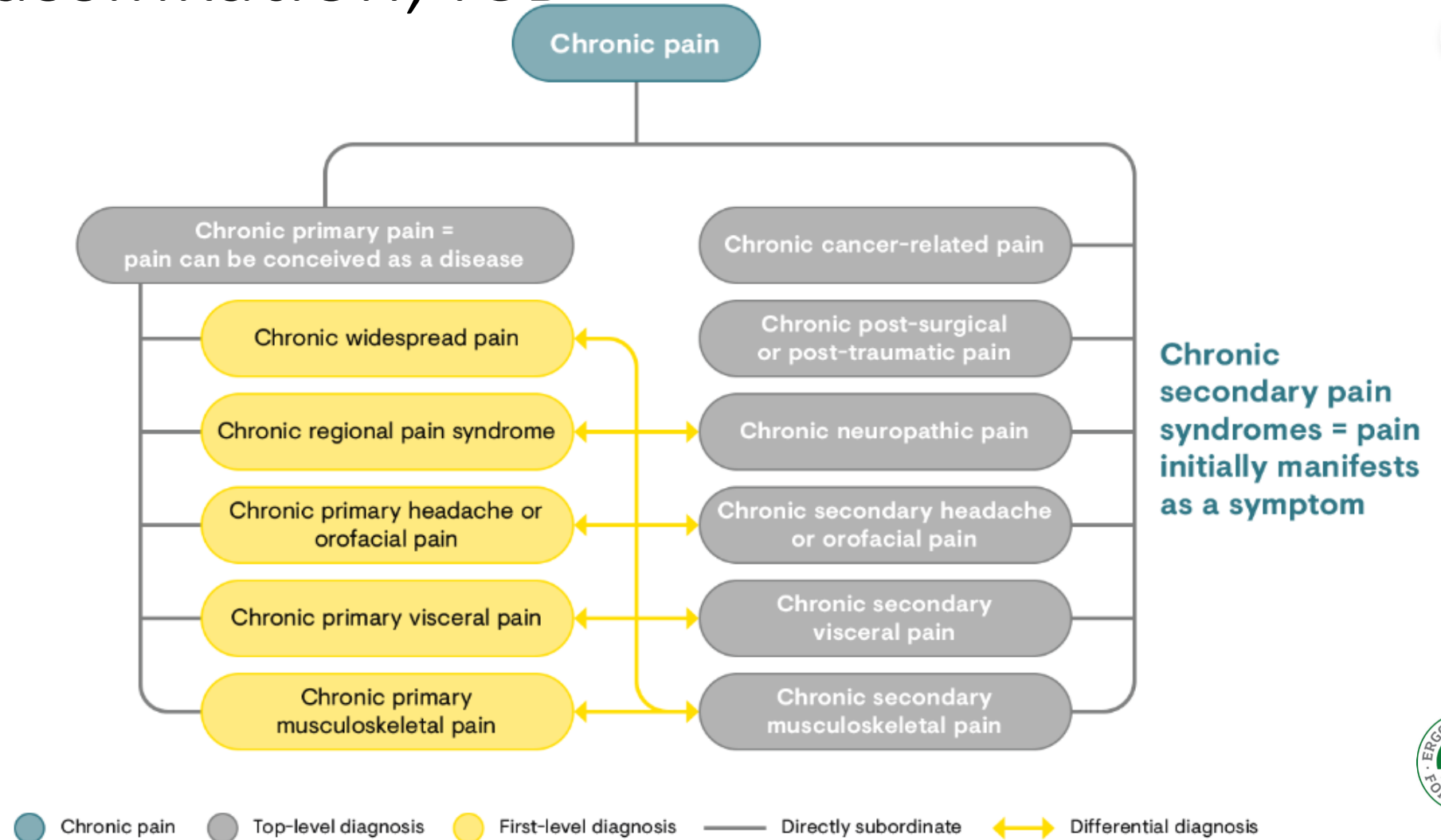
Smertedefinition



Ubehagelig sensorisk og emotionel oplevelse forbundet med, eller som ligner den forbundet med, aktuel eller mulig vævsskade

IASP; Raja et al. 2020

Smerteklassifikation, ICD



Treede RD et al. 2019

Billede: <https://www.change-pain.co.uk/pain-basics/classification-of-pain>

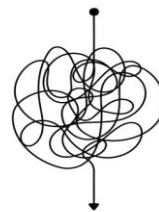
Længerevarende smerter: OBS



Primær (sygdom) eller sekundær (symptom) kronisk smerte



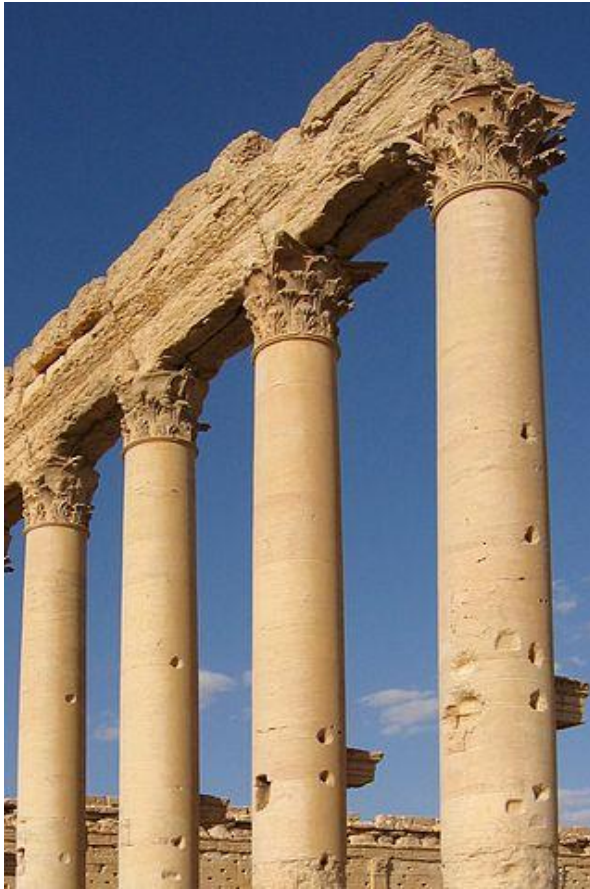
Smertemekanisme - nociceptiv, neuropatisk, eller/og nociplastisk



