Discussion

Le format retenu est identique à celui du carnet de suivi des anti-vitamine K. Il contient des informations pratiques, pour le patient, sur la spasticité et la toxine botulinique et des données médicales concernant les séances d’injection (dose, dose injectée, muscle concerné). Le carnet sera présenté par le médecin puis remis au patient au préalable de la première 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 Réadaptation 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, antplatelet, 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.

**Aim.**– Determine the place of therapeutic education in the treatment of arthritis.

**Material and method.**– Prospective study on 60 patients with rheumatoid taken in charge by MPR from 01/01/2011 to 31/03/2013 who have completed a program of therapeutic education.

**Results.**– Our 60 patients, 52 are women. The average age is 47.18 years. About 36.66% have professional, 65% activity are married with children. History personal, we find an HTA (11.67%), a diabetes’ induced (18.33%), dyslipidemia (1.67%) and a rheumatoid arthritis family (11.67%). For seniority, arthritis is changing less than five years (26.67%) and more than 10 years (31.67%) with notion of juvenile chronic arthritis (6.67%). Evolution by boost remission (100%). For medical treatment, 44% are under methotrexate, 75% under corticosteroids (including 8.33% less than 02 years) with a progressive (21.27%) withdrawal; 86.67% benefited from biotherapy. About 78,33% take NSAIDs. Joint stiffness are noted (18.33%) predominant in the knees (80% have joint deformations with 40 per cent in the hands and wrists). Associated dry syndrome (13.33%). About 30.97% have x-rays of the hands, feet and knees highlighting especially by the carpites and tarsites.

Sixty patients were included in the therapeutic learning program but 11 have not gone down for family reasons. The median of the satisfaction scale is 09.06/10. Three months after the therapeutic learning program, it should be noted a decrease in V AS pain (63.26%), DAS28VS (69.38%) decreased, (63.26%) HAD decreased and a decrease in HAQ (61.82%) with the quasi-quotidien port of the palm rest orthotics (40%).

**Discussion / Conclusion.**– It appears clear that the reduction of the pain, functional and psychological improvement are proportional, with an improvement in the quality of life in more than 60% of our patients after the therapeutic learning program. However, no study to date has proven its effectiveness on the activity of the disease.

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P025-e

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

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**Objective.**– A study was led by Roussel and Deccache to understand better the link between the representations and the practices of professionals of care doing therapeutic patient education. The objective of our study was to know the representations of nursing formed in the therapeutic patient education participating in a same program at the HOSPITAL of Montpellier.

**Method.**– A questionnaire with open questions was handed to 8 participating in a therapeutic educational program concerning patients affected by spondylitis,
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 spondylarthritis 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 was 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 physical activity for 39.1%, the inactivity for 13%, the climate for 21.7%, an infectious origin for 21.7%. 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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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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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 been 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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