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Radna terapija kod osoba oboljelih od kardiovaskularnih bolesti

Occupational Therapy with People Affected by Cardiovascular Disease

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SAŽETAK: *Bolesti srca i krvožilnog sustava ozbiljan su javnozdravstveni problem jer dolazi do narušavanja u funkcioniranju oboljelih osoba u svim segmentima svakodnevnoga života, kako u aktivnostima samozbrinjavanja, aktivnosti produktivnosti i aktivnosti slobodnoga vremena, tako i u kontekstu socijalnih odnosa, samopouzdanja/samopoštovanja i drugo. Navedeni problemi zahtijevaju adekvatne pristupe u njihovu rješavanju. Iz toga razloga, uloga radnoga terapeuta u bolničkom i izvanbolničkom liječenju osoba oboljelih od kardiovaskularnih bolesti od velikog je značaja, kako za pacijenta tako i za njegovu okolinu. Radni terapeuti pomoću radnoterapijskih procjena i intervencija dobivaju kvantitativne i kvalitativne informacije koje su neizostavni dio holističkog pristupa sagledavanja pacijenta u radnoj terapiji. Polazeći od navedenih spoznaja, u prevenciji i rehabilitaciji kardiovaskularnih bolesnika, posebni se naglasak sve više stavlja na ulogu radnog terapeuta, kako u bolničkom tako i izvanbolničkom liječenju. Uz adekvatan i na vrijeme uspostavljeni radno terapijski rehabilitacijski program, radni terapeuti mogu uvelike pomoći osobama koji imaju kardiovaskularnih poteškoća te utjecaj njihovog funkcionalnog onesposobljenja svesti na minimum.*

KLJUČNE RIJEČI: *kardiovaskularne bolesti, radna terapija, radni terapeut, rehabilitacija.*

SUMMARY: *Cardiovascular diseases are a serious health problem because they inevitably lead to the impairment of individuals functioning in all aspects of everyday life, including self care activities, productivity, leisure time activities, social relationships, self-confidence/self-esteem etc. These problems require adequate approaches to solving them. For this reason, the role of an occupational therapist working in inpatient and outpatient treatment with persons suffering from cardiovascular diseases is of great importance for both - the patient and for his environment. The occupational therapist using occupational therapy assessments and interventions receives quantitative and qualitative information that are an indispensable part of a holistic approach in occupational therapy treatment. Starting from these insights, in the prevention and rehabilitation of cardiovascular patients, special emphasis is increasingly placed on the role of the occupational therapist in the hospital and outpatient treatment. With adequate and timely set up occupational therapy rehabilitation program, occupational therapists can greatly assist people who have cardiovascular problems and impact their functional disability to a minimum.*

KEYWORDS: *cardiovascular diseases, occupational therapy, occupational therapist, rehabilitation.*

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Kardiovaskularne bolesti kao vodeći uzrok smrti u suvremenom svijetu, sa značajnim udjelom u prijevremenom umiranju, morbiditetu i onesposobljenju stanovništva, važan su javnozdravstveni problem kako u svijetu tako i u Hrvatskoj[1]. Bolesti srca i krvnih žila od kojih su najznačajnije ishemijska bolest srca i cerebrovaskularne bolesti[2], glavni su uzrok smrti i bolničkog liječenja u Hrvatskoj. Danas se smatra da je moguće reducirati oko 50% prijevremene smrtnosti i invalidnosti od tih bolesti[3].

U kardiovaskularnoj rehabilitaciji, rehabilitacijski program uključuje multidisciplinarni tim koji se sastoji od različitih zdravstvenih struka (kardiologa, psihijatara, fizijatara, medicinskih sestara/tehničara, fizioterapeuta, radnih terapeuta i nutricionista)[4].

Uloga radnoga terapeuta jest osposobljavanje pacijenta za što samostalnije izvođenje aktivnosti samozbrinjavanja, aktivnosti produktivnosti i aktivnosti slobodnoga vremena kako tijekom hospitalizacije tako i nakon nje.

U današnjem suvremenom načinu života gdje rad i stres te loša ishrana i nedostatan odmor utječu na zdravlje krvožilnog sustava dobna se granica od obolijevanja rapidno smanjuje. Postoji veliki broj mladih ljudi koji ulaze u rizičnu skupinu za nastanak ozbiljnih kardiovaskularnih

Cardiovascular diseases as the leading cause of death in the modern world, with a significant portion in early death, morbidity and disability of the population, are an important public health problem in the world and in Croatia as well[1]. Cardiovascular diseases of which the most significant diseases are ischemic heart disease and cerebrovascular diseases[2] are the main cause of death and hospitalization in Croatia. Today, some 50% of early death and disability from such diseases may be reduced[3].

