



Service Priorities and Programmes Electronic Presentations

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Occupational Lifestyle Redesign Program - intervention to improve life functioning for patients living with HIV/AIDS

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Introduction

Improvements in preventive and medical care have transformed many patients with Human Immunodeficiency Virus (HIV) from being an absolute fatal disease to a chronic illness. However, some AIDS survivors may experience social discomfort, sense of shame, prejudice, and discrimination and fail to translate health gain through medicine to life function. Many of them remain isolated from their family and friends and are found not motivated to make effort to maintain health and resume productive life roles. Occupational therapists described these patients as people experiencing occupational lifestyle dysfunction.

Objectives

The objective is to assess the effectiveness of occupational lifestyle redesign program in improving the life functioning of HIV/AIDS patients.

Methodology

Since 2007, Occupational Therapists collaborated with the nurses of the AIDS clinic in the Queen Elizabeth Hospital to conduct Occupational Lifestyle Redesign (OLSR) program for patients with lifestyle dysfunction, irrespective to their causes of dysfunction, in order to promote life functioning and wellbeing. Nurses of the AIDS clinic screened suitable patients for the program. On top of individual counselling provided by clinic nurses, patients attended 10 weekly OLSR group coaching sessions conducted by occupational therapists with support from clinic nurses. The program was designed by adopting the overarching concept of acceptance and adaptation, i.e. accepting the fact of having the diseases, and adapting to the impacts and limitations secondary to the disease. In each of the group sessions, therapist coached the patients to review and explore their goals and desires in 4 major life

domains, i.e. leisure life, social life, home-maker life and worker life. Therapist encouraged patients to set weekly action plan to achieve small and then large goals, starting in leisure and social life. Therapist also coached patients to learn and experiment adaptive strategies and new way of achieving personal goals. Patients were guided to discover and generate internal energies to maintain the course of actions and to make breakthrough in the way they live. Patients were also guided to share and aware of success through their own effort. The successful experiences and the associated positive feelings energized further goal setting and implementation. Level of life functioning in the 4 essential life domains are adopted as the ultimate outcome of the program. Work status, including being a homemaker and volunteer, was adopted as secondary outcomes. Life Functioning Assessment Inventory (L-FAI) and the rate of employment will be used as the outcome

Result

33 patients in 6 batches were recruited and completed the OLSR program. All patients demonstrated statistical significant improvement in life functioning as reflected in the 4 L-FAI domain scores with $p < 0.05$. Means scores in leisure life improved from 3.45 to 4.48; social life from 3.73 to 4.97; home-maker life from 3.61 to 4.88; and worker life from 4.48 to 4.79. The employment rate increased from 27% to 64%. Another 3% of the subjects resumed housewife role, and 6% engaged in regular volunteer work.