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Geriatric Oncology and the Role of the Occupational Therapist

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Outline

• Introduction/review
  – Cancer
  – Cancer treatments and side effects
  – The Cancer care continuum
• The need for and role of occupational therapy in geriatric oncology
  – Older adults with cancer
  – The role of occupational therapy
    • Models of Intervention
    • Intervention strategies
  – Occupational therapy and oncology research
    • Future research and roles

Interactive Session:
Two Case Studies
Q and A
Learning objectives

• Identify two ways in which the geriatric oncology population differs from a younger cancer population.

• Describe three areas that occupational therapy could target for intervention with older adults with cancer.

• Identify specific evidence-based interventions for older adults with cancer.

Cancer

• Lifetime risk of cancer
  – 1:2 for men
  – 1:3 for women

• Average age of diagnosis

• 18 million adults who survive cancer by 2022
  – 70% of them over the age of 65
Cancer

• ‘A group of related diseases; the body being unable to stop cells from dividing and spreading’
• There are many different types of cancer
• Cancer types are typically named from where they originate

(National Cancer Institute, 2015)

Cancer treatments

• Surgery
• Chemotherapy
• Radiation
• Endocrine
• Stem-cell Transplant
Potential treatment side effects

• Fatigue
• Peripheral neuropathies
• Decreased balance
• Decreased muscle
• Decreased endurance
• Functional decline
• Cognitive decline
• Anxiety and depression
• Swollen limbs
• Gastrointestinal distress
• Burns

Cancer Care

• Institute of Medicine recommendations:
  – Improve survivorship care and quality of life (QOL)
  – Comprehensive cancer rehabilitation
    • Occupational Therapy can have a Major Role!

(Hewitt & Simone, 1999; Hewitt et al., 2005)
Cancer Treatment Continuum

- Pretreatment
  - Just diagnosed, prior to initiation of treatment
- Active treatment
  - Receiving primary treatment with curative goal
- Maintenance
  - Long term therapy
- Post treatment
  - After primary treatment has ended
- Palliative care
  - Supportive care
- End of life care
  - 6 months of less to live
  - Goals may fluctuate
  - Preserve quality of life

(Stubblefield & O’Dell, 2009)

Older adults with cancer

- Largest group to be diagnosed with cancer
- Functional age versus Chronological age
- Geriatric oncology growing field, just not fast enough
## Older adults with cancer compared to...

<table>
<thead>
<tr>
<th>Younger counterparts with cancer</th>
<th>To other same aged peers with no cancer</th>
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</thead>
<tbody>
<tr>
<td>- may not have as much functional reserve</td>
<td>- slightly more likely to fall</td>
</tr>
<tr>
<td>- not studied as often due to eligibility for clinical trials</td>
<td>- more likely to report fair or poor health</td>
</tr>
<tr>
<td>- may have more co-morbid conditions</td>
<td>- less financial reserves after treatments</td>
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<tr>
<td>- less likely to receive screenings and full treatments</td>
<td></td>
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<tr>
<td>- more likely to prefer better quality of life than longer time to live</td>
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<tr>
<td>- may have less social and financial support</td>
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## Models of occupational therapy intervention

- Remediation **and** adaptation
  - A combination typically
    - Functional remediation
    - Modification of activity, environment, use of adaptive equipment
Current Research

• **What we know:**
  – Older Adults with cancer
    • Functional decline is insidious and slow
    • Decline occurs mostly in outpatient setting
  – Unmet needs:
    • Activity of Daily Living
    • Physical health
    • Fatigue
    • Informational needs
    • Sexual problems
    • Social/role and relational issues

(DeRouen et al., 2015; Harrison, Young, Price, Butow, & Solomon, 2009; Hewitt, Rowland, & Yancik, 2003; Holm et al., 2012; Smith et al., 2013; M. D. Stubblefield, Schmitz, & Ness, 2013; Stubblefield, 2011)

Specific Intervention Research

• **Exercise works**
  • In breast, prostate and hematologic,
    – Improves health related quality of life
    – Improves recovery time
    – Decreases fatigue
    – Increases physical function
    – Improves body composition
    – Decreases volume and outcomes for people with lymphedema

