



Hong Kong Psychogeriatric Association Newsletter

香港老年精神科學會會訊

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MESSAGE FROM THE NEWSLETTER COMMITTEE

This electronic issue of the HKPGA newsletters reveals the development of psychogeriatric occupational therapy in public sector. It is written by the leaders in the field sharing their past experience, present work and views for the future. In addition, we have an abstract written by Dr. Sandy Leung for her research on older people with dementia and depressive symptoms. Please do not miss the photos of our mid-year scientific meeting and share the joy of HKPGA members. You can update your email address and make your submission via info@hkpga.org and visit www.hkpga.org for archives of the HKPGA newsletters.

“PSYCHOGERIATRIC OCCUPATIONAL THERAPY SERVICE --- PAST 20 YEARS AND WAY AHEAD”

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INTRODUCTION

In 1993, “Psychogeriatric Occupational Therapy Service” was established in Kwai Chung Hospital, Castle Peak Hospital and Prince of Wales Hospital (& Shatin Hospital). More psychogeriatric teams were gradually set up in all seven clusters within the Hospital Authority (HA). Nowadays, Occupational Therapists (OT) serve psychogeriatric (PG) in-patients, day patients, out patients and community dwelling elderly respectively. After 20 years’ effort, Occupational Therapy service has developed from a HK local practice to evidence based practice, from conventional modalities (e.g. making craft and reminiscence training) to contemporary approaches (e.g. computer based cognitive training and occupational lifestyle redesign programme). Moreover, some hospitals have even developed their distinctive occupational therapy service delivery models, with collaboration with other medical professionals, to further enhance the quality of care to our clients and their carers.



Reminiscence Therapy Group in 1996
(Conventional Modality)



Computer Based Cognitive Training in 2010
(Contemporary Approach)

EVIDENCE BASED PRACTICE, RESEARCH AND PUBLICATION

To enhance the quality and lift the standards of OT service for psychogeriatric patients, the OT experts in Psychogeriatric Task Group of OT Coordinating Committee of HA had published OT Clinical Guideline for People with Dementia and OT Clinical Guideline for Older Adults with Depression to guide OT service with evidence based practice. Besides, PG OTs had conducted researches on “Validation and reliability study of Chinese version of Disability Assessment of Dementia” (Mok, Siu, Chan, Yeung, Pan & Li 2005). “Validation study of Chinese Geriatric Depression Scale (4-item version) on depression screening in older in-patients” (Yeong, 2004); “RCT study on evaluation of computer-assisted memory training program for patients with early Alzheimer’s Disease in HK” (Lee, Yip, Yu & Man, 2013), “A pilot study on virtual reality-based memory training program for Chinese older adults with questionable dementia” (Man, Chung & Lee, 2012) and “Computer training programme for dementia” (Lai, Mok, Lin, Yip, & Chan, 2011), all demonstrating effective cognitive outcomes at post-training evaluation; RCT study with HKPU showed that Qigong is effective to relieve depression, improve self-efficacy and personal wellbeing among 82 elderly persons with depression (Tsang et al., 2006). Apart from journal publication, PG OT has also actively engaged in book publication on the care of dementia for the education of professionals and general public e.g. Activity Guidebook on Care of Dementia (Lee, 2004).





ENHANCEMENT OF OT ASSESSMENT & INTERVENTION MODEL / PROGRAMME FOR THE ELDERLY WITH COGNITIVE IMPAIRMENT

Different innovative services models were launched in different hospital settings in view of the demand and care needs in past years.

1. **Cognitive Disorder Early Assessment Clinic: Managing the Surging Volume of New Territories East Cluster Shatin Hospital Cat III PG SOPD cases.** A 3-month pilot project was conducted in the year of 2012 which aimed at shortening the waiting time of Cat III appointment in PG OPD, providing earlier assessment and intervention for dementia to reduce long term psychiatric complications and enhancing community partnership and multi-disciplinary approach towards management of dementia
2. **Early detection and intervention service for clients with early cognitive impairment of United Christian Hospital** since May 2012. It was a collaboration project with the Psychogeriatricians. Its missions are: a) provision of early detection and intervention to clients with mild cognitive impairment and early dementia for the best benefit. b) Services should include detailed assessment on clients' cognitive function, ADL performance and mood elements as well as care givers' concerns. 3) Comprehensive intervention on cognitive training, lifestyle redesigning, mood stabilization and support to carer should be provided.



