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6. MEDLINE; exp SPONDYLITIS, ANKYLOSING/; 12084 results.
7. MEDLINE; "ankylosing spondylitis".ti,ab; 9910 results.
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10. CINAHL; exp PATIENT EDUCATION/MT [MT=Methods]; 2636 results.
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15. CINAHL; exp SPONDYLITIS, ANKYLOSING/; 1083 results.
16. CINAHL; "ankylosing spondylitis".ti,ab; 1003 results.
17. CINAHL; (10 or 11) and (12 or 13 or 14 or 15 or 16); 23 results.
18. CINAHL; 17 [Limit to: Publication Year 2004-2014 and (Language English)]; 16 results.
1. Long-term health-enhancing physical activity in rheumatoid arthritis--the PARA 2010 study.

**Citation:** BMC Public Health, 2012, vol./is. 12/(397), 1471-2458;1471-2458 (2012)

**Author(s):** Nordgren B; Friden C; Demmelmaier I; Bergstrom G; Opava CH

**Language:** English

**Abstract:**
BACKGROUND: People with rheumatoid arthritis (RA) suffer increased risk of disability and premature mortality. Health-enhancing physical activity (HEPA) could be one important factor to reduce this risk. Rising health care costs call for the development and evaluation of new modes of rehabilitation, including physical activity in settings outside the health care system.

METHODS/DESIGN: This cohort study targets 450 patients with RA that do not currently meet HEPA recommendations, recruited from six hospitals reporting to the Swedish Rheumatology Quality Registers (SRQ). We have developed a two-year real-life intervention program including a minimum of twice-weekly circuit training, moderately intense physical activity the remaining days of the week and group meetings to support behavior change every other week. Our hypothesis is that increased physical activity and exercise will improve perceived health, reduce pain and fatigue, increase muscle function and aerobic capacity, impact psychosocial factors and prevent future cardiovascular events. Research questions regard outcomes, retention rates, dose-response matters and the exploration of responder characteristics. This protocol outlines recruitment procedure, design, assessment methods and the intervention program of the study.

DISCUSSION: The PARA 2010 project is designed to expand the knowledge on HEPA in RA by a progressive approach regarding population, setting, intervention, time frames and outcome measures. To our knowledge this is the first long-term HEPA program based on Social Cognitive Theory, and performed in a real life environment to demonstrate if this new setting can promote increased and maintained physical activity in people with RA.

TRIAL REGISTRATION NUMBER: ISRCTN25539102.

**Publication Type:** Clinical Trial; Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full Text:** Available from EBSCOhost in BMC Public Health
Available from Springer NHS Pilot 2014 (NESLi2) in BMC Public Health; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.
Available from ProQuest in BMC Public Health; Note: ; Collection notes: If prompted please select "Athens Login" and choose "NHS England" as the institution.
Available from National Library of Medicine in BMC Public Health
Available from EBSCOhost in BMC Public Health
Available from BioMedCentral in BMC Public Health

2. BE EMPOWERED, a specialty pharmacy education program for hemophilia B patients, impacts adult joint bleeds and pediatric use of RICE.

**Citation:** Journal of Managed Care Pharmacy, February 2014, vol./is. 20/2(151-8), 1083-4087;1944-706X (2014 Feb)

**Author(s):** Blankenship CS; Tortella BJ; Bruno M

**Language:** English

**Abstract:**
BACKGROUND: Traditional education about hemophilia B in hemophilia treatment centers (HTCs) and episodic contact with HTCs limit the amount of education patients and their caregivers receive. Specialty care providers have frequent, continuing contact with patients. Each contact with a specialty care provider (e.g., coordinating a refill or addressing a patient inquiry) is another opportunity to support patient self-management of the disease and to give counsel on appropriate medication administration. The role of specialty pharmacy in improving patient self-management and supporting medication management and adherence is well established and reported with rheumatoid arthritis, multiple sclerosis, and renal transplant. With hemophilia, specialty pharmacies can support educational reinforcement of HTCs as well as support patient self-management
and education of medication therapy. Utilization of patient education materials and programs can facilitate such a role. BE EMPOWERED, a specialty pharmacy education program for hemophilia B patients, is a multimodule education program coupled with frequent telephonic outreach. OBJECTIVE: To provide education about hemophilia B, based upon discrete curriculum modules, facilitated by a specialty pharmacy-based nurse educator. METHODS: Patients with hemophilia B (or, for children, their caregivers) were enrolled in the BE EMPOWERED program, and data were prospectively collected regarding bleeding and hemophilia-specific quality of life (QoL) outcomes (n=21 caregivers, n=17 adults). RESULTS: BE EMPOWERED was associated with a statistically significant impact on the use of RICE (rest, ice, compression, and elevation) by caregivers whose utilization increased from 81% to 95% (P=0.05). Adults in the BE EMPOWERED program experienced a statistically significant drop in the annualized bleeding rate (ABR), decreasing from 4.7 to 2.5 for total bleeds and decreasing from 3.5 to 1.7 for joint bleeds (P<0.02). For children with hemophilia B, bleeds were less common overall, as reported by their caregivers, with a mean ABR of 1.1 before and 1.2 following the program. Regarding QoL scores, adults had lower scores compared with children enrolled in the program. CONCLUSIONS: Completion of the BE EMPOWERED program was associated with a decrease in total bleeds and in joint bleeds in adults and with increased RICE utilization in children, as reported by caregivers. QoL scores were lower in adults compared with children, and further research is warranted to understand this difference. Future studies may focus on the effect of specialty pharmacy as an educational vehicle with potential cost benefits.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available from Journal of managed care pharmacy : JMCP in the BTHFT via Library Article Request Service

3. Patient education, disease activity and physical function: can we be more targeted? A cross sectional study among people with rheumatoid arthritis, psoriatic arthritis and hand osteoarthritis.

Citation: Arthritis Research & Therapy, 2013, vol./is. 15/5(R156), 1478-6354;1478-6362 (2013)
Author(s): Dragoi RG; Ndosi M; Sadlonova M; Hill J; Duer M; Graninger W; Smolen J; Stamm TA
Language: English
Abstract: INTRODUCTION: In order to target educational needs of patients more effectively, an Austrian-German educational needs assessment tool (OENAT) was developed, the educational needs of patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and hand osteoarthritis (HOA) were described and the relationships between educational needs, gender, disease activity and function were explored.METHODS: The English ENAT was adapted into Austrian-German using Beaton's cross-cultural adaptation process. Internal construct validity was assessed by Rasch analysis. Educational needs across diagnostic groups and subgroups of patients were summarized descriptively and their relationship with disease activity and physical functioning explored.RESULTS: The sample comprised 130 RA, 125 PsA and 48 HOA patients. Their mean ages + SD were 56 + 14, 51 + 11 and 64 + 7 years for RA, PsA and HOA; disease duration was 11 + 9, 11 + 11 and 14 + 9 years, respectively. More than 70% in each patient group expressed interest in receiving education about their disease.CONCLUSIONS: This study showed that educational needs vary with personal characteristics. Patient education may be more targeted and effective, if gender, age, educational background and disease duration are taken into account. Correlations with disease activity and function suggest that the OENAT could enable identification of 'intervention points', which can be ideal opportunities for effective patient education.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available from National Library of Medicine in Arthritis Research and Therapy
Available from EBSCOhost in Arthritis Research & Therapy
4. The role of the community nurse in psoriatic comorbidities interventions.

Citation: British Journal of Community Nursing, January 2014, vol./is. 19/1(38-42), 1462-4753;1462-4753 (2014 Jan)

Author(s): Aldridge A

Language: English

Abstract: Psoriasis is a chronic disease that affects more than the skin. It has an impact on every facet of an individual's life and is associated with numerous comorbidities, such as obesity, diabetes, cardiovascular disease, psoriatic arthritis, metabolic syndrome, squamous cell carcinoma, lymphoma, depression, anxiety and other immune-related conditions, such as Crohn's disease. Obesity is inextricably linked with type 2 diabetes, hypertension, hyperlipidemia, and cardiovascular disease. Hypertension and cardiovascular disease are precursors for myocardial infarction and stroke. Lifestyle choices, such as smoking, alcohol consumption, inadequate nutrition and physical exercise are behaviours that need to be addressed. With the right education from the community nurse, patients can be informed about the decisions they make and can ultimately choose to live a healthier life.

5. Is patient education helpful in providing care for patients with rheumatoid arthritis? A qualitative study involving French nurses.

Citation: Nursing & Health Sciences, September 2013, vol./is. 15/3(346-52), 1441-0745;1442-2018 (2013 Sep)

Author(s): Fall E; Chakroun N; Dalle N; Izaute M

Language: English

Abstract: This French study explored nurses' involvement in patient education for patients with rheumatoid arthritis. The study design was qualitative. Semistructured interviews were conducted with 16 hospital nurses. Data analysis was performed according to Giorgi's descriptive phenomenological method, and supported by specific qualitative analysis software (Sphinx). The results showed the important role of hospital nurses in rheumatoid arthritis care. Patient education is a core part of nurses' work, allowing them to give patients information and emotional support. The interviewees displayed skills in helping patients learn to care for themselves. However, patient education mostly concerned patients who are already committed to their health care. Non-adherent patients warrant special attention; their acceptance of their disease, perceptions about disease and treatment, motivation, and autonomy should be specifically addressed. French nurses could benefit from more training, and could be aided by psychologists. Ambulatory services could also be developed for patient education in France, based on examples from other countries. 2013 Wiley Publishing Asia Pty Ltd.
The aims of this study were to investigate the effects of pain management education on the intensity of pain and frequency of utilization of pain management methods in two groups of patients with arthritis of different pathogenesis and clinical features, and to compare whether a significant difference existed between the two groups. The study was carried out between September 2007 and June 2008 on 30 female patients with gonarthrosis and 30 female patients with rheumatoid arthritis (RA) followed at the rheumatology outpatient clinic of a university hospital. Data on sociodemographic characteristics and those related with the illness were collected using a special survey. Each patient was given information about the features, causes, and treatment of the arthritis and how to cope with pain, emphasizing the importance of pain management methods. The intensity of pain and efficacy of pain management methods were assessed using the McGill Pain Questionnaire and the Pain Management Inventory at baseline and the second and sixth weeks after the education. The SPSS (v15.0) statistical package was used for statistical analysis. After education, significant improvements in pain intensity scores compared with baseline scores were observed in both groups (p < .05), and there was no significant difference between the RA and gonarthrosis groups. Among the various pain management methods, the education program led to significantly more utilization of massaging the painful area, exercising, and using complementary methods to control stress in both groups of patients, and there was no significant difference between the groups. In conclusion, the pain management education given in this study alleviated the intensity of pain and significantly increased the use of some pain management methods in both gonarthrosis and RA cases. Copyright 2013 American Society for Pain Management Nursing. Published by Elsevier Inc. All rights reserved.
educational resources for patients with rheumatic diseases may improve patient comprehension. Copyright 2013 by the American College of Rheumatology.

