Systematic Review on Amyotrophic Lateral Sclerosis

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Systematic Review Question
What is the effectiveness of interventions within the scope of occupational therapy practice for persons with Amyotrophic Lateral Sclerosis?

Additions to ALS Search Strategy

• Articles included prior to 2003
• Added later – palliative care, fatigue

Search results

14 Articles
Level I – 3
Level II – 3
Level III – 4
Level IV – 3
Level V - 1

Themes of evidence

• Exercise
• Assistive Devices/wheelchairs
• Multidisciplinary programs
• Palliative care
• Preparatory methods

Exercise

• Moderate evidence that a home exercise program of daily stretching and resistance exercise had higher ALSFRS and SF-36 physical functional scales scores and no adverse effects
  — Dal Bello Haas et al, 2007
Exercise

• Limited evidence that individual exercise program to improve muscle endurance twice daily results in more functional activity and lower spasticity
• Both groups declined over time (Drony, et al, 2001 – Level I)
• Limited evidence that a supervised exercise program maintained a person’s functional capacity better than a home exercise program (Aksu, et al., 2002)
• Minimal evidence that aquatic therapy resulted in increased energy for participant, and less assistance needed for transfers (Johnson, 1988 – Level V)

Assistive Devices/Wheelchairs

• Limited evidence that wheelchairs, particularly motorized allow for increased interaction in community
• No difference between motorized and manual for user characteristics – Controlling for overall disease symptom severity, arm and leg strength, bulbar function
• Greater level of satisfaction to improve activity level for motorized as compared to manual
• Greater satisfaction with manual for portability
• No difference for comfort and ease of maneuvering
• Positive – Supports (head, neck, trunk, extremities)
• Not positive – sling backs and sling seats – Traîl, Nelson, Von, Appel & Lei, 2001 – Level III

Assistive Devices/Wheelchairs

Limited evidence from a survey of power wheelchair (PWC) users
• 77% of respondents were satisfied with the overall comfort of their PWC
• 72% were satisfied with the ease of use – Ward, et al, 2010 – Level III

Assistive Devices/Wheelchairs

• Used often/always with high satisfaction and usefulness – Elevated toilet seat, rails by toilet, shower seat, shower bars, slip-on shoes, ankle brace, transfer board
• Used infrequently/high satisfaction – Sound or voice-activated environmental controls, communication boards
• Low satisfaction and not useful – Button hooks, dressing stick, long-handed reaching tool – Gruis, Wren & Huggins, 2011 – Level III

Assistive Devices/Wheelchairs

Limited evidence from a systematic review:
• The use of telemedicine may be associated with high levels of satisfaction
• Face-to-face was more highly valued for discussion of psychological and emotional concerns – (Foley, Timonen, & Hardiman, 2012) – Level I

Assistive Devices/Wheelchairs

• Use of computer program to independently write messages and choose songs and videos through a virtual keyboard and microswitch.
• Participant wrote two messages per 20 minute session and chose songs and videos independently – Lanconi, et al, 2012 – Level IV
Multidisciplinary programs

- Limited to moderate evidence that those in multidisciplinary programs have longer survival than in general care
- Approximately 30%
  - Traynor, Alexander, Corr, Frost & Hardiman, 2003 – Level II

Multidisciplinary Programs

Limited evidence that those in multidisciplinary programs have:
- Higher percentage of appropriate assistive devices
- Higher quality of life in social functioning and mental health
- No differences in physical functioning or quality of life for caregivers

Palliative care

- Limited evidence that occupational therapy continues to be a part of care team for persons with ALS even immediately prior to death
  - Albert, Murphy, Del Bene, & Rowland, 1999 – Level II

Preparatory methods

- Minimal evidence that electrical stimulation improves bilateral hand function and knee extension over a period of three months

Limitations

- Limited number of studies in systematic review
- Individual studies in review
  - Small sample sizes
  - Low level evidence
  - High dropout rate
  - Difficult to separate out the role of OT in a multidisciplinary program
  - No/minimal evidence in some areas – fatigue, occupation-based palliative care

Implications

- The course of ALS provides unique opportunities for occupational therapy practitioners
  - Palliative vs. Rehabilitation
  - Environmental modifications
- Value for role of occupational therapy in multidisciplinary programs
  - Client-centered approach
  - Occupation-based intervention
Implications

• Providing client-centered care
  – Engaging in valued roles and occupations
  – Anticipating and planning for future needs
  – Connecting client with supports and resources

• Palliative Measures
  – Comfort and positioning
  – Individualized range of motion program

• Rehabilitation Measures
  – Increase or maintain independence (adaptive equipment, DME, etc.)
  – Educate patients, families, and caregivers
  – Recommendations for environmental modifications (home and work)

• What about the family?
  – Addressing needs of caregivers (physical, emotional, psychosocial, spiritual)
  – Considering the unique needs of children

• OT Roles with the ALS Population
  – Current: Traditional practice settings (acute care, home health, out-patient); hospice; multi-disciplinary clinics
  – Future: Educating hospice aides, community education about ALS, advocacy, research

• Research
  – Investigate impact of occupational therapy services on quality of life for patients and caregivers
  – Occupational therapy and management of fatigue