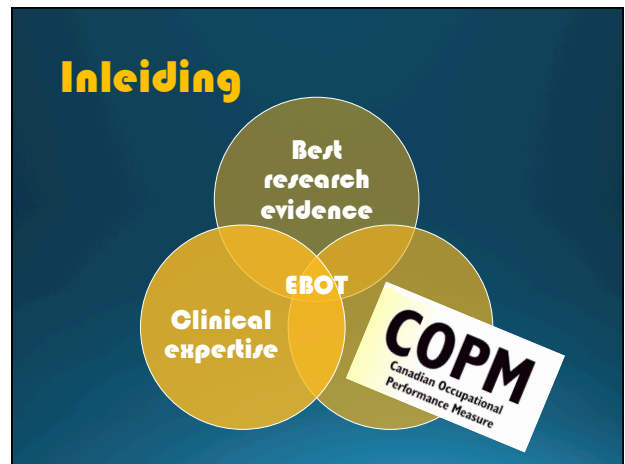
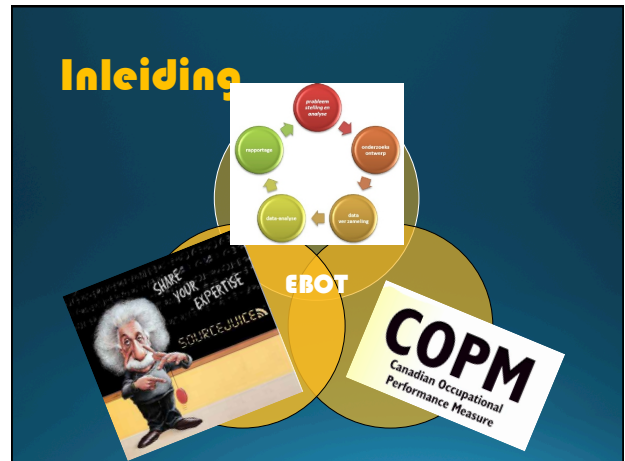


EBP

Een vreemde eend in het WZC?

Leen De Coninck





- ## De 5 stappen van EBP
1. definieer het probleem (PICO)
 2. zoek de beste informatie
 3. evalueer kritisch
 4. pas toe in de juiste context
 5. evalueer de resultaten

- ## De 5 stappen van EBP
1. **definieer het probleem (PICO)**
 2. zoek de beste informatie
 3. evalueer kritisch
 4. pas toe in de juiste context
 5. evalueer de resultaten

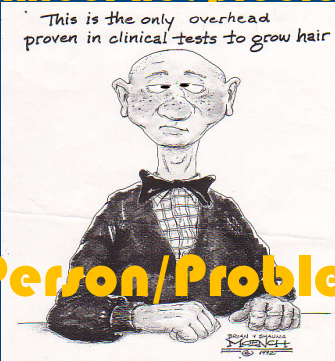


Definieer het probleem

PICO

Definieer het probleem

This is the only overhead proven in clinical tests to grow hair



Persoon/Problem



Intervention

Definieer het probleem



Co-intervention Comparison

Definieer het probleem

Of course individual results may vary



Outcome

Definieer het probleem

'Heeft een volwassen man, die lijdt aan kaalhoofdigheid, bij het drinken van groene thee meer kans op haargroei ter hoogte van de schedel tegenover eenzelfde type man die geen groene thee drinkt?'

Definieer het probleem

'Heeft een volwassen man, die lijdt aan kaalhoofdigheid, bij het drinken van groene thee meer kans op haargroei ter hoogte van de schedel tegenover eenzelfde type man die geen groene thee drinkt?'

P

Definieer het probleem

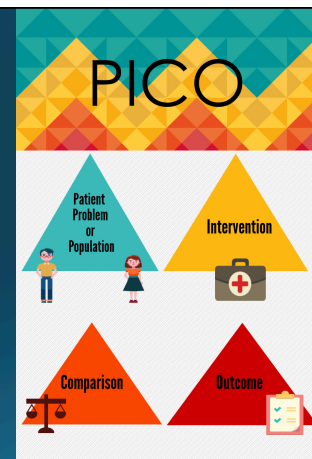
'Heeft een volwassen man, die lijdt aan kaalhoofdigheid, bij het **drinken van groene thee** **I** meer kans op haargroei ter hoogte van de schedel tegenover eenzelfde type man die geen groene thee drinkt?'

Definieer het probleem

'Heeft een volwassen man, die lijdt aan kaalhoofdigheid, bij het **drinken van groene thee** **C** meer kans op haargroei ter hoogte van de schedel tegenover eenzelfde type man die **geen groene thee drinkt?**'

Definieer het probleem

'Heeft een volwassen man, die lijdt aan kaalhoofdigheid, bij het **drinken van groene thee** **O** meer kans op haargroei ter hoogte van de schedel tegenover eenzelfde type man die geen groene thee drinkt?'



Definieer het probleem

Time to practice!



Definieer het probleem

Opdracht:

Stel een correct geformuleerde onderzoeksvraag (PICO!) op vertrekkende vanuit de afbeelding die je kreeg.