In cardiovascular rehabilitation, the rehabilitation program includes a multidisciplinary team including various medical professions (cardiologists, psychiatrists, physiatrist, nurses, physiotherapists, occupational therapists and nutritionists)[4].

The role of the occupational therapist is the training of patients to independently perform the self-care activities, productive activities and leisure activities both during hospitalization and thereafter.

In today's modern life that we lead where work, stress and poor nutrition and inadequate rest affect the health of the cardiovascular system, the age limit of the disease is rapidly decreasing. There is a great number of young people that are included in the risk group for occurrence of seri-

bolesti (neadekvatna prehrana, nedostatna fizička aktivnost, pušenje, stres i drugo), no ipak najugroženija populacija jesu osobe iznad 50 godina starosti. Više od polovice bolesnika (55%) starije je od 65 godina. U dobi do 60 godina muškarci oboljevaju 4-5 puta češće od žena, no u kasnijoj dobi razlika među spolovima postaje manje uočljiva[2]. Tijekom procesa starenja u tijelu čovjeka dolazi do promjena u različitim organskim sustavima. Većina starijih ljudi uočava promjene u izvođenju aktivnosti svakodnevnoga života, koje mogu biti i rezultat promjena u kardiovaskularnom sustavu[5], ali i drugih bolesti ili stanja poput dijabetesa ili kronične opstruktivne bolesti pluća. Kod većine osoba starije žiotne dobi koje boluju od kardiovaskularnih bolesti dolazi do postupnog gubitka sposobnost izvođenja fizičkih aktivnosti[6] a samim time se gubi neovisnost u svakodnevnim vještinama[7]. Radni terapeut u radu s tim pacijentima treba biti svjestan mjera opreza i kontraindikacija koje se pridružuju dijagnozama kardiovaskularnih bolesti, a zbog utjecaja lijekova na izvođenje aktivnosti svakodnevnoga života izrazito je bitno da radni terapeut zajedno s ostatkom tima bude upućen u terapiju koje pacijent uzima[6].

Srčana disfunkcija ima duboku psihosocijalnu implikaciju na oboljelu osobu, ali i na najbližu socijalnu okolinu te osobe. Poznato je da pacijenti reagiraju različito na srčane epizode, posebice oni starije životne dobi, doživljavajući široki raspon emocija uključujući anksioznost, depresiju, odbijanje i bespomoćnost[6], ali većina njih napreduje kroz faze prilagodbe. U početnoj fazi, anksioznost koja je uzrokovana strahom od smrti, neugodnosti, ovisnosti i nemoći, može imati velikog utjecaja na osobu i proizvesti snažne emocije. Neki pacijenti mogu demonstrirati tu anksioznost kroz psihomotorne promjene u ponašanju različitoga intenziteta. Sve pacijente treba poticati da izražavaju svoje emocije, ali i raditi s ostatkom tima kako bi se ublažili strahovi oko trenutnog, ali i budućeg zdravstvenog stanja pacijenta. Dobra komunikacija i adekvatan pristup zdravstvenog osoblja predstavljaju ključne elemente u smanjivanju razine anksioznosti u pacijenata. Strah od daljnjih srčanih epizoda može narušiti funkcionalnu sposobnost osobe, posebice u početnim fazama rehabilitacije. Zbog ublažavanja strahova potrebno je iscrpno individualno i/ili grupno educirati pacijente. Nakon što se pacijenta psihički umiri može se započeti s radnoterapijskim intervencijama koje imaju za cilj eliminirati bespomoćnost koju osoba može osjećati nakon srčanih epizoda. Što se duže odgađaju edukacije i radnoterapijske intervencije, to se pacijent bespomoćnije može osjećati što može dovesti do produbljivanja tog osjećaja[6] i dodatnog narušavanja funkcionalnog statusa[8].

