

Kompleks intervention i eget hjem – erfaringer fra ph.d.-studie

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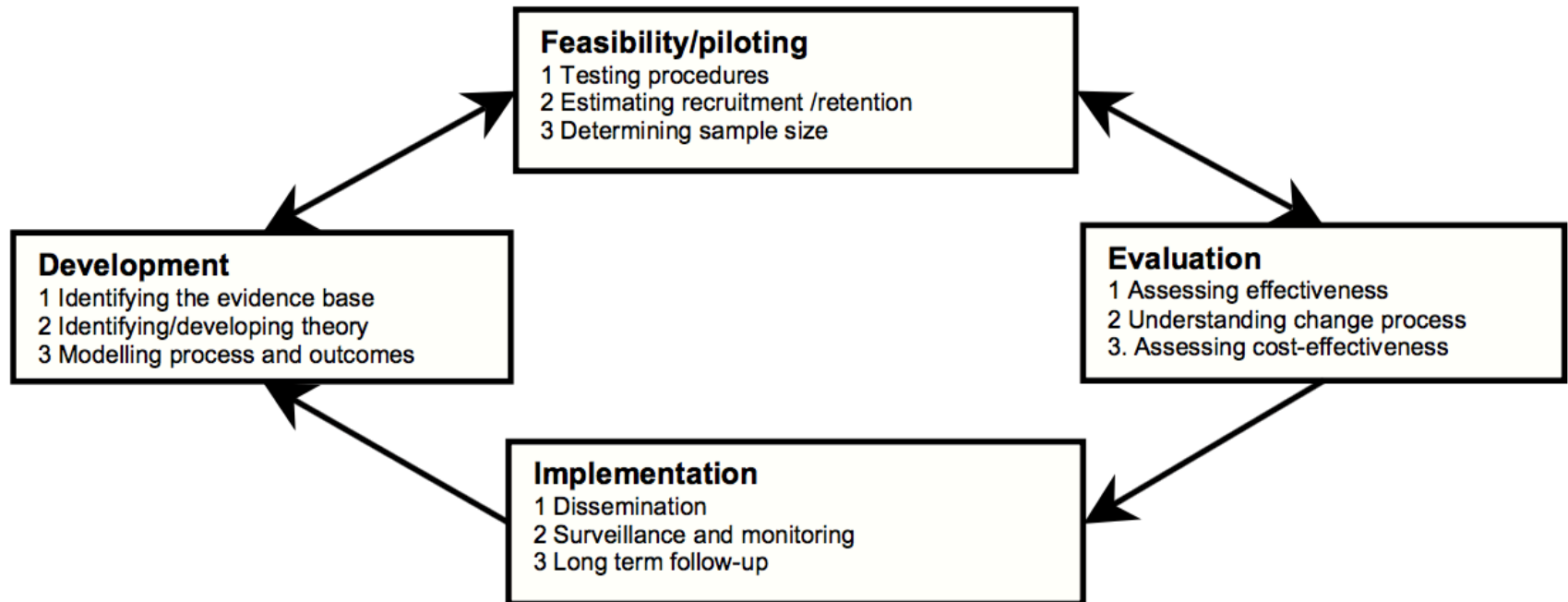
Rehabiliterende palliative indsatser er ofte komplekse

- 1) Antal af og interagerende komponenter i interventionen
- 2) Antal af og sværhedsgrad af adfærd
- 3) Antal outcomes og variabilitet af disse
- 4) Graden af individualiseret intervention

MRC, complex interventions, 2008

Medical Research Council: Developing and evaluating complex interventions

Figure 1 Key elements of the development and evaluation process



Randomised clinical trial of early specialist palliative care plus standard care versus standard care alone in patients with advanced cancer: The Danish Palliative Care Trial

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STUDY PROTOCOL

Open Access

The DOMUS study protocol: a randomized clinical trial of accelerated transition from oncological treatment to specialized palliative care at home

Mie Nordly^{1,2*}, Kirstine Skov Benthien^{1,2}, Hans Von Der Maase¹, Christoffer Johansen^{1,3}, Marie Kruse⁴, Helle Timm⁵, Eva Soelberg Vadstrup¹, Geana Paula Kurita^{6,7}, Annika Berglind von Heymann-Horan³ and Per Sjøgren^{2,6}

STUDY PROTOCOL

Open Access



A parallel-group randomized clinical trial of individually tailored, multidisciplinary, palliative rehabilitation for patients with newly diagnosed advanced cancer: the Pal-Rehab study protocol

Lise Nottelmann^{1,5*} , Mogens Groenvold^{2,3}, Tove Bahn Vejlgård¹, Morten Aagaard Petersen² and Lars Henrik Jensen^{4,5}

Effekt af ”Bedre hverdag med kræft” til personer med fremskreden kræft i eget hjem: en aktivitetsfokuseret og aktivitetsbaseret intervention.