(Jones & Alfano, 2013; Mishra, Scherer, Snyder, Geigle, Berlanstein & Topaloglu, 2013)
Specific Intervention Research

• Engagement in activity improves QOL
  • Perceptions of what should be or could be done are more significant predictors than functional ability alone

• Problem-Solving Telephone Based OT
  – For women with Breast Cancer can be effective in improving QOL, function and improving emotional state

• Typically, oncologists do not refer to OT

(Cheville, 2005; Cheville & Tchou, 2007; Lyons, 2006; Lyons, Erickson, & Hegel, 2012; Lyons, Orozovic, Davis, & Newman, 2002; Pergolotti, Cutchin, & Muss, 2014; Pergolotti, Cutchin, Weinberger, & Meyer, 2014; Pergolotti, Deal, Lavery, Reeve, & Muss, 2015; Unruh & Elvin, 2004; Vrkljan & Miller-Polgar, 2001)

Intervention Strategies

• Functional Status
  – Remediation and adaptation

• Lifestyle management
  – Energy conservation
  – Fatigue management
  – Pain management
  – Medication/medical management

• Cognitive retraining
  – Client centered
  – Performance based evaluations and interventions
Current Research cont.

- **What we don’t know:**
  - When is the best time to intervene throughout the survivorship timeline?
  - Is comprehensive cancer rehabilitation provided by occupational therapists effective in reducing functional decline? Improving quality of life?
  - What are the specifics of optimal interventions?
    - Duration and intensity?
    - Timing?
    - Location? (inpatient vs outpatient vs home?)
  - What is the long term impact?

(Alfano, Ganz, Rowland, & Hahn, 2012; Gamble, Gerber, Spill, & Paul, 2011; Parry, Kent, Mariotto, Alfano, & Rowland, 2011; Stubblefield et al., 2013)

Future Research and Roles for OT

- **More randomized control trials**
  - Build the evidence (effectiveness and efficacy)
- **More implementation and dissemination research**
  - Building the ‘how’ in research
  - Learning to balance adaption/fidelity in evidence-based interventions
- **More health policy/health services research**
  - How is OT used?
  - What is the quality of care we are providing?
  - What is the cost of OT in cancer care?

**Future Occupational Therapy Roles:**
- in pre-diagnosis
- during treatment care
- providing more in-home assessment and treatment
- tele-health
Case Studies and Q/A

**AMY**
Seen on inpatient
- 66 y/o female
- Very supportive husband and 2 adult children
- Successful accountant
- Active and independent
Amy’s Medical History

- Lung cancer diagnosed last year
- Now admitted with spinal cord compression from metastatic lesion (lung cancer spread to the spine)
- Amy is referred to occupational therapy after spinal stabilization surgery

- What does the occupational therapy evaluation look like for Amy?
Initial Occupational Therapy Evaluation/Assessment

• Weakness in right arm
• Flat affect
• Stiffness/pain in back/LEs/shoulders
• Decreased trunk strength
• Decreased bed mobility
• Poor sitting balance
• Dependent for transfers
• Maximum assistance for ADLs

• What are types of interventions we may do with Amy?
Suggested occupational therapy interventions

Treatment consisted of:

• Feeding in upright
• Adapted dressing techniques
• Rolling/Bed mobility
• Sliding board transfers
• W/C Management
• Therapeutic exercise
• Neuromuscular Re-education for trunk and balance
• Education on skin integrity
• Memory making type activities
• Psychosocial treatment
• Pt./Family training

JIM

• 74 year old male
• Divorced, 2 adult child
• Worked as a truck driv
• Loves to golf
Jim’s medical history

- Diabetes diagnosed at age 50 well controlled with insulin and diet
- High blood pressure, controlled
- Diagnosed with colorectal cancer one year ago
  – Treated with surgery and chemotherapy
- Comes to occupational therapy as outpatient

Initial Occupational Therapy Evaluation/Assessment

- Reports moderate fatigue
- Able to preform BADL independently
- Weakness in shoulders/scapular stabilizers
- Has pain in shoulder flexion
- Neuropathy in hands
  – has difficulty finding coins in pocket
  – has difficulty with putting
Other suggested occupational therapy evaluations? interventions? other thoughts about Jim or Amy?

Any other general questions?
Thank you occupationaltherapy.com!