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Impact the CAPABLE Intervention on activity of daily living and depression among Elderly People Living in the Community

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Abstract: **Older people are at risk for health decline and loss of independence. CAPABLE Intervention plays a central role in the maintenance of health, and the prevention of disease especially among older adults. The study aimed to assess the effect of CAPABLE Intervention plays on the activity of daily living and depression among institutionalized older adults.**

Design: Quasi-experimental design (pre-post) test was utilized. Setting: The present study was conducted in the two geriatric home in Cairo, Egypt. It was opened on October, 2016. Sample: it was conducted on 60 elderly residents attending institutionalized elderly home at Cairo.

Instruments: three tools were used; Interviewing questionnaire, activity of daily living scale and The Geriatric mood Scale.

Results: The findings of the table showed that activity of daily living was highly significance effect on depression among elderly. Fifty seven percent of the study subjects had mild depression and about 28% of the subjects were dependent. The finding revealed that pre intervention the majority of elderly suffering depression mild suffering (77.8%). It revealed statistical significant relationship. The finding showed that ADL was highly significance effect on depression.

Conclusion: there are a significant effect to CAPABLE intervention on ADL and depression.

Recommendation: We need to better understand the linkage between disability and depressive symptoms and seek effective interventions to reduce caregiver strain and enhance care receivers' well-being.

Keywords: **Older adult residents, Institutionalized, Perceived social support, Wellbeing.**

1. INTRODUCTION

The biological and psychological changes caused by aging appear slowly in years or decades. Therefore, there is no age limit where people can be accepted as elders. However, social and economic factors (social security gain, retirement, etc.) necessitated the determination of the minimum age ***(***Greene***,2017)***[1].World Health Organization (WHO***, 2017)***[3,4,5] determines the elderliness as the reduction in the competency to accommodate the environmental factors and accepts 65 year of age as the lower elderliness limit though they accept it as 60 in some conditions. Even though the lower limit of elderliness is assumed as age of 60–65 mostly the personal transition to become a dependent occurs at about 75 years of age. ***(Sergievpv et al.;2015)***[6]

The Central Agency for Public Mobilization and Statistics (CAPMAS) announced that the number of elderly people in Egypt is estimated at 6.4 million elderly (3.15 million males and 3.21 million females), 6.9% of the total population (6.7% males, 7.1% females), and is expected to rise to 11.5% in 2031. The agency said that the expectation of survival of individuals in this age group according to gender was 70.8 years for males and 73.6 years for females.

Now depression is the leading cause of disability as measured by years lived with disability (YLDs). In global burden of disease it is 4th leading contributor in 2000. In year 2020, it is may be on 2nd place of the ranking of disability adjusted life years (YLDs) calculated for all ages, both sexes. Today, depression is 2nd cause of DALYS in the age category 15-44 years for without gender difference. ((WHO***, 2017)***[3,4]

Depression in old age is associated with functional disabilities, cognitive impairment, lower self-rated quality of life, and increased mortality ***(Defrancesco M1 et al, 2017)***[7]**.** Depression in elderly people often goes untreated because many people think that depression is a normal part of aging and natural reaction to chronic illness, loss and social transition (Norton,2014)[2]. When it goes untreated, late-life depression increases the older adult's risk of medical illness and cognitive decline; if unrecognized and untreated the disease can even be fatal due either to suicide or increased mortality related to medical illness (Joshua , 2015)[8]

Depression is mainly presented either by an absence of interest in all activities or a depressed mood. Moreover, depressed individuals may have decreased energy, difficulty thinking, lack of concentration, appetite or weight changes, suicide attempts, feelings of regret or uselessness, or repetitive self-destructive thoughts. There are several factors correlating to the occurrence of depressive symptoms in older adults such as poor activities of daily living scores, poor cognitive abilities, chronic physical illness**,** and having a poor social support network (***Michaela et al.; 2014)***[10]. The consequences of depression may encompass reduced life quality, dissatisfaction, social deprivation, loneliness, and cognitive decline.(Burholt,2014)[9]

Chronic diseases can have a profound impact on the health and ADL of elder people. A lot of the sickness, disability and even death are associated with chronic disease s. Helping a person with a chronic condition maintain his or her lifestyle and adapt with his chronic condition can be a challenge, but by providing information about resources and other help available you can take comfort in the knowledge that you are doing what you can to support their needs and wishes ***(Lulah et al.;2016)***[11]**.**