Kompleksitet – fysisk, mental, sensorisk, emotionel, kognitiv og social påvirkning

Cohen et al. 2021

Fundamentet for smertehåndtering



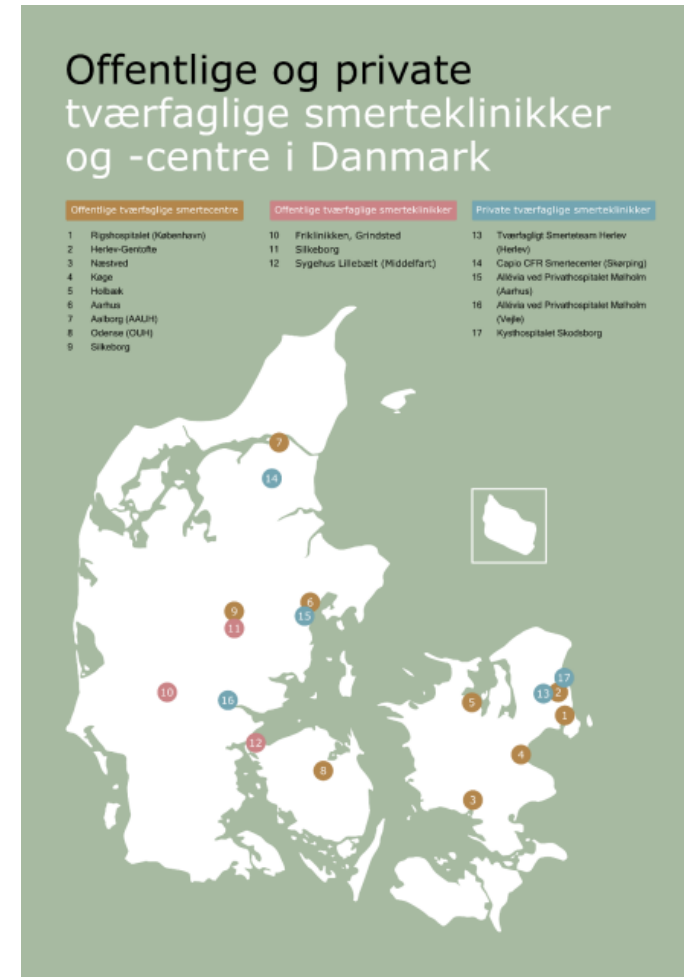
- Uddannelse
- Træning
- Søvn/ hvile
- Meningsfuldthed