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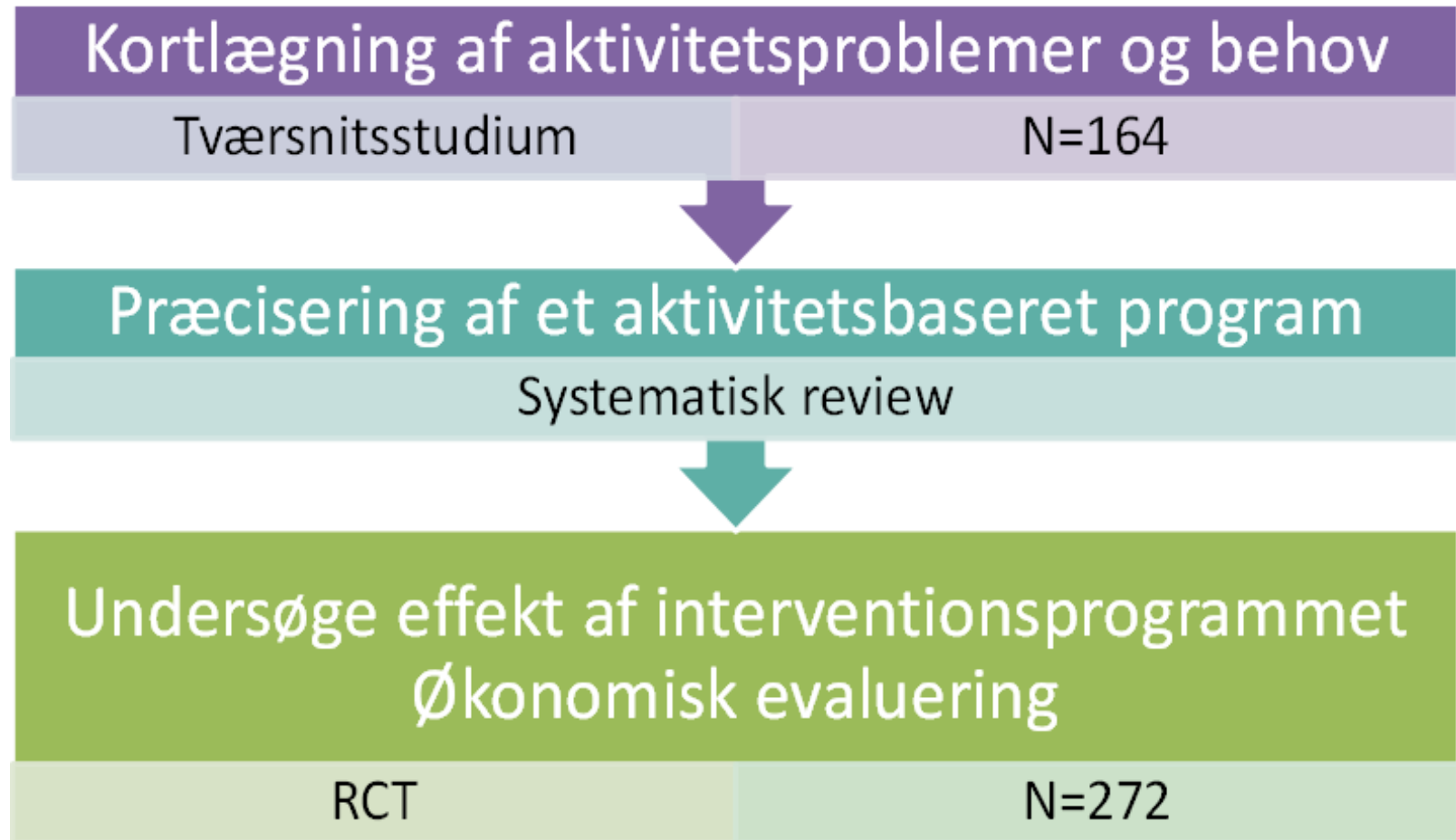
Vejledere

Åse Brandt, ph.d.

