

# Effects on clients' daily functioning and common features of reablement interventions: a systematic literature review

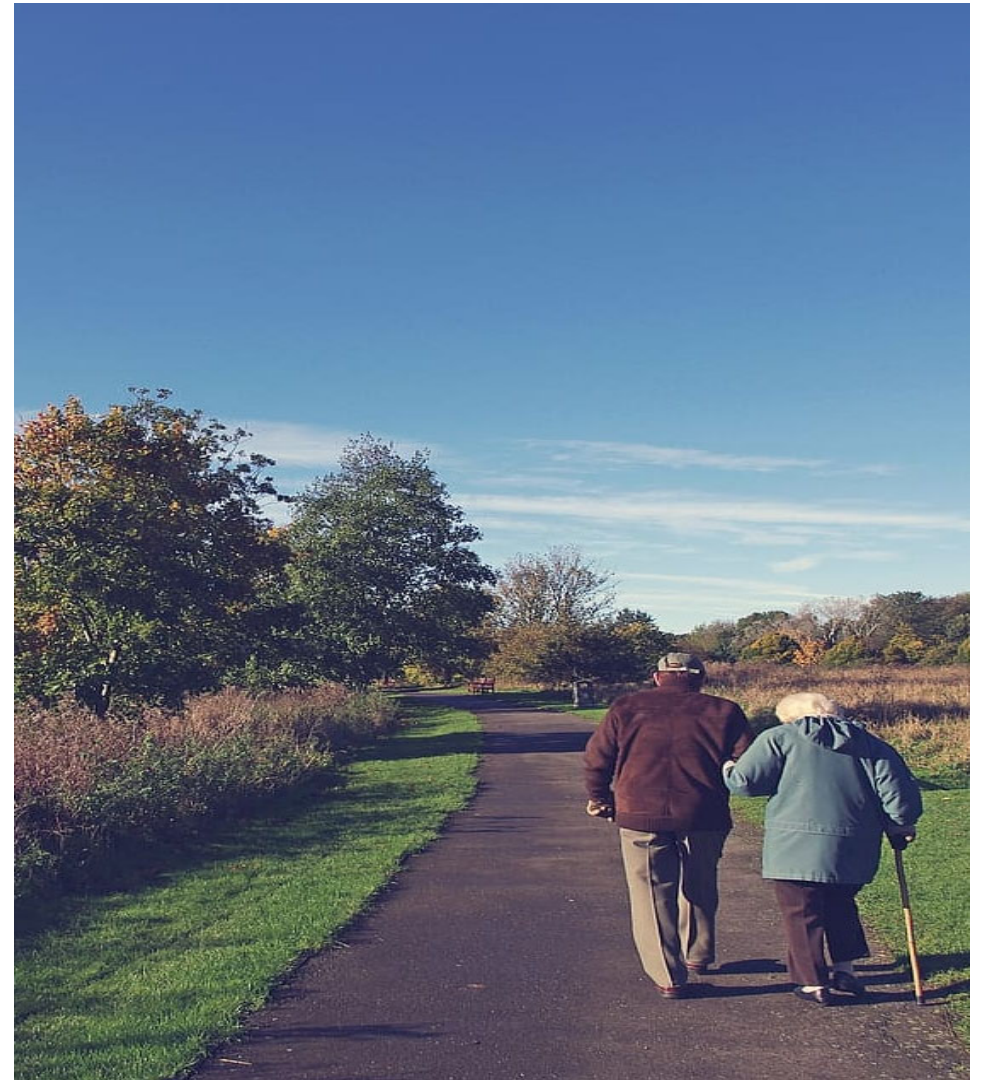
living lab  
in ageing and  
long-term care

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# Rationale

- Previous reviews on reablement
  - Different definitions
  - Used interchangeably with other interventions
  - Great variation in application in practice
- As a result, contradictory results in the evidence base of reablement
- ReAble definition offers (part of) the solution



# ReAble definition

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Reablement is a **person-centred, holistic approach** that aims to enhance an individual's **physical and/or other functioning**, to increase or maintain their **independence in meaningful activities of daily living** at their **place of residence** and to **reduce their need for long-term services**.

Reablement consists of **multiple visits** and is delivered **by a trained and coordinated team**. The approach includes an **initial comprehensive assessment** followed by **regular reassessments** and the development of **goal-oriented support plans**.

Reablement supports an individual to achieve their goals, if applicable, through **participation in daily activities, home modifications and assistive devices** as well as **involvement of their social network**.

Reablement is an **inclusive approach** irrespective of age, capacity, diagnosis or setting.



# Research questions

1. What are the effects of reablement according to the ReAble definition on daily functioning among individuals in need of care irrespective of age, capacity, diagnosis, or setting?
2. What are the common features of reablement interventions according to the elements addressed in the ReAble-definition (e.g. assessment, goal-setting tools, and staff training)?
3. What are the most promising reablement features considering the ReAble definition?



