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Misuse of Prescription Medication in the Elderly Population and the Impact it has on Their Functional Occupations

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MISUSE OF PRESCRIPTION MEDICATION IN THE ELDERLY POPULATION
AND THE IMPACTS IT HAS ON THEIR FUNCTIONAL OCCUPATIONS

By

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ABSTRACT

One of Occupational Therapists’ primary responsibilities is to assist clientele at becoming as independent as possible. In order to be successfully independent an individual needs to be able to perform ADLs and IADLs (functional occupations) and have a basic understanding of problematic issues that may affect their abilities to perform these functional occupations. Misusing prescription medication is one way in which functional occupations can be negatively impacted. Specifically, prescription medication misuse is one of the primary issues that may impact elderly individuals’ abilities to function independently. Even though this is an issue that needs to be addressed, research into the topic and its implications in Occupational Therapist-based treatments have had minimal focus.

This scholarly project focused on the existing literature and assessments that Occupational Therapists can do in regard to misuse of prescription medication. By educating Occupational Therapists on the manifestations of common prescription medication misuses in the elderly population and the applicable functional assessments utilized to evaluate elderly individuals’ abilities in performing successful functional occupations, Occupational Therapists may aid the primary physician in making a diagnosis to improve or enhance elderly individuals’ quality of life that otherwise may be hindered through misusing prescription medication.
CHAPTER I
INTRODUCTION

Project Background

The researcher of this scholarly project originally had an interest in understanding the ADLs and IADLs of the geriatric population inspired by geriatric coursework. Later the researcher developed more of an interest through a topic paper that was assigned. Interest was heightened when a scarcity of research on the topic of the geriatric population misusing prescription medications and the implications it has on their functional occupations was found. The researcher’s interest became more evident when it was determined that many authors stated this fact, but little work had been done to correct the deficit.

The elderly population is growing in numbers as most of the baby boomer population will be reaching or surpassing 65 in 2011. This population is considered to be vulnerable, yet the geriatric population is prescribed prescription drugs more than any other population. Regrettably, there is little known about the misuse of prescription medication in the elderly population and the impact that it has on functional occupations. There are also few functional assessments that are specifically performed to test elderly individuals for misuse of prescription medications and the role in their functional occupations. Occupational Therapists can perform functional assessments of elderly individuals to help identify problematic areas with the elderly individual’s functional occupations and
hopefully by doing so assist physicians at making a diagnosis of prescription drug misuse and possible problems in the elderly individuals functional occupations.

Thus, the primary focus of interest for this project is elderly individuals who may be identified as misusing prescription medication and providing Occupational Therapists with the educational awareness of this topic and the functional impact of the misuse of prescription medication within the elderly population.

**Intervention**

An educational workshop will assist Occupational Therapists in recognizing and aiding in the prevention of prescription medication misuse in elderly individuals through performing functional assessments. This workshop will also increase Occupational Therapists’ awareness of the lack of research relating to misuse of prescription medication in the elderly population and the impacts misuse may have on functional occupations.

This workshop will teach preventative strategies, educate Occupational Therapist about the lack of research, and create a greater understanding of functional assessments that may be performed to assess for the negative impact that the misuse of prescription medication can have on an elderly individual’s functional occupations.

The Occupational Therapists’ workshop can be implemented pertaining to the negative repercussions on functional occupation that misusing prescription
medication has on the elderly population. This educational workshop includes: awareness on how to recognize signs and symptoms of an elderly misuser, prescription drug misuse and its similarities to other diagnosis, and the functional assessments that can be performed by Occupational Therapists on elderly individuals. Overall, this informative occupational therapy workshop will focus on teaching prevention skills to assist in recognizing elderly individual prescription medication misuse through performing functional assessments.

The education workshop will assist to inform Occupational Therapist about assessments that maybe implemented to test for the success or decline in functional occupations in elderly population. Since Occupational Therapist functional assessments are not proven to test specifically for identifying and diagnosing the misuse of prescription medication the specific goal of this project is to reassure Occupational Therapist about the functional assessments they are trained to perform on elderly individuals and how they may be focused towards identifying the possibility of medication misuse. This workshop will additionally assist in getting this issue to the forefront of Occupational Therapists in the treatment of their elderly clientele.

Model

The model used to guide the development of this scholarly project was Ecological Systems Model by Howe and Briggs (1982). This model assists at guiding occupational therapy in a number of ways. It is described to help direct occupational therapy by looking at the environment as a three layer system. The
The first layer is the individual’s immediate setting, the second layer is the individual’s social networks, and the third layer is the ideological system. An Occupational Therapist’s primary focus within this model is to guide the individual through their environment by adapting it, modifying it, and/or mastering it. Adaptation of the environment is described as adjusting it to fit the individual such as changing possible triggers in which the individual misuses the prescription medications. According to Dunn, Brown, and McGuigan (1994), adaptation maybe used by the therapist to enhance a contextual feature to give the individual cues and decrease other features and distractions to raise the chances of success for the individual within their occupation. Modification would be making changes such as placing the individual in another environment to support their needs. The ability of the individual to master their environment is the goal of being able to cope with their environment without having to further modify it.

**Summary**

There are five chapters encompassing this scholarly project; the information in this chapter includes a brief overview of the problem and the intervention of the project. A review of literature and current research is located in Chapter II and it forms a foundation for the implementation of a workshop. Chapter III is an overview of the methodology used to develop the workshop. The final product is presented within Chapter IV. Chapter V is the last chapter and it provides a summary of the entire workshop, limitations of and recommendations for further development of the workshop, and options for more research within the realm of
misuse of prescription medication within the elderly population and the impact it has on their functional occupation.
Key Concept and Terms

The following section presents the key concepts and terms presented throughout this scholarly project.

- Occupation (as used in Occupational Therapy): Occupation is everything people do to occupy themselves, including looking after themselves, enjoying life, and contributing to the social and economic fabric of their communities (Bonder, B.R., & Dal Bello-Hass V., 2009).

- Occupational therapy: Therapy based on engagement in meaningful activities of daily life, especially to enable or encourage participation in such activities in spite of impairments or limitations in physical or mental functions (Medical Dictionary, 2010).

- Activity of Daily Living (ADLs): the activities usually performed in the course of a normal day in a person's life, such as eating, toileting, dressing, bathing, or brushing the teeth. The ability to perform ADL may be compromised by a variety of causes, including chronic illnesses and accidents. The limitation may be temporary or permanent; rehabilitation may involve relearning the skills or learning new ways to accomplish ADL. The goal of health care professionals is to promote the greatest degree of independence for the patient. An ADL checklist is often used before discharge from a hospital. If any activities cannot be adequate
performed, arrangements are made with an outside agency, health care professionals, or family members to provide the necessary assistance (Medical Dictionary, 2010).

- Independent Activities of Daily Living (IADLs): the activities often performed by a person who is living independently in a community setting during the course of a normal day, such as managing money, shopping, telephone use, travel in community, housekeeping, preparing meals, and taking medications correctly. Increasing inability to perform IADLs may result in the need for care facility placement (Medical Dictionary, 2010).