Karen la Cour, ph.d.

Anna Thit Johnsen, ph.d.

AKT-projektet



Problem:

- Personer med fremskreden kræft lever længere tid (*Hashim et al, 2016 & Coleman et al, 2008*)
- Mange har problemer med at klare hverdagens aktiviteter i eget hjem (*Cheville et al, 2008 & Rainbird et al, 2009*)
- Behov for indsats (*Johnsen et al, 2013*)
- ”Bedre hverdag med kræft” (*Lindahl et al, in progress*)

”Bedre hverdag med kræft”

- Udgangspunkt i deltagernes prioriterede aktiviteter
- Indhold og omfang tilpasses individuelt



”Bedre hverdag med kræft”

1. Indledende samtale mellem ergoterapeut og deltager

2. Prioritering af aktiviteter, tid og ressourcer

3. Graduering af aktiviteter

4. Tilpasning af hensigtsmæssige hvile- og arbejdsstillinger

5. Udlevering, tilpasning og instruktion i brug af hjælpemidler

6. Tilpasning af bolig

Omfang

- Gennemføres inden for tre uger
- 1-3 hjemmebesøg (90-120 min. varighed)
- 1-3 opfølgende telefonsamtaler

Design og rekruttering

- Rater-blinded RCT
- 242 projektdeltagere blev rekrutteret fra Aarhus Universitetshospital (AUH) og Odense Universitetshospital (OUH)



Studiepopulation

Inklusionskriterier:



- Voksne (≥ 18 år)
- Vurderet af en onkolog til at have uhelbredelig kræft
- Funktionsniveau 1-2 på WHO Performance score
- Bor på Fyn eller inden for en radius af maksimalt 60 km fra AUH
- Bor i eget hjem eller i beskyttet bolig

Studiepopulation



Eksklusionskriterier:

- Behersker ikke det danske sprog i et omfang, så personen kan besvare et spørgeskema
- Kognitive funktionsnedsættelser, som påvirker evnen til at deltage i et struktureret interview
- Vurderes til ikke at kunne kooperere i forsøget
- Bor i plejebolig eller på hospice

Randomisering

Projektdeltagere blev randomiseret enten til:

- 1. ”Bedre hverdag med kræft” og den sædvanlige indsats (interventionsgruppen)**
- 2. Den sædvanlige indsats (kontrolgruppen)**