Definieer het probleem



Definieer het probleem



Definieer het probleem



Definieer het probleem

Opdracht:
 Stel vanuit je eigen werkveld een onderzoeksvraag op.
 Vertrek vanuit een PICO.



De 5 stappen van EBP

1. definieer het probleem (PICO)
2. zoek de beste informatie
3. evalueer kritisch
4. pas toe in de juiste context
5. evalueer de resultaten

Zoek de beste informatie





Zoek de beste informatie

- Richtlijnen
- Wetenschappelijke databanken
 - Cochrane library
 - Medline
 - Oseeker
- Vaktijdschriften

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 - OTseeker
- Vaktijdschriften

Richtlijnen

• "Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options" (Institute of Medicine, 2011)

Richtlijnen

Doelstellingen:

- Ondersteuning en referentie voor beslissingname in de klinische praktijk
- Specificatie van de kerntaken van een specifieke beroepsgroep bij een bepaalde aandoening
- Interprofessionele overeenkomst aangaande taakverdeling
- Basis voor kwaliteitsgarantie
- Basis voor verantwoording klinisch handelen

Richtlijnen

Vorm:

- Eén doelstelling of centrale klinische vraag (PIPOH)
- 5 à 8 specifieke klinische vragen
- Aanbeveling (antwoorden op de specifieke klinische vragen)
- Verantwoording dmv synthese van relevante literatuur
- Methodologie

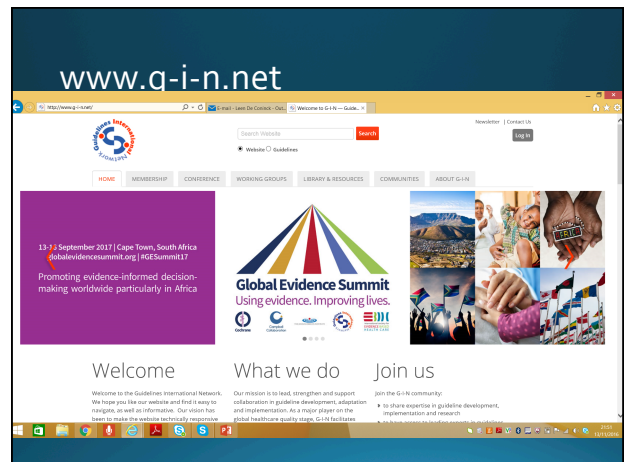
PIPOH

The PIPOH items are:

- Patient population (including disease characteristics)
- Intervention (s) of interest
- Professionals/patients (audience for whom the guideline is prepared)
- Outcomes to be taken into consideration (purpose of the guideline)
- Healthcare setting and context

Richtlijnen

- GIN (Guideline International Network)
- NICE (The National Institute for Health and Care Excellence)
- SIGN (Scottish Intercollegiate Guidelines Network)
- COT (College of Occupational Therapy)
- RNAO (Registered Nurses Association of Ontario)
- EBMpractiseenet
- KCE (Kenniscentrum federale overheid)
- CEBAM (Centrum Evidence Based Practice)
- ...



Recommendation 1

Who is the target population?

Older people and their carers.

Who should take action?

Occupational therapists or other professionals who provide support and care services for older people in community or residential settings and who have been trained to apply the principles and methods of occupational therapy.

What action should they take?

- Offer regular group and/or individual sessions to encourage older people to identify, construct, rehearse and carry out daily routines and activities that help to maintain or improve their health and wellbeing. Sessions should:
 - involve older people as experts and partners in maintaining or improving their quality of life
 - pay particular attention to communication, physical access, length of session and informality to encourage the exchange of ideas and foster peer support
 - take place in a setting and style that best meet the needs of the older person or group
 - provide practical solutions to problem areas.
- Increase older people's knowledge and awareness of where to get reliable information and advice on a broad range of topics, by providing information directly, inviting local advisers to give informal talks, or arranging trips and social activities. Topics covered should include:
 - meeting or maintaining healthcare needs (for example, eye, hearing and foot care)
 - nutrition (for example, healthy eating on a budget)
 - personal care (for example, shopping, laundry, keeping warm)
 - staying active and increasing daily mobility
 - getting information on accessing services and benefits
 - home and community safety
 - using local transport schemes.
- Invite regular feedback from participants and use it to inform the content of the sessions and to gauge levels of motivation.

OT intervention

Recommendation 2

Who is the target population?

Older people and their carers.

Who should take action?

Physiotherapists, registered exercise professionals and fitness instructors and other health, social care, leisure services and voluntary sector staff who have the qualifications, skills and experience to deliver exercise programmes appropriate for older people.

What action should they take?