**8. Self-assessment of 28-joint disease activity scores by patients with rheumatoid arthritis on anti-TNF therapy.**

**Citation:** Rheumatology, March 2013, vol./is. 52/3(576-8), 1462-0324;1462-0332 (2013 Mar)

**Author(s):** Shaffu S; Edwards J; Neame R; Hassan W

**Language:** English

**Publication Type:** Clinical Trial; Letter

**Source:** MEDLINE

**Full Text:** Available from EBSCOhost in Rheumatology
Available from Highwire Press in Rheumatology
Available from Rheumatology (Oxford, England) in the BTHFT via Library Article Request Service
Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Rheumatology;
Note: ; Notes: ESHRE Monograph is a supplement of Human Reproduction Update.
Collection notes: Academic-License: Only available from an NHS networked computer

**9. 'My feet: visible, but ignored . . .' A qualitative study of foot care for people with rheumatoid arthritis.**

**Citation:** Clinical Rehabilitation, October 2012, vol./is. 26/10(952-9), 0269-2155;1477-0873 (2012 Oct)

**Author(s):** Williams AE; Graham AS

**Language:** English

**Abstract:** OBJECTIVE: To explore patients' experiences of foot problems associated with rheumatoid arthritis, from onset of symptoms to being provided with foot health interventions.DESIGN: A qualitative design was used with an interpretive phenomenological approach to the data collection and analysis.SETTING: University of Salford, School of Health Science. Subjects: Sixteen female and six male adults with rheumatoid arthritis-related foot problems and experience of receiving foot health interventions.METHOD: Data were collected through digital recordings of three focus groups which were conducted by an experienced researcher. An observer made field notes. Transcribed data were analysed using a thematic framework. Data were verified with randomly selected participants and agreement achieved with the participants, researcher and observer.RESULTS: The results were organized into five themes: the significance of foot symptoms in relation to diagnosis of rheumatoid arthritis; knowledge of and explanation about foot symptoms; accessing foot health interventions; the effectiveness of foot health interventions; and improvements to foot health interventions. Despite foot problems being of concern to the participants, they were often ignored by practitioners from before diagnosis through to foot management.CONCLUSIONS: This study has highlighted a polarity between what these participants need in relation to their foot symptoms and the management of them. That foot problems are often ignored is of concern at multiple levels. These range from the implications of ignoring foot symptoms that may aid diagnosis of rheumatoid arthritis, to ignoring the need for effective foot health interventions.

**Publication Type:** Journal Article

**Source:** MEDLINE

**Full Text:** Available from ProQuest in Clinical Rehabilitation; Note: ; Collection notes: If prompted please select "Athens Login" and choose "NHS England" as the institution.
10. The effect of an educational programme consisting of group and individual arthritis education for patients with polyarthritis—a randomised controlled trial.

Citation: Patient Education & Counseling, July 2012, vol./is. 88/1(113-20), 0738-3991;1873-5134 (2012 Jul)

Author(s): Gronning K; Skomsvoll JF; Rannestad T; Steinsbekk A

Language: English

Abstract: OBJECTIVE: The aim of this study was to investigate the effect of an educational programme for patients with polyarthritis compared to usual care. METHODS: Patients with rheumatoid arthritis, psoriatic arthritis and unspecified polyarthritis were randomised to the intervention (n=71) or usual care (n=70). The intervention consisted of three group educational sessions followed by one individual educational session. The primary outcomes were a patient's global well-being and arthritis self-efficacy. Secondary outcomes were patient activation, physical and psychological health status, educational needs and disease activity. RESULTS: After four months the intervention group had significantly better global well-being, 95% CI (2.3-14.1), p=0.01, and self-efficacy, 95% CI (0.2-8.1), p=0.04, than the control group. There were also trends for improved disease activity, and a statistically significant improvement in patient activation and pain in the intervention group. CONCLUSION: This patient educational programme consisting of group sessions and nurse-delivered individual education has statistically significant benefits for global well-being and maintaining a level of self-efficacy in managing other symptoms in patients with polyarthritis. PRACTICE IMPLICATIONS: This educational programme allows patients to learn from each other in addition to addressing individual educational needs. Copyright 2011 Elsevier Ireland Ltd. All rights reserved.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available from Patient Education & Counseling in the BTHFT via Library Article Request Service

11. Delays in help seeking at the onset of the symptoms of rheumatoid arthritis: a systematic synthesis of qualitative literature.

Citation: Annals of the Rheumatic Diseases, April 2012, vol./is. 71/4(493-7), 0003-4967;1468-2060 (2012 Apr)

Author(s): Stack RJ; Shaw K; Mallen C; Herron-Marx S; Horne R; Raza K

Language: English

Abstract: A systematic review of qualitative peer-reviewed publications was conducted to identify drivers of and barriers to help-seeking behaviour in adults with new-onset rheumatoid arthritis (RA). 1058 abstracts were searched to identify relevant publications. 21 relevant publications were identified assessed for quality and subjected to analysis informed by thematic and grounded theory frameworks. Several interacting themes were identified including the early experience of symptoms in relation to disease prototypes, minimising the impact of symptoms, speaking to others, gathering information and seeking alternative treatments, and issues related to accessing health services and attitudes towards healthcare professionals. Many people suggested that they had little knowledge of RA before diagnosis, believing RA to be a mild condition that affected older people. These misperceptions made correct symptom interpretation unlikely. Normalising and ignoring symptoms led people to delay in help-seeking. However, when symptoms impacted on
daily activities help was usually sought. Individual interpretations of symptoms are both drivers of and barriers to help seeking. Targeted public health interventions are required to inform symptom interpretation and reduce delays.

12. On the impact of a dedicated educational program for ankylosing spondylitis: effect on patient satisfaction, disease knowledge and spinal mobility, a pilot study.

Citation: Joint, Bone, Spine: Revue du Rhumatisme, January 2012, vol./is. 79/1(99-100), 1297-319X;1778-7254 (2012 Jan)

Author(s): Sudre A; Figuereido IT; Lukas C; Combe B; Morel J

Language: English

Abstract: BACKGROUND: Patients who make high-quality medical decisions are more likely to have better health outcomes. One of the central components to a high-quality decision is the well-informed manner in which it is made. However, there has been little research studying patient behaviors regarding how they seek information about treatments for rheumatoid arthritis (RA).

METHODS: We conducted a pilot study surveying beneficiaries of a health plan who had 2 or more visits coded for RA. Of 799 invited subjects, 101 (13%) completed interviews. Participants answered a questionnaire regarding sources of RA treatment information and their usefulness, sociodemographic items, and scales regarding their attitudes toward providers and medicines. Outcomes of interest included the average number of sources described (range, 0-10) and the usefulness for each source (1 "not useful" and 4 "extremely useful").RESULTS: Methotrexate was the most widely used medication reported. The mean (SD) number of information sources used was 5.0 (2.1). Participants rated the information they used with a mean (SD) score of 2.8 (0.7). We found no strong patient correlates of these outcomes when compared with the aforementioned domains. Of the 98% of the total sample who referred to a rheumatologist for information, 87% rated the source as extremely useful. The Internet was the most frequently used nonprovider source, with 63% of subjects reporting use, and a mean (SD) usefulness rating of 3.0 (1.03).CONCLUSIONS: In this pilot study, participants used many sources of information regarding treatment decisions for RA. Ninety-eight percent of the participants used rheumatologists as a source and found them extremely useful. Of the nonprovider sources, the Internet was most common, and 40% found it very useful.
14. Translating patient education theory into practice: developing material to address the cardiovascular education needs of people with rheumatoid arthritis.

Citation: Patient Education & Counseling, July 2011, vol./is. 84/1(123-7), 0738-3991;1873-5134 (2011 Jul)

Author(s): John H; Hale ED; Bennett P; Treharne GJ; Carroll D; Kitas GD

Language: English

Abstract: OBJECTIVE: This paper describes the rationale and design of a theory-informed patient education programme addressing cardiovascular disease for people with rheumatoid arthritis (RA) to illustrate how theory can explicitly be translated into practice.METHODS: A steering group of rheumatologists and psychologists was convened to design the programme. The Common Sense Model, the Theory of Planned Behaviour and the Stages of Change Model were used to underpin the topics and activities in the programme. User involvement was sought. The programme was formatted into a manual and the reading age of the materials was calculated.RESULTS: A small group 8-week programme was designed. The structure of the patient education programme, including topics, underlying psychological theory as well as behaviour change techniques, is described.CONCLUSION: This patient education programme addresses a currently unmet educational need for patients with RA and uses theory to design, not just evaluate, the programme. This will allow both enhanced interpretation of the results when the programme is implemented and replication by other units if successful.PRACTICE IMPLICATIONS: The actual design and detail of education programmes merit wider dissemination to facilitate progress in the process of development and application. Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

15. Improving the quality of rheumatoid arthritis patients' education using written information.

Citation: Musculoskeletal Care, March 2011, vol./is. 9/1(19-24), 1478-2189;1557-0681 (2011 Mar)

Author(s): Kaariainen M; Kukkurainen ML; Kyngas H; Karppinen L

Language: English

Abstract: OBJECTIVE: The objective of this study was to evaluate whether the quality of patient education could be improved by using written education materials.METHODS: Seventy-five inpatients with rheumatoid arthritis (RA) were provided with individual education sessions during their inpatient stay. The education sessions were supported with written educational materials. A patient education quality instrument was used to assess the sufficiency and implementation of the education and the readiness of nurses and doctors to deliver the education. A Mann-Whitney U-test and content analysis was used to analyse the data.RESULTS: There was a statistically significant difference in the sufficiency of education concerning the disease, medication and treatment after the revised material was introduced ($p<0.005$). The quality of interaction improved significantly during the intervention ($p=0.004$). The strengths of the education included individual treatment, two-way interaction, the opportunity to receive patient education and its sufficiency.CONCLUSION: Clear, readable and understandable written education material improved the quality of the education of RA patients in terms of implementation,