Adriaan Louw, 2013

Evidens om smertebehandling

Biopsykosocial
Interdisciplinær
Multimodal

Gatchel et al. 2014; Cohen et al. 2021



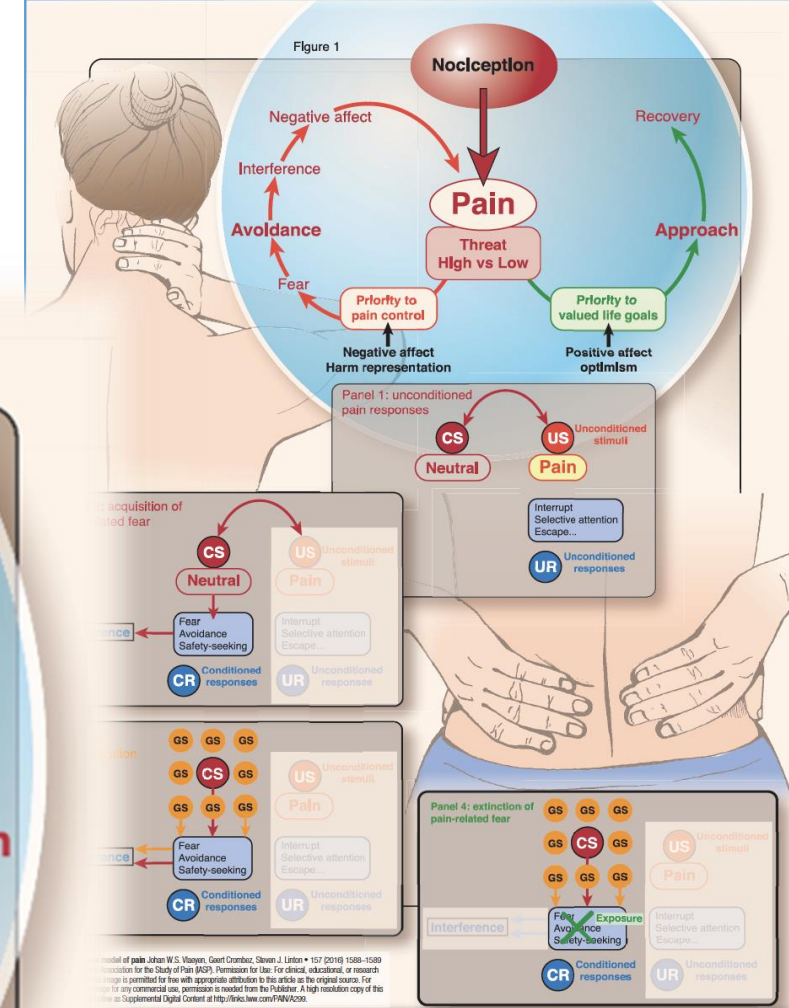
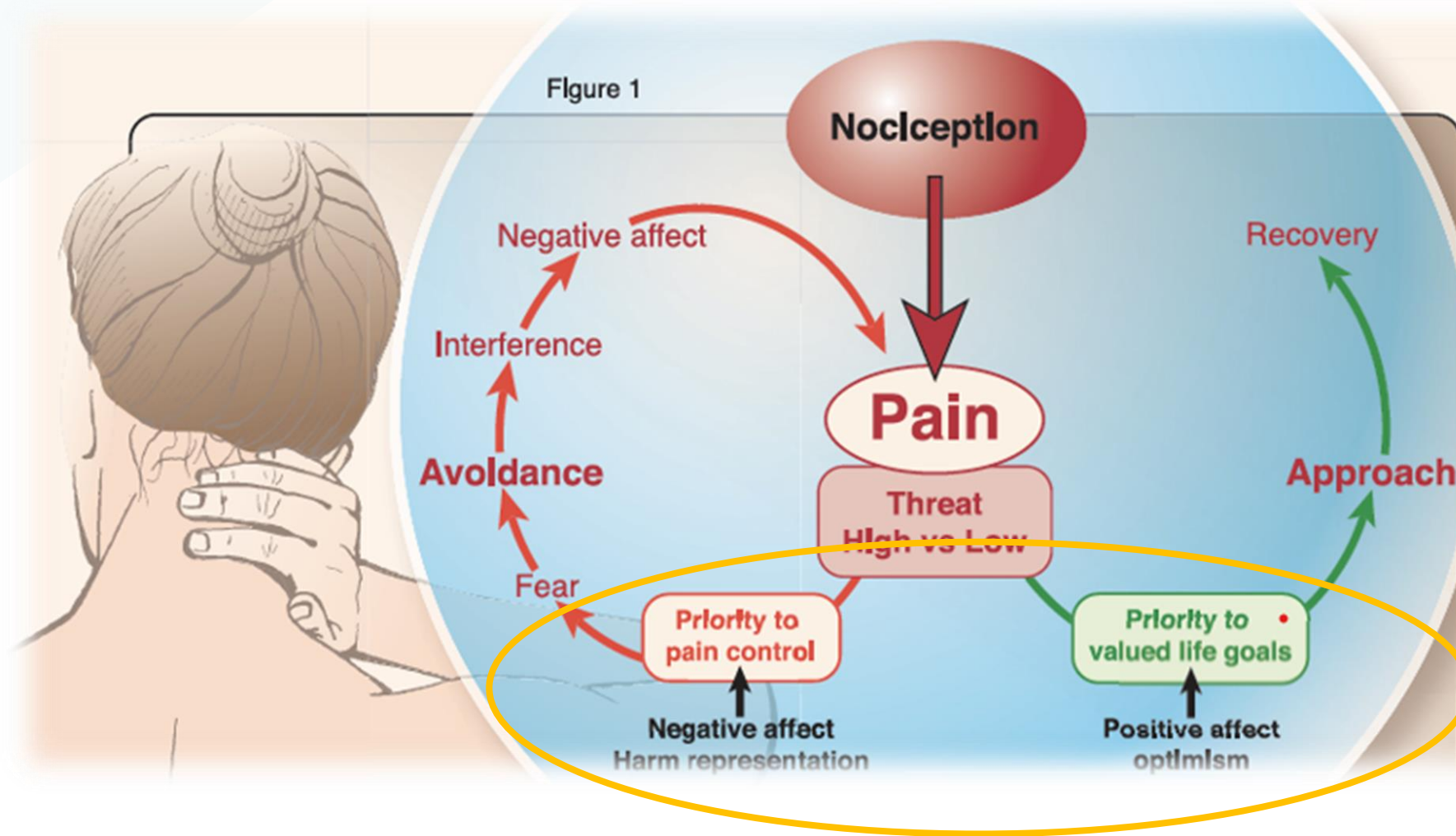
Sundhedsstyrelsen, 2020

Hvad ved vi om effekten?

- Fysisk aktivitet Geneen et al. 2017
- Kognitiv adfærdsterapi Williams et al. 2020
- Virtual Reality Goudman et al. 2022
- Biofeedback Sielski et al. 2017



Hvad med aktivitet og deltagelse?