Limiting physical activity, having chronic illness and aging does not always mean lower quality of life. The advantages of older people can produce supportive factors, such as social integration, optimism, trust and desire to lead a satisfactory life and so on. This effectively means that objective medical outcomes may not explicitly agree with the current psychosocial condition of elderly patients. The low quality of life of the elderly is reflected in negative feelings, lack of meaning in life, addiction to different types (or dependence on others) and loss of independence.(***Anna et al.;2011)***[12]

The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) intervention is informed by theory and evidence-based practices. It involves up to 10 in-home sessions, each of 60 minutes duration, over a 6-month period. It draws upon best practices to enhance uptake and adoption of intervention strategies such as patient-centered care and motivational interviewing by interventionists.(Reuben,et al; 2007 and Szanton;2011)[13,15] All participants in the intervention received each component of the intervention (assessment, education, interactive identification of barriers to function with joint discussion of possible retraining and solutions) but interventionists tailored components to each participant's risk profile and goals.

Significance of the problem:

In recent years, there has been a sharp increase in the number of older persons worldwide and more old people are alive nowadays than at any time in history, the proportion of the population aged 60 and over, is also growing each year. By the year 2025, the world will host 1.2 billion people aged 60 and over and rising to 1.9 billion in 2050. The proportion of the elderly population to total population was 5.8% in 2000 it expected to reach 8.7% by year 2025 and 15.0% by 2050. (National Center For Chronic Disease Prevention And Health Promotion 2010)[16].

One of the roles of community health nurse is promoting and maintaining the physical and social health of elderly people. Physically healthy elders are those who have adjusted to their life stage and situation. This carries into late life the capacity to maintain self-esteem, self-confidence, purpose in life, and a satisfying sense of personal identity and social role. A well adjusted elderly have positive self-concepts, a capacity to view themselves as unique beings, an ability to communicate effectively, a sense of belonging, relative independence and freedom, and recognition of themselves as loving and valued human beings. CAPABLE intervention can help the elderly person to cope with the environment and stresses and maintain their physical functioning ***(Freelove-Charton, 2007 , Szanton Szanton, 2011)***[14,15].

Aim: to explore the effect of CAPABLE intervention on activity of daily living and depression among elderly in geriatric home.

Hypotheses

- There are effect of CAPABLE intervention on ADL
- there are effect of CAPABLE intervention on depression
- there are relation between post intervention depression status and ADL and socio demographic factors among elderly in geriatric home
- Result that highlights the need to develop interventions that promote modifiable healthy behaviors in older people.

We hypothesized that a 6-month CAPABLE intervention leads to reduced decline in dependent and depression level

2. SUBJECTS AND METHOD

Design: Quasi-experimental design (pre-post) test was utilized.

Setting: The present study was conducted in the two geriatric home in Cairo, Egypt. It was opened on October, 2016.

Subjects:

The research participants were 60 men and women aged 60–9 years.

Criteria for subject inclusion:

All participants were residents of, demonstrated no overt signs of psychosis or dementia (based on a cursory screening procedure) and were able to communicate and complete the study assessment battery (with assistance, if necessary). Excluded elder who is suffering from chronic diseases require them to enter the hospital and elderly people unwanted to participate. All prospective participants completed the informed consent process prior to study entry.

Instruments:-

Three instruments were utilized to collect data pertinent to the study.

1- Structured interview questionnaire, was used to collect data, which include socio-characteristics of the sample such as: age, sex, residence, education, marital status and economic status..

2- Activities of daily living (ADL)[17] **scale:** The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, summarizes overall performance in bathing, dressing, going to toilet, transferring, continence, and feeding. Clients scored yes/no for independence in each of the six functions; grading is based on A~G seven functional levels, where higher level indicates lower ADL [14–16]. Function Activity Questionnaire (FAQ) is the preferred rating scale of IADL; the higher the score, the more severe the disorders, with score of more than 5 considered as abnormal. The degree of help needs of daily life, degree of disability, and the degree of special issues are taken into account with the highest score of 54, where higher score indicates more severe disability.

3- The Geriatric mood Scale (GDS)[18] A simple version of GDS, GDS-5 (short version 5-item Geriatric Depression Scale), has been referred (Song, et all; 2014). The GDS questions are answered “yes” or “no” for depression, reduced activity, irritability, withdrawal, painful thoughts, and negative evaluation of the past, present, and future. The grid sets a range of 20–30 as “severely depressed,” 10–19 as “mildly depressed,” and 0–9 as “normal.”