Citation: Patient Education & Counseling, January 2011, vol./is. 82/1(42-8), 0738-3991;1873-5134 (2011 Jan)

Author(s): Niedermann K; de Bie RA; Kubli R; Ciurea A; Steurer-Stey C; Villiger PM; Buchi S

Language: English

Abstract: OBJECTIVE: the modern joint protection (JP) concept for people with rheumatoid arthritis (RA) is an active coping strategy to improve daily tasks and role performance by changing working methods and using assistive devices. Effective group JP education includes psycho-educational interventions. The Pictorial Representation of Illness and Self Measure (PRISM) is an interactive hands-on-tool, assessing (a) the individual's perceived burden of illness and (b) relevant individual resources. Both issues are important for intrinsic motivation to take action and change behaviour. This study compared individual conventional JP education (C-JP) with PRISM-based JP education (PRISM-JP).METHODS: an assessor-blinded multicentre randomized controlled trial, including four JP education sessions over 3 weeks, with assessments at baseline and 3 months.RESULTS: in total 53 RA patients participated. At 3 months, the PRISM-JP (n=26) participants did significantly better compared to the C-JP participants (n=27) in JP behaviour (p=0.02 and p=0.008 when corrected for baseline values), Arthritis Self-efficacy (ASES, p=0.015) and JP self-efficacy (JP-SES, p=0.047). Within-group analysis also showed less hand pain (p<0.001) in PRISM-JP group.CONCLUSION: PRISM-JP more effectively supported learning of JP methods, with meaningful occupations, resource activation and self-efficacy acting as important mediators.PRACTICE IMPLICATIONS: PRISM improved patient-clinician communication and is feasible for occupational therapy. 2010 Elsevier Ireland Ltd. All rights reserved.

17. Pre-admission education in surgical rheumatology nursing: towards greater patient empowerment.

Citation: Journal of Clinical Nursing, November 2010, vol./is. 19/21-22(2980-8), 0962-1067;1365-2702 (2010 Nov)

Author(s): Johansson K; Katajisto J; Salantera S

Language: English

Abstract: AIMS AND OBJECTIVES: This study compared the pre-admission education received by two groups of rheumatoid arthritis (RA) patients scheduled for hip arthroplasty. The specific aim was to compare these patients' knowledge about care-related issues and sense of certainty about that knowledge, empowering learning experience, length of admission discussion, length of hospital stay and number of health problems.BACKGROUND: Previous studies have shown that surgical pre-admission education is beneficial, but there is no evidence on the relative effectiveness of different methods of education.DESIGN: We used a pre-post-test design with two groups of surgical RA patients (Group I pre-admission education via telephone and standard written educational material, n = 29;
Group II standard written educational material, n = 30). METHODS: The data were collected with previously used instruments (OPKQ, MEQ), and demographic and clinical variables were asked. RESULTS: The mean score for knowledge about care-related issues and sense of certainty about that knowledge for Group I and for Group II showed no statistically significant differences at baseline and at admission. At discharge, however, a significant difference was seen between the scores—in favour of Group II. On the other hand, patients in Group I were found to be more empowered in all areas than patients in Group II. CONCLUSIONS: Written educational material seems to be a good choice for pre-admission patient education compared with telephone counselling, particularly when patients are knowledgeable about care-related issues before admission. However, education via telephone is experienced by patients as more empowering than written educational material. RELEVANCE TO CLINICAL PRACTICE: To increase patient's knowledge written educational material can be recommended for use, but to increase patient's empowerment telephone education is better.

Publication Type: Comparative Study; Journal Article
Source: MEDLINE


Citation: Joint, Bone, Spine: Revue du Rhumatisme, October 2010, vol./is. 77/5(405-10), 1297-319X;1778-7254 (2010 Oct)
Author(s): Albano MG; Giraudet-Le Quintrec JS; Crozet C; d'Ivernois JF
Language: English
Abstract: OBJECTIVE: The aim of this study is to point out the recent characteristics and developments of therapeutic patient education (TPE) in rheumatoid arthritis through an analysis of the international articles published from 2003 to 2008. METHOD: Studies were selected from major databases, using the following keywords: rheumatoid arthritis, patient education, self-management, programs. Three authors independently reviewed each study and selected the data using the patient education research categories (PERC). Articles consistently related to patient education in rheumatoid arthritis (37 among 109) were included. RESULTS: The selected articles have been published in 23 scientific journals. The majority of them concern TPE for adult patients with rheumatoid arthritis. TPE is delivered in several structures and group education represents the most widespread educational strategy mainly provided by a multiprofessional team. There are two types of programs: educational, aiming to make the patient competent in the daily management of his disease and psycho-educational ones, aiming to improve coping and to decrease stress, anxiety and depression. Twenty-eight studies show the effectiveness of TPE on the basis of bio-clinical, educational, psychosocial, economical criteria, but the majority of these positive results are observed in short-term. Barriers to TPE are linked to cultural and socio-economic factors. CONCLUSION: A large number of studies still assess the positive effects of TPE. Nowadays, the problems of short-term efficacy of TPE and the cultural and social barriers to this practice have become a major issue for research. Copyright 2010 Societe francaise de rhumatologie. Published by Elsevier SAS. All rights reserved.
Publication Type: Journal Article; Review
Source: MEDLINE
Full Text: Available from Joint, bone, spine : revue du rhumatisme in the BTHFT via Library Article Request Service

19. Sjogren syndrome: more than dry eyes.

Citation: Nursing, August 2010, vol./is. 40/8(36-41), 0360-4039;1538-8689 (2010 Aug)

Citation: BMC Musculoskeletal Disorders, 2010, vol./is. 11/(50), 1471-2474;1471-2474 (2010)

Author(s): Bell MJ; Tavares R; Guillemin F; Bykerk VP; Tugwell P; Wells GA

Language: English

Abstract: BACKGROUND: Barriers to care limit the potential benefits of pharmacological intervention for inflammatory arthritis. A self-administered questionnaire for early inflammatory arthritis (EIA) detection may complement contemporary triage interventions to further reduce delays to rheumatologic care. The objective of this study was to develop a self-administered EIA detection tool for implementation in pre-primary care settings. METHODS: A core set of dimensions and constructs for EIA detection were systematically derived from the literature and augmented by investigative team arbitration. Identified constructs were formulated into lay language questions suitable for self-administration. A three-round Delphi consensus panel of EIA experts and stakeholders evaluated the relevance of each question to EIA detection and suggested additional items. Questions accepted by less than 70% of respondents in rounds one or two were eliminated. In round three, questions accepted by at least 80% of the panel were selected for the tool. RESULTS: Of 584 citations identified, data were extracted from 47 eligible articles. Upon arbitration of the literature synthesis, 30 constructs encompassing 13 dimensions were formulated into lay language questions and posed to the Delphi panel. A total of 181 EIA experts and stakeholders participated on the Delphi panel: round one, 60; round two, 59; and, round three, 169; 48 participated in all three rounds. The panel evaluated the 30 questions derived from the literature synthesis, suggested five additional items, and eliminated a total of 24. The eleven-question instrument developed captured dimensions of articular pain, swelling, and stiffness, distribution of joint involvement, function, and diagnostic and family history. CONCLUSIONS: An eleven-question, EIA detection tool suitable for self-administration was developed to screen subjects with six to 52 weeks of musculoskeletal complaints. Psychometric and performance property testing of the tool is ongoing.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available from EBSCOhost in BMC Musculoskeletal Disorders
Available from Springer NHS Pilot 2014 (NESLi2) in BMC Musculoskeletal Disorders; Note: ; Collection notes: Academic-Licenses. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only. Available from BioMedCentral in BMC Musculoskeletal Disorders
Available from ProQuest in BMC Musculoskeletal Disorders; Note: ; Collection notes: If prompted please select "Athens Login" and choose "NHS England" as the institution. Available from National Library of Medicine in BMC Musculoskeletal Disorders
Available from EBSCOhost in BMC Musculoskeletal Disorders


Citation: Clinical & Experimental Rheumatology, July 2009, vol./is. 27/4(649-50), 0392-856X;0392-856X (2009 Jul-Aug)

Author(s): Mohammad A; Kilcoyne A; Bond U; Regan M; Phelan M

Language: English
Abstract: INTRODUCTION: In order to assess the value of using the methotrexate information booklet, we conducted a single blind prospective controlled trial of the patients attending two rheumatology services. METHODS: The active-arm (n=40) used the MTX information booklet for the patients' education and the control-arm (n=38) did not. Patients' interviews were conducted over a 6-month period using an MTX-questionnaire. RESULTS: The entire active-arm patients (100%) were taking folic-acid and 32 (80%) knew the reason why they were taking folic-acid vs. 30 (79%) and 10 (26%) in the control-arm. In the active-arm 35 (88%) knew the reason for their monthly blood tests vs. 18 (47%) in the control-arm. The entire active-arm was aware of the need for contraception use and MTX-side effects vs. 23 (60%) and 15 (40%) in the control-arm respectively. CONCLUSIONS: The use of the MTX information booklet in our cohort improved their understanding of the treatment.

Publication Type: Controlled Clinical Trial; Journal Article

Source: MEDLINE

Full Text: Available from Clinical and experimental rheumatology in the BTHFT via Library Article Request Service

22. ASAS/EULAR recommendations for the management of ankylosing spondylitis: the patient version.

Citation: Annals of the Rheumatic Diseases, September 2009, vol./is. 68/9(1381-6), 0003-4967;1468-2060 (2009 Sep)

Author(s): Kiltz U; van der Heijde D; Mielants H; Feldtkeller E; Braun J; PARE/EULAR patient initiative group

Language: English

Abstract: BACKGROUND: The ASAS/EULAR (Assessment of SpondyloArthritis International Society/European League Against Rheumatism) recommendations for the management of ankylosing spondylitis (AS) have been developed by rheumatologists for a target population of health professionals. OBJECTIVE: To extend the cooperation between ASAS and EULAR by translating the recommendations into a language that can be easily understood by patients in order to further disseminate and evaluate the recommendations. METHODS: In cooperation with patient organisations 18 patients with AS (17 European, one Canadian) were invited to attend a meeting in February 2008. As a starting point the original publication and a version created by Canadian patients with AS were used. To improve the understanding of potential problems, data on the evaluation of a recent German translation were presented. After intensive discussions the wording was adjusted and a vote was held on the new wording of the recommendations aiming for >80% agreement on each sentence. Finally, patients were asked to indicate their level of agreement with the content of the recommendations. RESULTS: Ten recommendations were successfully translated into a patient-understandable version. The original text was changed in most cases. In all but one case (recommendation No 4) there was broad agreement with the proposed translation. The overall agreement with the content of the recommendations was high: 8.7 (0.6). CONCLUSION: For the first time, EULAR recommendations were successfully converted into a patient-understandable language version by a large international group of patients in collaboration with rheumatologists. The evaluation showed broad agreement. Translations into different languages and further dissemination in individual countries will be performed.
23. A randomized controlled trial of an intervention to reduce low literacy barriers in inflammatory arthritis management.