EARLY SYMPTOM MANAGEMENT PROGRAM (E-MAP) & OCCUPATIONAL LIFESTYLE REDESIGN PROGRAMME (OLSR)

Early Symptom Management Program (E-MaP) for psychogeriatric patients commenced in 2008 of Kowloon Hospital. It caters for those who are newly referred to the psychogeriatric clinic, and triaged as Category III cases. Occupational Therapists provide assessment and non-pharmacological intervention to patients and their carers, regarding their mood and emotional, cognitive, functional and daily care problems, while they await the first psychiatric out-patient consultation. In 2011, there were totally 228 cases screened by occupational therapists of E-MaP, out of which 101 had been recruited into different treatment programs and 30 received no active treatment but had their progress monitored by therapists. Most patients were recruited into cognitive stimulation and training programs and OLSR programs. A single group pre-post treatment study with 32 patients having cognitive problems showed that their cognitive performance and subjective well-being had significantly improved whereas their level of depression significantly reduced after the 12-session cognitive stimulation and training program.

Occupational Lifestyle Redesign Programme (OLSR) was designed and developed by occupational therapists in HA hospitals in 2006. It integrates theories and techniques in Occupational Therapy & Life Coaching. It aims at enhancing the clients' subjective well-being and helping them to live positively with acceptance of and adaptation to their clinical problems and functional limitations.

Two single group pre-post treatment studies conducted in 2007 and 2008, with totally 36 patients having depressed mood as subjects, showed that the OLSR program significantly increased their level of hope & subjective well-being and reduced their level of depression. Another study completed in 2011 showed that the 16 subjects with either subjective memory complaints or mild cognitive impairment had significantly improved performance in delayed recall test and reported fewer problems in everyday memory.

TRAINING AND TEACHING

Psychogeriatric OTs of HA collaborated with Hong Kong Occupational Therapists Association (HKOTA), Hong Kong Alzheimer's Disease Association (HKADA) and Hong Kong Society for Rehabilitation to run yearly territory wide dementia training workshops in Hong Kong since 1996. Training Kits on Reminiscence (Chung, Lee & Man, 2004), memory and activity lap board were also produced.





Training Workshop on Care of Dementia (2014)

COMMUNITY PARTNERSHIP PROJECT

Occupational Therapists of Castle Peak Hospital had initiated the Mobile Cognitive Assessment Clinic Service in 2003. Initially, it was supported by the S. K. Yee Medical Foundation till the year of 2008. Thereafter, it was funded by the Elderly Care Fund of Yan Oi Tong from 2007 onwards. It aims to improve the awareness of cognitive problems for elderly in the community, promote early detection by providing on-site cognitive assessments, provide regular assessment to monitor disease progression in the community and provide cognitive training for selected clients.

Occupational Therapists of Kwai Chung Hospital had implemented a collaborated programme with Neighbourhood Advice-Action Council on a Community Mental Health Project “Sunshine in the heart: lit up life of the elderly” (Lee et al., 2006) in 2006. It provided early assessment and intervention for dementia and depressed elderly in a multi-disciplinary approach. It was supported by the Health Care Promotion Fund (*Achieved Outstanding Health Promotion Project – Mental Health in 2011).

Occupational Therapy Department of United Christian Hospital had launched a collaborative project on “Cognitive Rehabilitation Program for Elderly with suspected Dementia” (CRE) with the Hong Kong Society for Rehabilitation (HKSR) and the Mindlock of the Christian Family Service Centre (CFSC) since the year of 2007. Participated clients in this project showed significant improvement in mood and different cognitive parameters. It is also effective to reduce waiting time, facilitate early intervention, enhance continuity of care, community re-integration and quality cognitive rehabilitation from hospital to community.



On top of above, PG OTs had also collaborated with Hong Kong Polytechnic University to develop structured errorless memory training programme with tablet and android/ i-pads to facilitate better brain health for older adults.

WAY AHEAD

Evidence based practice and research remain our key focus in future. From various research findings, carer stress and burn-out were commonly seen, further development of specific programs for enhancing carers' capabilities is crucial. In addition, the continual occupational therapy services from hospital to community is of utmost importance in bringing seamless quality care to patients concerned. To cope with this, sharing of clinical knowledge and skills amongst OT colleagues and other professionals working in NGOs shall be further enhanced.



