



Occupational Therapy Intervention Among Older Adults

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Population aging is considered a result of the demographic shift from a high to low level of mortality and decreased fertility rates combined with an increase in life expectancy due to the advancements in the health sector. Between 2015 and 2030, the number of people aged ≥ 60 years will increase by 56%, from 901 million to 1.4 billion globally. Older person's numbers will exceed the population of children aged 0-9 years (1.4 billion against 1.3 billion) (1). Aging is defined as a part of life which is not synonymous with illness or disability; however, advanced age increases the risk for frailty, chronic disease, disability, and increased demand for health care services, including managing chronic disease, rehabilitation, home health, community social services, and long-term care (2). Older adults generally wish to stay active and independent of help and be able to continue living in their own homes as long as possible and not being a burden on others. To promote active and healthy aging, health interventions should optimize older adults' participation in society. They are defined as the person's involvement in activities providing social interactions with others in the community (3). An absence of meaningful occupation and social participation may hinder healthy aging and lead to social isolation (4).

Among the factors that could restrict older adults' social participation, disabilities will be experienced by around 42% of adults as they age. The International Classification of Functioning, Disability, and Health (ICF) is a framework used by rehabilitation specialists, including occupational and physical therapies, to understand contributing factors in health and disability (5). Occupational Therapy (OT) is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). OT practitioners are skilled professionals whose education includes studying human growth and development, emphasizing the social, emotional, and physiologic effects of illness and injury (6).

The occupational performance problems encountered by older adults

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are all-encompassing, about Activities of Daily living (ADL: taking care of one's body), Instrumental Activities of Daily Living (IADL: activities to support daily life in-home and community), leisure activities, social participation, and mobility among others (7). OT for older adults focuses on enhancing participation in meaningful occupations, maintaining independence, and preserving the quality of life. Occupational therapists identify personal factors such as physical, cognitive, and psychosocial capacities and limitations in the meaningful activities that "occupy" their time (8). A wide variety of OT services can benefit the older population, including those with the following conditions:

- Chronic back pain and repetitive stress injuries
 - Limitations following a stroke or heart attack
 - Arthritis, multiple sclerosis, or other severe chronic conditions
 - Burns, spinal cord injuries, or amputations
 - Broken bones or other injuries from falls, sports, or accidents
 - Vision or cognitive problems threaten their ability to drive and/or perform home/community mobility (9).
- OT practitioners address all aspects of aging, from wellness strategies to treatment. As studies outlined

that older adulthood is a time when persons may lose and gain varied roles, occupational therapists must acknowledge and consider how roles may influence social participation for clients on an individual basis. Occupation-based interventions can help older adults reduce and adapt to the changes and challenges that come with aging. In addition, the interventions can contribute to aging in place by improving occupational performance and participation, increasing the quality of life, reducing falls and hospital readmissions, and increasing community mobility.

Ethical Considerations

All ethical principles were considered in this article based on the Declaration of Helsinki.

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Conflict of Interest

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