Citation: Patient Education & Counseling, June 2009, vol./is. 75/3(334-9), 0738-3991;1873-5134 (2009 Jun)

Author(s): Rudd RE; Blanch DC; Gall V; Chibnik LB; Wright EA; Reichmann W; Liang MH; Katz JN

Language: English

Abstract: OBJECTIVE: Test the efficacy of educational interventions to reduce literacy barriers and enhance health outcomes among patients with inflammatory arthritis.

METHODS: The intervention consisted of plain language information materials and/or two individualized sessions with an arthritis educator. Randomization was stratified by education level. Principal outcomes included adherence to treatments, self-efficacy, satisfaction with care, and appointment keeping. Secondary outcomes included health status and mental health. Data were collected at baseline, six, and twelve months post.

RESULTS: Of the 127 patients, half had education beyond high school and three quarters had disease duration greater than five years. There were no differences in the primary outcome measures between the groups. In mixed models controlling for baseline score and demographic factors, the intervention group showed improvement in mental health score at six and twelve months (3.0 and 3.7 points, respectively), while the control group showed diminished scores (-4.5 and -2.6 points, respectively) (p=0.03 and 0.01).

CONCLUSION: While the intervention appears to have had no effect on primary outcomes, further studies with continued attention to literacy are warranted. Study site and disease duration must be considered as participants in this study had higher than average health literacy and had established diagnoses for years prior to this study.

PRACTICE IMPLICATIONS: The study offers insight into an application of many of the protocols currently recommended to ameliorate effects of limited literacy.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural

Source: MEDLINE

Full Text: Available from Patient Education & Counseling in the BTHFT via Library Article Request Service


Citation: Musculoskeletal Care, March 2009, vol./is. 7/1(17-30), 1478-2189;1478-2189 (2009 Mar)

Author(s): Ellard DR; Barlow JH; Paskins Z; Stapley J; Wild A; Rowe IF

Language: English

Abstract: OBJECTIVES: To develop, pilot, refine and reassess an education day presented by a rheumatology multidisciplinary team (MDT) for recently diagnosed (less than six months) rheumatoid arthritis (RA) patients and their partners/carers.

METHODS: A patient education day was developed drawing on an assessment of local patient educational needs and preferences and input from a rheumatology MDT. Feedback from the first education day (2004) (Day 1; 12 patients; age range 19-63 years (median 46); 10 of whom were accompanied by a partner) informed the development of a second education day (2005) (Day 2; 19 patients; age range 36-75 years (median 57.5); 13 of whom were accompanied by a partner). Participants completed evaluation forms on both days and at follow-up between six and seven weeks later, rating each session on a 5-point scale on dimensions of ‘informative’, ‘useful’, ‘interesting’ and ‘enjoyable’. A global rating of the day’s ‘usefulness’ was completed at the end of each day on a 10-point scale. Participants were asked to write comments on each session and on aspects of the entire day. RA knowledge, and general and RA-specific self-efficacy were also measured on day 2 (and at follow-up) using the 12-item Patient Knowledge Questionnaire, the 10-item generalized self-efficacy scale and a four-item RA-specific self-efficacy scale. Both qualitative and quantitative methodologies were used in the analysis.

RESULTS: Ratings for individual sessions were all high, with no session being rated below 4 out of 5 (1 =
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‘totally disagree’ to 5 = ‘totally agree’) on both days. The majority of patients (84%) and their partners (57%) responded to the follow-up. Many had used the information package distributed on the day. Some patients and their partners reported positive changes in RA management. Although patient knowledge did not increase significantly (medians 11 at both time points, p = 0.054) (Day 2), RA self-efficacy improved (baseline 11 and 14, respectively), suggesting that patients were more confident in managing their condition (p = 0.010). CONCLUSIONS: The development of this 'local' education and information intervention was carried out in line with Medical Research Council guidelines, and the lessons learned from Day 1 informed further development for Day 2. A one-day format for education of early RA involving the rheumatology MDT was rated highly by participants and warrants further examination. Although this study was a small 'local' intervention, its strengths are that it informs the possibility of wider developments of this kind using a MDT.

25. Early occupational therapy programme increases hand grip strength at 3 months: results from a randomised, blind, controlled study in early rheumatoid arthritis.

Citation: Annals of the Rheumatic Diseases, March 2009, vol./is. 68/3(400-3), 0003-4967;1468-2060 (2009 Mar)

Author(s): Mathieux R; Marotte H; Battistini L; Sarrazin A; Berthier M; Miossec P

Language: English

Abstract: AIM: The goal of occupational therapy (OT) is to facilitate adjustments to lifestyle and to prevent function loss. This study evaluated the effects of an early OT programme in early rheumatoid arthritis (RA). METHODS: We conducted a randomised, blind, controlled trial enrolling 60 patients with early RA, divided into 2 groups. At baseline, group 1 received the full information programme and group 2 received no information. In an extension phase, patients in group 2 received the full information programme at 3 months and were assessed at 6 months. The main outcomes were grip strength of hands (as objective assessment) and Health Assessment Questionnaire (HAQ) score (as subjective assessment). RESULTS: At 3 months, grip strength of the dominant and non-dominant hands increased more in group 1 than in group 2 (p = 0.021 and 0.047 respectively). HAQ score decreased more in group 1 than in group 2 (p<0.001). In the extension phase, changes in grip strength and HAQ score in group 2 were similar to those seen in group 1 between baseline and 3 months. CONCLUSIONS: This study comparing two schedules of OT programme showed that an early extended information programme improved hand function in patients with early RA.

26. Occupational performance modification and personal change among clients receiving rehabilitation services for rheumatoid arthritis.

Citation: Australian Occupational Therapy Journal, March 2008, vol./is. 55/1(30-8), 0045-0766;1440-1630 (2008 Mar)

Author(s): Dubouloz CJ; Vallerand J; Laporte D; Ashe B; Hall M
BACKGROUND: A client's personal process of change is recognised as an important element in the rehabilitation process that may affect the acceptance and outcome of recommended occupational therapy self-management interventions. Recent research has examined the transformative process of changing underlying values, beliefs, feelings and knowledge, collectively known as meaning perspectives, in clients receiving rehabilitation for various chronic conditions.

AIM/METHODS: This article presents the findings of a Grounded Theory Qualitative retrospective study of 10 adults diagnosed with rheumatoid arthritis receiving occupational therapy to modify their daily living environment and activities to maximise the quality of life and occupational performance. They were interviewed twice in a semidirected manner.

RESULTS: Two personal change processes were identified for two different courses of the illness: progressive adaptation during a course of gradual steady development of symptoms without remission, and complex adaptation that led to transformation during a course of acute development of symptoms with periods of remission.

CONCLUSION: Implications for more effective and efficient occupational therapy interventions are suggested.

Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from EBSCOhost in Australian Occupational Therapy Journal

27. Effects of an educational-behavioral joint protection program on people with moderate to severe rheumatoid arthritis: a randomized controlled trial.

Citation: Clinical Rheumatology, December 2007, vol./is. 26/12(2043-50), 0770-3198;0770-3198 (2007 Dec)

Author(s): Masiero S; Boniolo A; Wassermann L; Machiedo H; Volante D; Punzi L

Language: English

Abstract: The aim of this study was to assess the effects on pain, disability, and health status of an educational-behavioral joint protection program in a group of moderate-severe rheumatoid arthritis (RA) patients. Eighty-five subjects with RA in treatment with anti-tumor necrosis factor alpha (TNFalpha) drugs (infliximab) were enrolled into the study and randomized into either an experimental group (46, EG) or a control group (39, CG). We organized four EG meetings, which included information on pathophysiology and evolution of RA, joint protection during normal activities of daily living, suggestions on how to adapt the surrounding environment, and self-learning exercises to perform at home. Sociodemographic characteristics and degree of knowledge of the disease, measured by the Health Service Interview (HSI), were recorded at baseline. The outcome measures included the Visual Analogue Scale (VAS), the Arthritis Impact Measurement Scale 2 (AIMS2), and the Health Assessment Questionnaire (HAQ), which were administered at the beginning and end of the trial. Thirty-six patients from the EG (7 men and 29 women; mean age 54.2 years) and 34 from the CG (6 men and 28 women; mean age 52.2 years) completed the trial. No statistical differences in baseline evaluations were found between the two groups. According to the answers given on the HSI, the majority of our patients had poor knowledge of RA and its consequences. After a mean time of 8 months, the patients receiving educational training displayed a significant decrease, compared to the CG, in the VAS (p = 0.001), HAQ (p = 0.000), and physical (p =0.000), symptoms (p = 0.049), and social interaction (p = 0.045) scores on the AIMS2, but not in other items. Our study showed that 8 months after attending an educational-behavioral joint protection program, subjects with moderate-severe RA presented less pain and disability and thus an enhanced health status. This approach may efficiently complement drug therapy in these patients.