- In collaboration with older people and their carers, offer tailored exercise and physical activity programmes in the community, focusing on:
 - a range of mixed exercise programmes of moderate intensity (for example, dancing, walking, swimming)
 - strength and resistance exercise, especially for frail older people
 - toning and stretching exercise.
- Ensure that exercise programmes reflect the preferences of older people.
- Encourage older people to attend sessions at least once or twice a week by explaining the benefits of regular physical activity.
- Advise older people and their carers how to exercise safely for 30 minutes a day (which can be broken down into 10-minute bursts) on 5 days each week or more. Provide useful examples of activities in daily life that would help achieve this (for example, shopping, housework, gardening, cycling).
- Invite regular feedback from participants and use it to inform the content of the service and to gauge levels of motivation.

Physical activity

Recommendation 3

Walking schemes

Who is the target population?
Older people and their carers.

Who should take action?
GPs, community nurses, public health and health promotion specialists, 'Walking the way to health initiative' walk leaders, local authorities, leisure services, voluntary sector organisations, community development groups working with older people, carers and older people themselves.

What action should they take?

- In collaboration with older people and their carers, offer a range of walking schemes of low to moderate intensity with a choice of local routes to suit different abilities.
- Promote regular participation in local walking schemes as a way to improve mental wellbeing for older people and provide health advice and information on the benefits of walking.
- Encourage and support older people to participate fully according to health and mobility needs, and personal preference.
- Ensure that walking schemes:
 - are organised and led by trained workers or 'Walking the way to health initiative' volunteer walk leaders from the local community who have been trained in first aid and in creating suitable walking routes
 - incorporate a group meeting at the outset of a walking scheme that introduces the walk leader and participants
 - offer opportunities for local walks at least three times a week, with timing and location to be agreed with participants
 - last about 1 hour and include at least 30–40 minutes of walking plus stretching and warm-up/cool-down exercises (depending on older people's mobility and capacity)
 - invite regular feedback from participants and use it to inform the content of the service and to gauge levels of motivation.

Recommendation 4

Training

Who is the target population?
Health and social care professionals, domiciliary care staff, residential care home managers and staff, and support workers, including the voluntary sector.

Who should take action?

- Professional bodies, skills councils and other organisations responsible for developing training programmes and setting competencies, standards and continuing professional development schemes.
- NHS and local authority senior managers, human resources and training providers and employers of residential and domiciliary care staff in the private and voluntary sector.

What action should they take?

- Involve occupational therapists in the design and development of locally relevant training schemes for those working with older people. Training schemes should include:
 - essential knowledge of (and application of) the principles and methods of occupational therapy and health and wellbeing promotion
 - effective communication skills to engage with older people and their carers (including group facilitation skills or a person-centred approach)
 - information on how to monitor and make the best use of service feedback to evaluate or redesign services to meet the needs of older people.
- Ensure practitioners have the skills to:
 - communicate effectively with older people to encourage an exchange of ideas and foster peer support
 - encourage older people to identify, construct, rehearse and carry out daily routines and promote activities that help to maintain or improve health and wellbeing
 - improve, maintain and support older people's ability to carry out daily routines and promote independence
 - collect and use regular feedback from participants.

www.nice.org.uk/guidance

The screenshot shows the NICE website's 'Find guidance' page. It features a search bar at the top and a grid of filter buttons for categories like 'Conditions and diseases', 'Health professions', 'Lifestyle and wellbeing', 'Practice groups', 'Service delivery, organisation and staffing', and 'Settings'. Below the filters, there is a section for 'NICE guidance' with a list of links to various guideline categories such as 'All NICE guidelines', 'Clinical guidelines', 'Public health guidelines', 'Social care guidelines', 'Soft staffing guidelines', 'Medicine practice guidelines', 'Quality standards', 'Technology appraisal guidance', 'Interventional procedure guidance', 'Medical technology guidance', 'Diagnosis guidance', and 'Highly specialised technology guidance'.

www.cot.co.uk/practice-guidelines/cot-practice-guidelines

The screenshot shows the COT Practice Guidelines website. The header includes the College of Occupational Therapists logo and navigation links. The main content area is titled 'Professional Resources' and features a section for 'COT Practice Guidelines' which states: 'The College has a number of practice guidelines to support evidence informed practice.' There is also a 'NICE accredited' badge and a 'Get in Touch' form.

http://sign.ac.uk/guidelines/index.html#

The screenshot shows the SIGN website. It features a navigation menu on the left with options like 'Home', 'Guidelines', 'Published Guidelines by topic', 'Audit tools', and 'Events'. The main content area is titled 'PUBLISHED GUIDELINES' and includes a search bar and a list of guidelines, such as 'Full Text of Guidelines', 'By number', 'By subject', 'Audit tools', 'SIGN Apps', 'Supporting Material for Published Guidelines', 'Implementation', 'General Information', 'Notes for Users', and 'Copyright Details'.

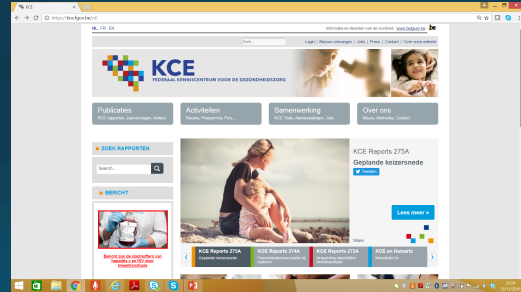
http://rnao.ca/bpg/guidelines

The screenshot shows the RNAO website. The header includes the RNAO logo and navigation links. The main content area is titled 'International Affairs & Best Practice Guidelines' and features a search bar for 'SEARCH INTERNATIONAL AFFAIRS & BPGs'. There is also a section for 'Guidelines' and a 'New on page' section.