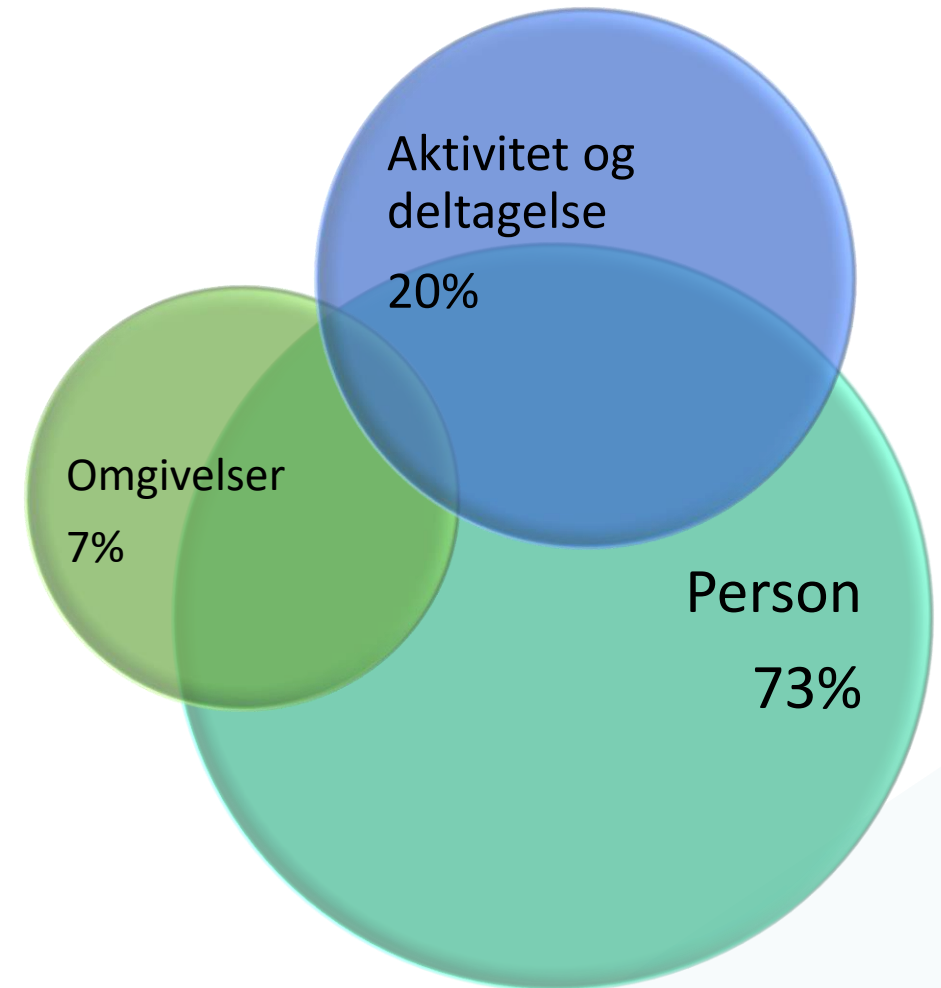
Fear-avoidance model (permitted by IASP, original source: Vlaeyen JWS et al. 2016)

Ergoterapi i behandling af kroniske smerter

Scoping review af 30 studier
(Lagueux et al., 2018)

Oftest anvendte metoder:

- Pacing/ aktivitetsregulering (36.5%)
- Aktivitetsadaptation (32.7%)



Modificeret PEO-model, inspireret af Law et al. 1996



Hverdagsliv i fokus

(Hill 2016, Hesselstrand 2015, Robinson 2011, Strong 1996))

ADL

- Hygiejne, påklædning, spisning, mobilitet
- Søvn og hvile (før, undervejs og efter)
- Pauser (timing og indhold)

IADL

- Omsorg for andre
- Bilkørsel
- Oprydning/rengøring
- Indkøb
- Medicinhåndtering
- Motion
- Måltidshåndtering
- Meditativ praksis

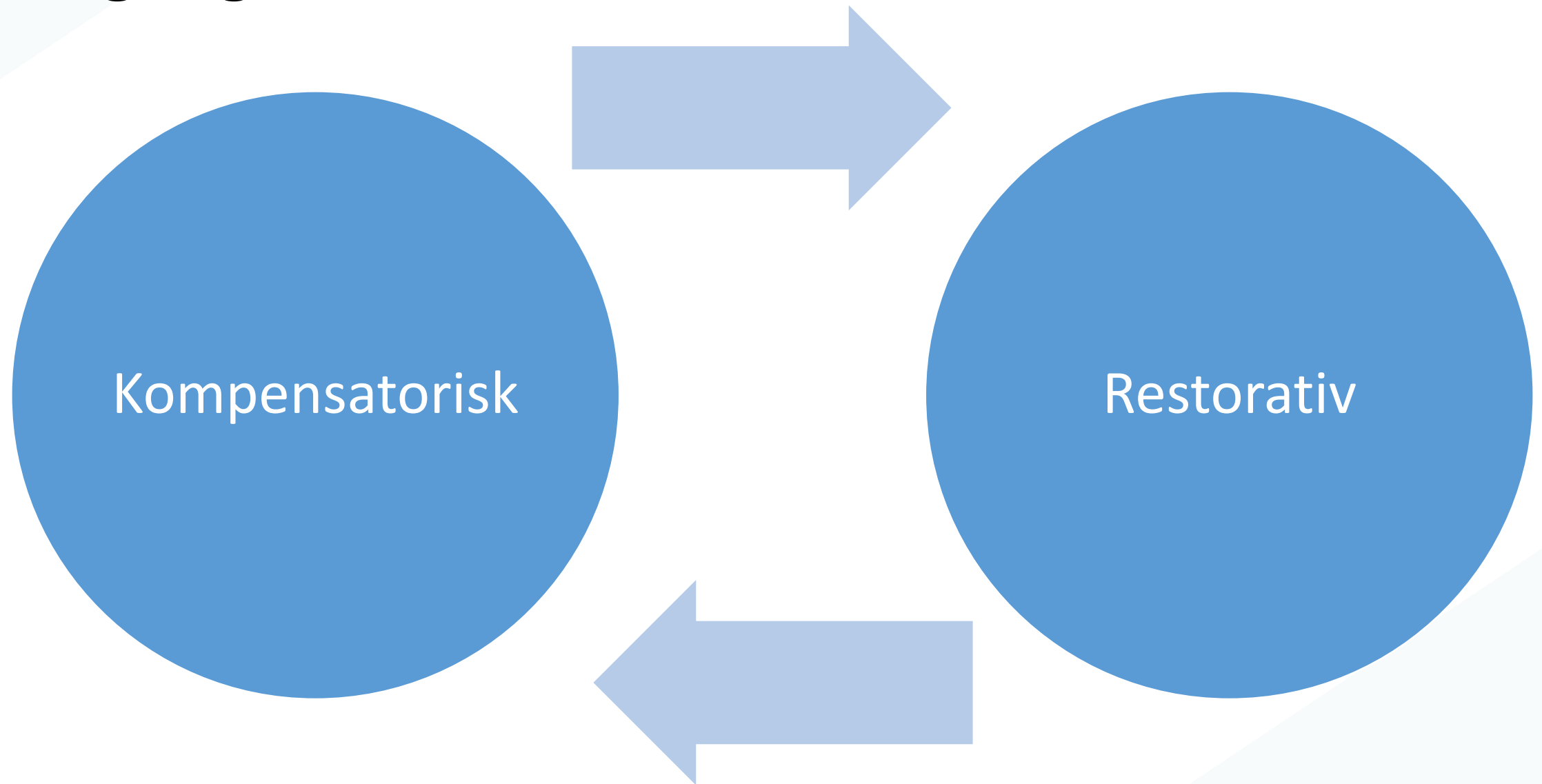
Arbejde og uddannelse

- Struktur (på dagen/ugen)
- Aktivitetsbalance

Fritid og sociale relationer

- Interesser
- Roller
- Netværk

Tilgange?