4- Procedure for Data Collection:

- Permission to conduct the study was obtained from the administrative authorities after the aim of the study was explained.

- **Study period:** The study was conducted from October 2016 till March 2017.

5- Reliability of the developed instruments was done by alpha cronbach test. Reliability was applied by the researcher for testing the internal consistency of the tool, by administration of the same tools to the same subjects under similar conditions on one or more occasions, Answers from repeated testing were compared (reliability for tool 1. was reliable at 0.76, reliability for tool 2= 0.77%) and reliability for tool 3 Cronbach's Alpha reliability= 0.85.

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- **Validity of the tools:** the tools tested by five experts in community health nursing and some modification were done according to expertise opinion. The content and face validity of the study tools were measured to evaluate the individual items as well as the entire tools used for the study as being relevant and appropriate to test what they wanted to measure.

- **Pilot study** was carried out on 10 elder at geriatric home in October 2016. They were excluded from the study sample, to test the clarity of data collection tools. Also, to detect any obstacle or problem that might arise in data collection, and estimate the time needed to fill the tools.

- **The researcher conducted ethical consideration** intervention meeting. Privacy of the elder was maintained. Confidentiality of the collected data was secured.

- The researcher interviewed with elders using single or a small group (5- 10) according to health condition's elder, their level of education and understanding and interviewed them in geriatric hall to explain the aim and nature of the study. Elders were allowed to ask questions in case of miss understanding.

Teaching program (study intervention)

The study intervention consisted of a nursing educational program for elderly patients. This was developed by the researcher to help the elderly in meeting their daily living activates, and accordingly they can adjust their depression .This was to be achieved through teaching the elders how to identify, plan and participate in positive attitude to cope on daily living activities and depression

The intervention program was designed based of reviewing past and current related literature ***(***Schoeni ***et al, 2008)*** [19] and in the light of the patients' needs as identified in the pre-intervention assessment phase. It was planned to cover the gaps of knowledge and practice for elderly patients aiming to improve their health status. The content of program covered the following areas: burn definition, causes, types, complications, proper diet, relaxation techniques, exercise, stress management, anger management, patterns of adjustments, communication skills, problem-solving techniques, and coping strategies. These were organized in 10 sessions as follows:

- *Sessions 1 and 2*: Acquaintance, identifying the program objectives content, and procedures: The objective of these two sessions was to acquaint and inform the participants about the program aim and procedure.

- *Sessions 3, 4 and 5*: Overview of the psychosocial problems negative distress, and quality of life . The objectives were to provide an overview about psychosocial adjustment, meaning of psychosocial problem, types of depression, and ADL of life.

- *Sessions 6, 7:* Finding and achieving goals: The objectives were to provide an overview about feeling, stress in daily life, and self control. Self-conversation and physical pressure: The objectives were to define self-conversation, positive self-talk, negative feelings and how to adapt with them.

- *Sessions 8-9:* stress from daily living activities , and adjustment: The objectives were to be able to deal with negative adjustment by encouraging social interaction and improve and return to positive, and to explore and carry on responsibility. The objectives were to provide an overview of problem solving and decision making.

- *Session 10:* Relaxation technique: The objectives were to be able to demonstrate steps of physical relaxation.This was for an overall feedback and for post-assessment after program intervention has been completely applied.

Different teaching strategies were used such as modified interactive mini-lectures, small group discussions, role play, demonstration and re-demonstration using real life situations. Concerning the methods of evaluation used during training, they included asking questions, oral feedback and indirect observation.

3. RESULT

Fig 1: Regarding suffering from chronic diseases the majority (40%)of them were suffering from hypertension, 28.3% of them had diabetes, 13.3% of them had kidney disease while, the lowest (11.7%) had liver disease and only 6.7% of them were free from disease.

Fig. 2: showed Depressive level among elderly home residents. The findings of the table stated that 57 % of elderly home residents have mild depression.

Table 1 showed Socio-demographic data of studied elderly. The findings of the table showed that near about half (48.3%) of the elderly were aged 60 - 70 years and more than half of them (55%) were females. The majority (80%) of them were widowed. Less half (45%) of them were university educated while 46.7% of them were sometimes practice exercise. 28.3% were rarely participate exercise and one quarter (25 %) were always practice exercise. Half of them (50%) their monthly income was partially sufficient and 46.7% of them getting this income from their salary.