<http://www.ebmpractinenet.be/nl/Paginas/Welkom.aspx>



<https://kce.fgov.be/nl/>



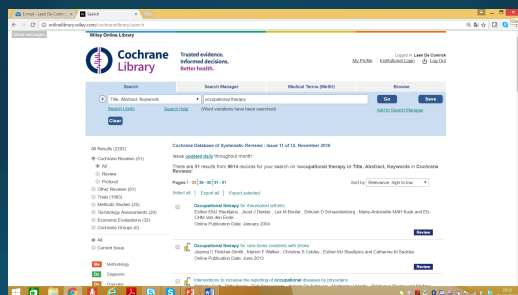
<http://www.cebam.be/nl/richtlijnen/Paginas/Waar-richtlijnen-vinden.aspx>



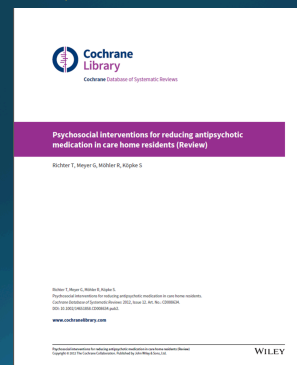
Zoek de beste informatie

- Richtlijnen
- Wetenschappelijke databanken
 - Cochrane library
 - Medline
 - OT-reeker
- Vaktijdschriften

Cochrane library



Enkele voorbeelden:



Background
Antipsychotic medication is regularly prescribed in care homes to control behavioural and psychological symptoms of dementia despite moderate efficacy, significant adverse effects, and available non-pharmacological alternatives.

Objectives
To evaluate the effectiveness of psychosocial interventions to reduce antipsychotic medication in care home residents.

Search methods
The Cochrane Dementia and Cognitive Improvement Group's Specialized Register, MEDLINE, EMBASE, CINAHL, PsycINFO, LILACS, a number of trial registers and grey literature sources were searched on 19th December 2011.

Selection criteria
Individual or cluster-randomised controlled trials comparing a psychosocial intervention aimed at reducing antipsychotic medication with usual care in care home residents or comparing two different approaches.

Data collection and analysis
Two review authors independently assessed the retrieved articles for relevance and methodological quality and extracted data. Critical appraisal of studies addressed risk of bias through selection bias, performance bias, attrition bias, and detection bias, as well as criteria related to cluster design. Authors of relevant studies were contacted for additional information.

Owing to clinical heterogeneity of interventions, statistical heterogeneity was not assessed and no meta-analysis performed. Study results are presented in a narrative form.

Main results
Four cluster-randomised controlled studies met the inclusion criteria. All of them investigated complex interventions comprising educational approaches. Three studies offered education and training for nursing staff, one study offered multidisciplinary team meetings as main component of the intervention. There was one high-quality study, but overall the methodological quality of studies was moderate.

The studies revealed consistent results for the primary end point. All studies documented a decrease of the proportion of residents with antipsychotic drug use or a reduction in days with antipsychotic use per 100 days per resident, respectively. In summary, the reviewed evidence on psychosocial interventions targeting professionals is consistent with a reduction of antipsychotic medication prescription in care home residents. However, owing to heterogeneous approaches, summary effect sizes cannot be determined.

Authors' conclusions
There is evidence to support the effectiveness of psychosocial interventions for reducing antipsychotic medication in care home residents. However, the review was based on a small number of heterogeneous studies with important methodological shortcomings. The most recent and methodologically most rigorous study showed the most pronounced effect.

Zoek de beste informatie

- Richtlijnen
- Wetenschappelijke databanken
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 - Medline
 - OT-reeker
- Vaktijdschriften

Enkele voorbeelden:

Arch Ethic Med Statist. 1996 Jun;7(6):544-41

Outcomes of enhanced physical and occupational therapy service in a nursing home setting.

Przybylski BH¹, Dumont ED, Watkins ME, Warren SA, Beaulne AP, Lier DA

Author information

Abstract
OBJECTIVE: The purpose of this study was to determine if 1.0 Full-time Equivalent (FTE) physical therapy (PT) and 1.0 FTE occupational therapy (OT) per 50 beds resulted in differences in functional status for nursing home residents when compared to 1.0 FTE PT and 1.0 FTE OT per 200 beds.

DESIGN: Randomized control program evaluation, cost analysis.

SETTING: Nursing home in the province of Alberta, Canada.

PATIENTS: 115 residents assigned to 1 PT and 1 OT per 50 beds (enhanced group) versus 1 PT and 1 OT per 200 beds (control group) using stratified random allocation by severity of condition.

