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LEARN ABOUT THE BENEFITS OF CARE FOR THE ELDERLY THROUGH OCCUPATIONAL THERAPY

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Abstract: The objective of this research is to determine the effects of care through therapeutic practice on people with dysphagia in order to understand the benefits from an occupational therapy perspective. The methodology involved searching for information from scientific articles in various databases, which made it possible to construct data not only related to the study population with dysphagia but also to the person's environment, such as care provided by another person. This characterization allowed us to discover aspects related to the number of existing studies on the benefits of care, both for older adults with dysphagia and for their caregivers, from an occupational therapy perspective.

Keywords: Occupational therapy, caregiver, occupational balance, care, benefits, older adults, dysphagia

Introduction

Throughout history, people have had to be cared for during their developmental cycle by other people, in most cases family members, such as their mother, father, daughter, and/or son. During the aging process, all people undergo physical changes (loss of gross and fine motor skills, manipulative dexterity, grip, pinch, tone, strength), social changes (loneliness, loss of loved ones, friendships), and cognitive (loss of executive functions, attention, memory, language, motor skills, or social cognition) changes, leading to a loss of autonomy and functional independence in older adults (Molina, 2014). These changes can be exacerbated when the person is diagnosed with a condition such as neurodegenerative disorders (Alzheimer's, dementia, Lewy bodies, cognitive impairment), stroke, oste-

oporosis, heart failure, diabetes, depression, Parkinson's, visual and hearing disorders, osteoarthritis, etc. (Ministry of Health, 2019), which leads to a loss of autonomy and functional independence in both basic and instrumental activities of daily living because the person is unable to cope with these problems.

Upon reaching old age, older adults prefer to age in their own homes or in the homes of family members (Peek et al, 2015) rather than being institutionalized in a nursing home. The World Health Organization (WHO) emphasizes that where people age has a significant impact on their health, and if they do so in a familiar place, their quality of life improves in terms of confidence, independence, and autonomy (World Health Organization [WHO], 2015). There are several reasons why older adults prefer to age at home: care is provided by a loved one, mainly their daughter; they feel that aging is more active because there is no break in their daily habits, leading to the older adult's quality of life remaining the same.

The circumstances surrounding aging at home have changed over time. One of the main reasons for this is the incorporation of women into the labor market, which has led to older adults having to be institutionalized in nursing homes in order to receive the care they cannot provide for themselves and to enjoy a good quality of life in their old age. In recent years, this situation has changed due to the COVID-19 pandemic, ushering in a new era in terms of adapting workplaces to people's homes: "teleworking." With the advent of teleworking, caregivers have found themselves having to accept this responsibility because they do not know how long the

activity will last, which in most cases is until the elderly person dies. This has meant that in 47.5% of families, the person responsible for caring for the elderly person at home in most cases women (88.5%) who are responsible for care, and 63.5% of people have to combine their work with caring for the elderly person (International Labor Organization [ILO], 2018, and National Institute of Statistics [INE], 2022).

When a person becomes a caregiver for an older adult, they do so to help with activities of daily living (ADL). This involvement requires commitment during the performance of the activity, which often takes an unknown amount of time and varies depending on the activity being performed. Another aspect is the remuneration received, which in many cases does not usually include any type of assistance for the care provided or requires additional assistance from another person, mainly other family members or institutions, as is the case in Spain, where 5,602,729 (Social Services, 2021) of people over 65 are receiving the benefit generated by Organic Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for Dependent Persons (BOE, 299-2006).

All of this causes caregivers to gradually neglect their own care in order to focus on caring for another person, leading to occupational imbalance in 57.5% of caregivers. This negatively affects their physical, emotional, and social health (Spanish Society of Geriatrics and Gerontology [SEGG], 2022). The way in which caregivers perceive an impact on their health is as follows: 1) The impact on physical health is perceived because caregivers experience pain, tiredness, and fatigue due to the physical demands of caring for the person they are looking after. 2) 82%

of caregivers have no leisure time or free time, which affects their emotional health. This causes caregivers to have negative feelings such as depression, suicidal thoughts, irritability and anger, stress and anxiety, and insomnia. 3) Caregivers' social health is manifested by moments of loneliness and sadness, causing 69.5% of them not to spend time with their families and/or 69.5% not to spend time with their friends. 4) The increase in benefits linked to Law 39/2006, driven by the increase in the Spanish population over 65 in the last 20 years (in 2001, the population was 7,169,437, while in 2021 it was 9,475,866, representing a change of 2,306,429), in Spain the most sought-after benefit in the last year has been home help (473,028 people assisted in 2020 and 505,820 people assisted in 2021) compared to other services; telecare (931,076 people assisted in 2020 and 934,274 people assisted in 2021), day centers (99,247 people served in 2020 and 100,816 people served in 2021), senior centers (399,046 people served in 2020 and 407,085 people served in 2021) (Social Services, 2021).