Table 2 shows 55% of them had good health and 70% of them weren't satisfied with their family support.

Table 3 = Fig.3: showed the Effect of educational nursing intervention on depression among studied elderly. The findings of the table revealed that pre intervention the majority of elderly patients suffering depression mild suffering (77.8%). It revealed statistical significant relationship (LR= 14.2, P=0.007)

Table 4: represented the Effect of educational nursing intervention on DLA among studied elderly. The findings of the table showed that daily living activities was highly significance effect on depression among elderly patients LR=50.5, P=0.000 HS.

Table 5 showed the Relation between post-intervention depression status and each of daily living activities and socioeconomic factors among elderly in geriatric homes the results of the table reported that there weren't statistical significant relationship in ADL (Post IV), Age groups, Education, Monthly income (LR=1.7, P=0.8, LR=1.4, P=0.4, LR=1.9, P=0.7, LR=2.5, P=0.6, P=0.4. There was statistical relationship in educational level LR=2.5,P=0.6

Table 6 showed the Relation between gender and post- depression and ADL intervention, the result shows that are significant relation between gender and post intervention depression, while there is no significant relation between gender and pot intervention ADL.

4. DISCUSSION

Recently, geriatric homes have spread in the Islamic and Arab countries due to extend the longevity and concern of families to work and travel. Geriatric home provides older people with care, attention and entertainment. But the elderly often feel anxious and tense about changing of their home and dealing with a stranger which leads to psychological disturbance that may lead to depression and sometimes isolation.

Geriatric major depression is twice as common in patients receiving home care as in those receiving primary care. Most depressions in patients receiving home care are untreated. The poor medical and functional status of these patients and the complex organizational structure of home health care pose a challenge for determining safe and effective strategies for treating depressed elderly home care patients.(**Crocco**,2017) [20]

The aim of this study was to investigate the relationship between multi factorial nursing interventions on activity of daily living, anxiety and depression among elderly in geriatric home.

Part I: demographic characteristic

As regard the demographic characteristics, the present study showed that near about half (48.3%) of the elderly were aged 60 - 70 years and more than half of them (55%) were females. Less half (45%) of them were university educated. Half of them (50%) their monthly income was partially sufficient and 46.7% of them getting this income from their salary. (Table1). This is in contradicting with the results of *Ravanipour (2010)* [21], in his studied " **Elderly self-management: a qualitative study** " who found that more than half of males in his study were admitted. The study as same line on (Dewen, 2009) [22] who studied "Changes in activities of daily living (ADL) among elderly Chinese by marital status, living arrangement, and availability of healthcare over a 3-year period" and found that (54%) from the sample were female, (60%) elderly subjects with no education and 75% of elderly had no sufficient income.

- Marital status and education

Marital status and living arrangements, along with changes in these in mid-life and older ages, have implications for an individual's health and mortality. In the present study there was a high percentage of widowed (80%) (table 1) this agreement with (James, 2012) [23] who studied "Marital status, health and mortality" who found tha**t** high percentage of widowed in old age.

Health status:

Chronic diseases can have a profound impact on the health and quality of life of elderly persons. According to the Centers for Disease Control (CDC) a lot of the sickness, disability, and even death associated with chronic disease can be avoided through preventive measures. The number of diseases effect on ADL difficulty level at the moment of onset of the disability (CDC; 1014) [24]

Figure 1: current study found that (40%)of the study were suffering from hypertension, 28.3% of them had diabetes, 13.3% of them had kidney disease while, the lowest (11.7%) had liver disease and only 6.7% of them were free from disease. This is agreement with (Nazmus et al.; 2017) [25] who studied "Chronic disease prevalence among elderly Saudi men" and found the prevalence of hypertension, diabetes, heart disease, asthma, ulcer, and cancer were: 71.3% 27.3%, 16.4%, 9.7%, 8.9%, and 2.0%, respectively. There are relationship between depressive symptoms and chronic disease, Multiple chronic diseases are closely associated with depressive symptoms in middle-aged and elderly populations (JooYeon et al.; 2017) [26]

Depressive symptoms interfere with the quality of life and respond to nursing interventions that address psychosocial functioning including loss, educational strategies to increase understanding of depression as a disease, its treatment and adherence strategies, interventions that monitor and improve chronic medical illness, and recognize medication management that has the least likelihood of side effects (Mynatt, 2004) [27]