INTERVENTIONS: Both groups received ongoing treatment, follow-up, and restorative interventions, but enhanced group received more hours of service.

OUTCOME MEASURES: Functional Independence Measure (FIM), Functional Assessment Measures (FAM), and Clinical Outcome Variables Scale (COVS) recorded at 6-month intervals over a 2-year period.

RESULTS: Mean score differences favored the enhanced group for the tests over the 2 years. Significance was observed on FIM Total at 6 and 12 months, FIM Self Care at 6 months, FIM Communication at 24 months, and FIM Psychosocial at 6, 12, 18, and 24 months; FAM Total at 6, 12, 18, and 24 months, FAM Self Care at 6 months, FAM Mobility at 12 months, FAM Communication at 6 and 24 months, FAM Psychosocial at 6, 12, 18, and 24 months, and FAM Cognition at 6 and 12 months, and COVS at 6, 12, 18, and 24 months. A cost analysis demonstrated that PT/OT offered at the 1:50 ratio would result in a cost savings in terms of nursing staff dollars for 30 long-term-care beds of \$16,973 over the 2 years of the study compared to the 1:200 ratio. This equates to an annual cost savings of \$283 per bed.

CONCLUSIONS: Increasing the amount of PT/OT can have a positive effect on the functional status and cost of care of long-term care residents.

Nutrition. 2016 Feb;32(2):199-205. doi: 10.1016/j.nut.2015.08.009. Epub 2015 Sep 3.

Multidisciplinary nutritional support for undernutrition in nursing home and home-care: A cluster randomized controlled trial.

Beck AM¹, Christensen AG², Hansen BS², Damsgaard-Svendsen S², Møller TK²

Author information

Abstract
OBJECTIVE: To assess the effect of multidisciplinary nutritional support for undernutrition in older adults in nursing home and home-care identified with the validated Eating Validation Scheme (EVS).

METHODS: An 11 wk cluster randomized trial with a home-care (3 clusters) or nursing home (3 clusters) setting as the unit of randomization. Before starting the study, a train-the-trainer course was performed to educate the nutrition coordinators. In addition to the nutrition coordinator, the participants assigned to the intervention group strategy received multidisciplinary nutrition support. Focus was on treatment of the potentially modifiable nutritional risk factors identified with the EVS, by involving the physiotherapist, registered dietitian, and occupational therapist, as relevant and independent of the municipality's ordinary assessment and referral system. Outcome parameters were quality of life (by means of EuroQoL-5D-3L), physical performance (30-seconds chair stand), nutritional status (weight and hand-grip strength), oral care, fall incidents, hospital admissions, rehabilitation stay, moving to nursing homes (participants from home-care), and mortality.

RESULTS: Respectively, 55 (46 from 2 home-care clusters) and 40 (18 from 1 home-care cluster) were identified with the EVS and comprised the intervention and control group. A difference after 11 wk in quality of life (0.758 [0.222] versus 0.534 [0.355]; $P = 0.001$), 30-seconds chair stand (47% versus 17% improved; $P = 0.005$) and oral care (1.1 [0.3] versus 1.3 [0.5], $P = 0.021$) was observed. There was a almost significant difference in mortality (2% versus 13%, $P = 0.078$).

CONCLUSIONS: Multidisciplinary nutritional support in older adults in nursing home and home-care could have a positive effect on quality of life, muscle strength, and oral care.

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KEYWORDS: Home-care; Multidisciplinary nutritional support; Nursing home; Quality of life; Undernutrition

J Am Geriatr Soc. 2011 Jun;59(6):1032-41. doi: 10.1111/j.1532-5415.2011.03449.x. Epub 2011 Jun 7.

A randomized clinical trial of theory-based activities for the behavioral symptoms of dementia in nursing home residents.

Kolanowski A¹, Lhaker M, Buehler L, Moeller J, Costa PT Jr

Author information

Abstract
OBJECTIVES: To test the main and interactive effects of activities derived from the Need-Driven Dementia-Compromised Behavior model for responding to behavioral symptoms in nursing home residents.

DESIGN: Randomized double-blind clinical trial.

SETTING: Nine community-based nursing homes.

PARTICIPANTS: One hundred twenty-eight cognitively impaired residents randomly assigned to activities adjusted to functional level (FL) ($n=32$), personality style of interest (PSI) ($n=33$), functional level and personality style of interest (FL+PSI) ($n=31$), or active control (AC) ($n=32$).

INTERVENTION: Three weeks of activities provided twice daily.

MEASUREMENTS: Agitation, passivity, engagement, affect, and mood assessed from video recordings and real-time observations during baseline, intervention, random times outside of intervention, and 1 week after intervention.

RESULTS: All treatments improved outcomes during intervention except mood, which worsened under AC. During intervention the PSI group demonstrated greater engagement, alertness, and attention than the other groups; the FL+PSI group demonstrated greater pleasure. During random times, engagement returned to baseline levels except in the FL group in which it decreased. There was also less agitation and passivity in groups with a component adjusted to PSI. One week after the intervention, mood, anxiety, and passivity improved over baseline; significantly less pleasure was displayed after withdrawal of treatment.