Publication Type: Journal Article; Randomized Controlled Trial
Source: MEDLINE
Full Text: Available from EBSCOhost in Clinical Rheumatology
<table>
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<th>28. Rheumatoid arthritis patients' education - contents and methods.</th>
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<td><strong>Citation:</strong> Journal of Clinical Nursing, November 2007, vol./is. 16/11C(258-67), 0962-1067;1365-2702 (2007 Nov)</td>
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<td><strong>Author(s):</strong> Makelainen P; Vehvilainen-Julkunen K; Pietila AM</td>
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<td><strong>Language:</strong> English</td>
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<td><strong>Abstract:</strong> AIMS AND OBJECTIVES: The purpose of this study is to describe the contents and methods used by rheumatology nurses when they educate their patients with rheumatoid arthritis. BACKGROUND: Rheumatology nurses have an important role in educating patients with rheumatoid arthritis. However, there is a lack of knowledge on the content provided and the methods used by rheumatology nurses. DESIGN AND METHODS: The sample was drawn in using stratified random sampling and the data were collected from 80 rheumatology nurses with a questionnaire in 2003-2004 (response rate was 65.2%). The data were analysed using descriptive and non-parametric statistical tests. RESULTS: Medical treatment was the most commonly taught issue, as 76% of rheumatology nurses gave information on anti-rheumatic drugs prescribed to the rheumatoid arthritis patients and blood tests (64%) which must be taken as follow-up controls. Only 45% of the nurses discussed self care at home. Individual oral patient education (88%) and written materials by the local hospitals or drug industries (71%), were the most commonly used methods. Patients with rheumatoid arthritis were educated mostly in special health care units. A rheumatology nursing course did not have an effect on the chosen contents or methods when educating rheumatoid arthritis patients. CONCLUSIONS: It is important that rheumatology nurses teach more self-care abilities to patients with rheumatoid arthritis and use also the other teaching methods than oral individual method such as group sessions, teleinformatics and internet. The contents of rheumatology nursing course should be developed further to stress the importance of appropriate teaching methods and to point out the importance of self care abilities for patients. RELEVANCE TO CLINICAL PRACTICE: The results provided useful insight into education of patients with rheumatoid arthritis. Nurses should avoid the routine teaching programmes. They should take time to discuss with their patients and plan together the contents and methods, that education of patients with rheumatoid arthritis is based on patients' information needs and their individual learning capabilities.</td>
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<tr>
<td><strong>Publication Type:</strong> Journal Article; Multicenter Study</td>
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<td><strong>Source:</strong> MEDLINE</td>
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<td><strong>Full Text:</strong> Available from EBSCOhost in Journal of Clinical Nursing</td>
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<th>29. Patient education in rheumatoid arthritis: the effectiveness of the ARC booklet and the mind map.</th>
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<td><strong>Citation:</strong> Rheumatology, October 2007, vol./is. 46/10(1593-6), 1462-0324;1462-0324 (2007 Oct)</td>
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<tr>
<td><strong>Author(s):</strong> Walker D; Adebajo A; Heslop P; Hill J; Firth J; Bishop P; Helliwell PS</td>
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<tr>
<td><strong>Language:</strong> English</td>
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</table>
| **Abstract:** OBJECTIVE: To determine the effectiveness of a pictorial 'mind map' together with the Arthritis Research Campaign (ARC) booklet for imparting knowledge to participants with rheumatoid arthritis (RA). Also, we wished to relate this to their reading ability. METHODS: We studied 363 participants with RA. Reading ability was assessed using the REALM, and knowledge was assessed using the Knowledge Scale Questionnaire (KSQ). Information on educational attainment, disease state and levels of
anxiety and depression was also collected. Participants were randomly assigned to receive either the ARC booklet alone or the booklet and the mind map together.

RESULTS: A significant minority (15%) of participants were functionally illiterate. There was a statistically significant increase in knowledge across both groups from baseline to reassessment after they were given the literature, but there was no difference in attainment between the groups. The more literate participants gained more knowledge regardless of the information they were given. They were also significantly less anxious and less depressed.

CONCLUSIONS: The ARC booklet with or without the mind map was associated with a significant increase in knowledge. Poor readers had poor educational attainment and poor knowledge acquisition. The information on the mind map was not more accessible to them. Different educational strategies will be necessary to educate these patients.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available from Ovid in Rheumatology; Note: ; Collection notes: BRADFORD ROYAL INFIRMARY LIBRARY USERS PLEASE CLICK "ATHENS LOGIN"
Available from EBSCOhost in Rheumatology
Available from Highwire Press in Rheumatology
Available from Swets Information Services in Rheumatology - Oxford; Note: ; Collection notes: If prompted, please choose "NHS England" as your institution.
Available from BRI2 in Rheumatology; Note: ; Notes: Printed copies available in the Health Library, BRI
Available from Rheumatology (Oxford, England) in the BTHFT via Library Article Request Service
Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Rheumatology; Note: ; Notes: ESHRE Monograph is a supplement of Human Reproduction Update.

Citation: Rheumatology, October 2007, vol./is. 46/10(1513-6), 1462-0324;1462-0324 (2007 Oct)
Author(s): John H; Hale ED; Treharne GJ; Kitas GD
Language: English
Publication Type: Editorial; Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available from Ovid in Rheumatology; Note: ; Collection notes: BRADFORD ROYAL INFIRMARY LIBRARY USERS PLEASE CLICK "ATHENS LOGIN"
Available from EBSCOhost in Rheumatology
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Available from Swets Information Services in Rheumatology - Oxford; Note: ; Collection notes: If prompted, please choose "NHS England" as your institution.
Available from BRI2 in Rheumatology; Note: ; Notes: Printed copies available in the Health Library, BRI
Available from Rheumatology (Oxford, England) in the BTHFT via Library Article Request Service
Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Rheumatology; Note: ; Notes: ESHRE Monograph is a supplement of Human Reproduction Update.
Collection notes: Academic-License: Only available from an NHS networked computer

31. If knowledge is power, why don't rheumatoid arthritis education programs show better outcomes?.
Citation: Journal of Rheumatology, August 2007, vol./is. 34/8(1645-6), 0315-162X;0315-162X (2007 Aug)
Author(s): Li LC
Language: English
Publication Type: Comment; Editorial
32. Effect of a collective educational program for patients with rheumatoid arthritis: a prospective 12-month randomized controlled trial.

Citation: Journal of Rheumatology, August 2007, vol./is. 34/8(1684-91), 0315-162X;0315-162X (2007 Aug)
Author(s): Giraudet-Le Quintrec JS; Mayoux-Benhamou A; Ravaud P; Champion K; Dernis E; Zerkak D; Ouslimani A; Courpied JP; Revel M; Kahan A; Dougados M
Language: English
Abstract: OBJECTIVE: To evaluate the effect on health and functional status of an 8-week group-education program for rheumatoid arthritis (RA) in addition to usual medical care. METHODS: All consecutive inpatients and outpatients with RA (ACR criteria) were asked to participate in this randomized, prospective, controlled trial. The educational intervention consisted of 8 weekly ambulatory sessions, each lasting 6 hours. Followup was undertaken after 1 year. The primary criterion for judging effectiveness was the Health Assessment Questionnaire (HAQ) score; secondary criteria consisted of coping, medical knowledge, patient global satisfaction, and quality of life scores before the intervention and after 1 year. RESULTS: We asked 1242 inpatients and outpatients to participate in the study: 208 (16.75%) agreed (104 in each group). At baseline, there was no statistically significant difference between the 2 groups. After 1 year, no statistically significant difference was observed between the 2 groups in change in HAQ score: -0.04 +/- 0.46 (education group) vs -0.06 +/- 0.47 (control group) (p = 0.79). Statistically significant differences were found in 3 domains: patient coping (-1.22 +/- 5.55 vs -0.22 +/- 3.81; p = 0.03), knowledge (3.42 +/- 4.73 vs 0.73 +/- 3.78; p < 0.0001), and satisfaction (10.07 +/- 11.70 vs 5.72 +/- 13.77; p = 0.02), all of which were better for the group attending the education sessions. CONCLUSION: Despite improvements in patient coping, knowledge, and satisfaction, the education program was not found to be effective at 1 year. There may have been methodological problems relating to the sensitivity of questionnaires and patient selection, and tailored educational interventions should be considered.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available from The Journal of Rheumatology in the BTHFT via Library Article Request Service
Available from BRI2 in Journal of Rheumatology; Note: ; Notes: Printed copies available in the Health Library, BRI
Available from Journal of Rheumatology in the BTHFT via Library Article Request Service

33. Quality and impact of information about interventional rheumatology: a study in 119 patients undergoing fluoroscopy-guided procedures.

Citation: Joint, Bone, Spine: Revue du Rhumatisme, July 2007, vol./is. 74/4(353-7), 1297-319X;1778-7254 (2007 Jul)
Author(s): Guennoc X; Samjee I; Jousse-Joulin S; Devauchelle V; Roudaut A; Saraux A
Language: English
Abstract: OBJECTIVE: To evaluate the quality of patient information about fluoroscopy-guided rheumatologic procedures, and to look for an impact on the patient's experience of the procedure. METHODS: One hundred and nineteen patients completed questionnaires
before and after undergoing fluoroscopy-guided interventions. We looked for associations between the information supplied by the rheumatologist who recommended the procedure and pain, anxiety, awareness of potential complications, and the match between patient expectations and actual experience.

**RESULTS:** 62.8% of patients reported receiving information about the procedure. Only 20.5% reported receiving specific information about potential adverse events, although 80.9% felt this information would have been useful. Most patients (74.8%) would have liked to receive additional information. Only 10.1% patients were given written information. Mean (+/-SD) anticipated pain severity as assessed in the waiting room before the procedure on a 0-10 scale was 4.5+/-.2.4 in women and 4.2+/-.2.3) in men. Actual pain severity during the procedure as assessed on the same scale was 2.7+/-.2.6 in women and 2.2+/-.1.6 in men. The level of information about the procedure did not influence anticipated or actual pain severity. Anxiety was reported by 59.8% patients and was more common in women (P<0.001), in patients given written information (P=0.05), and in patients undergoing their first intervention (P=0.05). Information was perceived as alleviating anxiety by 69.9% patients, and 77.3% of patients felt they would experience less anxiety if they had the procedure a second time. Only 21.2% patients were able to name a potential adverse event, and this proportion was not influenced by receiving written information. A mismatch between expectations about the procedure or its duration and actual experience was reported by 17 (17/69, 24.6%) and 34 (34/98, 34.7%) patients, respectively, with no significant differences across study subgroups.

**CONCLUSION:** Information about interventional rheumatology procedures is required for ethical principles and legislation. Patients increasingly expect detailed information, which may increase the likelihood that the procedure unfolds smoothly. Our results indicate a need for optimizing patient information. Standardized written material deserves to be evaluated as a means of better meeting the informational needs of patients.

