Discussion

Complété par le médecin.

Injection, il sera ensuite apporté par le patient à chaque séance d'injection et complété par le médecin.

Discussion.– Le travail est original, il n’existe actuellement pas de support d’information de ce type. Cet outil devrait permettre d’améliorer la qualité de la prise en charge des patients et de répondre à une de leurs demandes : disposer en plus de l’information orale d’un support écrit à conserver.

Conclusion.– La validation du projet par la Société Française de Médecine Physique et Rédaptation est la prochaine étape ainsi que l’évaluation du carnet auprès des patients. Il sera envisagé ensuite une mise à disposition du carnet à l’ensemble des médecins impliqués dans l’utilisation de la toxine botulinique.

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Posters

English version

P023-e

Drugs for secondary prevention after stroke: Design and evaluation of information brochures for patients and caregivers

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Keywords: Drugs; Medication brochures; Cardiovascular prevention; Stroke; Therapeutic education

Neurological rehabilitation departments support patients with severe stroke. In addition to physical rehabilitation, pharmacological treatment and dietary measures are implemented to prevent stroke recurrence. As part of an educational process around patient adherence to treatment, we have developed therapeutic brochures of drugs prescribed after a stroke.

The information brochures were developed by two pharmacists AJD and AR based on the recommendations of the HAS “development of patient information document”. They targeted drugs for cardiovascular prevention (antihypertensive, antiplatelet, AVK and new oral anticoagulants, statins) and medications used in the treatment of neuropathic pain, spasticity, and urinary disorders. The therapeutic supports were validated by rehabilitation physicians and neurologists. An evaluation was then conducted by interview (from a questionnaire) of patients/caregivers during hospital stay. The objective was to test the brochures on the substance and form. Changes have been made following the assessment.

Nineteen brochures were made, 15 for “drugs” and four for the “therapeutic care” of secondary prevention, urinary disorders, spasticity, neuropathic pain. The information brochures were tested by nine patients and three caregivers. They have been found useful to very useful, and providing new relevant information. Taking into account the comments of patients has led us to “simplify” certain words or phrases and reformulate key messages. Finally, the evaluation has shown that for an optimal understanding, the information brochure had to be explained by physician or pharmacist before to be given to patient.

This work is original, there is currently no specific therapeutic tools about medication after stroke. It is part of the educational interventions advocated by the national stroke from 2010 to 2014. The brochures were submitted to SOFMER and SFNV (Société Française Neurovasculaire) for validation. They could be used in clinical departments neurological and rehabilitation to support the explanation of the order at hospital discharge. In addition, they could be made available to community pharmacists and general physicians, as a tool to support long-term care patient.

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P024-e

Impact of a program of therapeutic education on quality of life of patients with rheumatoid arthritis

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Keywords: Therapeutic education; Disability; Rheumatoid arthritis

Introduction.– Rheumatoid arthritis is the most common chronic inflammatory rheumatism. One of first causes of disability, not always severe, may be fluctuating and inconspicuous nevertheless binding and painful sounding on daily life.

Measures are implemented to prevent stroke recurrence. As part of an educational process around patient adherence to treatment, we have developed therapeutic brochures of drugs prescribed after a stroke.

The information brochures were developed by two pharmacists AJD and AR based on the recommendations of the HAS “development of patient information document”. They targeted drugs for cardiovascular prevention (antihypertensive, antiplatelet, AVK and new oral anticoagulants, statins) and medications used in the treatment of neuropathic pain, spasticity, and urinary disorders. The therapeutic supports were validated by rehabilitation physicians and neurologists. An evaluation was then conducted by interview (from a questionnaire) of patients/caregivers during hospital stay. The objective was to test the brochures on the substance and form. Changes have been made following the assessment.

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P025-e

Representations of the concepts in therapeutic patient education for professionals of care

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Keywords: Therapeutic education; Disability; Rheumatoid arthritis

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P026-e
Fears and faiths in spondyloarthritis
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Objective.– Evaluation of the fears and the faiths of the patients affected by spondyloarthritis as well as the echo of their chronic disease.

Patients and methods.– Twenty-four patients affected by stiffening spondylarthritids candidate for a biotherapics participated in a therapeutic educational program concerning their chronic disease. They all benefited from a shared educational balance assessment, during which the fears and the faiths concerning their disease as well as its echo were noted. An evaluation of the knowledge was also realized by means of a validated and specific questionnaire.