CONCLUSION: The hypothesis that activities adjusted to FL+PSI would improve behavioral outcomes to a greater extent than partially adjusted or nonadjusted activities was partially supported. PSI is a critical component of individualized activity prescription.

TRIAL REGISTRATION: ClinicalTrials.gov NCT00388544

Stroke. 2006 Sep;37(9):2336-41. Epub 2006 Aug 3.

Cluster randomized pilot controlled trial of an occupational therapy intervention for residents with stroke in UK care homes.

Sackley C¹, Wade DT, Mant D, Atkinson JC, Yurkin P, Cardoso K, Levin S, Lee VB, Reel K

Author information

Abstract
BACKGROUND AND PURPOSE: A pilot evaluation of an occupational therapy intervention to improve self-care independence for residents with stroke-related disability living in care homes was the basis of this study.

METHODS: A cluster randomized controlled trial with care home as the unit of randomization was undertaken in Oxfordshire, UK. Twelve homes (118 residents) were randomly allocated to either intervention (6 homes, 63 residents) or control (6 homes, 55 residents). Occupational therapy was provided to individuals but included carer education. The control group received usual care. Assessments were made at baseline, postintervention (3 months) and at 6-months to estimate change using the Barthel Activity of Daily Living Index (BI) scores, "poor global outcome", (defined as deterioration in BI score, or death) and the Rivermead Mobility Index.

RESULTS: At 3 months BI score in survivors had increased by 0.6 (SD 3.9) in the intervention group and decreased by 0.9 (2.2) in the control group; a difference of 1.5 (95% CI allowing for cluster design, -0.5 to 3.5). At 6 months the difference was 1.9 (-0.7 to 4.4). Global poor outcome was less common in the intervention group. At 3 months, 20/63 (32%) were worse/dead in the intervention group compared with 31/55 (56%) in the control group, difference -25% (-51% to 1%). At 6 months the difference was similar, -26% (-48% to -3%). Between-group changes in Rivermead Mobility Index scores were not significantly different.

CONCLUSIONS: Residents who received an occupational therapy intervention were less likely to deteriorate in their ability to perform activities of daily living.

J Physiother. 2012;58(2):97-104. doi: 10.1016/S1836-9553(12)70089-9.

Balance training reduces fear of falling and improves dynamic balance and isometric strength in institutionalised older people: a randomised trial.

Gusi N¹, Carmelo Adeslar J, Corzo H, Del Pozo-Cruz B, Olivares PR, Parraca JA

@ Author information

Abstract
QUESTION: What is the effect of a balance training protocol with the Biodes Balance System in institutionalised older people with fear of falling?
DESIGN: Randomised controlled trial with concealed allocation and assessor blinding.
PARTICIPANTS: Forty older people who lived in a nursing home and had fear of falling.
INTERVENTION: The experimental group completed a 12-week balance training protocol based on balancing/rebalancing training with the Biodes Balance System, with two sessions per week. During the training period, participants in both groups received the same multidisciplinary care (such as physiotherapy, occupational therapy and nursing) that they usually received in the nursing home.
OUTCOME MEASURES: The primary outcome was fear of falling (Falls Efficacy Scale International questionnaire). Secondary outcomes were dynamic balance (Fall Risk Test) and isometric strength (torque of knee flexor and extensor isometric strength measured with an isokinetic dynamometer). Outcome measures were taken before and after the training program protocol.
RESULTS: Compared to the control group, the exercise group had significantly greater improvements at 12 weeks in fear of falling (by 8 points, 95% CI 4 to 12), in dynamic balance (by 2 degrees, 95% CI 1 to 3), and in isometric strength of the knee flexors (by 7Nm, 95% CI 3 to 11) and knee extensors (by 7Nm, 95% CI 1 to 13).
CONCLUSION: The training program was feasible and effective in reducing fear of falling and improving dynamic balance and isometric strength in institutionalised older people with fear of falling.
TRIAL REGISTRATION: ISRCTN1695765.

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OTseeker

OTseeker is a database that contains abstracts of systematic reviews, randomised controlled trials and other resources relevant to occupational therapy interventions. Most trials have been critically appraised for their validity and interpretability. In one database, OTseeker provides fast and easy access to information from a wide range of sources to inform occupational therapy.

Using OTseeker Search the OTseeker Database:

Basic Search help Advanced Search

The Effect of Cognitive Stimulation on Nursing Home Elders: A Randomized Controlled Trial

João Luis Alves Apóstolo, RN, PhD¹, Daniela Filipa Batista Cardoso, RN², Ana Isabel Rosa, RN, MSc³, & Constança Paúl, PhD⁴

¹ PhD in Coordinator Professor Health Sciences Research Unit Nursing, Portugal, Nursing School of Coimbra, Coimbra Portugal
² Research Grant Holder, Portugal Centre for Evidence-Based Practice, an Affiliate Centre of the Soares Braga Institute Health Sciences Research Unit, Nursing, Nursing School of Coimbra, Coimbra Portugal
³ Health Sciences Research Unit Nursing, Portugal, Nursing School of Coimbra, Coimbra Portugal
⁴ Full Professor Research Unit AICIBAS, University of Porto, Porto Portugal

Purpose: This paper describes the effectiveness of cognitive stimulation therapy (CST) on cognition and depressive symptoms in older adults in nursing homes (NHs).

