The role and issues required for the Initial-phase Intensive Support Team of dementia (IPIST)
: From the viewpoint of the Occupational Therapist

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【Introduction】

- Japan is one of the most super-aging societies in the world. (26% > 65 years old)
  → One of the issues is related to dementia
    5 million people have dementia

- A national strategy for dementia
  “the Five-Year Plan for Promotion Dementia Measures” (Orange Plan) since 2013
  → Initial-phase Intensive Support Team of dementia (IPIST)
【IPIST】

**IPIST objectives:**
- Continuation of living at home
- Multi-disciplinary approach

**Service Duration**: about 6 months

**Targeting population**
People who
- Live at home, and
- Are aged 40 and over, and
- have not received any healthcare or social care services, or
- have difficulty in daily activities due to behavioural and psychological symptoms of dementia
IPIST (team member)

More than 3 years experience in dementia care or in-home care

- Nurse
- Occupational Therapist
- Pharmacist
- Medical doctor
- Dental Hygienist
- Certified Social Worker
- Psychiatric Social Worker
- Certified Care Worker
- Public Health Nurse

Any two or more different disciplines + medical doctors specialized in dementia care
【Typical users service of dementia】

Physical activities
- Difficulty IADL:
  - Cooking,
  - Appointment,
  - Financial management

Feeling / Emotions
- Person with dementia:
  - Loss of confidence
- Family:
  - Uncertainty

Family and caregiver become over protective

Person with dementia: Loss of capability
Loss of independence
【Positive changes through the IPIST】

**Before**
- family and care give... over-protection and understanding
- loss of confidence in some activities
- deterioration of procedural memory
- increased care burden for family

**IPIST** Assessment and personalized interventions

**After**
- family and caregiver... understanding and reassured
- Regaining confidence
- Enablement in some activities
- Access to social care
  → Reduced care burden for family

As a result, the people with dementia can continue to live at home
【Reasons for referral】 2013~2017

- Lack of social care use (23%)
- Lack of assessment/diagnosis (20%)
- Lack of awareness and understanding in family (14%)
- Needs for doctor appointment (10%)
- Referral to social care (9%)
- Increases care burden (6%)
- Lack of information on living conditions (6%)
- Others (12%)

Reference: Sakura-shinmachi Urban Clinic database
【Role of Occupational Therapist】

- **Assessment for dementia**
  - To conduct assessment
  - To identify necessary interventions

- **Support for person with dementia**
  - Confidence development
  - Supervised activities
  - **Support for decision making**

- **Support for family**
  - Education in dementia care
  - The residual abilities
  - Promotion of the person’s independence

- **Optimization environment**
  - Alteration of furniture arrangement
  - Introduction of assistive technology
Case study: Initial information

Person A)

- **Diagnosis**: Alzheimer’s dementia
- **Referral**: from family
- **Reason for referral**: Difficulty in cooking for family

Person with dementia

- Taking extra time for cooking
- Forgetting tasks asked for family
- Feeling frustrated for themselves

Family

- Feeling irritated for person’s inability to do simple tasks
Case study: OT assessment

- **Cognitive function**: memory disorder

- **Environment**: inefficient arrangement of furniture in kitchen
  
  【see next slide】

- **Meaningful activity**: Cooking dinner for family everyday
Case study: Support for person with dementia

- **Analysis of movements in the kitchen:**
The person had to make a number of turns in the kitchen.

- **Environment modification:**
All cooking equipment was moved from cupboard to undersink and hung cupboards.

→ Reduction in the number of directional changes
Case study: outcome

Reduction in the number of directional changes

- Simpler movements for cooking in kitchen
- Less confusion during cooking

Person with dementia

Family

- Regaining confidence in person with dementia for cooking

The person with dementia continues to live at home.
It is important to get all stakeholders involved in dementia care.