Kako bolesnici tijekom radnoterapijskih intervencija ponovno dobivaju snagu i kontrolu nad svojim aktivnostima, odbijanje rizika koji se odnosi na njihovu bolest može postati veliki problem na što treba posebno obratiti pozornost. Odbijanje rizika najčešće postaje mehanizam nošenja sa srčanim problemima. Ta se faza najčešće javlja kod bolesnika s koronarnom bolesti srca. Radni terapeut ne smije brzo prekinuti tu fazu odbijanja, već na tome treba raditi postupno i temeljito. Pacijenti se kroz fazu odbijanja suočavaju s realnošću novonastale situacije. Naglo prekidanje te faze osobu može dovesti do stresnih komplikacija. Radni terapeut može dugoročno pomoći pacijentima educirajući ih kako izvoditi i pratiti njihovo izvođenje ak-

ous cardiovascular diseases (poor nutrition, insufficient physical activity, smoking, stress etc.), but the most endangered population is the persons over 50 years of age. More than half of the patients (55%) are persons over 65 years of age. At the age of 60, men suffer 4 to 5 times more frequently than women, but at a later age the difference between the genders becomes less observable[2]. During the aging process in the human body, changes occur in different organ systems. Most elderly people observe changes in performance of daily activities, which may be a result of changes in cardiovascular system[5], and other diseases or conditions such as diabetes or chronic obstructive pulmonary disease. In most elderly persons who suffer from cardiovascular diseases, a gradual loss of ability to perform physical activities occur[6] losing thus independence in performing daily skills[7]. Occupational therapist working with these patients should be aware of precautions and contraindications that accompany the diagnoses of cardiovascular diseases and due to the impact of drugs on the performance of daily activities it is very important for the occupational therapist working together with the rest of the team to be familiar with the therapy that the patient takes[6].

The cardiac dysfunction has a deep psychosocial implication on the diseased person and on the closest social environment of such person. It is well known that patients respond differently to cardiac episodes, especially elderly persons, experiencing a wide range of emotions including anxiety, depression, rejection and helplessness[6], but most of them progress through the adaptation stages. At the initial stage, the anxiety is caused by fear of death, discomfort, dependency and powerlessness. It can have a great impact on a person and produce intense emotions. Some patients may demonstrate this anxiety through psychomotor behavior changes of different intensity. All patients should be encouraged to express their emotions, but we should also work with the rest of the team in order to alleviate fears about the present and future health condition of a patient. Good communication and adequate approach of medical staff are key elements in reducing levels of anxiety in patients. Fear of further cardiac episodes may impair the functional ability of a person, especially at the initial stages of rehabilitation. Due to alleviation of fears it is necessary to organize a detailed individual and/or group training for patients. Once the patient is mentally calmed, we can start with occupational therapy and interventions aimed at elimination of the feeling of helplessness that a person can feel after cardiac episodes. The longer the occupational therapies and training are postponed, the more helpless the patient will feel, which can lead to a deepening of that feeling[6] and additional deterioration of the functional status[8].

As patients during occupational therapies again gain strength and control over their activities, refusal of risk related to their illness can become a big problem that requires particular attention. Rejecting the risk usually becomes a mechanism to cope with cardiac problems. This stage usually occurs in patients with coronary heart disease. The occupational therapist must not quickly end this phase of rejection, but he should work on it gradually and thoroughly. During the stage of rejection, patients face the reality of the newly occurred situation. Sudden interruption of such stage may lead to stressful complications in such person. The occupational therapist can help patients in the long

tivnosti svakodnevnoga života i na taj način smanjiti rizik novih srčanih epizoda. Neki pacijenti nakon srčanih epizoda mogu postati depresivni[9], a isto tako neaktivnost i anksioznost mogu potaknuti depresiju. Depresija i anksioznost zajedno mogu dovesti do dugoročnih i izrazito negativnih posljedica na psihičko i emocionalno zdravlje pacijenta. Osobe s depresijom rjeđe će nastaviti s aktivnostima u zdravstvenoj instituciji, ali i izvan nje, a samim time povećavaju rizik smrtnog ishoda[6].

Radno terapijske intervencije

Radni terapeuti imaju značajnu ulogu u rehabilitaciji kardiovaskularnih bolesnika. Najvažnije uloge radnoga terapeuta na kardiovaskularnom odjelu jesu poboljšanje funkcionalnog statusa bolesnika odnosno sprječavanje / smanjivanje ovisnosti u aktivnostima svakodnevnoga života poput aktivnosti samozbrinjavanja, produktivnosti te aktivnosti slobodnoga vremena, zatim reduciranje stresa, anksioznosti, depresije te fizička i psihička priprema bolesnika za otpust iz bolnice, a nakon toga reintegracija bolesnika u svakodnevne aktivnosti unutar svoje zajednice. Neizostavni dio radno terapijskih aktivnosti jest i procjena stambenog prostora u kojem bolesnik boravi. Nerijetko su potrebne adaptacije u stambenome i radnome prostoru kao što su adaptivna pomagala te različite ergonomske prilagode kako bi se povećala samostalnost odnosno funkcionalnost te time poboljšala i kvaliteta života osobe. S obzirom da su bolesnici najčešće još uvijek radno aktivni, uvijek je potrebno napraviti i detaljnu radno terapijsku analizu aktivnosti kojom se bolesnik bavi, uključujući statički i dinamički dio, analizu radne okoline te psihološki stres s obzirom da mogući simptomi (dispneja, bol u prsima, cijanoza, umor, vrtoglavica, smanjena radna izdržljivost i sl.), uvelike utječu na radnu sposobnost.