Design: A randomized controlled trial, carried out from 2012 to 2013, included 56 residents from four NHs, 36 women and 20 men (randomized into experimental and control groups). Eight participants dropped out.

Methods: Participants of the experimental group underwent 14 CST sessions (7 weeks) in groups of six to eight older adults, and participants of the control group received usual care. The Montreal Cognitive Assessment, the Geriatric Depression Scale-15, and the Barthel Index of activities of daily living (ADLs) were administered at baseline and postintervention.

Findings: Repeated measures revealed that CST increased cognition ($F = 8.581$; $p = .005$; partial η squared = 0.157; power = 0.82). There were no statistically significant differences in depressive symptoms ($F = 1.090$; $p = .302$). Baseline level of ADLs did not affect the outcomes.

Conclusions: CST had significantly improved cognition, explaining the 15.7% variability, but there was no statistical evidence of its effectiveness on depressive symptoms. This improvement was not affected by the baseline level of dependence-independence in ADLs.

Clinical Relevance: CST offers a range of activities, providing general stimulation for thinking, concentration, and memory, usually in a social setting. These results will support implementation of CST in NHs. In addition to the impact on elderly independence and autonomy, CST may also have an economic impact by reducing the direct costs of the impact of elders' cognitive frailty.

Zoek de beste informatie

- Richtlijnen
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 - Cochrane library
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 - OT-seeker
- Vaktijdschriften

Zoek de beste informatie

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- The American Journal of OT
- Australian OT Journal
- The British Journal of OT
- The Canadian Journal of OT
- Scandinavian Journal of OT
- Jaarboek Ergotherapie
- Nederlands Wetenschappelijk Tijdschrift voor ET
-

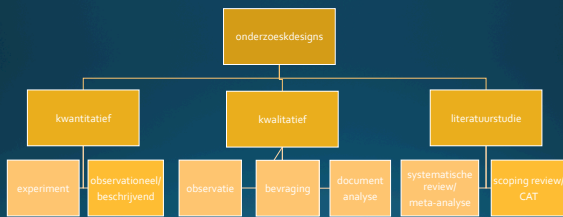
Zoek de beste informatie

Opdracht:
Zoek voor jouw PICO relevante informatie op.

De 5 stappen van EBP

1. **definieer het probleem (PICO)**
2. **zoek de beste informatie**
3. **evalueer kritisch**
4. **pas toe in de juiste context**
5. **evalueer de resultaten**

