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

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

**Further readings**

www.sofmer.com/Éléments pour l’élaboration d’un programme d’Éducation Thérapeutique spécifique au patient après AVC


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**CO32-006-e**

**Methods of information provision for the 1st therapeutic leave after brain injury – Opinions of patients and carers. Patient Education Program: Hemidom**

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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 (11/1); 5.9% patients–10/16; 6.3% carers). The sub-group of patients who had not yet been on leave preferred the information leaflet (2/5; 40%).

**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

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

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

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

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