

# Getting Involved in Research at Work

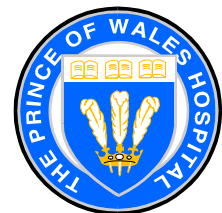
Jacqueline Wesson  
Occupational Therapist  
2 July 2012



THE UNIVERSITY OF  
SYDNEY



ARC CENTRE OF  
EXCELLENCE IN  
**POPULATION  
AGEING  
RESEARCH**



# What's going on

- Look around you – who is beside you and what are they doing?



- Watch and learn – start thinking, evolving

- Talk to colleagues – join networks



- Attend conferences – see what others are doing

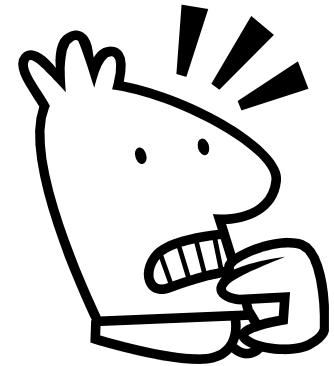
# Mind the Gaps

- What's the evidence behind your practice?
- What are the clinical problems?
- What are the gaps in evidence?
  - Can music influence stroke outcomes
  - Do OT home visits make a difference to outcomes
  - Does eating less help with weight loss



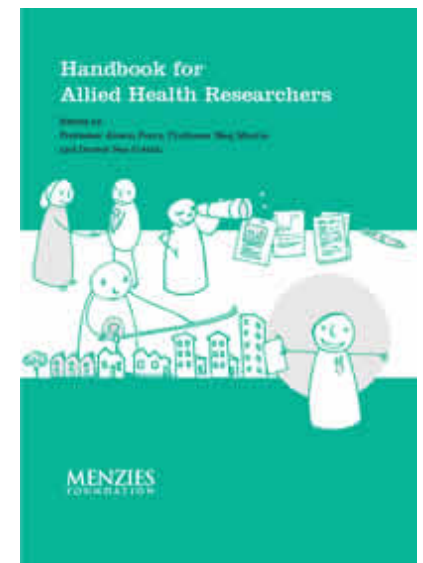
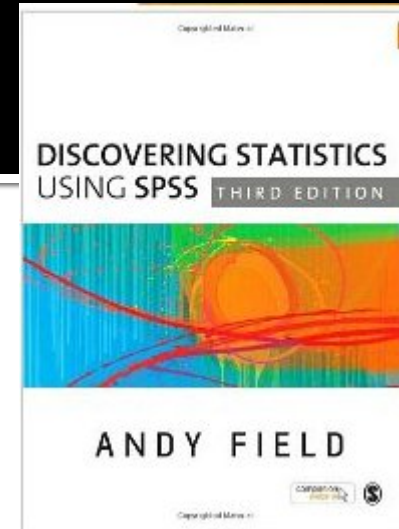
# Overcome your Fears

- Don't worry about the 'R' word
- Take on a minor role
- Don't worry about not knowing 'how'
- Learn skills as you go
- R is also for resources



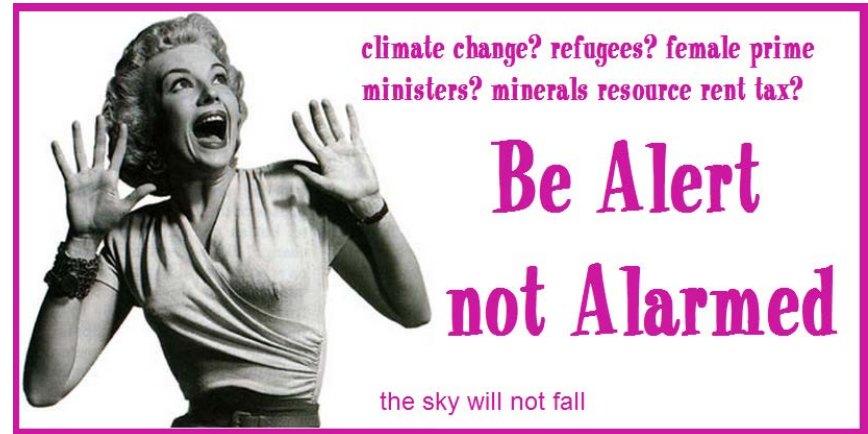
# Resources

- **Newsletters**
  - ACI ; Dementia News
- **Websites**
  - International Centre for Allied Health Evidence
- **Books**
  - Discovering Statistics Using SPSS
- **Colleagues**
- **Money**
  - Wicking; Churchill; Menzies; HETI



