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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 spondylarthrosis 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 were 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 aggravating factors of health, it was expected of the patient that he acquires skills of self-care and apply them.

This notion of autonomy of the patient rest swindles. The reality shows, that all the patients are not ready for it and that it is sometimes necessary to let the patient progress at its pace and/or give to him tools to improve these elements.

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Interest of a program of patient education associated with a non-intensive multidisciplinary rehabilitation in chronic low back pain
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Keywords: Chronic low back pain; Patient education; Physical activity; Functional rehabilitation

Objective.– Evaluating the impact of a program associating patient education with a non-intensive multidisciplinary rehabilitation in the medium term in patients with chronic low back pain.

Patients and method.– Open study of 33 patients who followed a program close to the concept of therapeutic education. The evaluation was performed at six months on the impact of pain, on clinical criteria and on professional criteria.

Results.– We observe at six months a significantly lower impact of pain on the scale of Dallas (P < 0.0001), and improved muscular endurance for the spinal Sorensen test (P = 0.01) and the abdominal Shirado Ito test (P = 0.04), but not in the parameters of extensibility nor VAS. The Dallas score improved for the very large majority of subgroups examined, with the exception of those with initial pain above 4 on the Visual Analogic Scale. The rate of return to work is 63%.

Discussion.– The strong improvement of the Dallas score, in particular in subgroups of populations of natural evolution generally negative, argues for the effectiveness of this program of education; the level of initial pain constitutes the main identified factor of efficiency.

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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 be 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.

Results.– 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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