Aktivitetsdeltagelse & livsstil

Redesign your **Everyday**
Activities and **Lifestyle**
with **Occupational**
Therapy

...engagement i et repertoire af **dagligdags aktiviteter**, der er i overensstemmelse med **individuelle behov** og **sociokulturelle normer** i samfundet, hvor en konkret person hører til...

Velde & Fidler 2002

Fysisk
aktivitet

Kostvaner

Rygning

Alkohol-
forbrug

Stress

Søvn

van Hecke 2013; Nijs 2020



Aktivitetsdeltagelse som et behandlingskomponent

Hindawi
Occupational Therapy International
Volume 2022, Article ID 7082159, 15 pages
<https://doi.org/10.1155/2022/7082159>

Review Article

The Effect of Occupational Engagement on Lifestyle in Adults Living with Chronic Pain: A Systematic Review and Meta-analysis

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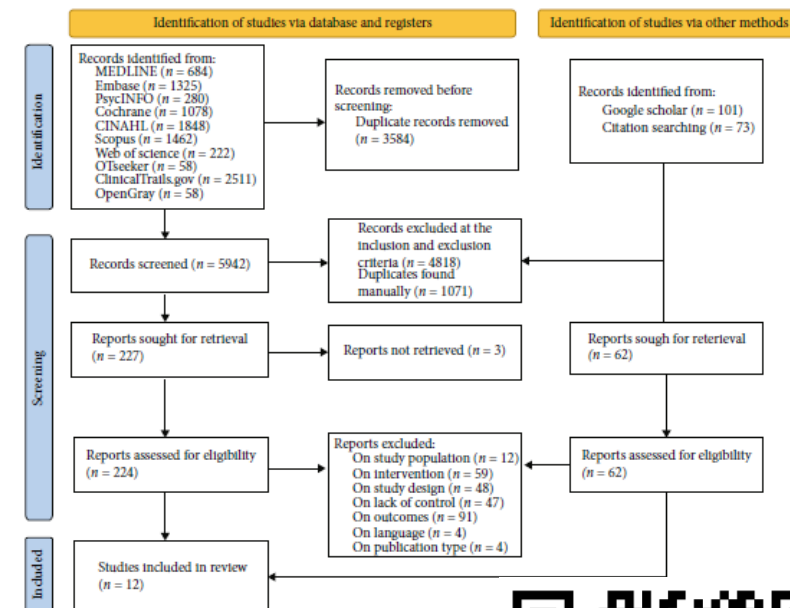
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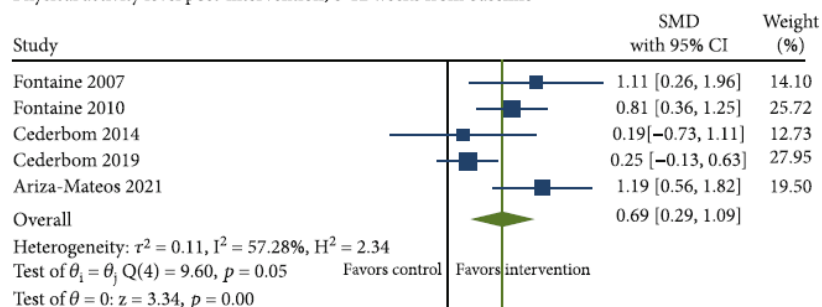
Received 12 October 2021; Revised 24 February 2022; Accepted 26 March 2022; Published 13 June 2022



Mere fysisk aktivitet – på kort sigt, bedre søvn – på langt sigt

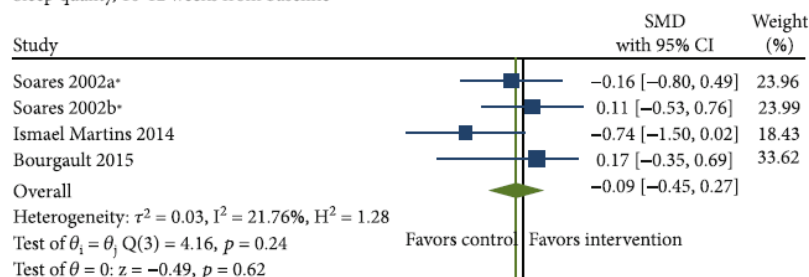
Summary effect post-discharge

Physical activity level post-intervention, 6-12 weeks from baseline



Random-effects REML model

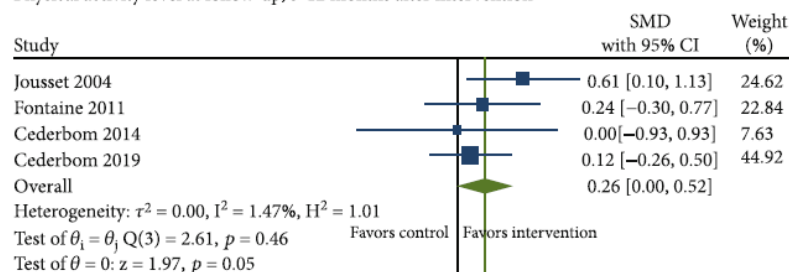
Sleep quality, 10-12 weeks from baseline