- Functional Assessments: Function: act, process, or series of processes that serve a purpose and to perform an activity or to work properly and normally. Assessment: The critical analysis and evaluation or judgment of the status or quality of a particular condition, situation, or other subject of appraisal (Medical Dictionary, 2010).
CHAPTER II
REVIEW OF LITERATURE

Introduction

Elderly drug misuse and its impacts on functional occupations including physical performance and functional status is seemingly overlooked by research and corresponding literature (Landi et al., 2007). Quality of life is highly associated with functional status and good quality of life in the elderly population is perceived as lack of pain, sufficient nutritional assets, good overall health, financial stability, continence, ability to implement physical activities, and functional independences (Klesges et al., 2001). Functional independence is described as being successful at performing Activities of Daily Living (ADLs) which include, bathing, dressing, toileting, transferring, continence, and feeding. Independent Activities of Daily Living (IADLs) include use of the telephone, shopping, food preparation, housekeeping, laundry, using transportation, medication management, managing money, using the telephone, and doing housework (Branch, Katz, Kniefmann, & Papsidero, 1984). Ironically, few studies have examined the relationship between the misuse of medications utilized by the elderly and their impacts it has on functional status. (Classen, Mann, Wu, & Tomita, 2004). In addition, little research has been done on the recognition and prevention of drug misuse in the elderly population (Culberson, & Ziska, 2008). Thus the absence of research, drug misuse, and the impacts it has on the elderly population is problematic.
While research is seemingly overlooked another part of this issue is that elderly individuals tend to find ways to receive prescription medication from other resources the elderly population consumes 33% of all prescription medication that are prescribed to the elderly who make up 13% of the United States’ population (Martin, 2008).

**Biological Impact**

Drug misuse in the elderly population appears to have a more negative affect on the health of the elderly individual than any other population (Benshoff & Harrawood, 2003). The elderly population is biologically unique in how drugs are metabolized. Age-related changes that naturally occur within the body tend to increase drug sensitivity and decrease tolerance in elderly individuals. Typically, age-related or disease-related changes affect liver function which may reduce the pace of drug excretion. Thus, elderly individuals may keep drugs in their system for longer periods of time (Benshoff & Harrawood, 2003). Additionally, elderly individuals display difficulty maintaining body homeostasis and display heightened responses to physiologic challenges making adverse drug reactions in this population more prevalent (Hanlon, et al., 2002). Consequently, this factor needs to be addressed by medical professionals when prescribing medication. In addition drugs metabolize in the elderly may be affected by undetected and unsafe combinations of medications due to elderly individuals obtaining medications from friends and family, or through seeking drugs from multiple physicians (Culberson & Ziska, 2008). Importantly, research has shown that elderly individuals seeking drugs from multiple physicians is the most common method from obtaining prescription drugs that maybe misused (Manchikanti, 2007).
Lack of Research Defined

While there are a number of ways that elderly individual may obtain medication to be misused the other problem that needs to be addressed is the little research that has been done within this area. Reasoning for the lack of research may be owing to close attention being frequently paid only to alcohol abuse among elderly leaving other drug misuses unnoticed. The focus of many drug-based studies is primarily directed toward abuse and misuse in adolescent and young adult populations (Benshoff & Harrawood, 2003). As most drug based research has been dedicated toward other populations there is little information about adverse drug reactions in the elderly (Gray, Sager, Lestico, & Jalaluddin, 1998). One theory according to Benshoff and Harrawood (2003) is that the majority of research is focused on younger generations because younger generations tend to act out and/or cause harm to others while the elderly population is presumed to be innocent and harmless.

Addressing elderly generations regarding this issue usually requires the some of the same approaches when addressing younger generations. This includes having a multidisciplinary team approach as the best method. Issues for concern could be addressed by the team through the creation of a list of the most frequent prescription drug related problems (Ruths, Straand, & Nygaard, 2003).

A New Generation of Prescription Drug Misusers

The principal predictor of elderly drug misuse is prior drug misuse or abuse. Culberson & Ziska (2008) state that prescription drug misuse and abuse in elderly without a history of substance misuse/abuse is uncommon. Patterson & Jeste (1999) state
that the baby boomer generation was known for their social disorder and drug use in the 1960s and 70s. Majority of the baby boomer population will be turning 65 in the year 2011 and as they increase the geriatric population so increases the potential for elderly drug abuse within this population. Thus, medical professionals including Occupational Therapists need to be more educated about prescription drug use and abuse in elderly patients.

One main factor that medical professionals need to keep be cognizant is that there are two main classifications of drug misuse when working with the elderly population. The first is the early onset abuser that began abuse before the age of 65 and continues use throughout life. The second is the late onset drug abuser who’s substance abuse began after the age of 65 usually in response to negative life changes. Early onset abusers tend to have significant physical and mental health problems when compared to late onset individuals. Late onset individuals have a better outlook with stronger societal connections for recovery and a lack of the physical and psychological effects of long-term drug use (Benshoff & Harrawood, 2003).

Essentially elderly individual who have a drug misuse diagnosis is additionally problematic. Addiction diagnostic criterion set by the DSM-IV excludes elderly individuals because it is designed for young and middle aged populations. There are also no existing valid screening or assessment instruments for diagnosing drug abuse in elderly individuals (Patterson & Jeste, 1999).
Commonly Used Prescription Medication

Health care professional including OTs should be aware of signs of drug misuse in the elderly. This is especially important as the elderly population increases the approximate number of prescription medication filled increased from 222 million in 1994 to 354 million in 2003 (Manchikanti, 2007). Prescription medications including benzodiazepines, opiates, skeletal muscle relaxants, and sleep aids are those most commonly misused prescription medication by the elderly population. For example, 70% of elderly individuals are prescribed benzodiazepines for assistance with sleep (Culberson & Ziska, 2008). The risks associated with misusing benzodiazepines for the elderly include having an increased danger for falls/fractures and an increased chance of sedation. Opiates, utilized to treat acute and chronic pain, are another highly prescribed drug. Unfortunately, elderly individuals may develop a tolerance for such drugs and may self-medicate an increase in dosage. The side effects of opiates that may cause disruptions in the elderly individuals’ abilities to carry out functional occupations are: nausea, constipation, urinary retention, respiratory depression, and can negatively impact the endocrine system (Chau, Walker, Pai, & Cho, 2008). In addition, skeletal muscle relaxants are usually prescribed to elderly individuals for back pain and the negative side effects associated with skeletal muscle relaxants that effect functional occupations include dizziness and sedation. Additionally, relaxants may have negative repercussions on central and peripheral nervous system activity. Unfortunately, 45% of elderly individuals abuse/misuse skeletal muscle relaxants. Sleep aids, another possible misused drug, are frequently given to elderly individuals to treat insomnia, however, side effects that can impact elderly individuals’ abilities to perform functional occupations include
cognitive or motor impairment, dizziness, headaches, drowsiness, and amnesia (Culberson & Ziska, 2008). According to Wastila & Yang (2006) there is little screening, diagnosis, assessment, or treatment associated with elderly prescription drug misuse. Thus professionals should be trained in recognizing the signs and symptoms of a drug misuse/abuse which include: insomnia, depression, anxiety, seeking medication, difficulties in performing ADLs, IADLs, cognitive issues, evidence of falls, and physical impairment issues, and injuries.