Theoretical Framework

Occupational therapy seeks to address both the basic needs of older people to maintain their independence for as long as possible while performing activities of daily living, and those of any caregivers in their immediate environment who have access to the necessary support, guiding, advising, and orienting them to provide basic care by increasing their knowledge about the condition of the person being cared for, learn to be aware of their functional health, and not only that of the older adult, in order to improve their own physical, emotional, and social health by learning new habits and

routines for: improving rest, leisure time, and free time, such as physical exercise, family reconciliation, social relationships, and expression of feelings. One of the necessary care tasks is feeding. This is a basic activity of daily living that is affected in most diagnoses of older adults, causing the person to choke and/or experience bronchoaspiration with the food they are eating (Gala, 2005). When this happens, the person has problems with the correct feeding process, causing them to suffer from another pathology adjacent to the main diagnosis, in this case dysphagia. Dysphagia, or eating disorder, occurs when the person is unable to form a bolus correctly after bringing food from the plate to the mouth with their own hands, using a support product, and/or when there is an impairment in the functioning of the swallowing-digestive system. This is due to neurological impairment in one of the cranial nerves (V, VII, IX, X, XII) involved in swallowing. When a person shows signs of choking, bronchoaspiration, or weight loss due to insufficient protein intake, swallowing is considered unsafe and ineffective (Molina 2014).

The diagnosis of dysphagia is made by: 1) clinical history; determining the origin of the dysphagia and finding out if it stems from another associated pathology, as well as assessing the person's functional level. 2) Questionnaires related to dysphagia to determine the person's condition during chewing and swallowing food (Belafsky et al., 2008). Other important aspects to assess would be: the functional level to find out whether the older adult feeds themselves or is fed by a caregiver; the cognitive level to find out their level of understanding of the activity they have to perform; and, finally, the physical level to determine their level of

gross and fine motor skills. 3) Diagnostic or assessment tests to evaluate the person's swallowing ability and signs during the feeding process would include changing the texture of food (E. Hernández-Bello et al., 2019) and clinical functional assessment to determine the condition, activity, and motor sensitivity of the structures involved in swallowing.

The treatment for people with swallowing problems is very diverse and is based on (Molina et al., 2014): 1) Occupational therapy (OT) techniques such as: postural ergonomics, traditional treatment techniques, motor and sensory exercises, new intervention techniques, 2) assisted technologies, 3) dietary modification, and 4) modification of environmental conditions.

The objective of this article is to determine the effects of care through therapeutic practice on people with dysphagia and thus to understand the benefits for both older adults and caregivers who are new to occupational therapy.

Methodology

This article is the answer to a PICO question: how does the role of occupational therapy influence the intervention of older adults with mild cognitive impairment and dysphagia? 1) Which *population* will be treated? People over 65 years of age without an advanced/severe cognitive diagnosis. 2) What is the *intervention* to be carried out? Non-pharmacological rehabilitation treatments for dysphagia to help the user and the caregiver. 3) Is there any *comparison* or difference in the interventions? Comparison of the techniques with people who do not receive rehabilitation treatment. 4) What are the expected *results*? The techniques used

during the process improve the functionality of swallowing/deglutition, thereby improving the quality of life of the individuals.

A search for articles was conducted using mainly virtual platforms such as SCOPUS, Cochrane, Web of Science, PubMed, and OTSEEKER. The keywords used to conduct the bibliographic search on the platforms were dysphagia, older adult, occupational therapy, rehabilitation, and cognitive impairment, using MeSH and DeCS terms. These terms were all combined using the Boolean operators: “AND,” “OR,” and “NOT.” The search string was: (dysphagia) AND (elderly) AND (rehabilitation OR oral rehabilitation) AND (occupational therapy) AND (cognitive impairment).