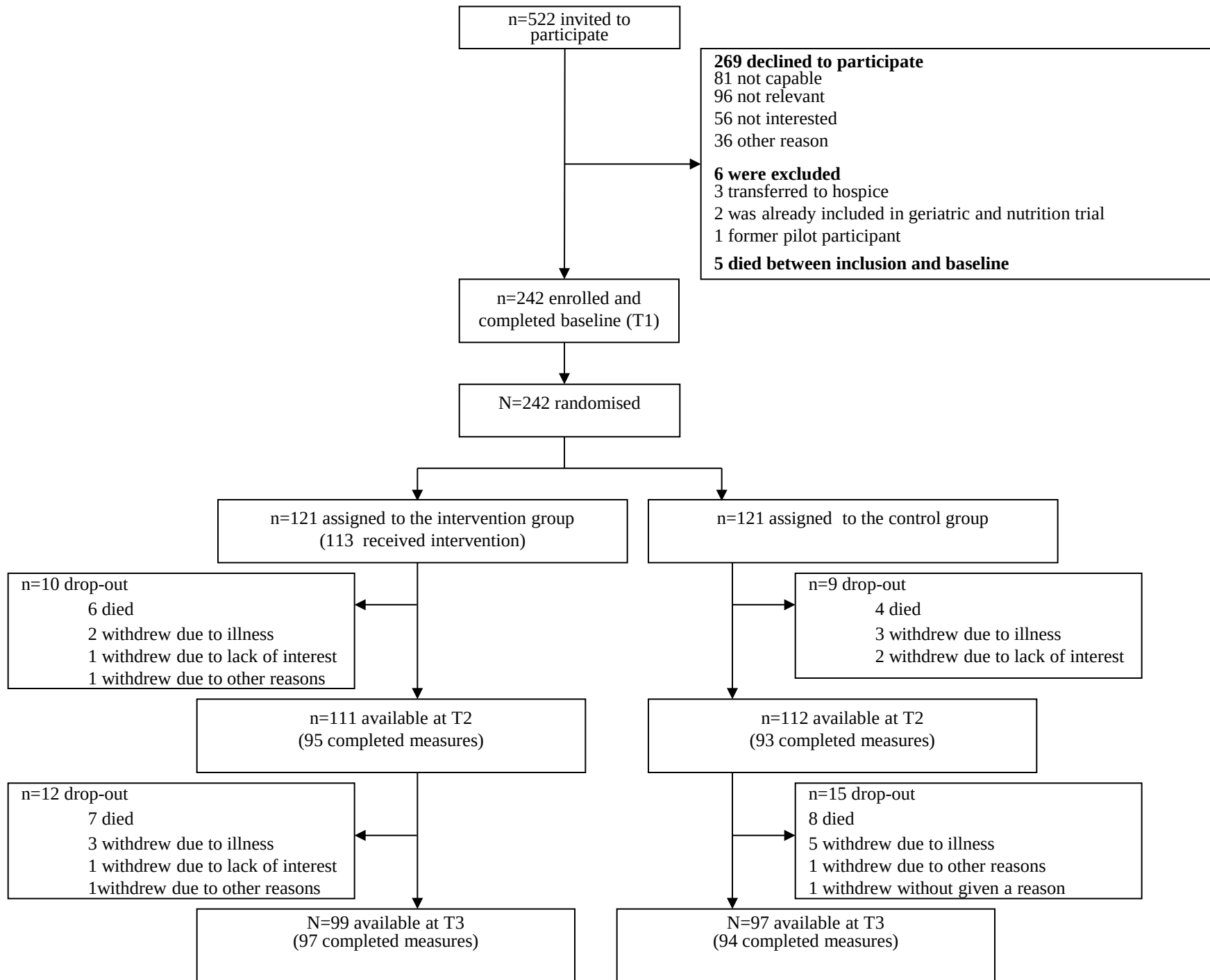


Odense Patient data Explorative Network

Outcomes

1. ADL-evne
2. Besvær med prioriterede hverdagsaktiviteter
3. Helbredsrelateret livskvalitet
4. Deltagelsesbegrænsning





The 'Cancer Home-Life Intervention': A randomised controlled trial evaluating the efficacy of an occupational therapy-based intervention in people with advanced cancer

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Abstract

Background: People with advanced cancer face difficulties with their everyday activities at home that may reduce their health-related quality of life. To address these difficulties, we developed the 'Cancer Home-Life Intervention'.

Aim: To evaluate the efficacy of the 'Cancer Home-Life-Intervention' compared with usual care with regard to patients' performance of, and participation in, everyday activities, and their health-related quality of life.

Design and intervention: A randomised controlled trial (ClinicalTrials.gov NCT02356627). The 'Cancer Home-Life Intervention' is a brief, tailored, occupational therapy-based and adaptive programme for people with advanced cancer targeting the performance of their prioritised everyday activities.

Setting/participants: Home-living adults diagnosed with advanced cancer experiencing functional limitations were recruited from two Danish hospitals. They were assessed at baseline, and at 6 and 12 weeks of follow-up. The primary outcome was activities of daily living motor ability. Secondary outcomes were activities of daily living process ability, difficulty performing prioritised everyday activities, participation restrictions and health-related quality of life.

Results: A total of 242 participants were randomised either to the intervention group ($n=121$) or the control group ($n=121$). No effect was found on the primary outcome (between-group mean change: -0.04 logits (95% confidence interval: -0.23 to 0.15); $p=0.69$). Nor was any effect on the secondary outcomes observed.

Conclusion: In most cases, the 'Cancer Home-Life Intervention' was delivered through only one home visit and one follow-up telephone contact, which was not effective in maintaining or improving participants' everyday activities and health-related quality of life. Future research should pay even more attention to intervention development and feasibility testing.