Random-effects REML model

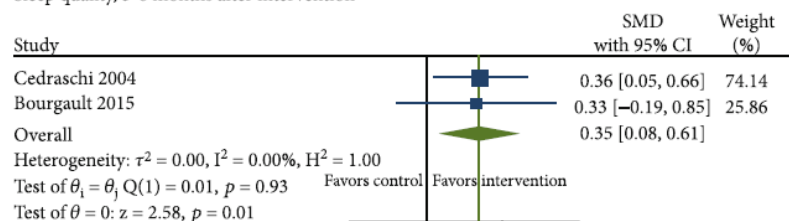
Summary effect at follow-up

Physical activity level at follow-up, 3-12 months after intervention



Random-effects REML model

Sleep quality, 3-6 months after intervention



Random-effects REML model



CI = confidence interval; I2 = I-square heterogeneity statistic; IV = weighted mean difference; PA = physical activity; SD = standard deviation

*Refers the data from Table 1: Soares 2002a-intervention group 1; Soares 2002b -intervention group 2.



REVEAL(OT) intervention

Open access

Original research

BMJ Open Occupational therapy lifestyle intervention added to multidisciplinary treatment for adults living with chronic pain: a feasibility study

Svetlana Solgaard Nielsen ^{1,2} Søren T Skou ^{2,3} Anette Enemark Larsen,⁴
Romanas Polianskis,⁵ Wojciech Zbigniew Pawlak,⁵ Henrik Bjarke Vægter,^{6,7}
Jens Søndergaard ⁸ Jeanette Refstrup Christensen^{1,8,9}

N = 40

85% kvinder

46.6 ± 10.9 år

31 deltagere gennemført

11 år med kroniske smerter

Smerteintensitet 7 (0-10 NRS)



Evaluering af gennemførlighed

Table 3. Research progression criteria summary

Research progression criteria	Total	Feasibility rounds			Evaluation	Considerations and comments
		1.0	2.0	3.0		
Recruitment rate (mean n recruited (referred) per month; n per group)	5.7 (17.5) 5 (4-6)	6.7 (28.0) 5 (4-5)	4.3 (13.3) 5 (5)	6.7 (27.3) 5 (5-6)	Amber/ Solve	Recruitment n≥3 per month did not guarantee meeting the recruitment target for all groups.
Participant retention ² (n (total), %)	31 (40) 77.5%	9 (9) 100%	10 (11) 90.9%	12 (20) 60.0%	Green/ Continue	The participants involved in the study were not all from the same group.
Program adherence to >75% of sessions, % mean (range)	77.5% (38.5-100)	77.8% (57.1-92.9)	81.8% (44.4-100)	98.4% (92.5-100)	Green/ Continue	discussing the procedure with afternoon groups for some participants. The procedure may be more complex than expected.
Patients' self-perceived relevance, timing and mode of delivery (% mean)	97.0% (91.9-100)	94.5% (87.3-100)	96.3% (89.6-100)	100% (100-100)	Green/ Continue	Peer-supervised barrier the fidelity of delivery; the intervention exceeding the protocolised of delivery; the intervention providers need flexibility, e.g. extra calendar space for new appointments/ other problem solving
Assessment procedure acceptance (n, %)	38 (40) 95.0%	9 (9) 100%	9 (11) 81.8%	20 (20) 100%	Green/ Continue	
Adverse events (% caused discontinuation)	0%	0%	0%	0%	Green/ Continue	
Fidelity of delivery (n, % evaluations collected; % contents delivered as planned)	80.1% 194 (233) 83.3%	60.7% 28 (37) 75.0%	100% 14 (23) 60.9%	100% 152 (173) 87.9%	Amber/ Solve	

Note. ¹ One participant stopped after baseline assessment; ² Exclusive 17 participants who discontinued involuntarily due to the COVID-19 lockdown

- Deltagelse i >75 % af sessioner (%) 77.5% (≥75%)
- Patienternes selvvalgte relevans, timing og leveringsmåde (%) 97.0% (≥75%)
- Accept af undersøgelsesprocedure (n, %) 95.0% (≥75%)
- Alvorlige bivirkninger (% stoppet) 0% (0%)

- Rekrutteringsrate (n/md; n/gr) n=5.7 (n=5/gr)
- Fastholdelse (n, %) 77.5% (≥80%)
- Levering som tiltænkt (% indhold) 83.3% (≥90%)

Før-efter målinger

Occupational performance

(Canadian Occupational Performance Measure)

- 3.36-5.10 (95% CI 1.25; 2.35)

Satisfaction with occupational performance

(Canadian Occupational Performance Measure)

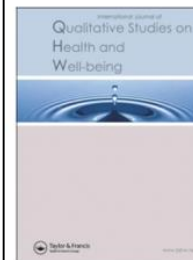
- 2.55-4.40 (95% CI 1.06; 2.84)

Motor skills

(Assessmens of Motor and Process Skills)

- 1.37-1.57 (95% CI 0.01; 0.38)

Kvalitative evalueringer



International Journal of Qualitative Studies on Health
and Well-being



ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/zqhw20>

**Feasibility assessment of an occupational therapy
lifestyle intervention added to multidisciplinary
chronic pain treatment at a Danish pain centre:
a qualitative evaluation from the perspectives of
patients and clinicians**

Svetlana Solgaard Nielsen, Jeanette Reffstrup Christensen, Jens
Søndergaard, Vicki Oldenschläger Mogensen, Anette Enemark Larsen, Søren
T. Skou & Charlotte Simonj