Na kardiovaskularnom odjelu radni terapeut treba pacijentu omogućiti izvođenje osnovnih aktivnosti svakodnevnoga života[10]. To može uključivati oralnu higijenu, brijanje, oblačenje, hranjenje, pranje, uređivanje, transfere, mobilnost, mijenjanje položaja i sl. te posebno tehnike očuvanja energije i stres menadžmenta. Bolesnici s kardiovaskularnim bolestima trebaju biti upućeni u pojednostavljivanje izvođenja aktivnosti svakodnevnoga života[11]. Bolesnici posebice trebaju biti svjesni aktivnosti koje mogu imati štetni utjecaj na srčanožilni sustav. Takve aktivnosti uključuju izometričke aktivnosti te rad gornjih ekstremiteta, posebice ako se izvode iznad razine srca. Primarni cilj kardiovaskularnog rehabilitacijskog programa jest osposobiti pacijenta na njegovu maksimalnu moguću funkcionalnu razinu, a potrebno je svakom pacijentu napraviti individualan radno terapijski tretman. Psihosocijalni aspekti, obiteljska potpora, kronološka starost i medicinski status pacijenta, kao i želja za aktivnim sudjelovanjem u rehabilitacijskom programu najviše i najjače utječe na što funkcionalniji, uspješniji i brži oporavak.

Primarne preporuke svim pacijentima koji boluju od kardiovaskularnih bolesti trebaju se odnositi na praćenje srčanih stanja i promjena srčanog ritma, arterijskog tlaka (AT) i disanja tijekom radnih aktivnosti i tijekom odmora te se zajedno s radno terapijskim preporukama dati u pisanom obliku prilikom otpusta. Aktivnosti koje dovode do povećanih promjena srčanoga ritma i AT, ili koje dovode

run by training them how to perform and monitor their performance of daily activities and thus reduce the risk of new coronary episodes. Some patients can become depressive[9] after cardiac episodes, while inactivity and anxiety can trigger depression. Depression and anxiety together can lead to long-term and very negative consequences on mental and emotional health of a patient. People with depression will rarely continue with activities in a medical institution and outside of it, thereby increasing the risk of deadly outcome[6].

Occupational therapies and interventions

Occupational therapists play a significant role in the rehabilitation of cardiovascular patients. The most important roles of the occupational therapist at the cardiovascular department are improving the functional status of patients and prevention / reduction of dependency in daily activities such as self-care, productivity and leisure activities, reducing stress, anxiety, depression, and physical and psychological preparation of patients for discharge from hospital followed by reintegration of patients in daily activities within their community. An indispensable part of the occupational therapy is the assessment of residential area where the patient lives. Renovations are frequently required in residential and working area such as adaptive aids and various ergonomic adaptations to maximize independence and functionality improving thus the life quality for such person. Since patients are frequently still working active, still it is necessary to make a detailed analysis of the occupational therapeutic analysis of activities that the patient undertakes, including static and dynamic part, the analysis of the working environment and psychological stress since potential symptoms (dyspnea, chest pain, cyanosis, fatigue, dizziness, low endurance, etc.) greatly affect the working ability.

At the cardiovascular department an occupational therapist should enable the patient to perform basic daily activities[10]. This may include oral hygiene, shaving, dressing, feeding, cleaning, brushing hair, transfers, mobility, changing positions, etc., and especially the techniques of energy conservation and stress management. Patients with cardiovascular diseases should be advised to perform simplified daily activities[11]. Patients should be especially aware of activities that may have an adverse effect on the cardiovascular system. Such activities include isometric activities and work of the upper extremities, especially if they are performed above the heart level. The primary goal of the cardiovascular rehabilitation program is to make the patient capable of performing the maximum possible level of functioning and it is necessary to design individual therapeutic treatment for each patient. Psychosocial aspects, family support, chronological age and medical status of the patient, as well as the desire for active participation in the rehabilitation program strongly contribute to more functional, more successful and faster recovery.