Practicing clinicians need to be aware of what they can do to recognize the difficulties the elderly individual maybe having. According to Cartwright (1990) many elderly individuals do not approach their practitioner with questions about adverse drug reactions. The elderly individuals usually don’t think that that their reactions are serious enough or they accept the adverse side effects as a part of taking their drug.

*Functional Assessments*

Functional assessments are imperative to perform on the elderly because according to the Center for Addiction and Substance Abuse (CASA) survey only 50% of pharmacists obtain educational training in identifying prescription drug misuse (Bollinger, et. al., 2005).

Importantly Occupational Therapists are trained at valid functional assessments that may be performed to determine functional status of ADLs and IADLs which may be negatively impacted by drug misuse. These include: “Typical Day” Role Checklist-Oakley, Kielhofner et al.; interest checklist; Occupational Questionaire (OQ)- Kielhofner; Occupational Performance History Interview (OPHI-II)- Kielhofner; Canadian
Occupational Performance Measure (COPM)-Law; and New: SIGA-Melville & Nelson. These are all interview based OT evaluations dealing with the client’s and of what are the person’s values and meaningful daily occupational performance. ADL evaluation include: Functional Independence Measure (FIM), Klein-Bell ADL Scale, and Kels (Kohlman Evaluation of Living Skills). IADL evaluations include: Kitchen Task Assessment; and Assessment of Mother and Process Skills. Other evaluations that may be considered are: Katz ADL Scale; the Lawton-Brody IADL Scale; the Get Up and Go Test, and Timed Get Up and Go Test, Clock Drawing Test, Mini-Mental Exam, and the Geriatric Depression Scale (Vining Radomski, M., & Trombly Latham, C.A., 2008).

Majority of assessments must be done through direct observation and not through the use of patient questionnaires as Reuben & Siu (1990) state that when utilizing personal interviews elderly patients tend to have a more positive outlook on their own functional status rather than the level of functional activities they actually can perform. By performing these assessments, a clinician can gain insight into the elderly individual’s functional status to determine important information about the individual’s ability to live independently, prognosis, and the amount of assistance necessary. These assessments may also help determine the proper goals for therapy (Reuben & Siu, 1990). Functional assessments can help with the correct selection of medications, determine progress or decline of the elderly individual within their functional occupations and help determine best fit in patient care and placement (Flemming, Evans, Weber, & Chutka, 1995).

However, according to Cuberson & Ziska (2008) there is no specific screening or assessment available for identifying or diagnosing specifically drug misuse in the elderly population. Even though there are no functional assessments specifically in screening for
drug misuse in elderly population testing of the elderly individual’s functional abilities may be assessed by a trained Occupational Therapist. And through the use of these functional assessments a treatment team can help pin point the issues the elderly individual is exhibiting. Flemming (1995) states that by performing functional assessments hospitals can decrease medical cost, reduce the amount of hospital/nursing home stays and improve the elderly individuals overall quality of life.

Hanlon et al. (2002) states that the percentage of community dwelling elders who misuse drugs ranges from 14% to 80% and that the estimated cost of drug misuse in 2000 was $177.4 billion with the total cost of prescription drug expenditure at $145 billion (Malone et al., 2005). According to Machikanti (2007) 81% of the U.S. population abused prescription medication between the years of 1992-2003.

What can Occupational Therapist Do?

Prescription drug misuse is the chief method of drug abuse among the elderly population, but the elderly are often disregarded when screening for substance abuse (Morgan & Brosi, 2007). This is of the utmost importance as the elderly are at greater risk for having one or more inappropriate medications given thus increasing their risk for drug toxicity (Landi et al., 2007). Unfortunately, adverse drug reactions in the elderly and their impacts on function have not been studied (Gray, Lestico, & Jalaluddin, 1998). The elderly population is at high risk for substance misuse which impacts their functional occupations and decreases their quality of life. Occupational Therapy Framework (2008) affirms that the well being and health of an individual is directly connected to one’s ability to engage in functional occupations, thus adding to the individual’s quality of life. Clark et al., (1997) states that Occupational Therapists must understand that functional
independence is defined as the individual having the ability to engage and participate in meaningful functional occupations. Occupational Therapists can assist with maintaining that functional independence and assist at preventing illness and injury. Additionally, Occupational Therapists positively affect psychosocial, physical health, well-being, and daily functioning of the elderly individuals.

Education

Drug metabolism in elderly individuals can negatively affect their functional independence and quality of life, however, Benshoff & Harrawood (2003) state that little is known about the incidence and prevalence of drug misuse within this population. This may be due to the fact that drug misuse in the elderly is frequently mistaken for signs of aging including depression, dementia, and/or physical issues. Moreover, caregivers, friends, and family often downplay any existence of drug misuse in the elderly. Supporters of the elderly drug users may see the symptoms of drug misuse as a natural process of aging and are therefore unable to recognize patterns and warning signs of the drug misuse (Benshoff & Harrawood, 2003). Morgan & Brosi (2007) state that 80% of elderly caregivers are family members who have very minimal education on the correct administration of prescription medication. Education on this issue must be addressed to family members on prevention strategies, specifically to individuals who have access to prescription medications. Medically employed individuals are another population that need to have proper education on screenings, referrals, interventions, and treatment of elderly drug misuse. Less than 40% of physicians have had training in school identifying prescription drug misuse (Machikanti, 2007). An Occupational Therapist is a professional that can assist in the recognition and education about identifying the
impairments the elderly individual is having on their functional status and educating the elderly and their supporters on the impacts that medication misuse may have on their functional occupations. The Occupational Therapist can assist the elderly individuals with utilizing prevention strategies or reducing risk factors that may lead an elderly drug misuser/abuser to a decreased quality of life (Classen, Mann, Wu & Tomita, 2004).

**Difficulties General Practitioners Face**

While medical professionals need to be cautious of elderly misusers’ addiction, they also need to pay attention to the statistic that the elderly population is prescribed medications three times more frequently than any younger population and the elderly have the lowest rate of compliance with directions for taking medications (Morgan & Brosi, 2007). Medical professionals are usually approached with a combination of diagnosis and/or symptoms in the elderly patients they see. Elderly individuals may visit a health care professional and display one or more physical indicators such as fatigue, irritability, insomnia, chronic pain, and common medical and mental disorders. Thus, it becomes difficult for physicians to prescribe the appropriate medications and dosages (Morgan & Brosi, 2007). Additionally, elderly patients are prescribed medications for longer periods of time than younger individuals making them more likely to become dependent on certain types of prescriptions (Patterson & Jeste, 1999). Specifically, the adverse prescription drug reactions and functional weakening within the elderly may directly be related as 54% of the elderly who have had adverse drug reactions that were avoidable (Gray, Sager, Lestico, & Jalaluddin, 1998). The overuse may hinder an elderly individual’s ability to perform ADLs and IADLs meaning they are less likely to stay within the community and are more likely to undergo hospitalization and a reduced
quality of life (Landi et al., 2007). In addition, the elderly population may have amplified difficulties with taking prescription medications leading to drastic usage errors. These errors include misunderstanding labeling instructions and verbal instructions, difficulty opening childproof containers leading to stoppage of use, and visual problems deciphering the appropriate pills (Robert & Kendrick, 1982).

