



Service Priorities and Programmes Electronic Presentations

Convention ID: 1187

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Effect of Occupational Lifestyle Redesign (OLSR) program in addition to Health Qigong (HQG) program for outpatients joining cardiac rehabilitation (CRP), a pilot study

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Keywords:

Occupational Lifestyle Redesign

Health Qigong

Cardiac rehabilitation

Introduction

In Hong Kong, the admissions due to chronic heart disease (CHD) in Hospital Authority (HA) have increased by 45% as compared to 2001 and 2010. It is projected that CHD patients to be treated in HA by 2017 will increase 26%. Both primary and secondary prevention are considered key strategies in the prevention of CHD. Recent literature reviews show that incorporation of lifestyle modification in cardiac rehabilitation program (CRP) can positively affected risk factors and related lifestyle behaviours at post-treatment, and some of these benefits were maintained at long-term follow up.

Objectives

The objectives of this pilot study was to evaluate the effectiveness of Occupational Lifestyle Redesign (OLSR) program in addition to Health Qigong (HQG) program for outpatients who join cardiac rehabilitation (CRP) in Occupational Therapy Department.

Methodology

Outpatients with recent cardiac events, who are referred to join CRP, were recruited to join OLSR program or HQG group. Both groups are closed group that contains 6 sessions of HQG education and one boost up session after 3 months. Extra 4 sessions was included in the OLSR focusing on 1) continuous goal setting and evaluation of 1) action planning to maintain a balanced and healthier lifestyle, 2) stress management, 3) happier life engagement. A pre and post group assessment was done in the following aspects. 1. General health status was measured. 2. Quality of life were measured by Short Form 36 (SF-36) and Myocardial Infarction Dimensional Assessment Scale (MIDAS). 3. Mood was measured by Hospital Anxiety and Depression Scale (HADS). 4. Compliance of lifestyle change was measure by cardiac self-efficacy scale. 5. A satisfaction survey was filled for the evaluation of the program.

Result

A total of 18 patients have joined OLSR program while 6 patients joined HQG program. Initially, all patients reported deterioration in physical, emotional, and psychosocial and quality of life. In the post-group evaluations, more than 90% of patients found reduced mean heart rate, blood pressure, and negative mood and improved QOL items in SF 36 for both groups. There were 70% of patients found improved in self-efficacy for OLSR group while 40% for HQG group. Better result was found in QOL items in MIDAS for OLSR group. Feedback: 100% of the patients have positive overall rating for the two treatment occupational therapy groups and said they will recommend others to join the group. 95% of the participants have high rating for support and sharing they can get from the group, and they feel happy and motivated for lifestyle change from group interaction. Conclusion: Patient empowerment was achieved through lifestyle modification. Both the OLSR and HQG groups are positive in achieving optimal health status, while OLSR group is more effective in behavioural change and improving quality of life for patients joining cardiac rehabilitation (CRP).