The primary recommendations to all patients who suffer from cardiovascular diseases should be related to the monitoring of heart conditions and changes in heart rate, blood pressure (BP) and breathing during working activities and during rest and they should be together with the occupational therapeutic recommendations be given in writing

do abnormalnih znakova i simptoma (npr. dišnih) ne bi se trebali izvoditi ili bi se uz pomoć radnog terapeuta trebali modificirati do što normalnijih reakcijskih odgovora[12,13]. Svaka promjena simptoma, kao i pojavljivanje novih znakova tijekom rehabilitacije, treba se dokumentirati i sa ostatkom tima analizirati prije sljedećeg ponavljanja istih aktivnosti i prelaska na zahtjevniji stupanj programa.

Radni terapeuti imaju veliku ulogu u označavanju psihosocijalnih aspekata srčanih bolesti te educiranju pacijenata o očekivanim ishodima nakon srčanih epizoda. Različite edukacije i tehnike izvođenja aktivnosti i nošenja s problemima ključni su elementi u postizanju psihičkog, fizičkog i emocionalnog zadovoljstva osobe. Informiranje bolesnika, ali i obitelji, o rizicima i mjerama opreza mogu pomoći osobi prilikom vraćanja u svoju zajednicu te osigurati mogućnosti stjecanja prijašnjeg statusa aktivne, produktivne osobe u zajednici.

Stupnjevi rehabilitacijskog programa

STUPANJ 1 — Započinje tijekom hospitalizacije. Najčešće se radi o pacijentima koji su doživjeli akutni infarkt miokarda ili su bili kardiokirurški liječeni. U ovoj se fazi radi detaljna procjena, informira se pacijenta o trenutnom stanju te se dogovaraju radno terapeutski ciljevi za rehabilitaciju. Razgovara se i o radno terapeutskom otpusnom planu na osnovi pacijentovih potreba i stila života. U skladu s trenutnim funkcionalnim statusom započinje se s radnoterapijskim tretmanom. Potrebno je educirati pacijente o redukciji stresa, tehnikama očuvanja energije i pojednostavljivanju zadataka u okviru pacijentovih trenutnih funkcionalnih sposobnosti. S obzirom da je većina pacijenata u ovoj fazi najčešće vezana uz krevet, radni terapeut mora provoditi barem osnovne aktivnosti svakodnevnoga života u skladu s mogućnostima pacijenta (aktivnosti samozbrinjavanja, transferi, lokomocija te senzornomotorni i psihosocijalni aspekti). Dok pacijenti uče kako u ovoj fazi provoditi navedene aktivnosti i zadatke u okviru funkcijskog ograničenja nastalog zbog kardiovaskularne bolesti, postupno će steći samopouzdanje i samopoštovanje te će se time stvoriti i pozitivna slika cijele kardiovaskularne radno terapijske rehabilitacije. Tijekom ove faze radni terapeut mora započeti s provođenjem aktivnosti koje se očekuje da pacijent provodi nakon otpusta iz bolnice te se stupnjevi vježbi postupno moraju intenzivirati. Pacijenta se mora informirati i o novom načinu života te o zdravim navikama poput prestanka pušenja, pravilne prehrane, značaja adekvatne tjelesne težine, bavljenja rekreativnim aktivnostima, redovitom primjenom propisanih lijekova i sl.

STUPANJ 2 —Započinje nakon otpusta iz bolnice. U ovom prvom i ranom otpusnom stupnju članovi tima rade s pacijentima i članovima obitelji, prate pacijentov funkcionalni status i napredak. Osigurava se kontinuirani nadzor medicinske sestre, liječnika i radnog terapeuta te prema potrebi drugih članova tima. Ovaj stupanj može trajati od 3 do 6 mjeseci. Radno terapijske intervencije uključuju procjenu čimbenika rizika, praćenje poboljšanja funkcionalnog statusa, edukaciju, savjetovanje, provođenje aktivnosti slobodnoga vremena, procjenu stambenog prostora uz potrebne modifikacije te analizu posla i povratak na posao ili ev. pronalaženje novoga.

at the time of discharge from hospital. The activities that cause greater changes in heart rate and BP, or that cause abnormal signs and symptoms (e.g. respiratory ones) should not be performed or should be modified with the help of occupational therapist to more normal responses[12,13]. Any change in symptoms, as well as the occurrence of new signs of rehabilitation should be documented and analyzed with the rest of the team before the next repetition of the same activities and moving on to more demanding program level.

Occupational therapists play an important role in the identification of psychosocial aspects of heart disease and training of patients on expected outcomes following the cardiac episodes. Different trainings and techniques of performance of activities and coping with problems are the key elements in achieving mental, physical and emotional satisfaction in a person. Informing both the patients and their families about the risks and precautions can help a person when returning to its community providing it with an opportunity to acquire the former status of an active, productive person in the community.

