

# THE DEVELOPING ROLE OF OCCUPATIONAL THERAPY WITHIN HAEMOPHILIA SERVICES

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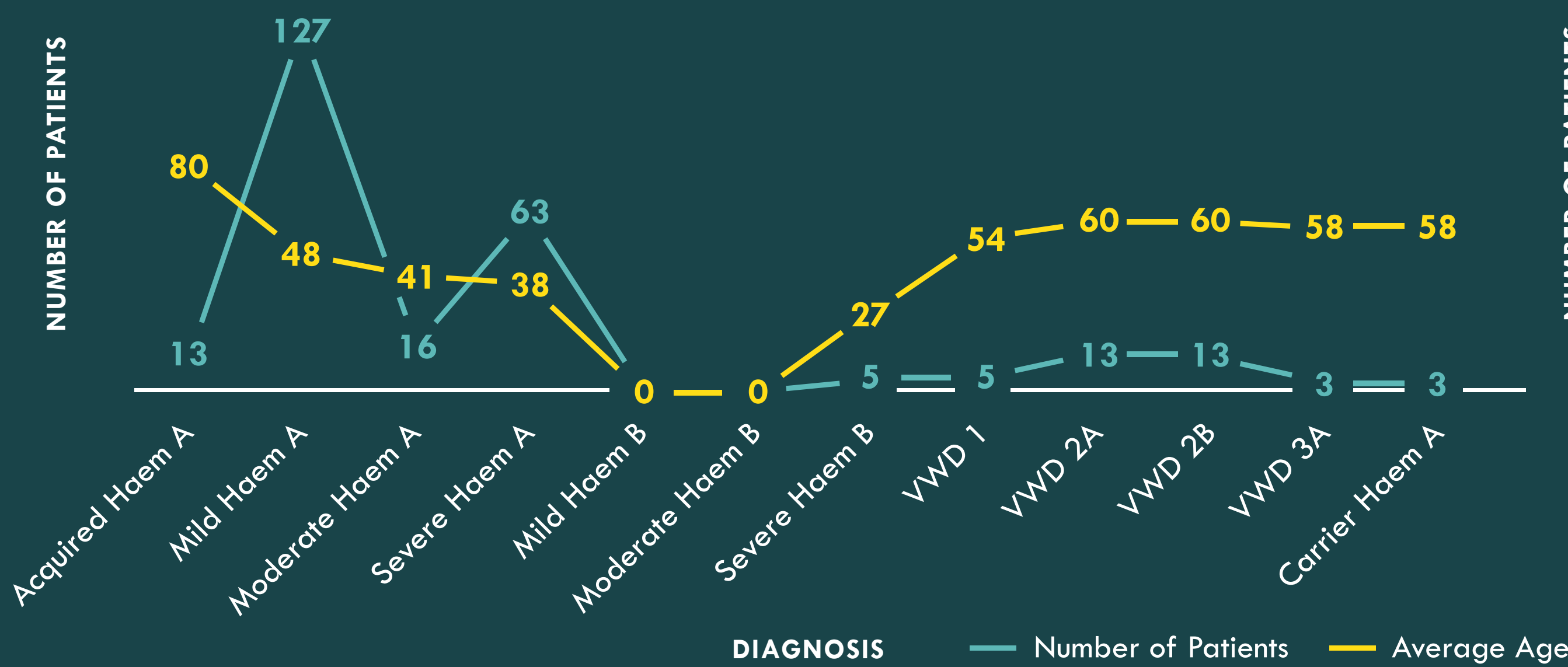
## INTRODUCTION

At commencement of service provision, OT aimed to provide all patients with a yearly holistic assessment addressing self-care, work activities and leisure. An audit of services during the period 2019-2022 sought to analyse the impact different Haemophilia diagnostic groups and age have on OT service provision, evaluate the developing role of OT within the Haemophilia service, and reflect on service provision to inform future service plans and standards of practice.