# Methods

- **Criteria ReAble-definition** (Metzelthin et al., 2020)
  - Enhancing functioning, interdisciplinary team, (re)assessment, goal-oriented support plan
  - Excluded when not delivered at place of permanent residence or problem-oriented
- **RCTs and CCTs published 2002-2020**
  - ADL functioning
- **Four databases** (PubMed, Cochrane Library, CINAHL, PsycInfo)
  - Additional snowball sampling
  - Expert input
  - Grey literature
  - Search ran in July 2020 and repeated in July 2021
- **Analysis**
  - Narrative
  - Risk of Bias assessment

*Joanna Briggs Institute Critical Appraisal Checklists for RCTs and Quasi-experiments*

# Results

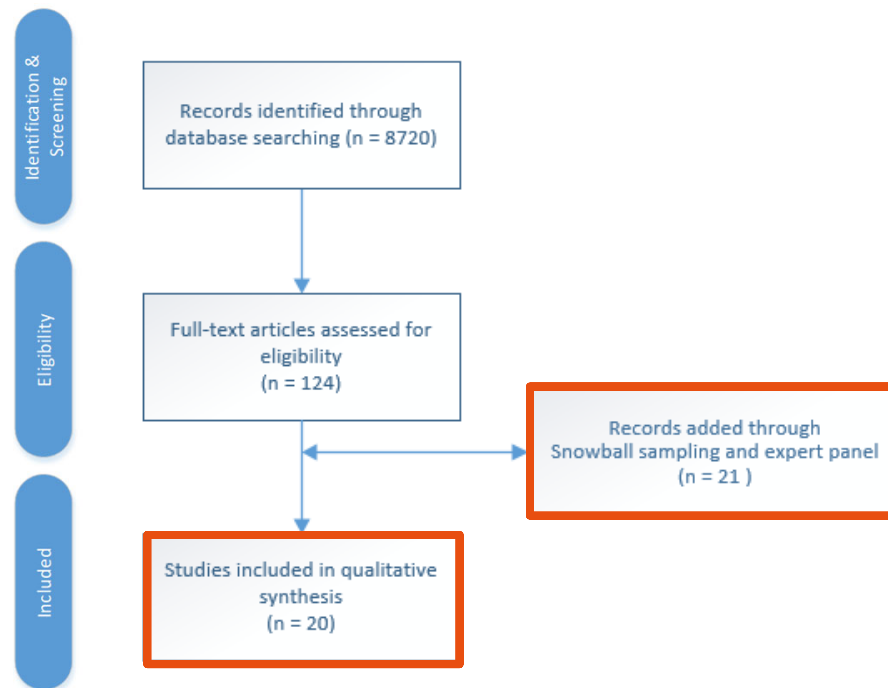


Figure 1 – Simplified Flow Chart study selection process

\* = Effective  
\_ = CCT

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# Study characteristics (n = 20)



Design	RCT = 16	CCT = 4
Setting	Community care n = 13	Hospital to community care n = 1
	Institutionalized long-term care n = 3	Institutionalized long-term care n = 3
Sample size	<ul style="list-style-type: none"><li>• 6,798 participants (range 61 – 1,382)</li><li>• Female 69.8% (range 21.6 – 87.5)</li><li>• Mean age 79.5 years old (range 34.5 – 87.7)</li></ul>	
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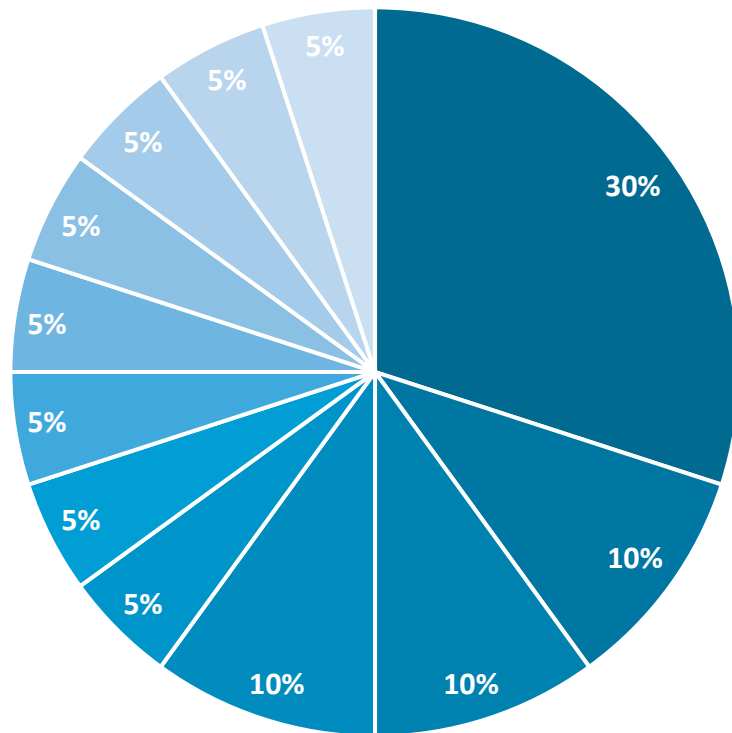
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# RQ 1: Effects on ADL functioning



