Therapeutic education

Oral communications

CO32-004-e

Therapeutic education and intermittent self-catheterization. A Cohort study to assess success and failure rate as the outcome of the initial session and after one year

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Introduction Intermittent self-catheterization (ISC) is currently the gold standard for the management of retentionist neurologic bladders. There is no in the literature any randomized studies of strong or weak power enlightening the efficacy of therapeutic education (TE) in the acceptance, compliance and realization of ISC.

Material A cohort of 87 patients who got a therapeutic education for ISC in our unity of neuro-urology was studied. The following data were collected: disease, age, gender, voiding method before TE, presence or absence at inclusion of overactive bladder syndrome, urge urinary incontinence, stress urinary incontinence, dysuria, also detrusor overactivity and bladder compliance at cystometry at inclusion. Failure or success of performing the ISC as the outcome of initial TE and after 1 year was studied, as well as their cause.

Results Success of ISC as the outcome of the initial TE was 79%, and immediate failure was 21%. In 1/3 cases, the reason was anatomy. The other main causes were psychology, skill, or due to motor function or dexterity impairment.

One year after TE, the rate of patients who aren't undertaking the ISC anymore and who are coming back to their previous voiding method or a new one is 1/3. Half of patients were still undertaking ISC and 15% lost to follow-up.

Main failures causes at 1 year were: initial failure (37%), return to a voiding method by spontaneous voiding (17%), dissatisfaction of ISC (10%), combination of ISC and spontaneous voiding (10%), and for 13% a modification of voiding method (sacral neuromodulation, Bricker, cystectomy).

Among the patients lost to follow-up and not answering to the phone, 3 failed the ISC initially while 10 succeeded.

There was no statistical correlation between the different data collected initially and the success or failure of ISC one year after the TE.

Discussion One third of patients who got therapeutic education for intermittent self-catheterization don't use this voiding method after one year of follow-up. The important number of patients lost to follow-up (15%) call into question the follow-up of patients after therapeutic education and also the significance of follow-up and reinforcement sessions.

Keywords Therapeutic education; Intermittent self-catheterization; Compliance; Follow-up

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Post stroke therapeutic education program: The experience of three aftercare and rehabilitation structures specialized in neurology in Lower Normandy

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Objective Since 2011, our work group involves three structures of aftercare and rehabilitation (SSR) and a health network specialized in Therapeutic Education. On the basis of the guidelines by the SOFMER and the SFNV, a Therapeutic Patient Education (TPE) program was developed dealing with 7 frequent post stroke physical or cognitive consequences. The point is to present the results after the implementation of the first themes.

Material and methods The steering committee (COPIL), created in December 2011, and supported by 8 work groups, achieved the elaboration of 38 TPE workshops. Patients and/or caregivers can join TPE sessions during their hospitalization in SSR wards, or later on (consultation, or medical and social structures). After the educational diagnosis interview and according to the post stroke consequences and to the skills they wish to improve, they take part in the five workshops, hosted by trained professionals. Three to 6 months after the session, the educational improvements, and the patients’ and caregivers’ satisfaction are assessed during a consultation.

We have experienced the setting up of workshops in order to evaluate the feasibility for one year now, especially for the
workshops elaborated by another SSR wards. Until now, 4 topics for a total of 23 workshops have been tested in our three structures. Results/Discussion Twenty-seven patients (16 suffering from an ischemic stroke, 11 from an hemorrhagic stroke) and 12 family caregivers have benefited from TPE sessions in the 3 SSR wards. All patients had an educational diagnosis. Participation rate scores 98% for patients, 89% for caregivers. According to items assessed, satisfaction rate scores between 83% and 94%. Self-assessment of workshops by professionals allowed to improve educational tools and to implement improvement axes.

Keywords Therapeutic education; Consequences of stroke; Caregivers' support

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Further readings

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Aim To identify patient and carer expectations regarding information necessary for the first therapeutic leave. This is part of a Patient Education Program on therapeutic leave for patients with brain injury.

Patients and methods Questionnaires designed by the multidisciplinary team were given to 30 hospitalised patients and their families before or after the first leave. A semi-quantitative, 4 level scale was used to evaluate the relevance of information received before the first leave, and the choice of information methods.

Results Twenty patients (5 before and 15 after the first leave) and 16 carers (5 before and 11 after) filled in the questionnaire. The results highlighted a need for information on medication (15/20; 75% patients–12/16; 75% carers) and what to do if a problem arose (11/20; 55% patients–11/16; 68.8% carers). Carers reported a need for information regarding emotional (12/16; 75%), cognitive and behavioural (10/16; 62.5%) disorders. Discussion with a professional was the preferred method of information (7/17; 41.2% patients–10/16; 62.5% carers) followed by an information leaflet (5/17; 29.4% patients–3/16; 18.8% carers) and a presentation by a professional (4/17; 23.5% patients–2/16; 12.5% carers). These methods were preferred to a presentation from a professional from out with the hospital (1/1; 5.9% patients–1/16; 6.3% carers). The sub-group of patients who had not yet been on leave preferred the information leaflet (2/5; 40.0%).

Discussion-conclusion The study highlighted the benefit of discussion time with a professional to prepare the first therapeutic leave. Patient education is thus relevant in this context and follows the recommendations of the French Health Authority (HAS1).

Keywords Patient education; Brain injury; Carer

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Further reading

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CO32-007-e From design in rehabilitation units to the application in a community pharmacy of a pharmaceutical interview for stroke survivors: Results of a pilot study

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Introduction After stroke preventive treatments are a primary determinant to avoid a recurrent cardiovascular event. However, patient’s adherence to long-term treatment is quite low [1]. Collaborative with healthcare providers, the pharmaceutical intervention already showed impact on drug therapy (pharmaceutical care concept). This concept is established in Canada for a long time, and begin to emerge in Europe [2].

Objective To develop pharmaceutical interviews with stroke survivors in hospital, and to bring this approach to community pharmacies.

Methods Individual semi-guided interviews were conducted in two steps: (a) evaluation of patient’s knowledge, skills and self-care; (b) providing appropriate structured information according to patient’s needs. For (a) a specific questionnaire incorporating problems relating to generic drugs and hygiene and dietary follow-up was developed; educational tools were used for (b): picture book, packages of drugs. At the end of the interview, information sheets and a management plan “how to take treatments” were given. This approach, developed in neurological rehabilitation unit, was then used in community pharmacy with ambulatory patients to test practicability of the method.

Results A total of 26 interviews were conducted: 20 inpatients and 6 outpatients. (a) The level of drug knowledge varies and no difference between the two groups was observed. Some notions are well known such as treatment start-up date (respectively 85 and 83%), management plan of treatments (60 and 67%). On the other hand, therapeutic indication of treatment (40 and 33%), what to do in risk situations (37 and 33%) or in the case of adverse event (11 and 0%), and hygiene and dietetic rules (45 and 33%) were less known. (b) Patients were very satisfied with the counselling interview.

Discussion Interviews with ambulatory patients confirmed the feasibility of this approach first developed at the hospital. Patient’s knowledge remains partial, including patients treated for a long time. It is now necessary to assess the impact of this pharmaceutical intervention on long-term health care’s quality.

Keywords Stroke; Medication adherence; Pharmaceutical care; Patient’s interview; Knowledge

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References


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