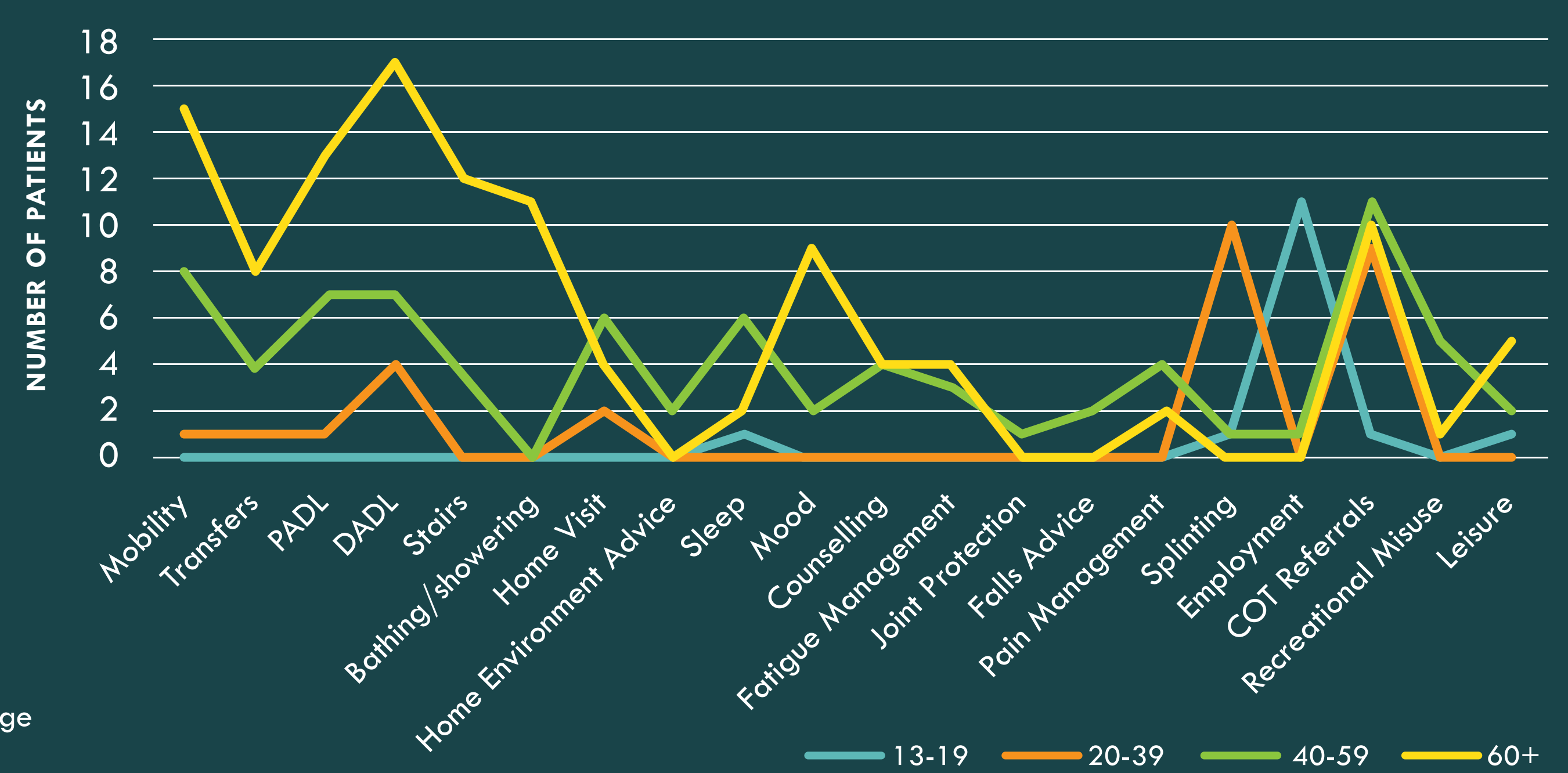
## MATERIALS AND METHODS

A retrospective audit reviewing 263 clinical records was conducted, alongside the completion of a Personal and Public Involvement (PPI) Project and Service Quality Belfast (SQB) Project. Data was captured and transcribed to a hospital based secure database.