The present study clarified that 56.7% and 23.3%of elderly home residents have mild and severe depression respectively, which is close to the findings of many prior studies in Egypt exploring depression prevalence among the elderly population. For example, (El-Sherbiny et al2016) [28] who studied " A comprehensive assessment of the physical, nutritional, and psychological health status of the elderly populace in the Fayoum Governorate (Egypt)" and (El Kady 2012) [29] measured elderly depression prevalence and identified it as 74.5%, and in another study performed in Alexandria, 75% of the elderly population over 75 years old was found to suffer from depression. It revealed statistical significant relationship (LR= 14.2, P=0.007). This result nearly same as result (Maureen et al.; 2014) [30] who studied "An interprofessional nurse-led mental health promotion intervention for older home care clients with depressive symptoms" and decelerated that 56% had clinically significant depressive symptoms, with 38% having moderate to severe symptoms. The intervention was effective in reducing depressive symptoms. So, early diagnosis, good access to psychotherapy, and early intervention could improve care for depressive older patients

Moreover (Jongenelis, 2004) [31] who studied "Prevalence and risk indicators of depression in elderly nursing home patients: the AGED study" who found that the prevalence of depression in the nursing home population is very high.

Clinical depression is prevalent among older adults and negatively affects functional status, quality of life and mortality, while increasing health care costs and taking a toll on family caregivers.(Cherry et al.;2004) [32]

There is a growing body of evidence that subtle deficits in activities of daily living (ADL) may be present in mild cognitive impairment (MCI). However, it is not clear if there are ADL domains that are consistently affected across patients with MCI. This study aimed to summarize assessment and clarified relation between ADL and depression. (Katrin et al.;2015) [33]

As regard to activity if daily living (ADL) the present study found that 51.7% of the study was independent, while 28.3% of them were dependent. Additionally, the present study represented the effect of educational nursing intervention on ADL among studied elderly. The findings of the table showed that daily living activities was highly significance effect on depression among elderly patients LR=50.5, P=0.000 HS. This is agreement with (Gustaf et al.; 2014) [34] who studied "Functional capacity and dependency in transfer and dressing are associated with depressive symptoms in older people" and found that were associated with depressive symptoms and ADL.

However, the present study showed no significant relation between the age, education, monthly income and ADL of the study sample and their post intervention depression. This finding is agreement with the result of *(*Chang *et all, 2009)* [35] *who studied "* An association between incident disability and depressive symptoms over 3 years of follow-up among older wo*men"* who found a negative impact of patients' cognitive symptoms on their social functioning, work performance, and quality of life on the people close to them, and consequently on the degree of functional recovery after depression.

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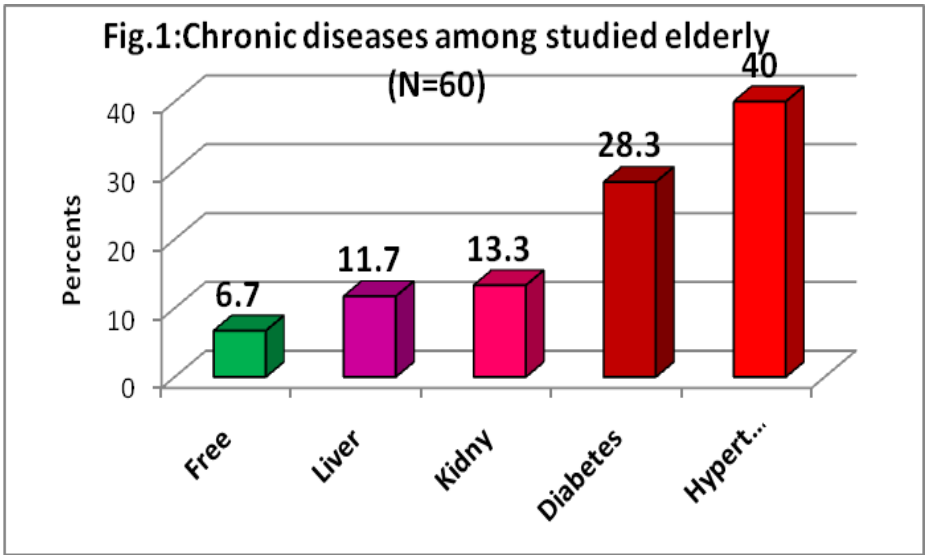
5. CONCLUSION