Stages of rehabilitation

STAGE 1 — It starts during hospitalization. Usually these are the patients who suffered from acute myocardial infarction, or who underwent cardiac operation. At this stage, detailed evaluation is made, the patient is informed about the current status and occupational and therapeutic targets for rehabilitation are agreed upon. The occupational and therapeutic discharge plan based on patient requirements and lifestyle is discussed. In accordance with the current functional status we start with occupational and therapeutic treatment. It is necessary to train patients about stress reduction, energy conservation techniques and simplification of tasks within the patient's current functional abilities. Since most of the patients at this stage are often bedridden, the occupational therapist must design at least the basic daily activities for a patient to perform them in accordance with his abilities (self-care activities, transfers, locomotion, sensorimotor and psychosocial aspects). While at this stage patients learn how to perform these activities and tasks within the functional limits resulting from cardiovascular disease, they will gradually gain confidence and self-esteem and will therefore create a positive image of the entire cardiovascular and therapeutic rehabilitation process. During this stage, the occupational therapist must begin with the implementation of the activities to be undertaken by a patient following the hospital discharge, while the exercise levels should be gradually intensified. The patient must be informed about the new way of life and healthy habits such as giving up cigarettes, proper nutrition, the importance of adequate weight, doing recreational activities, regular intake of prescribed medications, etc.

STAGE 2 — It starts following the hospital discharge. At this first stage and early discharge, the team members work with patients and family members, monitor the patient's functional status and progress. Continuous supervision by a nurse, physician and occupational therapist and where appropriate other members of the team is ensured. This stage can last from 3 to 6 months. Occupational therapies and interventions include evaluation of risk factors, moni-

STUPANJ 3 — Glavni cilj ovog stupnja jest ambulantno zbrinjavanje. Ova faza osim radnog terapeuta najčešće ne zahtjeva medicinsko praćenje, a uključuje različite aktivnosti samozbrinjavanja, produktivnosti te aktivnosti slobodnoga vremena. Uloga radnoga terapeuta jest omogućivanje provođenja željenih aktivnosti koje dovode do zdravlja i zadovoljstva života osobe. Unutar ove faze najveća je koncentracija stavljena na maksimalnu neovisnu stabilizaciju kardiovaskularnog funkcionalnoga statusa pacijenta te kontinuiranu edukaciju o čimbenicima rizika i mogućnostima kardiološkog zbrinjavanja.

STUPANJ 4 — U ovom, završnom, stupnju dugoročnog zbrinjavanja uloga radnoga terapeuta provodi se kroz psihosocijalne suportivne sisteme poput grupa za pružanje potpore, edukacijskih radionica, društvenih izleta i sl., a sve u cilju održavanja zdravlja i poboljšavanje kvalitete života[6,14].

Radno terapijski modeli, pristupi, i procjene

Model humane okupacije (The Model of Human Occupation — MOHO; Kielhofner, 1985., 1995.) predstavlja strukturalni okvir uz pomoć kojega radni terapeuti organiziraju svoju praksu, na način da se jasno identificiraju područja i uzroci disfunkcije te da radno terapijska intervencija ne ostane samo fokusirana na simptome već i na uzrok. Tim se strukturiranim okvirom omogućava da radno terapijsko planiranje i intervencija ostane fokusirana na pacijenta. Model humane okupacije govori kako je sudjelovanje u aktivnostima popraćeno trima podsustavima: voljom (osobni pogledi, stavovi, interesi), navikama (uloge, navike) i okupacijskim izvođenjem.

Tijekom rehabilitacijskog tretmana radni terapeut može koristiti više pristupa, bilo radi sigurnosti pacijenta ili zbog same dinamičnosti odnosno fluktuacije rehabilitacijskog procesa. Na odabir rehabilitacijskog pristupa utječu mnogi čimbenici. Većina odluka o odabiru adekvatnog pristupa donosi se temeljem tumačenja informacija koji su dobiveni u stupnju prikupljanja podataka, odnosno procjenom. Nadalje, sama priroda problema i vrijeme koje stoji na raspolaganju za intervenciju također će utjecati na odabir pristupa. Npr. kompenzatorni (funkcionalno rehabilitacijski) ili remedijacijski (biomehanički) pristup.