A series of inclusion criteria were established for this search: 1) The publication interval of the articles on the different search platforms had to be within the last 5 years of the search period (January 1, 2017, to December 31, 2022). 2) The articles had to deal with occupational therapy treatment in older adults diagnosed with mild cognitive impairment and dysphagia. 3) Articles written in Spanish, English, or Portuguese. 4) The articles to be included in the literature review had to be clinical trials, case-control studies, or cohorts.

Therefore, any articles obtained in the search that did not meet any of the inclusion criteria mentioned above were excluded from the literature review.

Results

After conducting an initial search in the different databases and entering the work path, a total of one article was found in one of the databases used, PubMed.

In accordance with the inclusion and exclusion criteria, the single article was included. A thorough reading of the publication found revealed that it did not address the main topic of the benefits of occupational therapy care for people with dysphagia and their caregivers. The result of the systematic search is 0, meaning that there is no research on the role of occupational therapy in the care of both people diagnosed with dysphagia and cognitive impairment and their caregivers.

Discussion and limitations

The limitations of the systematic review are as follows:

The main limitation found is that there are no scientific articles on the main topic in any language, despite the fact that care is provided worldwide (ILO, 2018). This indicates that there is a significant lack of research worldwide, despite the fact that the field of occupational therapy is very broad, as it is the professional reference for improving functionality and occupation in relation to a person's activities of daily living, as in this case of dysphagia, which in many cases begins as a consequence of another pathology, such as stroke, Alzheimer's, Parkinson's, amyotrophic lateral sclerosis, atrophy, etc., leading to the person not eating properly because they forget how to perform the activity (cutting or breaking food, bringing food to the mouth, problems with dexterity and/or gross and/or fine motor skills), and/or developing alterations in the functioning of the structures (digestive system) involved in the feeding process, making it unsafe and ineffective.