**Benefits of Performing Functional Assessments**

The ability of a health care professional to recognize signs and symptoms and difficulties that the elderly individual may be having with functional status that coincide with prescription drug misuse is very important, and by performing functional assessments professionals may gain a more in-depth understanding of the repercussions that prescription misuse has on elderly individual’s functional occupations. The functional occupations that are impacted by elderly prescription misuse include ADLs such as an inability to know when to bath or groom oneself due to memory issues that may be impacted. The elderly individual may lose control over their bowels or bladder making them have issues when being an active participant within the community. Another example maybe that the individual may not eat all together causing nutritional issues of they may aspirate food due to taking too many muscle relaxants. An example of IADLs that may be impacted include an inability to manage money, decreased safety and/or judgment, inability to care for pets which may also be due to memory issues. Or the elderly individual may fall due to dizziness from medication misuse and this significantly decreases their ability to engage in meaningful occupations such as leisure activities. By OTs performing functional assessments these issues may be avoided and may assist health professionals to determine if prescription misuse is a problem with the
elderly individuals they are treating. The knowledge achieved by performing
assessments and evaluations of function will aid the occupational therapist and other
health care professionals in treatment and therapy. These assessments can help to create
prevention strategies and increase the elderly individual’s participation in functional
occupations, thus, increasing the elderly individuals’ quality of life (Classen, Mann, Wu,
& Tomita, 2004).

Theoretical Basis

Quality of life in the elderly encompasses how the elderly individual performs
functional occupations within their environment. Prescription drug misuse maybe
promoted through roles that the elderly individual plays within their environment
(Morgan & Brosi 2007). The Ecological model of occupational therapy is best
encompasses the goals of treatment when performing a functional assessment. The
Occupational Therapist assessing how the elderly individual interacts within their
environment and what is hindering their abilities to be successful within their own
settings. Then the Occupational Therapist guides the individual to adapt to, change,
and/or master their environment.

This occupational therapy model can be used to address the elderly individual
within their personal environment. By assessing the implications that misuse of
prescription medication has on their functional occupations within these setting as
medical professional will enhance the elderly individual’s independence, thus increasing
their quality of life. A reason this model may be used is because it address the
environment and the person and how they interchangeably impact each other (Howe &
Briggs, 1982). Occupational Therapist’s main focus within the Ecological model gives the individual the ability to deal with their environment, modify it, adapt to it, and master it. By doing so the individual is able to accomplish their goals in relationship to themselves and their surrounding environment (Howe & Briggs, 1982).

According to Dunn & McGuigan (1994), this model evaluates the person, context, task, and performance. This is accomplished by assessing the person and their interactions within their environment by observing which tasks need to be accomplished and the performance of the individual within that environment. For example, this can be specific to the elderly individual’s success with ADLs and/or IADLs. Thus when an individual is misusing prescription medications these areas may be negatively impacted decreasing the individual’s ability to have successful interaction within their environment. The Ecological model defines the individual’s behavior as being affected by social, physical environments, cultural, and temporal factors. Through occupational therapy services, the elderly individual will accomplish personal goals within their environment by way of basic functional occupations to gain an increased quality of life (Howe & Briggs, 1982). Occupational Therapists’ main focus when utilizing this model is primary the elderly individual’s contexts that are catering to prescription drug misuse. By assessing their context the Occupational Therapist can direct therapy towards targeting how to identify the problem by address the context within a treatment setting to educate the elderly individual on new ways of interacting with their own environment without prescription drug misuse.
Successful Aging

Increased quality of life is also defined as successful aging. Components of ‘successful aging’ involve high functional abilities, active engagement, and high cognition (Rowe & Kahn, 1997). Successful aging specifically involves the ability to maintain functional occupational capacities. The problematic issue such as drug misuse hinders an individual’s abilities to successfully participate in functional occupations. Through the assistance of Occupational Therapists utilizing functional assessments and addressing this issue within their treatment health care professionals will be able to identify if the elderly individual is having difficulties or a change in their functional abilities.

Summary

The main issues addressed throughout this literary review are the minimal evidence that is associated with misuse of prescription medication and the impact that it has on the elderly population’s functional occupations. This literary review also specifically targets what Occupational Therapists can do to assist in identifying prescription medication misuse in the elderly.
CHAPTER III

METHODOLOGY

According to Howe and Briggs (1982), the ecological model is designed to direct the individual in accomplishing the personal goal of understanding and knowing the relationship of themselves and their surrounding environmental systems such as community and/or family. Specifically, this model is designed to describe the impact that the individual has on their environment and the environmental impact on the individual. Within the elderly population this interaction is important for their well-being by enhancing their quality of life; thus, the environment and the individual are interchangeably connected. This environmental human interaction assist at guiding this project to not solely be designed to educate Occupational Therapists in understanding this relationship, but assists Occupational Therapists in an more profound understanding of the detrimental interaction misusing medications has on elderly individuals and their abilities to be successful within their environment.

An extensive review of literature and scholarly articles was completed pertaining to this topic by the researcher. These articles were located utilizing PubMed, Scopus, Google Scholar, EBSCOhost, and CINAL databases from the University of North Dakota’s Harley French Library’s website. The majority of the literature and scholarly articles stated that the elderly are a vulnerable population that is increasing in numbers. This population specifically is
prescribed prescription medication more than any other population with the highest chance of having adverse effects, overdosing, or general misuse. These articles also state that there is little research done on elderly individuals misusing prescription medications and the impacts that misuse has on their functional occupations. Thus, the use of occupational therapy services needs to be implemented in this population to assist in identifying this problem. Many Occupational Therapist’s functional assessments may be performed to assess the functional status of elderly individuals by targeting specific areas of occupation that they are having difficulties with. The researcher proposes that through the use of an educational workshop Occupational Therapists will be educated regarding the implications of drug misuse in elderly individuals and have an understanding of what specifically they may do in helping to identify this challenging issue.

