

# Benefits of therapeutic education (te)



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The WHO states that ““ the aim of therapeutic education (TE) is to teach the patient the adequate know-how. The patient’s TE is a permanent process, which is part of medical care. It includes sensitization, information, learning and psychosocial support, which are all related to the pathology and its treatments. The education should allow the patient and his family to have a better collaboration with the health care professionals”

Therefore, TE aids patients with chronic conditions to have better understanding of their disease and learn how to manage it. The main goal of TE is to improve the prognosis of the diseases and that can be achieved by reducing both morbidity and complications. Other objective of TE is regarding public health cost. TE offers patients with OA better self-management as a result it reduces medical care attention and because of lesser help from the medical care it reduces the direct and indirect cost. Further studies are needed regarding on the impact of TE in medical cost.

The Haute Autorite ´ de sante ´ (HAS) in France have outlined the overall and specific goals of TE. Improving the patients’ health and patients’ families’ way of living is the general goal of TE. Patients’ achievement and maintenance of self-care competency or the ability to cope with competency depending on background and experience are the specific goals of TE. TE programs should consider data from evidence-based medicine, as well as recommendations from evidence-based practice. The HAS focuses on the important role of the patients in the implementation of the education activity, the demand for a multidisciplinary team to lead the program, and the need to assess the quality and efficacy of these programs. Educational programs for OA include the diseases chronic nature, treatment involving

pharmacological and non-pharmacological therapy, and lifestyle modification. The educational process must start at the first medical visit, from the diagnosis, and continue after surgical therapy, with rehabilitation being the best time to begin self-care program.

PKQ-OA a questionnaire specifically for OA patient knowledge has been used to assess patients knowledge regarding their condition. When the authors asses the questionnaire, they have found out that there is a wide range of knowledge levels among patients diagnosed with OA, the scores are ranging from 8 to 26 out of 30. Knowledge was not correlated with disease duration or patient's age or sex; however, the number of years spent in formal education was correlated with high test scores. Most patients know the symptoms of their condition but many methods of joint protection and energy conservation have been reported. Wrong beliefs were identified and common ones are " OA is caused by cold damp weather" and " blood tests are useful in OA diagnosis". Poor knowledge about analgesic were identified: < 1/3 of patients knew that analgesic should be taken when experiencing pain. Muscle tightening and strengthening exercise are helpful exercise for OA but 13% of patients assumed that housework is included in these exercises. Only 71% of patient knew that maintaining a recommended weight according to their height or taking note of their BMI (Body Mass Index) and age is a helpful way in slowing down the progressions of OA. Avoidance of activity has been related to musculoskeletal disorders. Fear and anxiety may both contribute to the fear-avoidance model in musculoskeletal disorders. A patient's interpretation of pain may lead to either of the two:

- An adaptive response, whereby the patient deals with the pain and is more likely to manage it and maintain daily activities that will help achieve functional recovery;
- A non-adaptive response that leads to maladaptive behaviors, including pain-related fear, avoidance, and hypervigilance.

Because of pain patients with musculoskeletal disorders tends to avoid activities for the fear of experiencing it. Now that the patient is avoiding or abstaining from physical activities, this will lead to further disability through unfavorable effects of physical inactivity and weakening of the musculoskeletal system.

TE should be included in the management of OA according to European League Against Rheumatism (EULAR), Osteoarthritis Research Society International (OARSI), and The French College of Physical Medicine and Rehabilitation (SOFMER). EULAR concern patient's education, physical exercise, technical aids and diet, but do not supply sufficient information regarding non-pharmacological therapies. OARSI insist on the importance of educating patients with hip or knee OA and stating the areas that TE must be stress to patients. Explaining the goals of treatment and the importance of changing lifestyle, such as the importance of exercise, activity adaptations, weight loss and other measures to help the joint(s) are the areas involve in the education. SOFMER highlight the need for educational programs that is design to encourage daily practice of an exercise activity. With these recommendations sufficient details must be supplied for these measures to be implemented, especially patient's education.

The recommendations created by US National Institute of Health regarding weight loss in OA are commonly used for obesity treatment in TE because no specific recommendation exists for TE regarding weight loss in OA.

According to the literature and international recommendation TE should be included in OA management. The main goal of the education is to change patient's lifestyle especially regarding physical activity and weight loss. Education must be started from the early stage of OA, as well as the pre- and postoperative periods. Further studies are required to create a better effective educational program for OA, it is either unaided or with the help of other therapies, and measure its cost-effectiveness.

#### Reference:

Coudeyre, E., Sanchez, K., Rannou, F., Poiraudreau, S., Lefevre-Colau, M.-M. (2010) Impact of self-care programs for lower limb osteoarthritis and influence of patients' beliefs. *Annals of Physical and Rehabilitation Medicine* 53, 434-450

Self-management aid interventions that can help patient with OA improve their quality of life. One way to offer self-management to patient with OA is through telephone-based OA management program. In this study conducted by Sperber et. al. the program offers 4 components: phone calls, educational material, setting goals and action plans. Among all the participants more than 80% agreed that each component was helpful and the average rating of overall helpfulness on a scale from 1 to 10 was 7.6. Participants of these program said that this intervention and each components is helpful in managing osteoarthritis.

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Participants most frequently mentioned the health educator's calls (44 of 140, 31%) as the most helpful component of the intervention. The health educators' phone call aided patients to stay on task with the educational materials and goal setting. With the phone call patients have ease discussing their condition with someone who has knowledge and understand their condition. Also the calls provided them educational benefit by teaching and clarifying information.

Educational materials (written and audio) (20 of 140, 14%) provided patients with information regarding OA and ways how to manage OA better. Audio cassette and easy-to-read references are helpful and with these materials combined with the phone call it will be more helpful for patients with OA. Goalsetting (11 of 140, 8%), setting goal were helpful and and with the consistent phone calls participants takes active role in managing their condition. Participants also commonly said that exercise (42 of 140, 30%) and healthy eating and weight management (20 of 140, 14%) are helpful for managing their osteoarthritis symptoms because implementing these behaviors help them manage their pain levels. But one patient stated that the exercise increase his strength and improves ability to stand up but does not diminish pain.

This study has limitation but these results provide information on planning OA self-management support interventions. These program may target and benefit to some patients with OA.

Reference:

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Sperber, N. R., Bosworth, H. B., Coffman, C. J., Juntilla, K. A., Lindquist, J. H., Oddone, E. Z., Walker, T. A., Weinberger, M., Allen, K. D. (2012) Participant evaluation of a telephone-based osteoarthritis self-management program, 2006-2009. *Prev Chronic Dis*; 9: 110119. DOI: [http://dx. doi. org/10.5888/pcd9. 110119](http://dx.doi.org/10.5888/pcd9.110119)