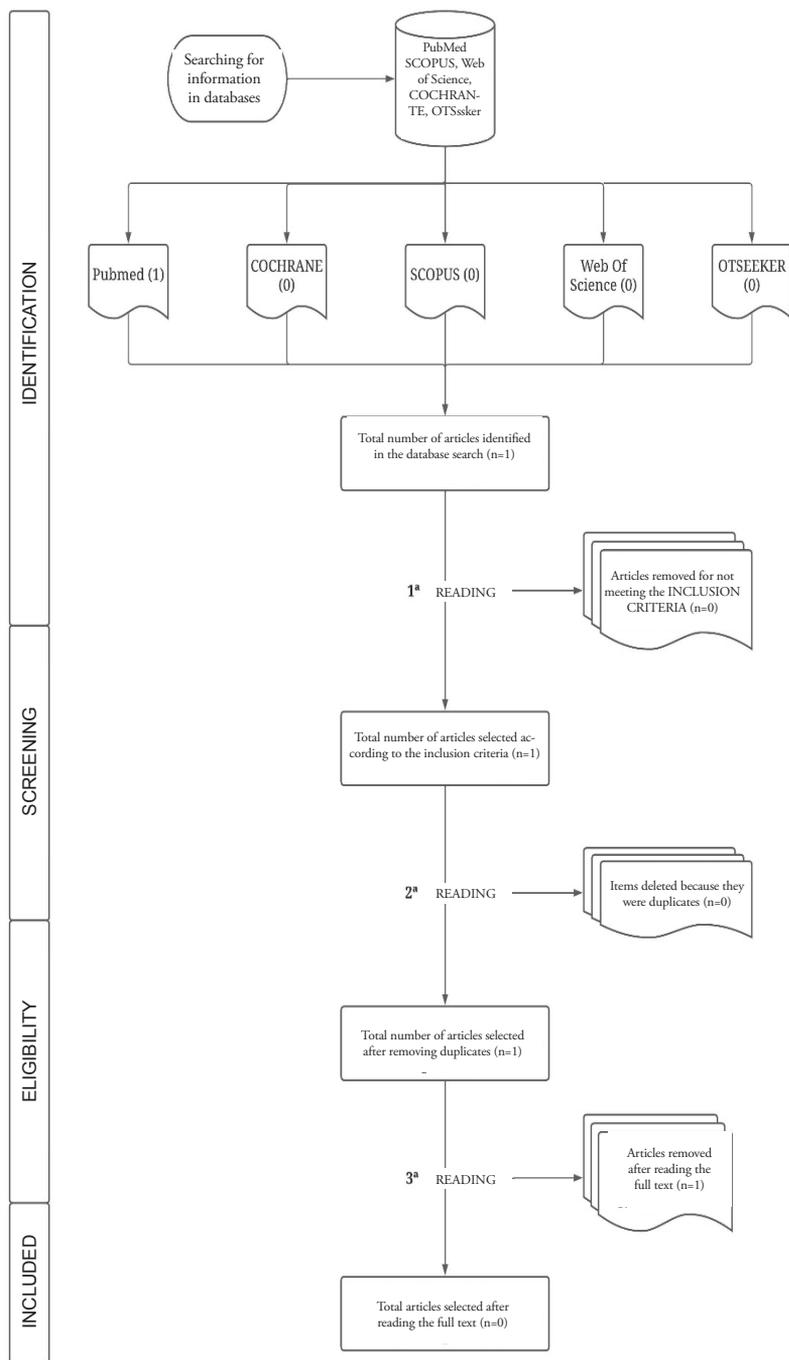


Figure 1.- Flow chart

Another aspect to consider is that the care received by such individuals at this stage is usually due to the fact that they need more support in carrying out everyday activities, such as showering, dressing, and eating, which must be accompanied by a caregiver. In the absence of research, it is not known exactly whether caregivers have problems with their occupational balance while providing basic and necessary care for older adults. Furthermore, as there are no scientific articles on how occupational therapy can help caregivers through advice on managing the condition and guidance on self-care to maintain occupational balance while providing care for older adults, it is not known whether it can have a positive effect.

In terms of assessment, from an occupational therapy perspective, the scales used to measure the level of functionality and performance in carrying out activities of daily living only evaluate whether the person is capable of performing the activity or not and do not assess other aspects such as how the activity is carried out, whether they need partial or total help from another person and what type of help, whether they use a support product, etc. For example, in the section on eating in the Barthel scale or in the Katz Index, which only assesses whether the person is able to eat or not and does not evaluate other aspects, such as the reason why the person does not eat and what the reason is for this; whether the person suffers from other types of pathologies, such as dysphagia, whether they need supervision and/or verbal or visual cues from the caregiver, whether they need or use assistive technologies to eat, the type of diet, the existence of distracting factors, how they hold their cutlery, the caregiver's knowledge, etc.

The lack of research is due to the fact that the approach is not carried out by a transdisciplinary healthcare team (doctors, nurses, occupational therapists, speech therapists, physical therapists) to achieve a complete diagnosis and treatment.

Conclusion

The conclusion reached during this systematic search is that, as there is no research in this field, there is a need to increase searches and develop field research (meta-analysis) to help both older adults with dysphagia and caregivers who are new to caregiving, from an occupational therapy perspective. This is because this professional figure is largely unknown in Spain, and the population is unaware of their functions. On the one hand, the functions of the occupational therapist when working with older adults with dysphagia and cognitive impairment caused by the sequelae of other pathologies (stroke, Alzheimer's, Parkinson's, amyotrophic lateral sclerosis) are very complex because they are responsible for assessing the person's functionality by intervening directly with the user to maintain their quality of life, using intervention techniques and teaching them how to use assistive technology. They also intervene indirectly by observing the older adult's behavior in the environment where the activity takes place in order to modify it so that they are able to perform it without depending on anyone else. On the other hand, they are responsible for orienting and guiding the caregiver in the care process, explaining what the pathology consists of, the types of diets (basal, easy to chew, and/or pureed) that can be given to the person with dysphagia and how to prepare them, providing guidelines for the use of assistive technologies, and teaching strategies for

modifying the environment where the person carries out the activity to avoid distracting factors. All of this helps caregivers who are new to caring for older adults to improve their quality of life so that they do not suffer from caregiver burnout syndrome, because the occupational therapist's goal is to help them maintain their occupational balance by preserving their leisure and free time, such as walks, social relationships with family and friends, their job, body image by taking care of proper hygiene and personal grooming with nail care, haircuts, showers, and meals, that is, maintaining the routines and roles they had before entering the world of caregiving.

Currently, dysphagia is mainly treated by a team of doctors, nurses, and speech therapists. The role of these professionals is more closely linked to the physical and motor aspects. Adding the profile of the occupational therapist as a professional in the care of people with dysphagia helps to maintain independence in the development of the activity and prevents the caregiver from becoming overwhelmed when explaining issues related to dysphagia, thus preventing additional costs and saturation in the healthcare system.

In short, regarding this work, the lack of studies on the effects of care through therapeutic practice in people with dysphagia and thus knowing the benefits for people who start occupational therapy creates a need for increased research by occupational therapists.

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