Results.– About 65.2% of the patients describe an echo on the leisure activities, 56.5% on the married and family life, 52.2% on the social life, 65.2% on the professional life, 78.2% on the morale, 65.2% on the image. The duration of evolution average of the disease was of 10 years [1-25 years]. Patient 47.8% knew the genetic or family origin of the disease. As regards the aggravating factors of the disease, the faiths concerned: the food for 34.8%, the working activity for 21.7%, the weather for 17.5%, the social environment for 17.5%. The score of the questionnaire of knowledge realized before the program was on average 7.8 on 14 [3-12]. Their vision of the future and the evolution is considered as negative for 43.5% and is positive for 21.7%, stable.

Conclusion.– These elements underline the importance of a global approach of the patient, in particular to work on the faiths and the knowledge but also to target the improvement of the quality of life of the patients.

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P028-e
Elaboration of a botulinum injection follow-up notebook
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Keywords: Botulinum toxin; Therapeutic education; Follow-up notebook

Introduction.– Medical indications for botulinum toxin treatment have diversified these last years. Patients can now be given multisite injections by different medical teams, with sometimes a lack of information on the frequency and doses of toxin injection. As far as we know, no information support exists for patients.

Method.– The objective of this work is to elaborate and provide an information document, such as a “follow-up notebook”, containing, for the patient and the doctor, all relevant and useful information regarding the treatment. This notebook has been based on High Health Authority recommendation. Expert Society’s recommendations have as well been taken in account regarding spasticity caring and database information on antispastic drugs has also been consulted.

Result.– We have chosen the same format than the “anti K vitamin follow-up notebook”. It contains, for the patient, practical information about spasticity and botulinum toxin and medical data about injections sessions (date, injected dose, concerned muscle). This notebook will be presented by the doctor then given to the patient before the first injection. It will be then brought back at every injection session and completed by the doctor.

Discussion.– This is an original work since actually no such notebook exists. This tool should improve the way patients are taken care of and answer one of their demands: dispose, in addition to the oral information given by the doctor, of written information they can keep.

Conclusion.– The next step of this project is its validation by the French Society of Physical Medicine and Rehabilitation and its assessment with patients. We will then consider transmitting this notebook to all doctors concerned by the use of botulinum toxin.

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P027-e
Interest of a program of patient education associated with a non-intensive multidisciplinary rehabilitation in chronic low back pain
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Keywords: Chronic low back pain; Patient education; Physical activity; Functional rehabilitation

Objective.– Evaluating the impact of a program associating patient education with a non-intensive multidisciplinary rehabilitation in the medium term in patients with chronic low back pain.

Patients and method.– Open study of 33 patients who followed a program close to the concept of therapeutic education. The evaluation was performed at six months on the impact of pain, on clinical criteria and on professional criteria.

Results.– We observe at six months a significantly lower impact of pain on the scale of Dallas (P < 0.0001), and improved muscular endurance for the spinal Sorensen test (P = 0.01) and the abdominal Shirado Ito test (P = 0.04), but not in the parameters of extensibility nor VAS. The Dallas score improved for the very large majority of subgroups examined, with the exception of those with initial pain above 4 on the Visual Analogic Scale. The rate of return to work is 63%.

Discussion.– The strong improvement of the Dallas score, in particular in subgroups of populations of natural evolution generally negative, argues for the effectiveness of this program of education; the level of initial pain constitutes the main identified factor of efficiency.

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P025-e
Interest of a program of patient education at its pace and/or give to him tools to improve these elements.

Empowerment of the patient.

Patient education are objectives of improvement of quality of life, and rehabilitation in chronic low back pain.

Patients and methods

Spondyloarthritis as well as the echo of their chronic disease.

Fears and faiths in spondyloarthritis

Patients and methods

Twenty-four patients affected by stiffening spondylarthritids candidate for a biotherapics participated in a therapeutic educational program concerning their chronic disease. They all benefited from a shared educational balance assessment, during which the fears and the faiths concerning their disease as well as its echo were noted. An evaluation of the knowledge was also realized by means of a validated and specific questionnaire.

Results

About 65.2% of the patients describe an echo on the leisure activities, 56.5% on the married and family life, 52.2% on the social life, 65.2% on the professional life, 78.2% on the morale, 65.2% on the image. The duration of evolution average of the disease was of 10 years [1-25 years]. Patient 47.8% knew the genetic or family origin of the disease. As regards the aggravating factors of the disease, the faiths concerned: the food for 34.8%, the working activity for 21.7%, the weather for 17.5%, the social environment for 17.5%. The score of the questionnaire of knowledge realized before the program was on average 7.8 on 14 [3-12]. Their vision of the future and the evolution is considered as negative for 43.5% and is positive for 21.7%, stable.

Conclusion

These elements underline the importance of a global approach of the patient, in particular to work on the faiths and the knowledge but also to target the improvement of the quality of life of the patients.

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Conclusion

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