**Publication Type:** Journal Article

**Source:** MEDLINE

**Full Text:** Available from *Joint, bone, spine : revue du rhumatisme* in the BTHFT via Library Article Request Service

34. **Validation of patient-reported joint counts in rheumatoid arthritis and the role of training.**

**Citation:** Journal of Rheumatology, June 2007, vol./is. 34/6(1261-5), 0315-162X;0315-162X (2007 Jun)

**Author(s):** Levy G; Cheetham C; Cheatwood A; Burchette R

**Language:** English

**Abstract:** OBJECTIVE: To demonstrate the effectiveness of simple training on improving the ability of patients with rheumatoid arthritis (RA) to assess joint swelling, and to validate the use of a computerized questionnaire, the Health Assessment Questionnaire (HAQ-ulous), to collect patient-reported tender and swollen joint counts.

**METHODS:** Sixty patients completed the HAQ-ulous, reporting pain and swelling of the 28 joints included in the Disease Activity Score-28. A rheumatologist blinded to the patients’ responses assessed each joint for the presence of tenderness and swelling. At followup visits, 30 patients received training in distinguishing a swollen joint from a chronically enlarged joint, completed the HAQ-ulous again, and were reassessed by the physician.

**RESULTS:** At the initial visit, a strong correlation was shown between patient- and clinician-reported tender joints [Pearson correlation coefficient (r(p)) = 0.79; p < 0.0001].

**CONCLUSION:** With simple training in distinguishing swollen joints from chronically enlarged joints, the majority of patients are able to accurately assess joint swelling. Objective tools, such as the HAQ-ulous, that incorporate patient-reported outcomes are a valuable and reliable addition to standard clinical practice for monitoring patients with RA.

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't; Validation Studies
35. Feasibility and induced cognitive-emotional change of an emotional disclosure intervention adapted for home application.

**Citation:** Patient Education & Counseling, May 2007, vol./is. 66/2(177-87), 0738-3991;0738-3991 (2007 May)

**Author(s):** van Middendorp H; Sorbi MJ; van Doornen LJ; Bijlsma JW; Geenen R

**Language:** English

**Abstract:** OBJECTIVE: Emotional engagement, cognitive restructuring, and positive future directedness are considered core elements to induce change in emotional disclosure interventions. Our aim was to examine the induction of these elements and the feasibility of an emotional disclosure intervention adapted for home application. METHODS: The intervention emphasized expression of negative and positive emotions (session 1-4), search for meaning (session 3), and a positive future-oriented ending (session 4). A randomized clinical trial in patients with rheumatoid arthritis compared the adapted intervention (n=40) with a time management control condition (n=28). Feasibility was evaluated regarding adherence, compliance with instructions, perceived viability, and clinical safety. Induction of core elements was evaluated by analysis of change in immediate affective responses and by computerized text analysis of word use. RESULTS: Feasibility criteria were successfully met. The disclosure condition produced higher immediate negative affect and use of emotion, insight, and optimism words compared to control, and induced the elements of change within sessions as intended. CONCLUSION: The adapted intervention is feasible for home application and induces change in variables that indicate emotional engagement, cognitive restructuring, and positive future directedness. PRACTICE IMPLICATIONS: Empirical support of health benefits of this emotional disclosure intervention will extend its applicability in patient self-care.

**Publication Type:** Comparative Study; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full Text:** Available from Patient Education & Counseling in the BTHFT via Library Article Request Service

36. Patient-centred advice is effective in improving adherence to medicines.

**Citation:** Pharmacy World & Science, June 2006, vol./is. 28/3(165-70), 0928-1231;0928-1231 (2006 Jun)

**Author(s):** Clifford S; Barber N; Elliott R; Hartley E; Horne R

**Language:** English

**Abstract:** OBJECTIVE: To assess the effects of pharmacists giving advice to meet patients' needs after starting a new medicine for a chronic condition. METHOD: A prospective health technology assessment including a randomised controlled trial of a pharmacist-delivered intervention to improve adherence using a centralised telephone service to patients at home in England. Patients were eligible for recruitment if they were receiving the first prescription for a newly prescribed medication for a chronic condition and were 75 or older or suffering from stroke, cardiovascular disease, asthma, diabetes or rheumatoid arthritis. MAIN OUTCOME MEASURES: Incidence of non-adherence, problems with the new medicine, beliefs about the new medicine, safety and usefulness of the interventions. RESULTS: Five hundred patients consented and were randomised. At 4-week follow-up, non-adherence was significantly lower in the intervention group.
compared to control (9% vs. 16%, $P = 0.032$). The number of patients reporting medicine-related problems was significantly lower in the intervention group compared to the control (23% vs. 34%, $P = 0.021$). Intervention group patients also had more positive beliefs about their new medicine, as shown by their higher score on the "necessity-concerns differential" (5.0 vs. 3.5, $P = 0.007$). The phone calls took a median of 12 min each. Most advice was judged by experts to be safe and helpful, and patients found it useful. CONCLUSION: Overall, these findings show benefits from pharmacists meeting patients' needs for information and advice on medicines, soon after starting treatment. While a substantially larger trial would be needed to confirm that the effect is real and sustained, these initial findings suggest the service may be safe and useful to patients.

**Publication Type:** Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full Text:** Available from Pharmacy world & science : PWS in the BTHFT via Library Article Request Service

**Citation:** Rheumatology, August 2006, vol./is. 45/8(1050-1; author reply 1052), 1462-0324;1462-0324 (2006 Aug)

**Author(s):** de Boer IG; Vliet Vlieland TP

**Language:** English

**Publication Type:** Comment; Letter; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full Text:** Available from Ovid in Rheumatology; Note: ; Collection notes: BRADFORD ROYAL INFIRMARY LIBRARY USERS PLEASE CLICK "ATHENS LOGIN"

Available from EBSCOhost in Rheumatology

Available from Highwire Press in Rheumatology

Available from Swets Information Services in Rheumatology - Oxford; Note: ; Collection notes: If prompted, please choose "NHS England" as your institution.

Available from BRI2 in Rheumatology; Note: ; Notes: Printed copies available in the Health Library, BRI

Available from Rheumatology (Oxford, England) in the BTHFT via Library Article Request Service

Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Rheumatology; Note; ; Notes: ESHRE Monograph is a supplement of Human Reproduction Update. Collection notes: Academic-License: Only available from an NHS networked computer

**Citation:** Rheumatology International, June 2006, vol./is. 26/8(752-7), 0172-8172;0172-8172 (2006 Jun)

**Author(s):** Nunez M; Nunez E; Yoldi C; Quinto L; Hernandez MV; Munoz-Gomez J

**Language:** English

**Abstract:** OBJECTIVE: To determine whether therapeutic education added to conventional drug therapy reduced disability and pain in patients with early rheumatoid arthritis (RA). METHODS: Forty-three patients with RA, 29F/14 M, were included in a randomized, controlled trial and assigned to a control group receiving conventional pharmacological treatment only (n=21), or an intervention group receiving therapeutic education added to conventional pharmacological treatment (n=22). The main outcome variable was self-reported disability on the Stanford health assessment questionnaire (HAQ). RESULTS: At 18 months, patients in the intervention group had less disability (HAQ), pain intensity, number of tender and swollen joints, and patient's and physician's global assessments ($p=0.003, 0.031, 0.003, 0.001, 0.014, and 0.004, respectively$)
compared with baseline, and improvements in disability and number of tender and swollen joints (p=0.024, 0.040, and 0.003, respectively), compared with controls. CONCLUSIONS: Patients receiving pharmacological treatment and therapeutic education had a better evolution than those receiving only pharmacological treatment.

**Publication Type:** Comparative Study; Journal Article; Randomized Controlled Trial

**Source:** MEDLINE

**Full Text:** Available from ProQuest in Rheumatology International; Note: ; Collection notes: If prompted please select "Athens Login" and choose "NHS England" as the institution. Available from Rheumatology international in the BTHFT via Library Article Request Service

Available from EBSCOhost in Rheumatology International

Available from Springerhost in Rheumatology International

Available from Springerhost in Rheumatology International; Note: ; Collection notes: Academic-License. Please when asked to pick an institution please pick NHS. Please also note access is from 1997 to date only.


**Citation:** Nursing Times, April 2006, vol./is. 102/16(45, 47, 49-50), 0954-7762;0954-7762 (2006 Apr 18-24)

**Author(s):** Anderson I; King B

**Language:** English

**Abstract:** Irene Anderson and Brenda King outline the causes of mixed aetiology leg ulcers and the treatment of these complex wounds.

**Publication Type:** Journal Article; Review

**Source:** MEDLINE

**Full Text:** Available from BRI2 in Nursing Times; Note: ; Notes: Printed copies available in the Health Library, BRI

Available from Nursing times in the BTHFT via Library Article Request Service

### 40. Benefits of patient pathways in rheumatoid arthritis care.

**Citation:** Nursing Times, April 2006, vol./is. 102/16(28-31), 0954-7762;0954-7762 (2006 Apr 18-24)

**Author(s):** Oliver S

**Language:** English

**Abstract:** Rheumatoid arthritis is a painful, inflammatory, chronic condition that often results in irreversible joint damage. This article uses the condition to highlight the benefits of patient pathways and illustrate how they can be developed.

**Publication Type:** Case Reports; Journal Article; Review

**Source:** MEDLINE

**Full Text:** Available from BRI2 in Nursing Times; Note: ; Notes: Printed copies available in the Health Library, BRI

Available from Nursing times in the BTHFT via Library Article Request Service

### 41. Older women and dietary advice: occurrence, comprehension and compliance.

**Citation:** Journal of Human Nutrition & Dietetics, December 2005, vol./is. 18/6(453-60), 0952-3871;0952-3871 (2005 Dec)

**Author(s):** Gustafsson K; Ekblad J; Sidenvall B

**Language:** English

**Abstract:** BACKGROUND: When a person becomes ill, traditional food habits may come into conflict with the disease-related recommended diet. AIM: The aim was to study
perceptions of receiving dietary advice, the occurrence and comprehension of such advice and compliance among older women diagnosed with Parkinson's disease, stroke or rheumatoid arthritis. METHODS: The study took an ethnographic approach. Fifty-four community-dwelling women, 64-88 years of age, were interviewed using an open-ended interview technique during visits to their homes. FINDINGS: Two themes were found: 'dietary advice - occurrence and comprehension' describes whether the women had received dietary advice and, if so, how they understood the information. In the theme 'compliance with dietary advice', two principal reasons for complying or not complying with advice were found: First, women expressed a 'food interest', such that they were either 'interested in disease-related diet' or held a general view of the significance of foods and complied with the advice for their own 'health interest'. Secondly, the women were 'uninterested in food changes'. This could be because of 'poor appetite', 'food and disease ambivalence', 'habitual and preferred foods'. CONCLUSION: Dietary advice should be based on women's food preferences and habitual foods. It is important to inform about known relations between food and disease, but also to support eating favourite foods, thereby facilitating women's well-being.