# Be Alert Not Alarmed

- Keep your ideas 'in mind' and
- Be watchful for opportunities
- Start small – reflect & measure
- Look for pots of money to get started
- Use alerts to stay up to date



# Examples

- <http://www.mdlinx.com/internal-medicine/>
- [Evidenceupdates@mcmasterhkr.com](mailto:Evidenceupdates@mcmasterhkr.com)
- International Centre for Allied Health Evidence
- Alzheimer's Australia
- The Dementia Centre (Hammondcare)
- Dementia Services Development Centre





## PARTICIPANTS NEEDED NEW EXERCISE PROGRAM



Aged Care Psychiatry Dept, Prince of Wales Hospital is conducting

### Gentle Exercise Program for Older People with Depression

**When:** Monday 29 September for 9 weeks  
9.30 – 10.30am

**Where:** Cardiopulmonary Rehab Gym, Campus Cent  
Prince of Wales Hospital, Randwick

**Cost:** FREE! Transport to & from Hospital  
No class fees

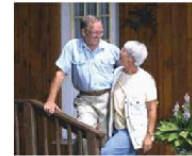
#### Inclusion criteria

- mild to moderate non-melancholic depression (may be chronic)
- not attending another community, social or therapeutic group
- unchanged psychotropic medication regime for the preceding 2 months
- literate in English
- no history of schizophrenia or dementia

Please contact Jacki Wesson on 938

## Avoiding the Double Whammy – Dementia and Falls:

*pilot testing a novel approach to falls prevention  
in the community*



**i-FOCUS**  
PILOT STUDY



Jacki Wesson, Lindy Clemson, Jacqui Close, Henry Brodaty, Morag Taylor, Stephen Lord

## Using the Large Allen's Cognitive Levels Screening Tool to Identify Functional Impairment in People with Memory Loss/ Early Dementia

Jacqueline Wesson, Occupational Therapist & Katrin Seehr, Research Assistant  
Aged Care Psychiatry Service/ Memory Disorders Clinic

Prince of Wales Hospital, Randwick

#### Introduction

-Functional impairment is one of the criteria for the diagnosis of dementia (DSM IV).

-Functional impairment is usually based on informant or patient self report.

-Results from neuropsychological testing are used to make a formal diagnosis of dementia. Such testing may not be available to all patients.

-In some patients discrepancies exist between reports of impaired functioning and the degree of impairment observed on neuropsychological testing.

-Occupational Therapist (OT) assessments are only occasionally completed to clarify patients' abilities.

-OT assessments are not often standardised and can be variable & site specific.

-It would be helpful to clarify the exact nature of these functional problems using a standardised OT assessment tool.

#### Aim

-To investigate the validity of a standardised OT assessment tool - the Large Allen's Cognitive Levels Screening tool (LACL - Version 4)\* for accurately identifying functional impairment in older patients who present with symptoms of early memory loss/ early cognitive impairment.

-To compare results of patient performance on the LACL with other commonly used rating scales in an outpatient Memory Clinic setting.

#### Method

Patients attending the Prince of Wales Hospital Memory Disorders Clinic (MDC) had the LACL administered to them by the OT. This was the first assessment completed, prior to contact with medical staff, so as to ensure older persons to presenting symptoms, functional ability, and diagnosis. The same OT completed all LACL assessments.

The LACL is a standardised leather lacing task which examines a patient's functional cognition, specifically novel problem solving for a visuo-motor task. It has been developed from the Allen's Cognitive Disability Model and has a strong research background. This theory identifies six cognitive levels which represent a patient's global cognitive processing capacities and ability to function. Level 1 (automatic actions) indicates severe impairment, Level 6 (planned actions) indicates normative functioning.

The LACL takes 10 - 25 minutes to administer and scores abilities from Level 3.0 - 5.5. AL Levels 1 and 2 people do not work with objects, and Level 6 is concerned with attention to symbolic cues. The LACL is designed to access the middle of the ACL range where the most important questions about ability to function occur. Any score below 5.8 can be interpreted clinically as some degree of functional cognitive impairment.



#### Assessment scales and procedures:

-Mini Mental State Examination - MMSE\* administered by Psychiatry Registrar

-Modified Instrumental Activities of Daily Living Scale - IADL\* completed by informants. IADL items reflecting role bias were removed to produce a 'short' IADL.

-Informant Questionnaire of Cognitive Decline in the Elderly - IQCODE\* completed by informant during interview with Social Worker

-Patients also received neuropsychological testing: neurological examination, medical imaging and other investigations, eg. blood tests, ECG.

-DSM IV and Petersen criteria were used to diagnose dementia and Mild Cognitive Impairment respectively.