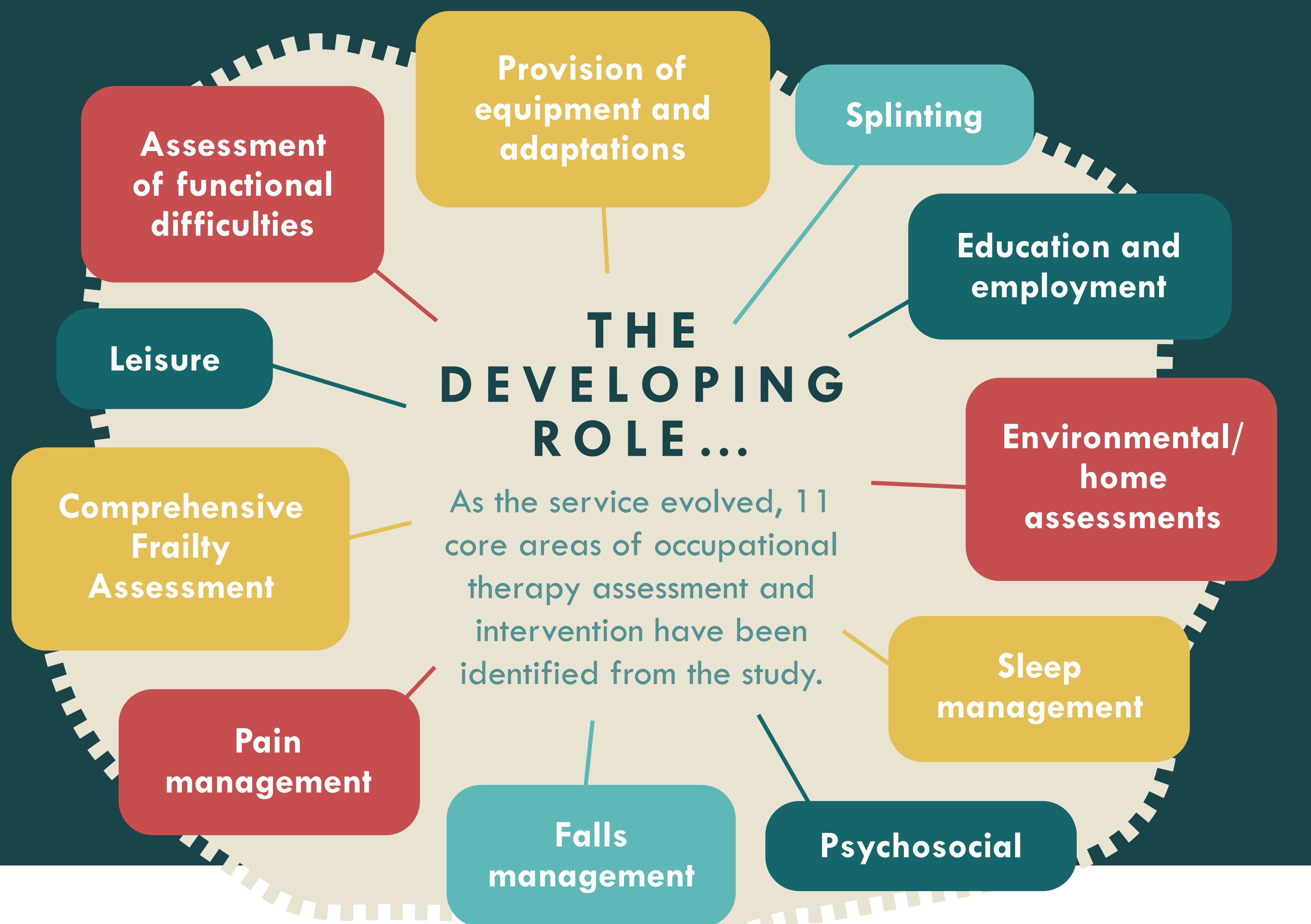
**NUMBER OF PATIENTS REQUIRING OT INTERVENTION WITH REGARDS TO AGE AND DIAGNOSIS**



**OT INTERVENTION RELATED TO SPECIFIC AGE RANGE**



Diagnosis	Number of patients	Percentage of overall caseload	Number of patients by age category			
			13-19	20-39	40-59	60+
Acquired Haem A	13	5%	0	0	1	12
Carrier Haem A	3	1%	0	1	0	2
Mild Haem A	127	48%	3	43	47	34
Moderate Haem A	16	6%	1	6	7	2
Severe Haem A	63	24%	2	37	18	6
Mild Haem B	9	3%	0	2	4	3
Moderate Haem B	2	1%	0	0	0	2
Severe Haem B	5	2%	0	5	0	0
VWD 1	5	2%	0	1	2	2
VWD 2A	13	5%	0	3	4	6
VWD 2B	4	2%	0	1	0	3
VWD 3	3	1%	0	2	0	1
<b>TOTAL</b>	<b>263</b>		<b>6</b>	<b>101</b>	<b>83</b>	<b>73</b>
% overall caseload by age			2%	38%	32%	28%



## RESULTS

The main indicators for OT intervention were in relation to **diagnostic group** and **age**. At present, the largest diagnostic group requiring intervention was Mild Haemophilia A (48%), followed by Severe Haemophilia a (24%), and Moderate Haemophilia A (6%). In the adolescent age group, support focused on education and employment, though Haemophilia patients have a high degree of independence until they reach the 40+ age range. Thereafter, data highlighted difficulties with mobility, stair management, and domestic activities of daily living, particularly when aged 60+. Overall, 11 core areas of occupational therapy assessment and intervention were identified.

## CONCLUSION

The study has enhanced the prioritisation of assessment and intervention according to age groups, and diagnostic groups. The review criteria has been amended to be more responsive to those with greatest need. In particular offering more frequent reviews and a higher level of support to those encountering difficulties associated with frailty. The service needs to be reflective of the changing needs of haemophilia patients, focusing on tailored assessment and intervention responsive to milestones. This review has provided valuable information in the redirecting of resources to those with greatest need.