Neke od alata za procjenu koje radni terapeuti koriste u rehabilitaciji kardiovaskularnih bolesnika su: Kanadska mjera okupacijskog izvođenja (Canadian Occupational Performance Measure — COPM), Bolnička ljestvica anksioznosti i depresije (Hospital Anxiety & Depression Scale — HADS), Hamiltonova ljestvica za procjene depresije (Hamilton Rating Scale for Depression — HRSD), Upitnik upravljanja/suočavanja sa stresom (Stress Management Questionnaire — SMQ) i dr.

Zaključak

Kardiovaskularni problemi uvelike, postupno ili naglo, narušavaju svakodnevni život osobe te predstavljaju ozbiljan i vodeći javno zdravstveni problem. Suvremeni način života, neadekvatna prehrana, pušenje, prekomjerna konzumacija alkoholnih pića, nedovoljna tjelesna aktivnost, izloženost stresu samo su neki od čimbenika za nastanak

toring of improvement of functional status, training, advising, spending leisure time activities, the evaluation of residential area with the necessary modifications and analysis of work and return to work or possibly finding a new workplace.

STAGE 3 — The main goal of this stage is an outpatient management. This stage besides the occupational therapist frequently requires no medical monitoring, but it includes various self-care activities, productivity and leisure activities. The role of the occupational therapist is to enable the implementation of desired actions that lead to person's health and life satisfaction. During this stage, the emphasis is placed on the maximum independent stabilization of the cardiovascular functional status of the patient and continuous training on risk factors and possibilities of cardiac management.

STAGE 4 — At this and final stage of long-term management, the role of an occupational therapist is conducted through psychosocial supportive systems such as support groups, training workshops, social excursions, etc., with the purpose of maintaining health and improving quality of life[6,14].

Occupational therapeutic approaches and evaluations

The Model of Human Occupation — MOHO; Kielhofner, 1985, 1995) represents a structural framework by which occupational therapists organize their practice in the manner to clearly identify the areas and causes of dysfunction so that therapeutic intervention should not only remain focused on the symptoms, but also on the cause. Such structured framework ensures that occupational therapeutic planning and intervention remains focused on the patient. The model of human occupation says that participating in the activities is accompanied by three subsystems: the will (personal views, attitudes, interests), habits (roles, habits) and occupational execution.

During the rehabilitation treatment, the occupational therapist may use several approaches, either for patient's safety or for the sake of dynamics and fluctuations of the rehabilitation process. The selection of the rehabilitation approach is affected by many factors. Most decisions on the selection of adequate approach shall be made on the basis of interpretation of information obtained at the level of data collection or by evaluation. Furthermore, the very nature of the problem and the time available for intervention will also affect the selection of approach, for example, compensatory (functional rehabilitation) or remediation (biomechanical) approach.

Some of the evaluation tools used by occupational therapists in the rehabilitation of cardiovascular patients are: Canadian Occupational Performance Measure — COPM, Hospital Anxiety & Depression Scale — HADS, Hamilton Rating Scale for Depression — HRSD, Stress Management Questionnaire — SMQ etc.

Conclusion

Cardiovascular problems largely, gradually or abruptly deteriorate daily life of a person and represent serious and

kardiovaskularnih bolesti. Posljedice mogu biti različitoga intenziteta te neminovno dovesti do narušavanja aktivnosti svakodnevnoga života, pa čak i do radne disfunkcionalnosti.

Radna terapija kardiovaskularnih bolesnika najčešće započinje na bolničkom odjelu i nastavlja se kroz rehabilitaciju u zajednici. S obzirom da postoji široka lepeza problema s kojima se kardiovaskularni bolesnici susreću, uloga radnog terapeuta u kardiovaskularnoj rehabilitaciji od velike je važnosti. Iako ove spoznaje još uvijek u Republici Hrvatskoj nisu u potpunosti integrirane u biomedicinski model liječenja kardiovaskularnih bolesnika (kako u bolnici, tako i u njegovoj zajednici), iskreno se nadamo kako će s vremenom radni terapeuti svojim znanjem i novim spoznajama doprinijeti uspješnijoj rehabilitaciji kardiovaskularnih bolesnika.

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leading public health problem. Modern lifestyle, poor nutrition, smoking, excessive alcohol consumption, insufficient physical activity and exposure to stress are just some of the factors for the occurrence of cardiovascular diseases. The consequences can be differently intensive and they inevitably lead to deterioration of the daily activities and even labor dysfunction.

Occupational therapy in cardiovascular patients usually begins at the hospital department and continues through rehabilitation in the community. Since there is a wide range of problems that cardiovascular patients face, the role of occupational therapist in cardiovascular rehabilitation is of great importance. Although such information is still not fully integrated into the biomedical model of treatment of cardiovascular patients in the Republic of Croatia (both in hospital and in his community), we sincerely hope that with time occupational therapists with their knowledge and new insights will contribute to more successful rehabilitation of cardiovascular patients.