Education is the main intervention utilized for this project as the literature review specifically pointed to the main problem being a lack of knowledge regarding the implications of drug misuse in elderly individuals. This educational workshop will be implemented by trained Occupational Therapists educating other Occupational Therapists, Certified Occupational Therapist Assistants, and Occupational Therapist Students regarding this issue and introducing the idea of utilizing functional assessments as a suggestion to assist in identifying elderly drug misuse. This project is anticipated to deliver results through educating Occupational Therapists regarding the impacts that drug misuse may have on their elderly clientele’s ADLs and IADLs.
Assessments that were chosen to be reintroduced to OTs are briefly described in *Occupational Therapy: Physical Dysfunction: sixth edition* Vining Radomski, M., & Trombly Latham, C.A., 2008. These assessments include:

- “Typical Day” Role Checklist-Oakley, Kielhofner et al.
- Interest checklist
- Occupational Questionnaire (OQ)- Kielhofner
- Occupational Performance History Interview (OPHI-II)- Kielhofner
- Canadian Occupational Performance Measure (COPM)-Law
- New:SIGA-Melville & Nelson

These are all interview based OT evaluations dealing with the clients’ values and find meaningful in their daily occupational performances.

Activities of Daily Living (ADLs) evaluations include:

- Functional Independence Measure (FIM)
- Klein-Bell ADL Scale
- Kohlman Evaluation of Living Skills (Kels)

Instrumental Activities of Daily Living (IADLs) evaluations include:

- Kitchen Task Assessment
- Assessment of Motor and Process Skills.

Other evaluations that maybe considered are:

- Katz ADL Scale
- Lawton-Brody IADL Scale
- Get Up and Go Test, and Timed Get Up and Go Test
- Clock Drawing Test
- Mini-Mental Exam
- Geriatric Depression Scale.

The specifics of these assessments and why they may be utilized with elderly individuals to assess functional occupations are described in more detail as follows:

**Role Checklist**- This assessment assists the individual by obtaining information about occupational components that the individual engages in. The role checklist provides information on individuals’ perception of their specific participation in roles that they partake in throughout their life, information regarding the degree to which each role is valued, and information regarding an individual’s ability to maintain a balance among the roles (Vining Radomski, M., & Trombly Latham, C. A., 2008).

**Interest Checklist**- This assessment is an 80-item interview checklist and a self-report questionnaire. The information gathered from this assessment focuses on interest patterns over time (past, present, and future) (Vining Radomski, M., & Trombly Latham, C. A., 2008).

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assessment is given which include importance to health, time to perform the task, burden of the care-giving, and difficulty (Lynch, K. B., & Bridle, M. J., 1989).

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involves a therapist administered interview of 11 questions regarding orientation, learning, attention, delayed recall, calculation, abstraction, information, and construction. The scores of this assessment range from 0-30 and scores of 24 or below suggestive the individual may have a cognitive disorder (Vining Radomski, M., & Trombly Latham, C. A., 2008).

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The preceding list of assessments can be utilized by practicing Occupational Therapist to assist in identifying functional occupations that maybe problematic for elderly clientele. However, the practicing OT is not initialed to utilize all of the assessments. The Occupational Therapist can decipher which assessments are best fit for their clientele and their clinic. By utilizing these assessments in identifying issues in therapy, this will become one of the main topics that are addressed by Occupational Therapist within the functional screening process that they give their elderly clientele within their clinic.
CHAPTER IV
PRODUCT

Introduction

This scholarly project's product is designed to be a continuing education workshop for Occupational Therapist. This educational workshop contains insight and knowledge to meet the needs of Occupational Therapist in the practice of working with elderly clientele who may misuse prescription medications and assist Occupational Therapist at understanding the negative repercussions such misuse has on the elderly's functional occupations. This workshop will bring awareness to Occupational Therapist regarding the lack of research within this area and what they can do as practicing clinicians through remembering the functional assessments they were trained on to assist the physician in determining elderly individuals' functional statuses.

Organization of the Workshop

The main purpose is educating Occupational Therapist regarding the negative repercussions on functional occupations that misusing prescriptions has in the elderly population. This educational workshop includes: an educational session describing the implications of elderly individuals misusing prescription medications, prescription drug misuse and its similarities to other diagnosis, and the functional assessments that can be performed by Occupational Therapists on elderly individuals to determine their success within their occupations. Overall this informative occupational therapy workshop will focus on teaching skills about recognizing of prescription medication misuse in elderly
individuals and making this issue something that is addressed throughout the screening process.

Benefits of this Workshop

This workshop will address these issues by reaffirming functional assessments that Occupational Therapist may perform with elderly individuals who may be susceptible to medication misuse. This workshop will also educate Occupational Therapist about the lack of research in this area that is considered to be within an Occupational Therapist area of expertise. The education workshop will assist to inform Occupational Therapist about assessments that maybe implemented to test for the success or decline in functional occupations in elderly population. Since Occupational Therapist functional assessments are not proven to test specifically for identifying and diagnosing the misuse of prescription medication the specific goal of this project is to reassure Occupational Therapist about the functional assessments they are trained to perform on elderly individuals and how they may be focused towards identifying the possibility of medication misuse. This workshop will additionally assist in getting this issue to the forefront of Occupational Therapists in the treatment of their elderly clientele.

Copyright Permission

Copyright permission is one of the primary issues that needs to be addressed before some of the assessments maybe utilized. www.copyright.gov

Intended Audience

The primary targeted population is Occupational Therapist whose primary cliental is the geriatric population. The Occupational Therapist are targeted because they focus on
the functional occupations of their clients by assisting them to become as independent as possible.

The elderly population is targeted within the educational workshop because they consume 33% of all prescription medications that are prescribed in the United States and they make up 13% of the population (Martin, 2008). The estimated cost of drug misuse in 2000 was $177.4 billion with the total cost of prescription drug expenditure to be $145 billion (Malone et al., 2005).

Because the elderly population is a target of this educational workshop the individuals that impact the elderly individual’s life are also a target. This would include elderly’s friends, family, and caregivers. These supporters of the elderly individuals are the ones who have the primary interaction with the elderly individuals. They will be targeted through use of an educational brochure that that Occupational Therapist may utilize within the clinic. The brochure will be given to the Occupational Therapist participants after attending the workshop.

Through the use of brochures, functional assessments, and education the program envisions that by the implementation of the workshop, rehab centers everywhere will view prescription medication misuse as a possible issue that can affect elderly individual’s quality of life and functional status.
Misuse of Prescription Medication in the Elderly Population and the Impact it has on their Functional Occupations

By: Amber Larson, OTS
University of North Dakota
Special Appreciation:

Dr. Mandy Meyer Ph D.
Associate Professor
University of North Dakota College of Medicine
Misuse of prescription medication is one of the primary issues that may impact elderly individuals' ability to function independently.

Hanlon et al. (2002) states that the percentage of community dwelling elders who misuse drugs ranges from 14% to 80% and that the estimated cost of drug misuse in 2000 was $177.4 billion with the total cost of prescription drug expenditure at $145 billion (Malone et al., 2005).
Age-related changes that naturally occur within the body tend to increase drug sensitivity and decrease tolerance in elderly individuals. Typically, age-related or disease-related changes affect liver function which may reduce the pace of drug excretion. Thus, elderly individuals may keep drugs in their system for longer periods of time (Benshoff & Harrawood, 2003).