- Barthel index
- Canadian Occupational Performance Measure
- Functional Independence Measure
- InterRAI
- Activities of Daily Living index
- ADL score
- Self care
- Late Life Function and Disability Instruments
- Nottingham Extended Activites of Daily Living
- Primary Assessment Form
- HACC Needs Identification
- Groningen Activiteiten Restrictie Schaal

# RQ 1: Effects on ADL functioning



Author (year)	ADL outcome	5 w	10 w	12 w	16 w	20 w	24 w	36 w	52 w	
Tinetti (2002)	Self-care, Home management	+								
Langeland (2019)	Canadian Occupational Performance Measure		+				+			
Galik (2014)	Barthel-index			+			-			
Tuntland (2015)	Canadian Occupational Performance Measure			+				+		
Lewin (2010)	Primary Assessment Form (i)ADL			+					+	
Lewin (2013)	HACC Needs Identification			+			+			
Gitlin (2010)	Functional Independence Measure				+				+/-	
Szanton (2019)	(i)ADL score					+			-	
Gitlin (2006)	(Instrumental) Activities of Daily Living index						+		-	
Powell (2002)	Unmodified Barthel-index Functional Independence/Assessment Measure	+ (not further specified)								



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# RQ 2: Common features

## Team

- Most often RN, NA, OT and PT
- Effective programmes showed more diversity
- Coordinator often RN, OT or PT
- Collaboration methods unclear

## Assessment

- Standardised
- Semistructured interview
- of profession specific

## Most common intervention components

- ADL-training
- Physical and/or functional exercise
- Education



### Duration

- Effective (15.4 w) < non-effective (17.5 w)
- Time-limited n = 15

### Staff training

- n = 18
- Lectures, seminars, courses and education by other team members
- Frequency varied

### Goal setting

- Similar as assessment method to identify meaningful activities
- Others not standardized

### Less common intervention components

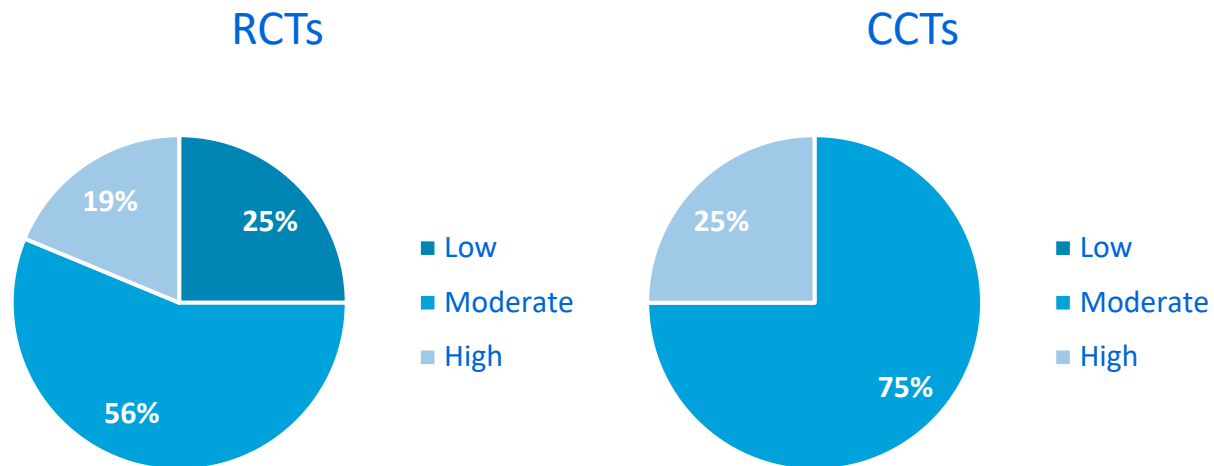
- Functional disorder management
- Environmental adaptations



## RQ 3: Promising features

- Goal setting
  - Standardized tools n = 5
- Interdisciplinary teams
  - More diverse teams promoting daily functioning
  - RN, NA, PT and OT were often standard part of the team
- Intervention components incorporated within programs
  - Effective programs used on average  $\geq 4$  different components
    - ADL-training
    - Physical and/or functional exercise
    - Education

# Risk of Bias assessment



- Common causes moderate to high risk of bias
  - No blinding of participants and delivery personnel
  - Lack of power




## Strengths and limitations

- Process of obtaining final study selection
  - Screening process and quality assessment by 2 researchers,
  - Expert and snowball sampling additions, repeated search, and including grey literature
- However:
  - Only focused on ADL functioning
  - > 75% of included studies moderate to poor quality

## Discussion

- No clear conclusion for effectiveness
  - Great variation ADL measures
  - Intervention content briefly described
  - Lack of high-quality studies
- Most common features were identified
  - Interdisciplinary teams
  - Goal-setting
  - Four intervention components
- Recommendations for future research
  - Better intervention descriptions
  - Collect information on application in practice
  - Higher quality studies needed



Focus group study in Norway, NZ and NL to gain insight into how goal setting, the used interventions, and interdisciplinary collaboration are applied in each context while focusing on the wishes and needs of the patient and their informal carer

# Included articles

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# Questions?

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