Disability and Rehabilitation

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/ldre20>

**"It has changed my picture of myself": how
did females living with chronic pain perceive
the impact of the standard pain rehabilitation,
including the occupational therapy lifestyle
intervention REVEAL(OT)?**

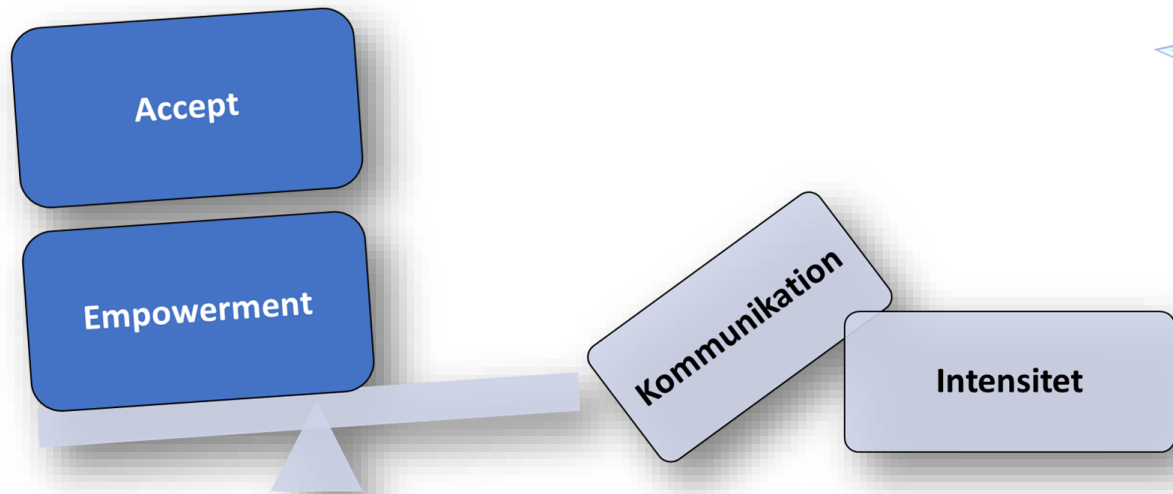
Svetlana Solgaard Nielsen, Jeanette Reffstrup Christensen, Jens
Søndergaard, Signe Surrow, Anette Enemark Larsen, Søren T. Skou &
Charlotte Simonj



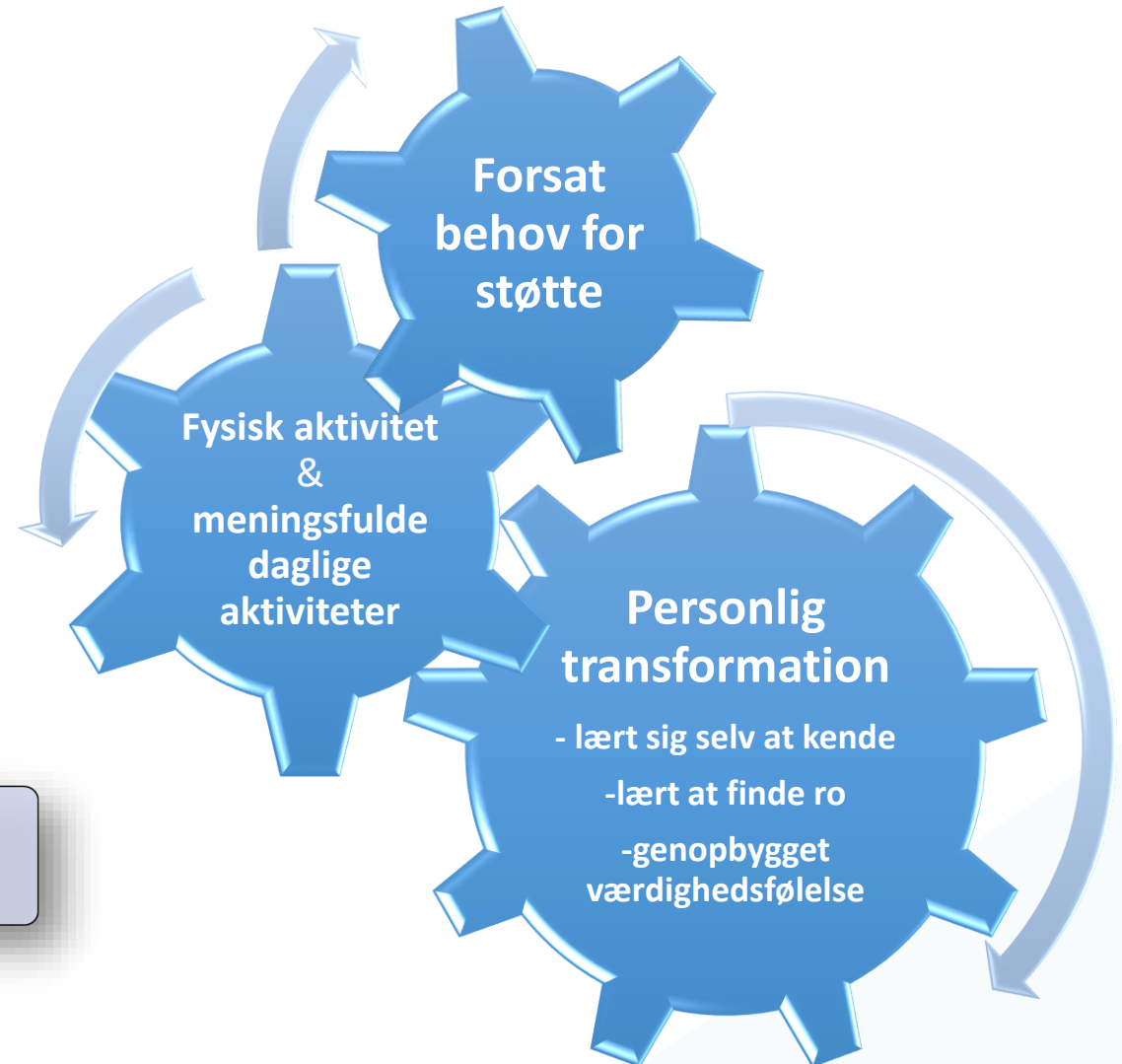
Tematisk analyse

(Braun & Clarke 2006)