In addition drugs metabolize in the elderly may be affected by undetected and unsafe combinations of medications due to elderly individuals obtaining medications from friends and family, or through seeking drugs from multiple physicians (Culberson & Ziska, 2008). Importantly, research has shown that elderly individuals seeking drugs from multiple physicians is the most common method from obtaining prescription drugs that maybe misused (Manchikanti, 2007).
Specifics of the Problem:
Rate of Prescription:

- Elderly individuals are prescribed medications three times more frequently than any younger population and the elderly have the lowest rate of compliance with directions for taking medications.

(Morgan & Brost, 2007)
Specific problems that are associated with prescription medication misuse in the elderly population are an inability to carry out basic tasks of daily living. The overuse may hinder an elderly individual's ability to perform ADLs and IADLs which means they are less likely to stay within the community and are more likely to undergo hospitalization, thus having a reduced quality of life (Landi et al., 2007).

A recent problematic trend specifically associated with good quality of life is the misuse of prescription medication in the elderly population; shockingly, 30% of the elderly who are hospital involves adverse drug reactions (Fick, Cooper, Wade, Waller, Maclean, & Beers, 2003).
In addition, little research has been done on the prevention of drug misuse in the elderly population (Culberson, & Ziska, 2008). This is why the absence of research, drug misuse, and the impacts it has on the elderly population is problematic.
The content of this workshop will inform OT’s about the current research regarding prescription medication misuse among the elderly. In addition, information will be provided to participants to gain a greater understanding of OT functional assessments and their effectiveness in determining the negative impact that the misuse of prescription medication can have on elderly individual.
The specific priority of this workshop is to assist Occupational Therapists in their awareness of this topic and the functional impact of the misuse of prescription medication within the elderly population.

- Offer refresher course on functional assessments that maybe done with the elderly clientele
- Continuing education
- Best treatment

The specific priority of this workshop is to assist Occupational Therapists in their awareness of this topic and the functional impact of the misuse of prescription medication within the elderly population.

- Offer refresher course on functional assessments that maybe done with the elderly clientele
- Provide continuing education for Occupational Therapist.
- Assist at providing elderly clientele with overall best treatment.
The information provided in this training can be utilized by the OT in their efforts to evaluate a correlation between a decline in an elderly individual’s occupations and the potential misuse of prescription medication. Occupational therapists are faced with added challenges in these efforts because there is no existing valid screenings or assessment instruments for diagnosing drug misuse in elderly individuals (Patterson & Jeste, 1990).

Why OTs?

- Occupational therapists are trained to perform a variety of functional assessments with a client to recognize if there is a decline in functional occupation.

- The results of such assessments can help measure the ability of an individual to carry out the basic tasks of daily living.

(Patterson & Jeste, 1990)
Why focus on elderly functional occupations?

- Reasoning for focusing on the elderly functional occupations is because the elderly are considered a vulnerable population in many aspects of the word.

- Functional occupations are what are considered to be meaningful to individuals. A lot of time elderly individuals can’t engage in occupations that they considered to be enjoyable at a younger age. So they may engage in different and new meaningful occupation. However, if they demonstrate some form of prescription drug toxicity they may find previous functional occupations that they found enjoyable difficult to fully engage and participate in.

What are Elderly Functional Occupations?

- Any activity that is considered meaningful that the elderly individual participates in such as self care and/or leisure activities.
Quality of life is highly associated with functional status and good quality of life in the elderly population is perceived as lack of pain, sufficient nutritional assets, good overall health, financial stability, continence, ability to implement physical activities, and functional independences.

(Klesges, L.M., Pahor, M., Short, R.I., Wan, J.Y., Williamson, J.D., & Guralnik, J.M., 2001)
How to solve the Problem?

- This informative workshop will focus on teaching prevention skills to Occupational Therapists to improve their recognizing prescription misuse among their elderly clients.

- This workshop will also bring this issue to the attention of practicing OTs to hopefully make this issue a part of their initial evaluation.
The educational workshop will include:

1. Recognizing signs and symptoms
2. Diagnosis vs. drug abuse
3. OT functional assessments

This OT workshop hopes to eventually decrease the number of prescription medication errors and prescription medication misuse in the elderly population.

1. Awareness on how to recognize signs and symptoms of an elderly misusers
2. Prescription drug misuse and its similarities to other diagnosis
3. The functional assessments that can be performed by Occupational Therapist with elderly individuals to recognize signs and symptoms.
Ecological Model:
- Addresses the environment, what has to change in the environment: Looks at individual needs & environmental needs.
- The people the individual interacts with: Community/family
- Changes can occur encompassing both the promotion of abilities & the elimination of individual barriers.
Occupational Therapy Model Continued:

- The model chosen will assist the elderly individual's understanding of their own impact on their environment and why the misuse of prescription medication can hinder their functional abilities.
Utilizing the Model is a Four Step Process:
Steps 1 & 2

- First step is prioritizing what they want and/or need to do.

- Second step is to understand what it takes (skills and abilities) to do what they need or want to do.
Third step involves the therapist looking at the environment from the elderly individual’s point of view to understand specific barriers that feed into their prescription medication addiction and what barriers are hindering being successful at functional occupations.

Fourth step is working with the therapist in changing what isn’t working which is misusing prescription medication, learning ways to adapt to situations/environments so they don’t misuse prescription medication, or find ways to be successful within their environment without misusing.
• When utilizing this model with elderly individuals who maybe experiencing pain the environment can be altered to meet the individuals needs such as decreasing lighting and noise, providing privacy, and limiting visitors rather than increasing their amounts of medication.
Examples of How Model is Utilized

- Adapt what is not working for them within their environment.

- Finding new roles to engage in within their environment that don’t involve them misusing prescription medication.
Examples of How Model is Utilized

- Modify what is not working for them within their environment.

- Modifying may be the solution in many circumstances having them come up with new routines that fit into their lives.
Elderly Individuals at Risk Include:

- Divorce/Widowhood
- Poor health/Health issues
- Substance abuse
- Anxiety
- Depression
- Disorientation
- Apathy
- Panic attacks
- Mood swings
- Paranoia
- Hallucinations
- Tremors
- Conflicts with family members are also common.

(Substance abuse and Misuse Among Older Adults: Prevention, Recognition and Help, 2006)

- Stress of a late-life divorce
- Widowhood
- Poor health/Health Issues
- A history of substance abuse
- Complaints of anxiety
- Depression
- Disorientation
- Apathy
• Memory trouble after taking a medication
• Loss of coordination (walking unsteadily, frequent falls)
• Changes in sleeping habits
• Unexplained bruises
• Doubt, Being unsure
• Irritability, sadness, depression
• Anxiousness or irritability (feeling worried or “crabby”)
• Unexplained chronic pain
• Changes in eating habits
• Isolation (out of touch with friends and family)
• Neglecting personal hygiene
• Difficulties concentrating and or focus/ paying attention)
• Lack of interest in usual activities
• Mood swings (happy one minute, sad or angry the next)
• Constant refills and/or having many physicians.
• Incontinence
• Headaches
• Dizziness
Signs and symptoms of an elderly misusers continued:

- Eating habits
- Isolation
- Personal hygiene
- Concentrating
- Refills/ Multiple physicians
- Incontinence
- Headaches
- Dizziness

(Zerbe, 2009)
Medicines or untreated depression (pseudo dementia) may cause symptoms that look like dementia or Alzheimer's.
Benzodiazepines: increased danger for falls/fractures and an increased chance of sedation.

