Objective.– Education showed its interest in the chronic back pain. It is most frequently realized within the course of care of the patient in particular during the programs of functional restoration. An evaluation of the achievement of the educational objectives defined during the shared educational assessment was realized in six months after an educational program.

Patients and methods.– Retrospective study of 104 patients with chronic back pain having participated from 2008 till 2012 in a therapeutic educational program and functional restoration. The patients benefited during the pre-inclusion to the program, a shared educational assessment. The defined objectives were revalued at six months. The patient had to define if the objectives were:

- reached;
- or not reached but possible;
- or impossible.

Results.– In six months, on 62 patients, 55% reached their goals, 35% did not reach their goals but think that it remains possible and 10% of the patients think that their objectives are impossible to reach. The most frequent objectives retained by the patients were: the better manage my pain, take back a physical activity, the better know my body, take back a professional activity. The satisfaction to the program is very good, 90% of the patients were satisfied by the program.

Conclusion.– This therapeutic educational program integrated into the care allows to reach in a complete or partial way the educational objectives defined by the patients and the nursing, in an important proportion (90%).

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Therapeutic education for hyper mobile EDS patients: “PrEduSED”

E. Chaleat-Valayer a,*, M. Bonjean a, M.H. Boucard b, F. Siani a, I. Perretant a, N. Fraisse a, C. Tricarico a, M.N. Gaveau a

a Centre médico-chirurgical et de réadaptation des Massues Croix Rouge Française, 92, rue Edmond Locard, 69005 Lyon, France
b AFSED, France
*Corresponding author.
E-mail address: chaleat-valayer.e@cmcr-massues.com

Keywords: Rare disease; Patient education; Disease hypermobile Ehlers Danlos type

Introduction.– The disease Ehlers Danlos hypermobile [1] is a rare connective tissue disease responsible for a chronic pain syndrome. PrEduSED is the first therapeutic education program (ETP) for hyper mobile EDS Patients in partnership with the French Association of Ehlers-Danlos syndrome (AFSED).

Goals.– Improve self-management of pain, fatigue, and episodes of instability. Learn how to communicate about the disease, and its repercussion in the everyday life. Improve quality of life knowledge and skills about self-care which will enable the person to become an “expert patient” [2].

Procedure.– The program is built according to the recommendations of the High Authority for Health (HAS) and is provided by a multidisciplinary staff including rehabilitation physician, geneticist, rheumatologists, physiotherapists, occupational therapists, psychologists, a member of the AFSED.

Different modules address the disease, its genetic transmission, methods of diagnosis, drug and non-drug treatments, pain, physical activity, the equipment, the impact emotional and social as well as a special workshop for carers. The evaluation of the program at T0 and one year relates to the quality of life (SF 12), fatigue (Fatigue scale FIS), coping (CSQ-F), body image (QIC), anxiety and Depression (HAD) and a self-assessment of knowledge and skills (quiz).

Results.– Eighteen patients benefited from the program (17 women, 1 man) with a mean age of 35.3 years. It was noted in all patients at T0 an anxiety syndrome, chronic fatigue syndrome, a disturbed body image. Coping strategies are rather positive. Seventy-five percent of participants with disabilities to work or disability.

Conclusion.– This program is innovative in the context of rare and received certification of ARS Rhône-Alpes. Different research programs on the real impact of PrEduSED which were being recognized by the French Association for the Development of Therapeutic Education (price AFDET 2013).

References

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Therapeutic education after amputation: Literature’s review

E. Pantera a,*, P. Fages a, M.C. Cristina a, E. Coudreye a

a CHU Clermont-Ferrand, hôpital Nord, route de changeauagay, 63118 Cezabat, France
b CRF Le Normandy, Granville, France
c Clinique Notre-Dame-de-Lourdes, Rennes, France
*Corresponding author.
E-mail address: epanterar@chu-clermontferrand.fr

Keywords: Amputee; Therapeutic education; Literature review

Introduction.– The experience of amputation is at the origin of an undeniable change in quality of life with a somatic and functional impact. The quality of life depends on individual and environmental factors that can be modified by the