Evalueer kritisch

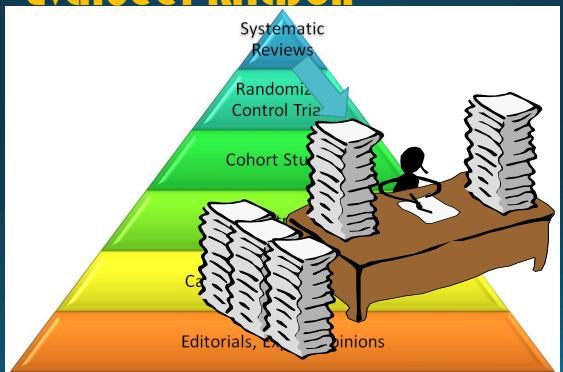


Figuur gebaseerd op document wetenschappelijke ingesteldheid schrijf één

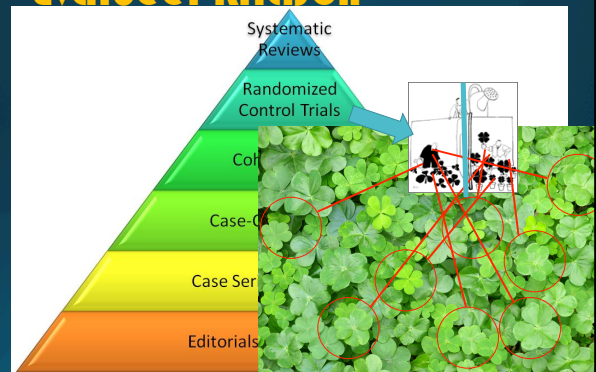
Evalueer kritisch

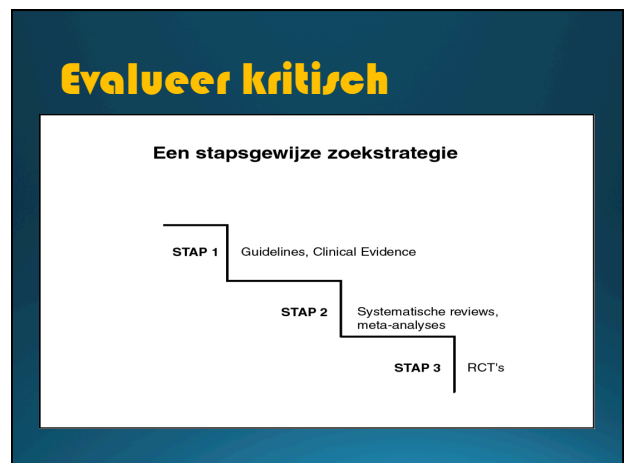
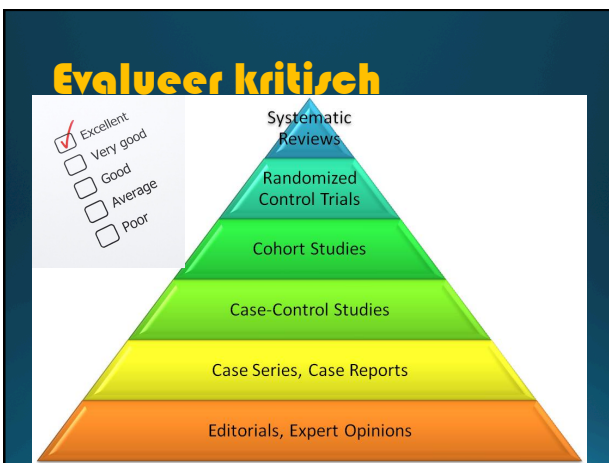
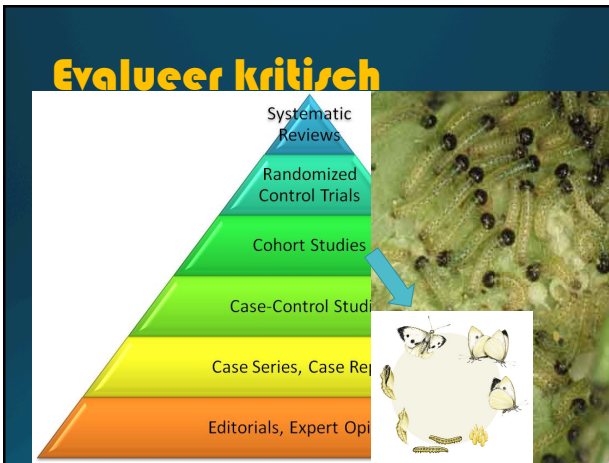


Evalueer kritisch



Evalueer kritisch





Evalueer kritisch



Time to practice!

Evalueer kritisch

Opdracht 4a:
Welk onderzoeksdesign werd gebruikt bij het onderzoek vermeld bij foto 2?

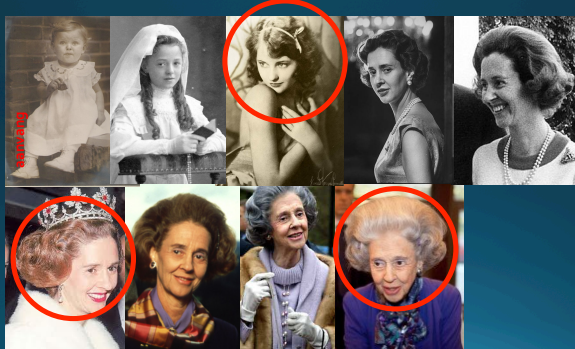
Evalueer kritisch



Evalueer kritisch



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Evalueer kritisch



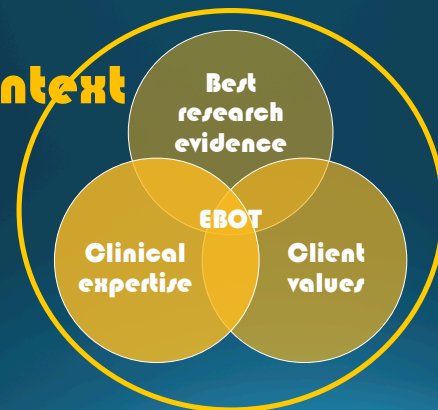
Evalueer kritisch



De 5 stappen van EBP

1. definieer het probleem (PICO)
2. zoek de beste informatie
3. evalueer kritisch
4. pas toe in de juiste context
5. evalueer de resultaten

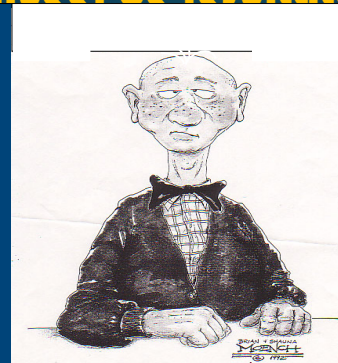
context



De 5 stappen van EBP

1. definieer het probleem (PICO)
2. zoek de beste informatie
3. evalueer kritisch
4. pas toe in de juiste context
5. evalueer de resultaten

Evalueer de resultaten



Referenties

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Met dank aan



Evidence Based Medicine (EBM) is the integration of individual clinical expertise with the best available external evidence and patient's values and expectations. Sackett D.L. et al. (1996) *BMJ* 312:71-72.