The results indicated that a high percentage of the elderly in the elderly homes suffer from depression at different levels, and that the daily life activities were significantly affected after the intervention of nursing, so the number of older people reached 3%. Results showed the effectiveness of the nursing intervention used where there was a significant difference between tribal and remote outcomes

6. RECOMMENDATION

- The researcher recommends the need to examine the elderly psychologically and physically at close intervals to know the changes and treatment from the beginning.
- Development of the CAPABLE program and its generalization on periodic examinations of the elderly in the elderly homes
- Social support and physical involvement are an urgent need to preserve the elderly physically and psychologically



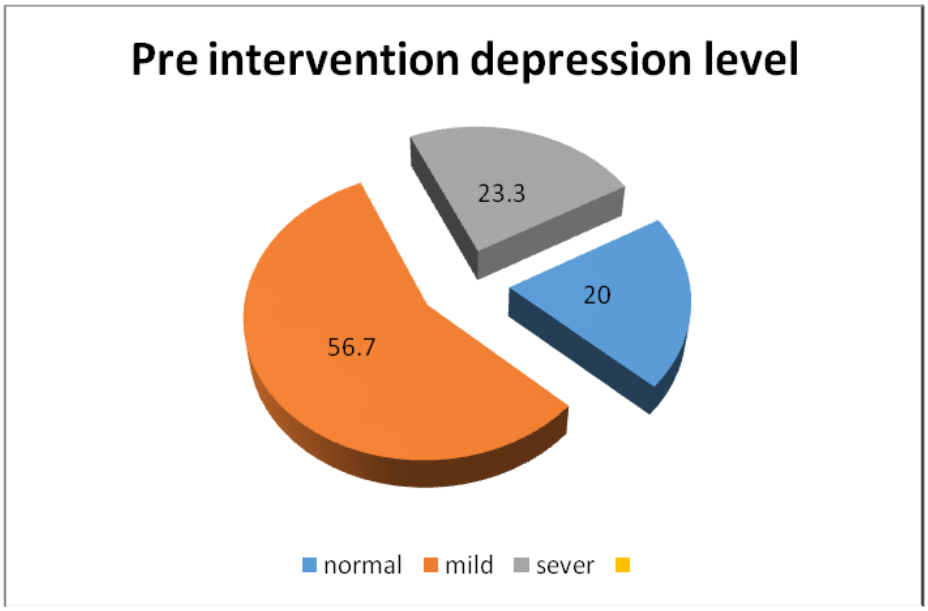


Fig 2: distrebution of the studied elderly persons according of level of depression

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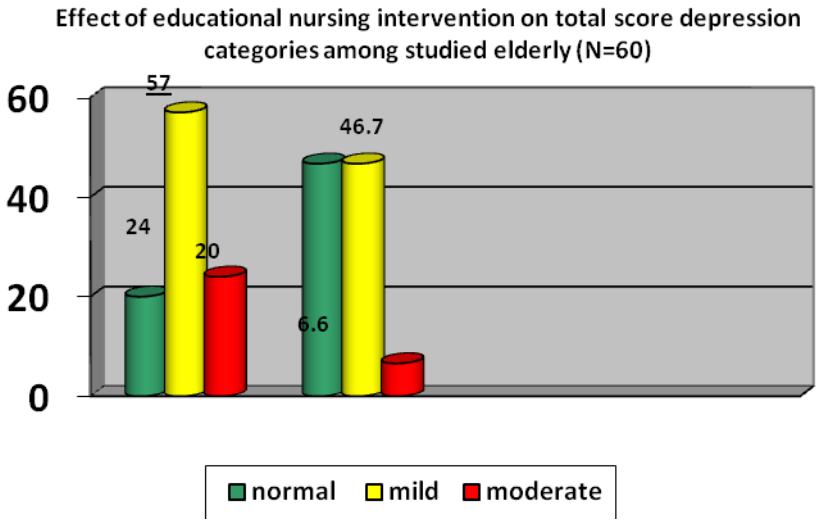

Fig 3: Effect of educational nursing intervention on depression among studied elderly (N=60)

Table 1: Socio-demographic data of studied elderly

Socio-demographic data	Frequency	Percent
Age groups:		
60 - 70 years	29	48.3
71 - 80 years	20	33.3
81 - 90 years	11	18.3
Mean± SD	72.6± 7.8 years	
Gender		
Male	27	54
Female	33	55
Education		
Preparatory	19	31.7
Secondary	14	23.3
University	27	45
Marital status		
Single	4	6.7
Widows	48	80
Divorced	8	13.3
Exercise		
Rare	17	28.3
Sometimes	28	46.7
Always	15	25
Monthly income		
Insufficient	25	41.7
Partially	30	50
Sufficient	5	8.3
Income source		
Salary	28	46.7
Sons	9	15
Social support	23	38.3
Total	60	100

