Oral communications

CO25-001-e
Therapeutic patient education for stroke survivors: The SOFMER working group
J.C. Daviet a,∗, A. Yelnik b
a Service de MPR, EA 6310 HAVAE, CHU de Limoges, Limoges, France
b Service de MPR, hôpital F. Widal, Paris, France

Keywords: Stroke; Therapeutic patient education
TPE itself is a goal in physical medicine and rehabilitation (PMR) and it is generally part of the missions of follow-up care and rehabilitation facilities. The French Physical and Rehabilitation Medicine Society (SOFMER) established a working group to devise methodological guides for implementing TPE programs based on analyses of practices and a literature review [1]. These guides are available in French on the SOFMER website (www.sofmer.com). This working group only addressed the after-effects of strokes. Secondary prevention and cardiovascular risk factor control will be discussed in a specific working group. We will present the results of this work and update on the current practice in France by showing examples of programmes implemented with these guides.

Reference
http://dx.doi.org/10.1016/j.rehab.2014.03.204

CO25-002-e
Volunteer patient’s profile for a therapeutic patient education program of physical activity post stroke. Preliminary descriptive study
B. Kammoun a,∗, J. Lacroix b, S. Mandigout b, J.Y. Salle b, D. Bernikier b, J.C. Daviet b
a Laboratoire HAVAE, Limoges, France
b CHU de Limoges, France
∗Corresponding author.

Keywords: TPE; Stroke; Profile
Objective.– Therapeutic patient education concerning physical exercise for post stroke patient is essential although not knowledgeable [1]. It seems relevant to study the profile of participants of TPE programs. Methods.– Sixteen patients (57 ± 13 years) victims of a first stroke within 6 months participated the program. The initial assessment included a Barthel index (BI), a motor index (IM), a 6 minute walking test (6MWT), and self-administered questionnaires of anxiety and depression (HADS), support environment (HCCQ) and fatigue (MFI 20).

Results.– BI: 99 ± 2; IM: 89 ± 16; 6MWT: 402 ± 127 m; HADS (anxiety: 5.7 ± 3.5; Depression: 9.2 ± 3.5); MFI-20: -0.1 ± 11.2; HCCQ: 5.5 ± 1.5/7.

Discussion.– Despite a good level of recovery on physical and functional parameters, self-administered questionnaires reveal a depressive tendency and poor form felt. These elements fully justify TPE program whose joining is possibly facilitated by the support of the entourage.

Reference
http://dx.doi.org/10.1016/j.rehab.2014.03.205

CO25-003-e
How to optimize the therapeutic alliance around exercise in cardiovascular disease?
M. Labrunee a,∗, J. Satge b, T. Guiraud a, V. Gremeaude
a Inserm, UMR-1048, Équipe 8, I2MC, CHU Rangueil, SSR cardiovasculaire, 31650 Saint-Orens de Gameville, France
b SSR cardiovasculaire, CHU de Toulouse Rangueil, France
c Inserm, UMR-1048, Équipe 8, I2MC, CHU de Toulouse Rangueil, Clinique de réhabilitation cardio-respiratoire, 31650 Saint-Orens de Gameville, France
d Pôle Rééducation-Rehabilitation, CHU de Dijon, France
∗Corresponding author.

Keywords: Physical activity; Therapeutic education; Cardiovascular disease
Introduction.– Physical inactivity remains a major cardiovascular risk factor. The benefits of physical activity (PA) are now clearly established, both for primary and secondary prevention, and recommendations are regularly updated by international scientific societies. However, there are still some controversial points, mainly concerning the type and intensity of PA. The main difficulty with these issues concerns how to customize PA, in order to make it “enjoyable” and improve compliance, by creating lasting changes in health behavior.

Methods.– Based on a critical review of literature with key words “physical activity”, “education” and/or “cardiovascular disease”.

Results.– After recalling the central role of PA in the educational diagnosis (ED), we present a practical approach of the educational concept applied to PA in cardiovascular diseases, the tools that can be used for ED as well as for the implementation of the educational intervention, and cues to customize the therapeutic education for the PA to the patient.

Discussion.– Integrating the promotion of PA in a structured therapeutic education approach can allow achieving this goal.

http://dx.doi.org/10.1016/j.rehab.2014.03.206