PromOTing Quality of Life for Individuals with Huntington’s Disease
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Objectives of Presentation:
- Describe the symptoms of Huntington’s disease and their impact on functional performance.
- Recognize the role of occupational therapy in improving quality of life for individuals with Huntington’s disease.
- Discuss how occupational therapy interventions for individuals with Huntington’s disease can be applied in a variety of settings.

Clinical Question:
What is the effectiveness of occupational therapy interventions in improving quality of life for individuals with Huntington’s disease?

Methods for Review:
Databases Searched: Pubmed, Scopus, and CINAHL

Search Terms Utilized
- P: Huntington’s Disease, neurodegenerative disease
- I: Occupational therapy, therapy, rehabilitation, adaptive equipment, compensatory strategies, environmental modifications, caregiver education, education, patient education, multidisciplinary, social support, coping
- C: N/A
- O: Quality of life, well being, health, function, participation, independence

Articles Reviewed
- Peer reviewed articles, published between 2000-2015, in national and international literature and focusing on adults ages 18 years and older, with outcomes related to quality of life were included.
- Initial search yielded 795 articles and after the screening process, 14 articles were critically analyzed.
- Articles utilized were levels I-V evidence.

Appraisal Process
- Level I-V Evidence: Evaluation of Quality of an Intervention Study (Law & MacDermid, 2014)
- Qualitative Articles: The Qualitative Review Form (Letts, Wilkins, Law, Stewart, Bosch, & Westmorland, 2007)

Results:
Based on the evidence gathered, the following themes were synthesized: multidisciplinary approach, exercise-based interventions, and leisure-based interventions.

Multidisciplinary Approach: defined by professional involvement and intervention approaches, such as: therapeutic exercises, cognitive and compensatory strategies, biomechanical techniques, occupation based, gardening, psychosocial support, and feeding
- 2/6 found statistically significant results on quality of life 17,24
- 6/6 found clinically significant results 8, 17, 20, 21, 22, 24
- There is moderate evidence to support use of a multidisciplinary approach for improving QOL

Exercise-based Approach: included Community-based Exercise Program, Home-based Exercise Program and In-patient Exercise Program
- 5/9 found statistically significant results on quality of life 7, 11, 12, 17, 24
- 9/9 found clinically significant results 6, 7, 8, 11, 12, 17, 18, 21, 24
- There is strong evidence to support use of exercise-based interventions for improving QOL

Leisure-based Interventions: included gardening, Dance Dance Revolution, handheld games, walking, multisensory stimulation, art, and pottery
- 4/7 found statistically significant results on quality of life 1, 11, 12, 13
- 6/7 found clinically significant results 1, 5, 11, 12, 13, 20
- 1/7 found no effect 9
- There is moderate evidence to support use of leisure-based interventions for improving QOL

Implications:

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| - Maintenance is an achievable goal  
- Home exercise program delivered via direct-care  
- Interventions should be motivating, occupation-based  
- UHDRS may be a viable measure to use in practice | - Highlight QOL as outcome measure  
- Facilitate collaboration amongst OTs and other professionals  
- Consider continuing education for professionals working with this population | - Implement studies in the U.S.  
- Collect long term follow up data  
- Combine multidisciplinary and exercise  
- Investigate effect of these interventions on various stages of HD Increase rigor of study (i.e. control group, multi-site studies) |
References

**Additional citation, not referenced in PowerPoint Presentation

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