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Table 2: Depressive level, health status, and satisfy with family support among elderly (N=60)

Depressive symptoms	Frequency	Percent
Depression level (fig.2)		
Normal	12	20
Mild	34	56
Sever	14	23.3
Health status		
Excellent	7	11.7
Good	33	55
Poor	20	33.3
Satisfy with family support		
No	42	70
Yes	18	30
Total	**60**	**100**

Table 3: Effect of educational nursing intervention on depression among studied elderly (N=60)

Depression		post intervention depression			Total	P value
		Normal	Mild	sever		
pre intervention depression	Normal	4 22.2%	8 19.5%	0 0.0%	12 20.0%	LR= 14.2, P=0.007 Sig.
	Mild	14 77.8%	20 48.8%	0 0.0%	34 56.7%	
	Sever	0 0.0%	13 31.7%	1 100.0%	14 23.3%	
Total		**18** **100.0%**	**41** **100.0%**	**1** **100.0%**	**60** **100.0%**	

Table 4: Effect of educational nursing intervention on DLA among studied elderly (N=60)

Daily Living Activities		Post intervention DLA			Total	P value
		Dependent	Partial dependent	Independent		
Pre intervention DLA	Dependent	2 100.0%	14 87.5%	1 2.4%	17 28.3%	LR=50.5, P=0.000 HS
	Partial dependent	0 0.0%	1 6.3%	11 26.2%	12 20.0%	
	Independent	0 0.0%	1 6.3%	30 71.4%	31 51.7%	
Total		**2** **100.0%**	**16** **100.0%**	**42** **100.0%**	**60** **100.0%**	

Table 6: Relation between gender and post ADL and depression among studied elderly (N=60)

Variables		sex		Total	P value
		Male	Female		
Post intervention ADL					
	Dependent	1 3.7%	1 3.0%	2 3.3%	LR=0.51 P=0.7 NS
	Partial dependent	6 22.2%	10 30.3%	16 26.7%	
	Independent	20 74.1%	22 66.7%	42 70.0%	

Post intervention depression					
	Normal	3 11.1%	15 45.5%	18 30.0%	LR=10.1 p=0.006 Sig.
	Mild	23 85.2%	18 54.5%	41 68.3%	
	sever	1 3.7%	0 0.0%	1 1.7%	

Table 5: Relation between post-intervention depression status and each of daily living activities, anxiety and socioeconomic factors among elderly in geriatric homes (N=60).

Variables		post - depression			Total	P value
		Normal	Mild	sever		
ADL (Post IV)	Dependent	1 50.0%	1 50.0%	0 0.0%	2 100.0%	LR=1.7, P=0.8 NS
	Partial dependent	6 37.5%	10 62.5%	0 0.0%	16 100.0%	
	Independent	11 26.2%	30 71.4%	1 2.4%	42 100.0%	
Age groups	60 - 70 years	9 31.0%	19 65.5%	1 3.4%	29 100.0%	LR=1.9, P=0.7 NS
	71 - 80 years	5 25.0%	15 75.0%	0 0.0%	20 100.0%	
	81 - 90 years	4 36.4%	7 63.6%	0 0.0%	11 100.0%	
Gender	Male Female	3 11.1% 15 45.5%	23 85.2% 18 54.5%	1 3.7% 0 0	27 100% 33 100%	LR=10.1, P=0.006 Sig.
Education	Preparatory	5 26.3%	13 68.4%	1 5.3%	19 100.0%	LR=2.5, P=0.6 NS
	Secondary	4 28.6%	10 71.4%	0 0.0%	14 100.0%	
	University	9 33.3%	18 66.7%	0 0.0%	27 100.0%	
Monthly income	Insufficient	5 20.0%	19 76.0%	1 4.0%	25 100.0%	LR=3.6, P=0.4 NS
	Partially	11 36.7%	19 63.3%	0 0.0%	30 100.0%	
	Sufficient	2 40.0%	3 60.0%	0 0.0%	5 100.0%	
Total		**18 30.0%**	**41 68.3%**	**1 1.7%**	**60 100.0%**	

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