Fokusgruppeinterviews med
8 patienter, 4 klinikere



5 individuelle interviews med
kvindelige deltagere



Udviklingsprojektet FREMAD

FREMme af fysisk Aktivitet i hverDagen
med ergoterapeutiske metoder



Patientcase 1

Kvinde, 56 år

Tidligere pædagog, under revalidering

Smerteproblematik fra 2008, fibromyalgi

Smerter i hoved, nakke, ben og fødder

Gennemsnitlig smerteintensitet i sidste måned – 7

Livskvalitet – 20 (0-100 skala)

Aktivitetsproblematikker:

- Komme ud og gå tur
- Udføre håndarbejde
- Gøre rent



Billede: Colourbox stock license

Arbejde med mål

Egen aktivitetsanalyse

- Rutiner – tid, hyppighed, siddestillinger?
- Omgivelser – hæve/sænke-bord, underlag, telefonpåmindelser ?



Trinvis progression – gradvise ændringer

Ved evaluering:

- Stillingsskift hver 20 min. fra siddende til stående ved hæve/sænkebord

Initiativ til:

- Hyppigere ud og gå
- Pacing under støvsugning
- Plan B for gåtur - stoleøvelser

Evaluering

Gennemsnitlig smerteintensitet i sidste måned – uændret
Livskvalitet – 41 vs. 21 ved baseline

"Så har man jo gået og slået sig selv lidt i hovedet og sagt at man, tænk at man er blevet så skvattet at man ikke engang kan gå to en halv kilometer. Men nu går jeg faktisk en kilometer hver dag."

"Jeg har fået nogle større succesoplevelser ved det et eller andet sted, og det giver jo masser mentalt, at man ikke føler man er dårlig, fordi man er blevet syg."

Patientcase 2

Mand, 73 år

Folkepensionist

Smerteproblematik fra 2016

Smerter i lænden og benene

Gennemsnitlig smerteintensitet i sidste måned – 3

Livskvalitet – 68 (0-100 skala)

Aktivitetsproblematikker:

- Mobilitet i eget hjem – ad hoc
- Gå tur med konen
- Tage sokker på
- Komme ud af sengen



Arbejde med mål

Egen aktivitetsanalyse

- Rutiner – tid, afstand?
- Omgivelser – underlag, ruter?
- Ønsker og ambitioner?

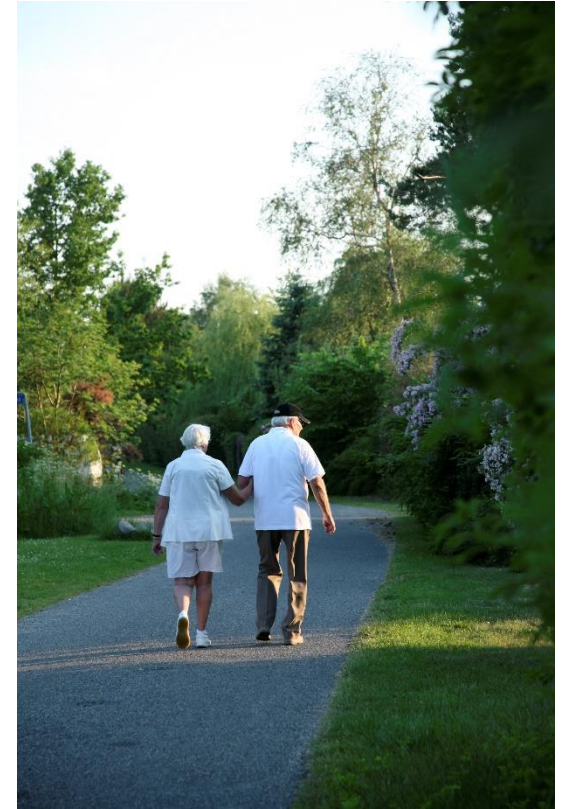
Forskellige løsninger afprøves

Ved evaluering:

- Daglig gåtur til vandet á ca. 400 m
- 1-2 ugentlige gåture á ca. 1 km sammen med konen
- Flere pauser

Undervejs:

- Strømpepåtager
- Teknikker til at samle ting op
- Øvelser fra egen fysioterapeut



Evaluering

- Gennemsnitlig smerteintensitet i sidste måned – 4 vs. 3 ved baseline
- Livskvalitet – 90 vs. 68 ved baseline

Det kan godt være, at det ikke er noget, der har gjort sådan rent fysisk den store forskel, men sådan rent mentalt, synes jeg, det har betydet temmelig meget

Jeg tænker lidt mere over tingene. Jeg har jo været meget god til at holde mig beskæftiget med ting, jeg kan lave herhjemme og omkring huset, men jeg har ikke tænkt så meget over at komme ned ad gaden og snakke med nogle andre mennesker og sådan noget. Min kone render i byen til alt muligt andet, og jeg er begyndt at gå med til nogle af de ting, og på den måde snakke med nogle andre mennesker. Vi sidder ikke og snakker om ondt i ryggen og sådan noget der, men man finder jo alligevel ud af, at der er også andre der render og bokser med lidt problemer.



Fundamentet for den ergoterapeutiske tilgang



*Trivsel i
hverdagslivet*

Meningsfuldhed

Værdibasering

Klientcentrering



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Tak for jeres tid



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