Opiates: nausea, constipation, urinary retention, respiratory depression, and can negatively impact the endocrine system (Chau, Walker, Pai, & Cho, 2008).

Skeletal muscle relaxants: dizziness and sedation and they may have negative repercussions on central and peripheral nervous system activity.

Sleep aids: cognitive or motor impairment, dizziness, headaches, drowsiness, and amnesia (Culberson & Ziska, 2008).
• The functional occupations that are impacted by elderly prescription misuse include ADLs such as an inability to know when to bath or groom oneself due to memory issues that may be impacted. The elderly individual may lose control over their bowels or bladder making them have issues when being an active participant within the community. Another example maybe that may hinder ADLs is not eat all together causing nutritional issues or they may aspirate food due to taking too many muscle relaxants. An example of IADLs that may be impacted include an inability to manage money, decreased safety and/or judgment, inability to care for pets which may also be due to memory issues. Or the elderly individual may fall due to dizziness from medication misuse and this significantly decreases their ability to engage in meaningful occupations such as leisure activities. By OTs performing functional assessments these issues may be avoided and may assist health professionals to determine if prescription misuse is a problem with the elderly individuals they are treating.
Agenda

- 10:00-10:30 Pre-Questionnaire
- 10:30-10:45 Discussion
- 10:45-11:45 First half of presentation
- 11:45-12:00 Questions and answers
- 12:00-1:00 Lunch
- 1:00-2:15 Second half of presentation
- 2:15-2:30 Workshop Evaluation
- 2:30-2:45 Discussion, questions and answers
Workshop’s Goal

- The goal of this training/workshop is to provide Occupational Therapist, Certified Occupational Therapist Assistance, and Occupational Therapy students with the knowledge and tools to help elderly individuals who misuse prescription medication.

- Return the success of interaction in community settings by having personal success within their functional occupations in order increase their quality of life.
Workshop’s Vision

• The vision of this training is to raise the awareness of Occupational Therapist regarding prescription medication misuse in the elderly population and its impact on their functional occupations.

• This may enable Occupational Therapists to identify when their elderly patients may be a possible candidate to misuse of prescription medication.
Participants Objectives:

- Functional Occupation
- Literature and Research
- Side effects
- Role of OT
- Model to follow
- Educate others

- Define functional occupation in the elderly and medication misuse
- Develop an understanding of the problem with literature and research within this topic
- Understand the side effects of commonly used prescription medications that can impact functional occupations
- Understand what Occupational Therapist can do to address this issue
- Understand what the Occupational Therapy model that maybe utilized
- Understand forgotten functional assessments
- Know how to educate other professions regarding expertise within this area
The Workshops Objectives

- Informed about misuse of prescription medication
- Educating family member and caregivers
- Functional assessments
- Continuous improvements

- Occupational Therapists (OTs) will be informed about misuse of prescription medication in the elderly population and how misuse can alter ADLs and IADLs.
- OTs will understand the importance of educating family members and caregivers about drug misuse.
- OTs will learn about relevant functional assessments that may be implemented with elderly who may misuse prescription medication.
- Administer evaluations regarding ways in which the workshop may be improved and make those adjustments before bringing the workshop to a national level.
Introduction

• Participants will:

  ▪ Compare methods
  ▪ Basics of a client-centered care
  ▪ Utilize other functional assessments

• Compare their own methods and functional assessments utilized within their own Occupational Therapy facility.
• Understand the basics of a client-centered care, based on utilizing ecological model of care.
• Develop some ideas on how to utilize other functional assessments within their facility to maximize a holistic approach to therapy.
Introduction Continued:

- Participants will:
  - Develop skills
  - Develop confidence

- Develop some skills in participating in the development of individualized care for elderly who misuse prescription medication.

- Feel more confident in providing care for elderly individuals who misuse prescription medication.
Discussion of Assessments

- Each of the proceeding assessments will be described in detail with a brief overview as to how they are specifically applicable to test functional assessments.

- Participants may decipher which assessments to utilize within their own clinic.
Occupational Therapy Assessments:

- “Typical Day” Role Checklist
- Interest checklist
- Occupational Questionnaire (OQ)
- Occupational Performance History Interview (OPHI-II)
- Canadian Occupational Performance Measure (COPM)
- New:SIGA
- Functional Independence Measure (FIM)
- Klein-Bell ADL Scale
Occupational Therapy Assessments Continued:

- Kohlman Evaluation of Living Skills (Kels)
- Kitchen Task Assessment; and Assessment of Motor and Process Skills
- Katz ADL Scale
- Lawton-Brody IADL Scale
- Get Up and Go Test, and Timed Get Up and Go Test
- Clock Drawing Test
- Mini-Mental Exam
- Geriatric Depression Scale
Functional Assessments:

- Role Checklist
  - This assessment assists the individual by obtaining information about occupational components that the individual engages in. The role checklist provides information on individuals’ perception of their specific participation in roles that they partake in throughout their life, information regarding the degree to which each role is valued, and information regarding an individual’s ability to maintain a balance among the roles (Vining Radomski, M., & Trombly Latham, C. A., 2008).

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Certification of Completion

This acknowledges that

________________________________________

Has successfully participated in the educational workshop held on:_______
entitled:

Misuse of Prescription Medication in the Elderly Population and the Impact it has on their Functional Occupations.
References:


References Continued:


CHAPTER V

SUMMARY

Clinical Practice Strengths of the Product

The specific strength of the product is that functional assessments are reintroduced and re-educated to occupational therapists. Often, practicing clinicians can forget functional occupational assessments that can be utilized within practice. The main goal of this workshop is to not only focus on functional assessments but to also how they can be utilized to assess possible prescription medication misuse issues in the elderly population which can have negative repercussions regarding the elderly individuals successfully engaging in meaningful occupations.

Risk Management Plan

The main risk in implementing this program is insuring that an appropriate number of participants attend. This will determine if the program will be financially viable. Attendance will be encouraged and communicated via email to other professionals and through the distribution of literature that promotes workshop attendance.

Another possible risk is the reliance of OTs within these who attend this workshop to inform the OT workshop of clientele that they assess that they may suspect having misused prescription medications and indicating if they were able to utilize functional assessments that were reviewed within the workshop. Or OTs within these
facilities refusing to identify this issue within their clientele and just treating the clients with the same assessments they have always done.

There is also the possible risk of program developers not securing the initial funds to perform this workshop. Thus, the workshop would not exist. If these risks occur the workshop facilitators will strategize new options for performing the educational workshop the following year.

Outcomes will be measured

Quality management will occur throughout the program through the use of evaluations and surveys of the effectiveness of the program. This is to ensure any problematic issues with the program are addressed before the program is presented at a national level. These evaluations and surveys are found within appendix A, B and C. Appendix A will be given at the beginning of the program and Appendix B will be given at the end of the workshop and Appendix C will be given 3 months after the program has been presented. This is to measure the effectiveness of the program within the facilities and communities where it is presented.