**Publication Type:** Journal Article

**Source:** MEDLINE

**Full Text:** Available from *Journal of Human Nutrition & Dietetics* in *the BTHFT via Library Article Request Service*
Available from EBSCOhost in *Journal of Human Nutrition & Dietetics*
Available from EBSCOhost in *Journal of Human Nutrition & Dietetics*

**42. A disease-specific self-help program compared with a generalized chronic disease self-help program for arthritis patients.**

**Citation:** Arthritis & Rheumatism, December 2005, vol./is. 53/6(950-7), 0004-3591; 0004-3591
(2005 Dec 15)

**Author(s):** Lorig K; Ritter PL; Plant K

**Language:** English

**Abstract:** OBJECTIVE: Both the Arthritis Self-Management Program (ASMP) and the generic Chronic Disease Self-Management Program (CDSMP) have been shown to be successful in improving conditions in patients with arthritis. This study compared the relative effectiveness of the 2 programs for individuals with arthritis. METHODS: Patients whose primary disease was arthritis were randomized to the ASMP (n = 239) or to the CDSMP (n = 116). Analyses of covariance were used to compare the outcome measures for the 2 programs at 4 months and 1 year. Measures included quality of life outcomes (self reported, health distress, disability, activity limitation, global health, pain, and fatigue), health behaviors (practice of mental stress management, stretching and strength exercise, aerobic exercise), self efficacy, and health care utilization (physician visits and hospitalizations). RESULTS: Both programs showed positive results. The disease-specific ASMP appeared to have advantages over the more generic CDSMP for patients with arthritis at 4 months. These advantages had lessened slightly by 1 year. CONCLUSION: The disease-specific ASMP should be considered first where there are sufficient resources and participants. However, both programs had positive effects, and the CDSMP should be considered a viable alternative.

**Publication Type:** Comparative Study; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full Text:** Available from *Wiley* in *Arthritis and Rheumatism*
Available from *BRI* in *Arthritis and Rheumatism*; Note: ; Notes: Printed copies available in the Health Library, BRI
Available from *Wiley* in *Arthritis and Care and Research*
Available from *Arthritis and Rheumatism* in *the BTHFT via Library Article Request Service*
43. Quality of arthritis information on the Internet.

Citation: American Journal of Health-System Pharmacy, June 2005, vol./is. 62/11(1184-9), 1079-2082;1079-2082 (2005 Jun 1)

Author(s): Ansani NT; Vogt M; Henderson BA; McKaveney TP; Weber RJ; Smith RB; Burda M; Kwoh CK; Osial TA; Starz T

Language: English

Abstract: PURPOSE: The quality and reliability of Internet-based arthritis information were studied. METHODS: The search terms "arthritis," "osteoarthritis," and 'rheumatoid arthritis" were entered into the AOL, MSN, Yahoo, Google, and Lycos search engines. The Web sites for the first 40 matches generated by each search engine were grouped by URL suffix and evaluated on the basis of four categories of criteria: disease and medication information content, Web-site navigability, required literacy level, and currentness of information. Ratings were assigned by using an assessment tool derived from published literature (maximum score of 15 points). RESULTS: Of the 600 arthritis Web sites identified, only 69 were unique and included in the analysis. Fifty-seven percent were .com sites, 20% .org sites, 7% .gov sites, 6% .edu sites, and 10% other sites. Total scores for individual sites reviewed ranged from 3 to 14. Eighty percent of .gov sites, 75% of .edu sites, 29% of other sites, 36% of .com sites, and 21% of .org sites were within the top tertile of scores. No Web site met the criterion for being understandable to people with no more than a sixth-grade reading ability. .Gov sites scored significantly higher overall than .com sites, .org sites, and other sites. .Edu sites also scored relatively well. CONCLUSION: The quality of arthritis information on the Internet varied widely. Sites with URLs having suffixes of .gov and .edu were ranked higher than other types of sites.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available from EBSCOhost in American Journal of Health-System Pharmacy
Available from American journal of health-system pharmacy : AJHP : official journal of the American Society of Health-System Pharmacists in the BTHFT via Library Article Request Service
Available from EBSCOhost in American Journal of Health-System Pharmacy
Available from Ovid in American Journal of Health-System Pharmacy; Note: ; Collection notes: BRADFORD ROYAL INFIRMARY LIBRARY USERS PLEASE CLICK "ATHENS LOGIN"
Available from EBSCOhost in American Journal of Health-System Pharmacy

44. A linguistic framework for assessing the quality of written patient information: its use in assessing methotrexate information for rheumatoid arthritis.

Citation: Health Education Research, June 2005, vol./is. 20/3(334-44), 0268-1153;0268-1153 (2005 Jun)

Author(s): Clerehan R; Buchbinder R; Moodie J

Language: English

Abstract: Patient information leaflets are an important adjunct to verbal exchange between doctor and patient. Their value is dependent upon whether they contain useful information from the viewpoint of the patient and are easily understood. We developed a framework based upon linguistic theory for assessing the quality of written patient information and applied it to a set of leaflets about methotrexate treatment. Items included the overall structure of the text, the technicality of the vocabulary used, the number of content words per clause ('lexical density'), and the clarity of the role relationship between author and reader. The leaflets consisted of up to nine identifiable sections (range 3-8): background information about the drug, summary of its use, dosage instructions, outline of benefits and side-effects, monitoring information, constraints on patient behavior, storage instructions, and clinical contact availability. Most leaflets contained a high number of content words per clause and the identity of the author was clear in only three (17%). Linguistic analysis
provides highly relevant information about written patient information. Together with critical assessment of factual and visual aspects, consideration of key linguistic features should improve the quality of informational texts for our patients.

**Publication Type:** Journal Article  
**Source:** MEDLINE  
**Full Text:** Available from Highwire Press in *Health Education Research*

**45. Systematic review of rheumatoid arthritis patient education.**

**Citation:** Arthritis & Rheumatism, December 2004, vol./is. 51/6(1045-59), 0004-3591;0004-3591 (2004 Dec 15)  
**Author(s):** Riemsma RP; Taal E; Kirwan JR; Rasker JJ  
**Language:** English  
**Publication Type:** Comparative Study; Journal Article; Research Support, Non-U.S. Gov't; Review  
**Source:** MEDLINE  
**Full Text:** Available from Wiley in *Arthritis and Rheumatism*

**46. Helping patients to help themselves. Interview by Janis Smy.**

**Citation:** Nursing Times, January 0001, vol./is. 100/35(24-5), 0954-7762;0954-7762 (2004 Aug 31-Sep 6)  
**Author(s):** White J; Jackson G  
**Language:** English  
**Publication Type:** Interview  
**Source:** MEDLINE  
**Full Text:** Available from ProQuest in *Nursing Times*; Note: ; Collection notes: If prompted please select "Athens Login" and choose "NHS England" as the institution.

**47. Effective pain management for patients with arthritis.**

**Citation:** Nursing Standard, August 2004, vol./is. 18/50(43-52; quiz 54, 56), 0029-6570;0029-6570 (2004 Aug 25-31)  
**Author(s):** Oliver S; Ryan S  
**Language:** English  
**Abstract:** In this article, the authors examine pain management options for patients with osteoarthritis and rheumatoid arthritis.  
**Publication Type:** Journal Article; Review  
**Source:** MEDLINE  
**Full Text:** Available from EBSCOhost in *Nursing Standard*
48. Patient education.

Citation: Best Practice & Research in Clinical Rheumatology, August 2004, vol./is. 18/4(465-76), 1521-6942;1521-6942 (2004 Aug)

Author(s): Schrieber L; Colley M

Language: English

Abstract: There are a wide range of opportunities for arthritis patient education including individual or group counselling, printed notes and the Internet. Over the past 20 years efforts have been made to evaluate patient education programmes and determine if they are effective and, more recently, whether they are cost-effective. In the short term (up to 6-12 months) structured educational programmes have been demonstrated to increase patient knowledge and improve desirable behaviours such as relaxation, exercise and compliance with medications. More controversial has been the long term outcome (>12 months) of these programmes. Some studies indicate continuing benefit, albeit at reduced levels, compared to earlier evaluation points. Other studies, including a recent Cochrane report suggest that the beneficial effects are not sustained. In conclusion, patient education programmes have a modest, but significant, benefit on patient knowledge and behaviour, at least in the short term.

Publication Type: Journal Article; Review

Source: MEDLINE

Full Text: Available from Bestpractice&research. Clinical rheumatology in the BTHFT via Library Article Request Service


Citation: Arthritis & Rheumatism, June 2004, vol./is. 51/3(388-98), 0004-3591;0004-3591 (2004 Jun 15)

Author(s): Niedermann K; Fransen J; Knols R; Uebelhart D

Language: English

Abstract: OBJECTIVE: To systematically review educational or psychoeducational interventions for patients with rheumatoid arthritis focusing on long-term effects, especially health status.METHODS: Two independent reviewers appraised the methodologic quality of the included randomized controlled trials, published between 1980 and July 2002.RESULTS: Validity scores of studies ranged from 3 to 9 (of 11). The 7 educational programs mainly improved knowledge and compliance in the short and long term, but there was no improvement in health status. All 4 psychoeducational programs improved coping behavior in the short term, 2 of them showing a positive long-term effect on physical or psychological health variables.CONCLUSION: Methodologically better-designed studies had more difficulties demonstrating positive outcome results. Short-term effects in program targets are generally observed, whereas long-term changes in health status are not convincingly demonstrated. There is a need to find better strategies to enhance the transfer of short-term effects into gains in health status.

Publication Type: Evaluation Studies; Journal Article; Review

Source: MEDLINE

Full Text: Available from Wiley in Arthritis and Rheumatism
50. Long-term effects of a nurse-led group and individual patient education programme for patients with chronic inflammatory polyarthritis - a randomised controlled trial.