Members of Psychogeriatric OT Task Group (Past and Present)

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CHARACTERISTICS ASSOCIATED WITH CLINICALLY SIGNIFICANT DEPRESSIVE SYMPTOMS IN DEMENTED ELDERLY LIVING IN RESIDENTIAL CARE HOME

Dr. Sandy Leung, Department of Old Age Psychiatry, Castle Peak Hospital

Caring for patients with dementia is a global challenge as life expectancy increases and the prevalence of dementia doubles every five years from the age of 65. A substantial proportion of the elderly with dementia will eventually require residential care, and the mental health needs of these patients are expected to be extensive and complex. The coexistence of dementia and depression poses unique diagnostic challenges driven by the overlap in symptoms and the difficulties that dementia patients have in expressing themselves. As a result, depression becomes difficult to recognise, making under-detection and under-treatment of depression in dementia common. Little is known about the prevalence of co-existing clinically significant depressive symptoms in the elderly with dementia in Hong Kong. To devise an effective strategy that meets the needs of the elderly with dementia living in residential care homes in Hong Kong, local data on the correlates



and prevalence of clinically significant depressive symptoms in the elderly with dementia are imperative.

The aim of this study was to determine the correlates and prevalence of clinically significant depressive symptoms in the elderly with dementia living in residential care homes for the elderly (RCHE).

This was a cross-sectional study using a two-stage sampling. The first stage was a stratified-cluster sampling, followed by random sampling from each sampling unit. Two hundred and forty-four elderly participants from six RCHE were recruited for screening using the Mini Mental State Examination (MMSE). Of these, 180 elderly participants with dementia were enrolled in the study. Participants were assessed on a number of clinical characteristics, including the presence of clinically significant depressive symptoms in dementia which was assessed by the Cornell Scale for Depression in Dementia (CSDD). The severity of dementia was assessed using the Clinical Dementia Rating (CDR). The functional level was assessed by the Modified Barthel Index–Chinese. The burden of physical illness and pain severity were assessed by the Modified Cumulative Illness Rating Scale (CIRS) and the Numeric Rating Scale (NRS) respectively. A logistic regression was conducted to identify independent correlates for clinically significant depressive symptoms.

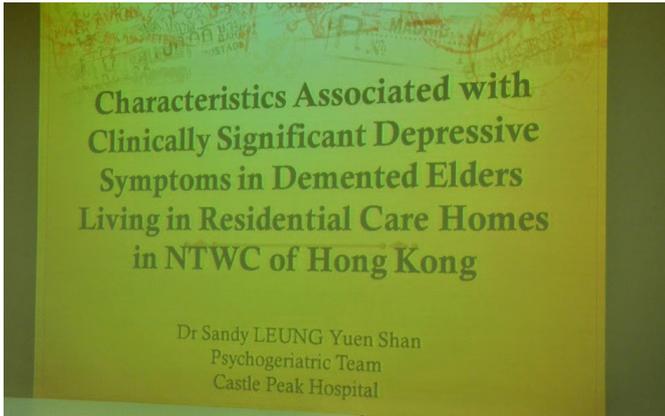
The overall prevalence of clinically significant depressive symptoms in the elderly with dementia living in RCHE was 28.9%. Of the participants in this study, 21.5% (17/79) of those with Alzheimer's dementia and 43.1% (25/58) of those with vascular dementia had clinically significant depressive symptoms. Three independent correlates of clinically significant depressive symptoms were identified: female gender (OR = 2.62, 95% CI 1.01, 6.79), dementia in moderate severity (OR = 5.76, 95% CI 1.85, 17.93), and pain (NRS score 3-4 (OR = 17.18, 95% CI 2.90, 101.80) and NRS score ≥ 5 (OR = 9.60, 95% CI 3.41, 27.04)). Clinically significant depressive symptoms were prevalent among the elderly with dementia living in RCHE. Elderly women, elderly with moderate dementia and elderly with moderate to severe pain appeared to be at higher risk of co-morbid clinically significant depressive symptoms.

The results of this study highlight the importance of adequate pain detection and control in this subgroup. It is hoped that these preliminary results can shed light on the extent of the mental health needs of the elderly with dementia living in RCHE so that intervention strategies can be devised to improve the detection and treatment of depression in dementia patients.



COUNCIL NEWS

The HKPGA Mid-year Scientific Meeting was successfully held at the Lecture Theatre of Block S in Castle Peak Hospital on June 27, 2014 (Friday). More than 80 participants joined the meeting. Here are a selection of the photos:



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HKPGA will hold the 16th Annual General Meeting cum Annual Scientific Symposium at the Hyatt Regency hotel in Tsim Sha Tsui on December 6, 2014 morning. We are honoured to have Prof. George Grossberg from the St. Louis University School of Medicine (USA) and a number of overseas experts to join our meeting in this year. The details have been posted on the HKPGA website.

HKPGA Council has decided to extend the application period for the upcoming HKPGA Young Scientist Awards to the first half of year from 2015 onwards. Act now and encourage potential candidates to write up their research projects!



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