The facilities who participate within this program will also be given phone numbers and contact information of the workshop presenters. This is to uphold stable communication for obtaining information regarding misuse of prescription medication and the elderly populations within these communities.
Relevant Government Policy, Legislation and Rules:

This program will also be governed by the National Board of Occupational Therapy (NBCOT). Individuals who participate in this continuing educational workshop need to have national certification for occupational therapy or be enrolled in an accredited program.

The AOTA Code of Ethics and Standards of Practice will be utilized throughout the implementation of the program. The seven standards of AOTA Occupational Therapy Code of Ethics (2005) that will be followed include autonomy, confidentiality, beneficence, duty fidelity, procedural justice, nonmaleficence, and veracity will be the groundwork of the program. Beneficence will be established in this program by focusing on the wellbeing and safety of the elderly clientele within the communities where the program is presented. Nonmaleficence will be evident in the program presentation through a focus on protecting clients from harm by the relevant OTs. Confidentiality will be established throughout the program by keeping information that is received from the facilities where the program is offered in a locked file within the department. In addition, confidentiality among the presenters, staff, and participants within the workshop will be a participation requirement.

Improvement Suggestions:

Improvements to this product would include regular updates that reflect developing literature, and possible future research in the implementation of an assessment specifically designed to address prescription medication misuse and the impact it has on elderly individuals’ functional occupation.
Appendix A:  

Pre-Questionnaire

Location: ___________________ Date: _____________

Presenter: ____________________________

A. Your careful consideration and thoughtful response to each of the items below will help us continue to improve the content and presentation of this workshop.

1. Is medication misuse addressed in your clinic?
   a. Yes
   b. No

2. How many functional assessments (i.e. Functional Independence Measure, Kitchen Task Assessment) are utilized within your clinic that are directed towards elderly individuals?
   a. 1-2
   b. 2-3
   c. 3-4
   d. 4-5
   e. 5 or more
   f. I don’t know any functional assessments that are utilized with elderly individuals

3. What specific assessments are utilized with elderly individuals in your clinic?

4. What specific assessments do you feel could be utilized within your clinic that are not?
Appendix B:  

**Workshop Evaluation**

Location: ______________________ Date: __________

Presenter: ______________________

A. *Your careful consideration and thoughtful response to each of the items below will help us continue to improve the content and presentation of this workshop.*

<table>
<thead>
<tr>
<th>Overall Training</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usefulness of materials &amp; information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training achieved stated goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning &amp; organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expertise of Trainer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. *Please fill in the appropriate response for each of the questions below.*

<table>
<thead>
<tr>
<th>Within the elderly population............</th>
<th>Strongly Agree</th>
<th>Agree Somewhat</th>
<th>No Opinion</th>
<th>Disagree Somewhat</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am more aware prescription misuse and its impact on their functional occupations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have increased my skills at identifying when an elderly patient may be at risk for prescription misuse.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I have gained an understanding of the issues related to the misuse of prescription medications.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. I have expanded my knowledge and use of functional assessments related to this topic.

5. I gained an understanding of my professional role in educating family members and caregivers on this topic.

6. The information presented in this workshop will be utilized as a resource for further learning.

7. I will utilize the information presented in this workshop with future clients.

8. I will be better prepared to address community misconceptions regarding prescription misuse.

9. As a result of this workshop, I believe I can help improve their quality of life.

10. I would recommend this workshop to other professionals.

11. Adequate time was allowed for discussion & questions.
C. Please respond briefly to each of the questions below.

1. What did you find most beneficial about this workshop?

2. What did you find least beneficial about this workshop?

3. What would help improve this presentation for future participants?

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS EVALUATION.
Greetings workshop participants,

It has been three months since the workshop you attended on the educational Occupational Therapy workshop entitled, “Misuse of Prescription Medication in the Elderly Population and the impact it has on their Functional Occupations.” We want to follow up with you to help evaluate the effectiveness of this workshop and identify your competence level as a result of participation in this workshop. Please rate your current skill level and understanding of the topic of prescription misuse among the elderly.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree Somewhat</th>
<th>No Opinion</th>
<th>Disagree Somewhat</th>
<th>Strongly disagree</th>
</tr>
</thead>
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5. I gained an understanding of my professional role in educating family members and caregivers on this topic.

6. The information presented in this workshop will be utilized as a resource for further learning.

7. I will utilize the information presented in this workshop with future clients.

8. I will be better prepared to address community misconceptions regarding prescription misuse.

9. As a result of this workshop, I believe I can help improve their quality of life.

10. I would recommend this workshop to other professionals.
1. Within the past three months _________(total number) of clients identified with issues related to prescription drug misuse were identified.

2. Through the use of functional assessments, the following issues were identified in relation to prescription drug misuse.
   a. 
   b. 
   c. 
   d. 
   e. 
   f. 
   g. 

3. Other evaluation results include:
Appendix D:

**Occupational Therapy**

**Medication Misuse and Functional Occupations**

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**What is Occupational Therapy?**

Occupational Therapy (OT) focuses on assisting individuals at achieving and/or rebuilding skills and abilities for everyday tasks to live as independently as possible.

**Occupational Therapist Role**

Occupational Therapists main role when addressing the environmental interaction and functional independence in the elderly who misuse prescription medication is to assist at figuring out ways in which a successful relationship within the elderly individual’s environment can occur. The therapist does this by understanding ways the elderly individual may adapt, modify, and/or change what isn’t working for them within their own setting that cause the medication misuse.

**Environmental Impact and OT**

The OT main focus of the elderly environmental interaction is the community and/or relations with other individuals that includes the task that are important within these environments. The OT assist the elderly individual by:

- Helping them understand their own impact on their environment and why the misuse prescription medication can hinder their functional abilities.
- Performing functional assessments to configure specific issues with functional tasks the elderly individual is displaying.

**What is the Evaluation Process?**

This is a 4 step process:

First step is prioritizing what they want to do and/or what they need to do.

Second step is to understand what it takes (skills and abilities) to do what they need or want to do.

Third step involves the therapist looking at the environment from the elderly individual’s point of view to
understand specific barriers that feed into their prescription medication addiction and the barrier is to being successful at functional occupations.

Fourth step is working with the therapist in changing what isn’t working which is misusing prescription medication, learning ways to adapt to situations/environments that feed into misuse, or find ways to be successful within their environment without misusing.

The therapist will perform different specified functional assessments in order to determine the elderly individual’s ability level at performing a number of everyday tasks.

**What does the treatment look like?**

Treatment involves the elderly individual being able to have a meaningful/successful interact with the world around them. The world around the elderly individual involves their home, family, caregivers, their work, and community. The elderly individual and loved ones set their own goals within their own environments and success is determined by their own abilities.

**Discharge from OT services?**

Involves successfully identify ways in which the elderly individual can participate in tasks meaningful to them without misusing prescription medications.

**Resources:**


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