Keywords

Activities of daily living, independent living, neoplasms, occupational therapy, quality of life, palliative care, controlled clinical trial

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Ingen effekt af ”Bedre hverdag med kræft”

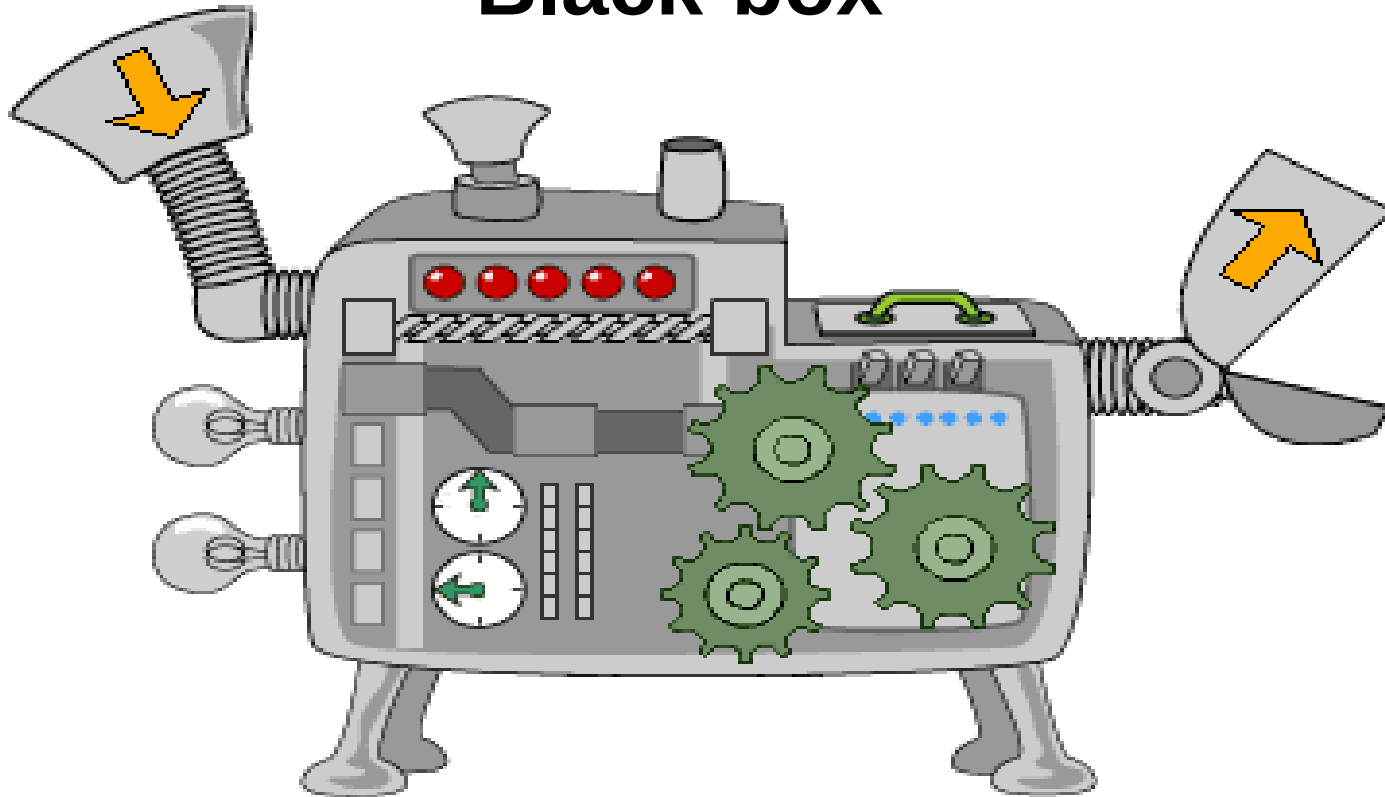


Hvad har vi lært?

