



Occupational Therapy for People Living with Long-Term Conditions in Iran: Recent Evidence and Gaps

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Dear Editor,

People living with long-term conditions, such as heart failure, Parkinson's disease, severe mental illness, and neurodevelopmental disorders, need support that extends beyond symptom control to everyday functioning and participation (1). Occupational therapy directly addresses these needs by focusing on the activities that make up daily life (2). Since 2024, the Middle East Journal of Rehabilitation and Health Studies has published several Iranian studies on this topic. In this letter, I summarize seven of these publications (Table 1), highlight their contributions to the care of people with long-term conditions, and suggest priorities for future work. We searched the Middle East Journal of Rehabilitation and Health Studies for articles published from 2024 onward, focusing on occupational therapy, performance, daily functioning, participation, and related interventions for long-term conditions. Seven studies were selected for this review. They address different aspects of occupational therapy relevant to long-term conditions, including assessment, instrument development, contextual adaptation of recommendations, experiences of intervention delivery, preliminary intervention findings, evidence synthesis, and planned clinical research. These studies are considered here as examples of different research contributions rather than as a homogeneous body of evidence on clinical effectiveness.

2. Instruments

Long-term care depends on measures that are valid in the local context. Simorgh et al. adapted the Adult Sensory Profile and reported acceptable internal consistency ($\alpha = 0.72 - 0.76$) and test-retest reliability, with an intraclass correlation coefficient (ICC) of 0.765, in 166 healthy university students (3). Fathipour-Azar et al. developed a questionnaire comprising 13 activities of daily living for people with heart failure, in which each activity is rated on 8 parameters, including value, safety, independence, fatigue, and dyspnea, and reported high reliability (ICC > 0.9) (4). These are welcome first steps. However, the authors acknowledge important limitations, such as single-center samples, the absence of factor analysis (3), and the lack of an estimate of the minimal important change (4). Future psychometric work would benefit from reporting structural validity, responsiveness, and measurement error as defined in the Standards for the Selection of Health Measurement Instruments (COSMIN) taxonomy (5).

3. Context

Evidence from other settings does not always transfer directly. Khazaeli et al. adapted international autism guidelines using a national adaptation model. A 13-member panel rated 40 clinical scenarios on accessibility, cost, acceptability, and feasibility, and 8 recommendations were endorsed (6). Ahmadizadeh et al. interviewed 13 people with heart failure about an occupational performance coaching program and identified facilitators, including intrinsic motivation, self-management, therapist

Table 1. Summary of the Studies ^a

Study (Reference)	Design	Main Finding	Key Limitation
Simorgh et al. (3)	Psychometric validation (n = 166)	Internal consistency ($\alpha = 0.72 - 0.76$) and test-retest reliability (ICC = 0.765) were reported for the Adult Sensory Profile.	The sample consisted of healthy university students; factor analysis was not performed, according to the original manuscript. Generalizability to clinical populations requires further investigation.
Fathipour-Azar et al. (4)	Instrument development and psychometric evaluation (n = 180)	A 13-activity Activities of Daily Living Questionnaire was developed for patients with heart failure, with high reported reliability (ICC > 0.9).	Single-center study; the minimal clinically important difference (MCID) was not estimated.
Khazaeli et al. (6)	Guideline adaptation	Eight recommendations for occupational therapy related to activities of daily living in autism spectrum disorder were endorsed for the Iranian context.	The effectiveness of the adapted recommendations in clinical practice cannot be established from the adaptation process alone; implementation status requires verification.
Ahmadizadeh et al. (7)	Qualitative study (n = 13)	Facilitators and barriers to occupational performance coaching for patients with heart failure were identified.	The interviewer also delivered the program, potentially influencing participants' responses.
Shekari et al. (8)	Pilot randomized controlled trial (n = 31)	Within-group improvements in performance and satisfaction were reported in the Clubhouse group. Between-group effects require assessment based on the original trial's direct statistical comparisons.	Small sample and short follow-up; within-group improvements alone do not establish comparative intervention efficacy.
Zohrabi et al. (9)	Scoping review (21 studies)	Favorable findings regarding video modeling for self-care in children with neurodevelopmental disorders were reported in 20 studies.	Most studies used single-subject designs, and only three were randomized trials, limiting conclusions about comparative effectiveness and certainty of evidence.
Azad et al. (10)	Randomized controlled trial protocol	A three-arm trial was planned to evaluate motivational strategies based on the Model of Human Occupation combined with bimanual activity training for people with Parkinson's disease.	Trial results are pending; the protocol does not provide evidence of intervention effectiveness.

^a Abbreviations: ICC, intraclass correlation coefficient; MCID, minimal clinically important difference.

presence, and remote delivery, as well as barriers, including limited time, physical limitations, and economic and environmental constraints (7). Remote delivery emerged as both an opportunity and a limitation.

4. Interventions

The intervention studies share an emphasis on occupation and participation. The selected publications represent different stages and forms of research. Guideline adaptation and instrument development contribute to contextual relevance and measurement capacity, whereas the scoping review synthesizes existing evidence. In contrast, the registered trial protocol describes planned research and does not yet provide evidence of intervention effectiveness. These contributions should be interpreted according to their distinct purposes and evidential status.

In a pilot randomized trial of 31 adults with severe mental illness in Tehran, the Clubhouse group showed statistically significant within-group improvements in performance and satisfaction on the Canadian Occupational Performance Measure, whereas statistically significant within-group improvements were not reported for the comparison group. However, these findings alone do not establish a statistically significant between-group difference or confirm intervention efficacy. The small

sample and short follow-up further limit the conclusions that can be drawn (8).

A scoping review of 21 studies examining video modeling for self-care in children with neurodevelopmental disorders reported favorable findings in 20 studies. However, the predominance of single-subject designs and the inclusion of only 3 randomized trials limit the strength of conclusions regarding comparative effectiveness, generalizability, and certainty of evidence. The frequency of favorable findings should therefore not be interpreted as definitive evidence of robust intervention efficacy (9). A registered protocol will test whether adding motivational strategies based on the Model of Human Occupation to bimanual activity training improves participation and upper extremity function in Parkinson's disease (10). The results will be of interest.

5. Gaps and Priorities

Across the seven selected publications, several recurring limitations are apparent, including small samples or predominantly single-center recruitment, limited follow-up, and incomplete reporting of measurement properties or trial details. These observations should be interpreted in the context of this focused selection and should not be taken as a comprehensive assessment of Iranian occupational

therapy research. However, within this limited evidence base, 3 priorities merit consideration: a) COSMIN-informed psychometric reporting, including structural validity and responsiveness (5); b) multicenter trials with longer follow-up and participation-level outcomes; and c) implementation studies, including telehealth delivery and cost, based on locally adapted guidelines (6, 7).

The studies summarized here show a promising shift toward culturally adapted, participation-focused occupational therapy for people with long-term conditions in Iran. Addressing these gaps would help translate these local findings into evidence that can guide chronic care practice and policy. I thank the authors for their contributions to the field.

Footnotes

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