Citation: Journal of Clinical Nursing, 01 April 2014, vol./is. 23/7/8(1005-1017), 09621067

Author(s): Grønning, Kjersti; Rannestad, Toril; Skomsvoll, Johan F; Rygg, Lisbeth Ø; Steinsbekk, Aslak

Language: English

Abstract: Aims and objectives To investigate the long-term effect of a nurse-led hospital-based patient education programme combining group and individual education for patients with chronic inflammatory polyarthritis. Background Patient education interventions have shown short-term effects, but few studies have investigated whether the effects are sustained for a longer period. Design Randomised controlled trial. Methods Patients with rheumatoid arthritis, psoriatic arthritis and unspecified polyarthritis were randomised to the intervention group (n = 71) or a waiting list (n = 70). Primary outcomes were as follows: Global Well-Being and the Arthritis Self-Efficacy Other Symptoms Subscale. Secondary outcomes were as follows: patient activation, physical and psychological health status, patients' educational needs and a Disease Activity Score (DAS28-3). Results The intervention group had a statistically significant higher global well-being than the controls after 12 months, mean change score 8.2 (95% CI, 1.6-14.8; p-value = 0.015), but not in the Arthritis Self-Efficacy Other Symptoms Subscale, mean change score 2.6 (95% CI, −1.8 to 7.1; p-value = 0.245). Within each group, analyses showed a statistically significant improvement in DAS28-3, mean change -0.3 (95% CI, −0.5 to −0.1; p-value = 0.001), in the intervention group from baseline to 12 months, but not in the controls. The controls had a statistically significant deterioration in the Arthritis Self-Efficacy Other Symptoms Subscale, mean change −5.0 (95% CI, −8.6 to −1.3; p-value = 0.008), Arthritis Impact Measurement Scales -2 Social, mean change −0.3 (95% CI, 0.1 to 0.5; p-value = 0.008), and Hospital Anxiety and Depression Scale total, mean change 1.0 (95% CI, 0.3-2.5; p-value = 0.013). Conclusion A combination of group and individual patient education has a long-term effect on patients' global well-being. Relevance to clinical practice Nurses should consider whether a combination of group and individual patient education for patients with chronic inflammatory polyarthritis is an alternative in their clinical practice. This combination is less time-consuming for the patients, and it includes the benefit of group learning in addition to focusing on patient's individual educational needs.

Publication Type: journal article

Source: CINAHL

Full Text: Available from Journal of Clinical Nursing in the BTHFT via Library Article Request Service

51. General practitioners' perspectives on campaigns to promote rapid help-seeking behaviour at the onset of rheumatoid arthritis.

Citation: Scandinavian Journal of Primary Health Care, 01 March 2014, vol./is. 32/1(37-43), 02813432

Author(s): Stack, Rebecca J.; Llewellyn, Zara; Deighton, Chris; Kiely, Patrick; Mallen, Christian D.; Raza, Karim

Language: English

Abstract: Objective. To explore general practitioners' (GPs') perspectives on public health campaigns to encourage people with the early symptoms of rheumatoid arthritis (RA) to seek medical help rapidly. Design. Nineteen GPs participated in four semi-structured focus groups. Focus groups were audio-recorded, transcribed verbatim, and analysed
using thematic analysis. Results. GPs recognised the need for the early treatment of RA and identified that facilitating appropriate access to care was important. However, not all held the view that a delay in help seeking was a clinically significant issue. Furthermore, many were concerned that the early symptoms of RA were often non-specific, and that current knowledge about the nature of symptoms at disease onset was inadequate to inform the content of a help-seeking campaign. They argued that a campaign might not be able to specifically target those who need to present urgently. Poorly designed campaigns were suggested to have a negative impact on GPs' workloads, and would 'clog up' the referral pathway for genuine cases of RA. Conclusions. GPs were supportive of strategies to improve access to Rheumatological care and increase public awareness of RA symptoms. However, they have identified important issues that need to be considered in developing a public health campaign that forms part of an overall strategy to reduce time to treatment for patients with new onset RA. This study highlights the value of gaining GPs' perspectives before launching health promotion campaigns.

52. Rheumatoid arthritis educational series: a nurse-led project.

Citation: Orthopaedic Nursing, 01 July 2012, vol./is. 31/4(205-211), 07446020
Author(s): Lemon, Joyce; Marichal-Williams, Blanca; Blum, Eileen; Bracero, Maria
Language: English
Abstract: Nurses in the rheumatology clinic at New York University Hospital for Joint Diseases realized a need to provide patients with rheumatoid arthritis with more healthcare information than was routinely given during clinic visits. This project goal was to support patient involvement in decision making and encourage participation in treatment planning. To address these concerns, a team of staff registered nurses developed an educational program based on various arthritis-related topics. This article shares the experiences of these nurses as they developed and led a patient education project. Various elements of the project are discussed, including institutional history, program needs, project start-up, challenges, outcomes, and the lessons learned.

53. The effect of an educational programme consisting of group and individual arthritis education for patients with polyarthritis-A randomised controlled trial.

Citation: Patient Education & Counseling, 01 July 2012, vol./is. 88/1(113-120), 07383991
Author(s): Grønning K; Skomsvoll JF; Rannestad T; Steinsbekk A
Language: English
Abstract: OBJECTIVE: The aim of this study was to investigate the effect of an educational programme for patients with polyarthritis compared to usual care. METHODS: Patients with rheumatoid arthritis, psoriatic arthritis and unspecified polyarthritis were randomised to the intervention (n=71) or usual care (n=70). The intervention consisted of three group educational sessions followed by one individual educational session. The primary outcomes were a patient's global well-being and arthritis self-efficacy. Secondary outcomes were patient activation, physical and psychological health status, educational needs and disease activity. RESULTS: After four months the intervention group had significantly better global well-being, 95% CI (2.3-14.1), p=0.01, and self-efficacy, 95% CI (0.2-8.1), p=0.04, than the control group. There were also trends for improved disease activity, and a statistically significant improvement in patient activation and pain in the
intervention group. CONCLUSION: This patient educational programme consisting of
group sessions and nurse-delivered individual education has statistically significant
benefits for global well-being and maintaining a level of self-efficacy in managing other
symptoms in patients with polyarthritis. PRACTICE IMPLICATIONS: This educational
programme allows patients to learn from each other in addition to addressing individual
educational needs.

Publication Type: journal article
Source: CINAHL
Full Text: Available from Patient Education & Counseling in the BTHFT via Library Article
Request Service

54. PROMs: a novel approach to arthritis self-management.

Citation: British Journal of Nursing, 24 May 2012, vol./is. 21/10(601-607), 09660461
Author(s): Palmer, Deborah; El Miedany, Yasser
Language: English
Abstract: Despite our knowledge of many effective education techniques, there is little evidence
that clinicians have incorporated them into their daily practices. One of the reasons for the
underutilization of patient education may be that physicians are expecting the specialist
nurses to provide this service, whereas the nurses lack any formal protocol for patient
education in standard clinical practice. Self-management programmes are now
acknowledged as a key element of quality care. A high priority for research is the
development and diffusion of patient education strategies that are tailored to address
patient needs and applicable for the standard day to day practice. This paper describes the
rationale and design of the 'Joint Fitness Program' which is a new patient-based
educational programme integrating patient-reported outcome measures (PROMs) and
self-management for people with inflammatory arthritis. This education programme,
which illustrates how theory can explicitly be translated into practice, addresses PROMs
as an objective tool to assess the educational needs of patients with arthritis and uses the
PROMs to design an education programme and not just evaluate the disease activity.

Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in British Journal of Nursing
Available from British journal of nursing (Mark Allen Publishing) in the BTHFT via
Library Article Request Service
Available from Internurse in British Journal of Nursing; Note: ; Collection notes:
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55. Inflammatory arthritis may be a risk factor for major complications after TAA.

Citation: Orthopedics Today, 01 December 2010, vol./is. 30/12(22-23), 02795647
Author(s): Owens C; Frey CC
Language: English
Publication Type: journal article
Source: CINAHL
Full Text: Available from ProQuest in Orthopedics Today; Note: ; Collection notes: If prompted
please select "Athens Login" and choose "NHS England" as the institution.
Available from Orthopedics Today in the BTHFT via Library Article Request Service

56. Rehabilitation in ankylosing spondylitis.

Citation: Current Opinion in Rheumatology, 01 March 2008, vol./is. 20/2(203-207), 10408711
Author(s): Nghiem FT; Donohue JP
Abstract: PURPOSE OF REVIEW: Medical therapy of ankylosing spondylitis has improved dramatically with the advent of anti-tumor necrosis factor therapy, but nonpharmacologic therapies have long been employed to treat the condition. The purpose of this review is to summarize the most recent data to assess the role of exercise and nonpharmacologic therapies in ankylosing spondylitis. RECENT FINDINGS: We review six articles published since 2005. The most common outcome measures (validated scores from Bath group) were only formally utilized in two studies. Four of the six studies were randomized controlled trials. One study using balneotherapy did not reveal any significant improvement in the medium term. One study used a multimodal exercise program, which revealed some benefit. Two studies assessed short and long-term efficacy of an experimental exercise protocol and suggested a prolonged benefit. Two small studies looking at biologic markers suggested that exercise may impact cytokine production. SUMMARY: All studies we reviewed had small numbers of participants without a standardized control group and each study used different outcome measures. This review demonstrates the importance of continued emphasis on exercise therapy, the need for a standardized approach to exercise therapy, and a potential biologic effect. Exercise therapy should remain a mainstay of ankylosing spondylitis treatment complementing medical therapy.
58. The process of change: listening to transformation in meaning perspectives of adults in arthritis health education groups.

Citation: Canadian Journal of Occupational Therapy, 01 December 2005, vol./is. 72/5(280-288), 00084174

Author(s): Ashe B; Taylor M; Dubouloz C

Language: English

Abstract:
PURPOSE: This study explored client experiences in two different arthritis education groups to develop an understanding of meaningful group experiences in the process of change leading to desired health outcomes. METHOD: A qualitative framework with an inductive, descriptive, phenomenological method guided the study. Ten participants with rheumatoid or inflammatory arthritis were recruited. Individual and focus group interviews provided descriptions of experiences. RESULTS: Arthritis education group experiences led to improved client perceptions of ability to cope with chronic disease through a process of change in feelings, values and beliefs known as meaning perspectives. The change in meaning perspectives occurred through perceptions about disease, self and illness. PRACTICE IMPLICATIONS: This study provides important insights into the client's process of change in meaning perspectives that can lead to health behaviors and desired health outcomes. The study demonstrates the use of the group context as a tool to enable the process of change.