- Feasibility studie
- Programteori
- Logisk sammenhæng mellem indsats og mål



Black-box



RESEARCH

Poor description of non-pharmacological interventions: analysis of consecutive sample of randomised trials

 OPEN ACCESS

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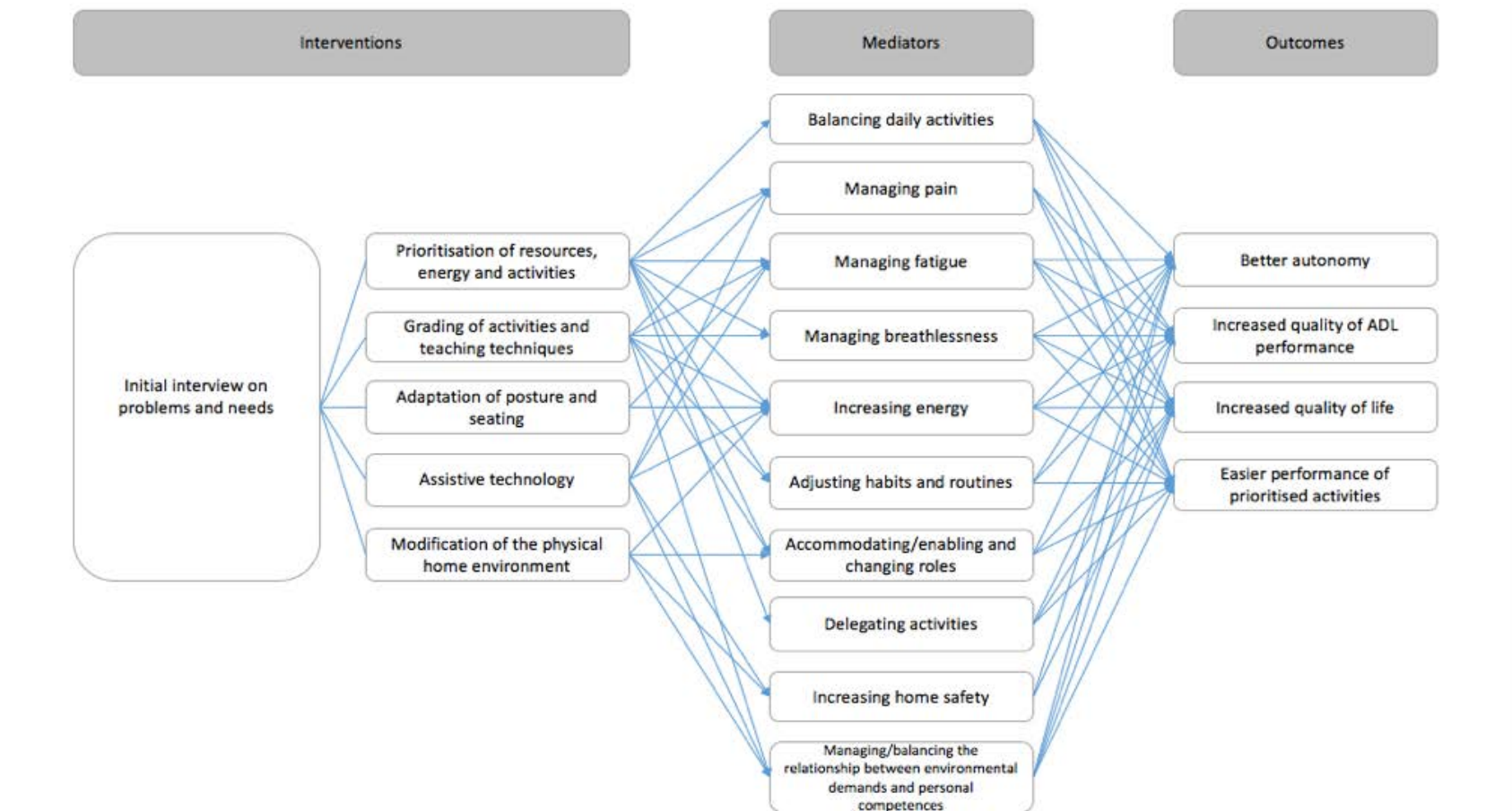
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RESEARCH METHODS & REPORTING

Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide

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Kompleksitet

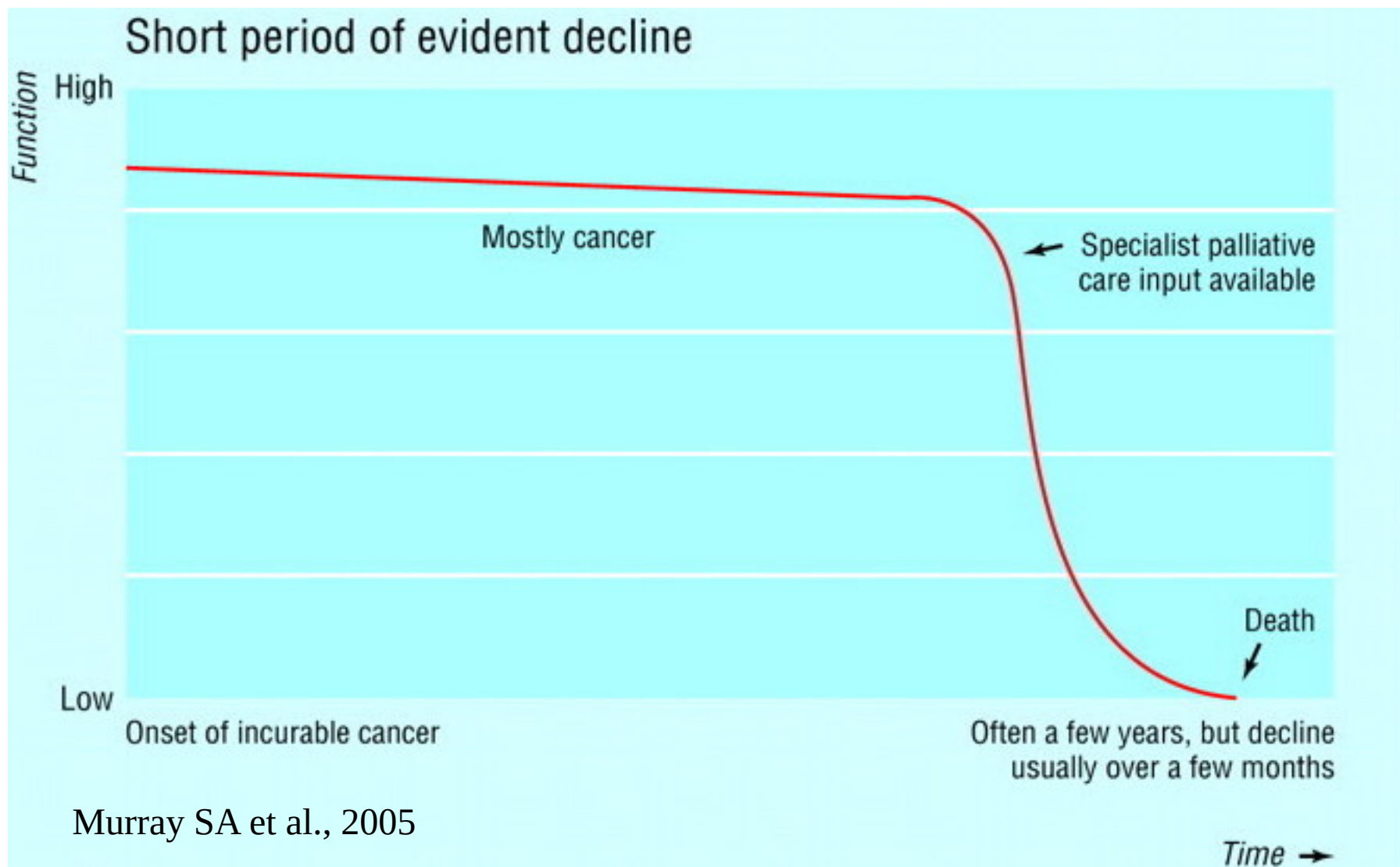


Hvad er vi usikre på?

- Intensitet og varighed
- Identificere de rette patienter
- Timing



Timing



Murray SA et al., 2005

Perspektiver for fremtiden?



Mit budskab

Endnu mere fokus på interventionsudvikling

Endnu mere fokus på at teste ens intervention inden gennemførsel af et **STORT** og **DYRT** RCT

Endnu mere fokus på metodetriangulering til evaluering af en kompleks intervention

Tak til patienterne der deltog og de involverede
ergoterapeuter, sygeplejersker og læger fra OUH og
AUH.

Spørgsmål 😊

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TrygFonden



Kræftens Bekæmpelse