Literature

1. Hrvatski zavod za javno zdravstvo / Služba za epidemiologiju kroničnih masovnih bolesti / Odjel za praćenje i prevenciju bolesti srca i krvnih žila. [Dostupno na: http://www.hzjz.hr/epidemiologija/kron_mas/kvb.htm] (Pristupljeno 03.09.2011.).

2. Krušlin B, Belicza M. Bolesti srca. U: Damjanov I, Jukić S, Nola M, urednici. Patologija. Zagreb: Medicinska naklada; 2008.

3. Kralj V, Hrabak-Žerjavić V. Prevencija kardiovaskularnih bolesti — Što je moguće postići? (2004) [Dostupno na: http://www.zdravlje.hr/clanak.php?id=12580] (Pristupljeno: 17.07.2010.).

4. Flattery V. Empowering Clients With Heart Disease through a Cardiac Rehabilitation Program (2005) [Dostupno na: http://webcache.googleusercontent.com/search?q=cache:ZLFrB7aC_AcJ:www.hphconferences.org/archive/dublin05//htm/proceedings/Flattery.doc+stress+management+occupational+therapy+in+cardiology&cd=1&hl=hr&ct=clnk&gl=hr] (Pristupljeno: 17.07.2010.).

5. Lakatta EG, Yin FC. Myocardial aging: Functional alterations and related cellular mechanisms. Am J Physiol. 1982;242(6):H927-41.

6. Bartholomew T, Cragg KJ, Hays TJ, Matthews A, Peel C. Working with Elders Who Have Cardiovascular Conditions. In: Byers-Connon S, Lohman H, Padilla LR, editors. Occupational Therapy with Elders (2nd ed.). St. Louis; Elsevier Mosby; 2004, pp. 297-305.

7. Vibhuti NS. Cardiac Rehabilitation (2008) [Dostupno na: http://emedicine.medscape.com/article/319683-overview] (Pristupljeno: 17.07.2010.).

8. Matthews MM, Foderaro D, O'Leary S. Cardiac Dysfunction. In: Pedretti LW, editor. Occupational therapy: Practice Skills Physical Dysfunction (4th ed.). St. Louis: Mosby; 1996, pp. 693-709.

9. Davidson KW, Rieckmann N, Clemow L, Schwartz JE, Shimbo D, Medina V, et al. Enhanced depression care for patients with acute coronary syndrome and persistent depressive symptoms. Arch Intern Med. 2010;170(7):600-8.

10. Gibson D. The evolution of occupational therapy. In: H. L. Hopkins, H. D. Smith, editors. Willard and Spackman's occupational therapy (8th ed.). Philadelphia; JB Lippincott; 1993, pp. 525-43.

11. Energy Conservation and Work Simplification. NHS, Yeovil District Hospital (2008.). [Dostupno na: http://docs.google.com/viewer?a=v&q=cache:TX52245cQtcJ:www.yeovilhospital.nhs.uk/Portals/0/patient%2520information%2520leaflets/Energy%2520conservation%2520and%2520work%2520simplification.pdf+energy+conservation+and+work+simplification+bedside+treatment+Gibson&hl=hr&gl=hr&pid=bl&srcid=ADGEESjpphOJ7qCJK7ORU3tOAWrGkqSu2eA-kKnccMmWTbubvbMyHIoMhmox7XWTG7VXAiaDdoeGTWDcNwaEVIz5RdAx8zeUjXOUhsc6oXmL3evwg4Amlm1rWfdPLDuBYjNBCs5xJ7&sig=AHIEtbTfmtk4wDTkemLwxmw9o4X7iQuWIw] (Pristupljeno: 17.07.2010.).

12. Vigorito C, Incalzi RA, Acanfora D, Marchionni N, Fattirolli F; Recommendations for cardiovascular rehabilitation in the very elderly. Monaldi Arch Chest Dis. 2003;60(1):25-39.

13. Piepoli MF, Corra U, Benzer W, Bjarnason-Wehrens B, Dendale P, Gaita D, et al. Secondary prevention through cardiac rehabilitation: from knowledge to implementation. A position paper from the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation. Eur J Cardiovasc Prev Rehabil. 2010;17(1):1-17.

14. Reed KL. Cardiopulmonary disorders. Quick reference to occupational therapy - 2nd edition. Texas Women University Houston Center, 2001, page 343.