-Subjects: Data were collected for 27 patients who attended the MDC for the last 18 months. Inclusion criteria for this Clinic are symptoms of memory loss; community dwelling; independence in basic ADLs.

-In order to examine the relationships between the LACL scores and other measures of impairment, Pearson correlations were calculated for each of the above scores. Correlations for age and gender were also completed. Analysis were completed using SPSS 14.0.

#### Results

Demographics and clinical characteristics of the sample are shown in Table 1.

Consistent with previous studies, LACL scores did not correlate with patient's age or gender. Scores were evenly distributed for both sexes and across the range of 60 - 85 years of age.

LACL scores did not correlate significantly with IADL scores ( $r = -0.3$ ) or IQCODE scores ( $r = -0.2$ ).

There was a significant correlation between LACL and MMSE scores ( $r = 0.6$ ,  $p = 0.05$ ), which was even stronger for patients under 80 years of age ( $r = 0.7$ ,  $p = 0.00$ ).

There was a trend for patients diagnosed with dementia to demonstrate more impairment on the LACL, followed by the MCI group, then the non-dementia group. This trend was replicated in the scores for MMSE and IADL, but not the IQCODE.

	Mean	SD	Min	Max
Age	71.2	7.8	60	85
Gender				
Male	70.8	7.5	60	85
Female	71.6	8.1	60	85
MMSE	24.5	3.2	18	30
IADL	35.2	4.5	20	40
IQCODE	2.8	0.5	1	4
LACL	4.2	0.8	3	5.5

#### Future research

-A factor analysis comparing neuropsychological test results with LACL scores. This will also involve a larger sample size and ideally age and gender matched control groups.

-Validation of the relationship between the LACL scores and routine daily functions, as reported on scales such as the IADL, needs to be completed. Studies which establish a more accurate LACL scale and how this relates to LACL scores may be indicated.

1. Lezak, M.D., Howl, D., Lort, S. (2004) *Large Allen Cognitive Levels Screening (LACL) 2000 Test Manual*.
2. Lezak, M.D., Howl, D., Lort, S. (2004) *Large Allen Cognitive Levels Screening (LACL) 2000 Test Manual*.
3. Allen, C., Emswiler, C., & Bate, T. (1982) Occupational Therapy treatment goals for the physically and cognitively disabled. *Physical Therapy*, 62, 407-414.
4. Lezak, M.D., Howl, D., Lort, S. (1978) *Allen Cognitive Levels Screening (LACL) 1978 Test Manual*. The University of Sydney, Australia.
5. Lezak, M.D., Howl, D., Lort, S. (1982) Assessment of older people: self-maintaining and instrumental activities of daily living. *The Gerontologist*, 22, 186-191.
6. Lezak, M.D., Howl, D., Lort, S. (1982) *Allen Cognitive Levels Screening (LACL) 1982 Test Manual*. The University of Sydney, Australia.
7. Lezak, M.D., Howl, D., Lort, S. (1982) *Allen Cognitive Levels Screening (LACL) 1982 Test Manual*. The University of Sydney, Australia.

**Acknowledgments:** Professor Henry Brodaty, A.A.S.O., Professor Brian Draper, Aged Care Psychiatry Service, Prince of Wales Hospital, Aged Care Psychiatry Service, Australia and Joan Riches, President, Allen Cognitive Network, Ruth Seehr, Lecturer, Discipline of Occupational Therapy, Faculty of Health Sciences, University of Sydney.

An Australian Government Initiative

## Functional Cognition and Performance of Everyday Tasks in Older People

Jacqueline Wesson



Collaborative partnerships • Translating evidence • Research partnerships



Translating evidence into research  
practice



# When Opportunity Knocks

- Don't run in the opposite direction!

- Procrastination is the thief of time
- Be open minded
- No pain, no gain...



- Use your team & networks to support you

- Two heads are better than one
- Three are great!



# What's In It For Me?

- Creates space in your career for ...
- A chance to look at the big picture
- Strengthens clinical knowledge & confidence
- Allows for creativity
- Change is always on the agenda so why not be master of it



# Let Every Man Skin his Own Skunk

- 19<sup>th</sup> century American proverb
  - Independence and responsibility
  - Adventurous spirit



- Nothing Ventured Nothing Gained
- It's Time.....
- Have a Go, You Can Do It

# Thank you

[jacqueline.wesson@sydney.edu.au](mailto:jacqueline.wesson@sydney.edu.au)

<http://www.dementiaresearch.org.au/news/forum.html>



**Dementia. Who gets it?**  
Prevention. Diagnosis. Treatment. Care. Policy.

**2012 National Dementia Research Forum**

Canberra, Australia  
27-28 September, 2012



An Australian Government Initiative

