Occupational therapy practice in a guideline free zone: Evidenced based practice and the NICE guidelines 2014.

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Background

- The occupational therapy (OT) team at NHNN work with people with Multiple Sclerosis (pwMS) in a variety of service areas including neuro-medical inpatients, neuro-out-patients, neurological rehabilitation and vocational rehabilitation.

- The NICE guidelines for MS (2014) provide very little guidance for OTs working with pwMS due to the dearth of randomised controlled trials (RCTs) in this area.

- Development of RCTs in the field of OT is fraught with difficulty for many reasons:
  - The ethics of randomising patients to a placebo or control group
  - Prohibitive costs of running an RCT in a therapy environment without drug company funding
  - Desired outcomes are often difficult to capture in the quantitative manner required for RCTs
  - Identifying enough patients to establish an adequately powered study is complex.
  - OT is a complex intervention which creates challenges in designing an RCT to demonstrate the effect of treatment interventions.

- Research articles with more suitable research methods for OT input are numerous and reveal much evidence to guide practice. Therefore a structured approach to reviewing the evidence in OT when working with pwMS is needed to guide best practice in the real world. Critically appraised topics (CAT) is one such structured approach.

CAT sample

CLINICAL SCENARIO

Fatigue is the most common and troubling symptom for people with MS (Krupp et al 2010) and it is the most frequent reason for referral to outpatient occupational therapy for people with MS at NHNN. Through providing fatigue management intervention we aim to support the person with MS to limit the impact of fatigue and maximise their engagement in daily tasks.

FOCUSED CLINICAL QUESTION

Does providing occupational therapy based fatigue management intervention improve people with MS’s ability to manage the impact of fatigue on their daily routine and increase their engagement in daily tasks?

SUMMARY OF SEARCH

(Best evidence appraised and key findings)

Following our literature search 2 articles were highlighted as best evidence. One for a group fatigue management programme and one for a 1:1 programme. These are reviewed below.

Update Oct 2014: Following an up to date literature search, 2 articles were identified for review: an update of the Thomas article initially appraised and a review of motivational interviewing as a technique for supporting fatigue management.

CLINICAL BOTTOM LINE

Fatigue is the most significant symptom reported for people with MS. There is little to offer for relief via medication. The fatigue management programmes reviewed while offering weak evidence; do demonstrate a positive effect on fatigue levels reported. The Mathowicz programme is currently out of publication and therefore cannot be easily delivered; however many of the concepts of energy conservation are freely available and regularly implemented in our practice. FACETS offers evidence of the same level as current practice, although not described. However the RCT did demonstrate that both FACETS and current local practice reduce the impact on fatigue for people with MS despite no placebo control. Therefore it is appropriate to provide fatigue management to this patient group. Further research with placebo testing is recommended.

Update Oct 2014:

It is encouraging that the FACETS programme has demonstrated maintenance in reduced fatigue severity and self-efficacy at 1 year Post. In addition reduction in MSIS was seen at 12 months. However it is still not seen to be cost-effective compared to current practice (although this isn’t easily defined and is likely variable within different areas). Local audit has demonstrated modest improvements in outcome measures for participants of FACETS and informal feedback has been very positive. This in addition to the FACETS article supports us providing ongoing group based fatigue management intervention. Motivational interviewing and telephone FU warrants further investigation as adjuncts to 1:1 fatigue management intervention.

Aims of project

1) To provide best treatment interventions to pwMS in the field of OT at NHNN
2) To develop evidenced based OT intervention pathways for pwMS at NHNN
3) To equip OT staff with the skills to critically appraise literature and synthesise into local practice guidelines.

Results

The CAT provided a structured approach for identifying and appraising literature to identify best OT intervention when working with pwMS, allowing the development of evidenced based intervention pathways for pwMS at NHNN in fatigue management: work and assistive technology.

Articles of lower levels of evidence than RCTs (not available within the MS NICE guidelines) provide helpful guidance for treatment, especially in the areas of fatigue management and work.

Project outcome

This project provided a team of OTs with a structured approach to gathering, analysing and synthesising evidence to form a pragmatic approach in developing evidenced based pathways to guide OT intervention for pwMS in the real world.