

The Role of the Palliative Care Occupational Therapist (OT) in the Non-Pharmacological Management of Breathlessness

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Introduction

Intractable breathlessness is a common, devastating symptom of advanced cancer causing distress and isolation for patients and families.¹ It is estimated that the prevalence of breathlessness in all cancers is between 19-64%, as death approaches the prevalence rises to 60-80%.² It occurs most commonly in lung cancer where it affects up to 75% of people with primary disease of the lung, bronchus and trachea.³ The primary focus of occupational therapy is on enabling participation in everyday activities to the best of an individual's ability, irrespective of health or illness.⁴ This poster draws on the experience of the Palliative Occupational Therapy team who work in NHS Fife Acute Services Division. It aims to illustrate the impact non pharmacological management of breathlessness can have on one person's ability to engage in everyday occupations.

The Patient

Mr X aged 72 is a retired miner – he lives in a two storey house with his wife who has a heart condition and arthritis. Mr X has many roles, including husband, father, grandfather and enjoys cooking and socialising. He has recently been diagnosed with lung cancer and is having difficulty with his daily activities due to fatigue and breathlessness.

The Patient's Story

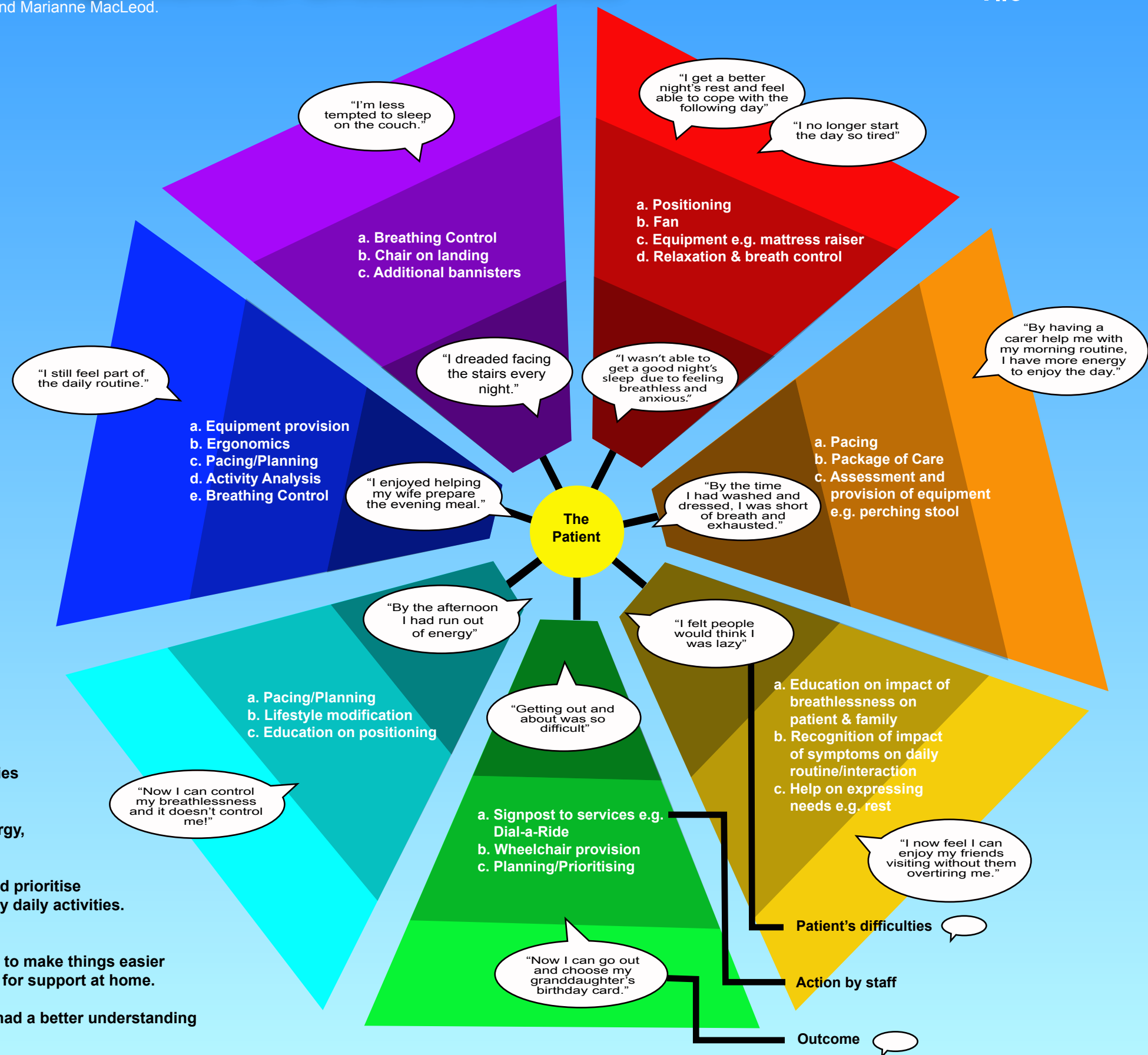
"When I was in hospital the Occupational Therapist (OT) looked at my usual daily routine and we discussed what was important to me. We talked about how my activities could be adapted taking into account my current condition.

The OT looked at equipment to help me remain independent and to conserve my energy, she also arranged a home care assessment.

I learned breathing and relaxation techniques, but also realise I have to plan, pace and prioritise what I need to do. The OT helped me to understand that I could still be in control of my daily activities. By breaking down tasks we were able to plan a new daily routine for me.

The OT spoke with my wife and family and visited my home. She gave advice on how to make things easier for me to manage. I was given information about local services and contact numbers for support at home.

After working with the OT, I felt more confident about returning home and my family had a better understanding of my condition."



References

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