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THU0559 Patient education, disease activity and physical function. Can we be more targeting? A cross-sectional study among people with RA, PsA and Hand OA

Authorship

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Background

Targeted education is likely to enable people with arthritis manage their disease and maintain quality of life. Educational needs assessment tool (ENAT) was developed to help practitioners assess relevant and priority educational needs of people with arthritis.

Objectives

To use the Austrian-German educational needs assessment tool (OENAT) and test the following hypotheses: (i) educational needs for people with arthritis vary with age, gender, disease duration and educational background (ii) educational needs are related to disease activity in people with RA and PsA and (iii) educational needs are related to physical function for people with RA and PsA.

Methods

Convenience sampling was used to recruit patients with the following inclusion criteria: (i) adult with a diagnosis of RA, PsA or HOA (ii) willingness and ability to complete a questionnaire. The English ENAT was adapted into Austrian-German (OENAT) using Beaton's cross-cultural adaptation process and validated using Rasch analysis. The OENAT domain scores were transformed to calibrate an interval-level scale with which the educational needs were compared across groups. Differences between groups were assessed using Students t-test and relationships between the educational needs and disease activity or physical functioning was explored using Pearsons' correlation(r_p).

Results

The sample comprised of 303 patients: 130 with RA, 125 PsA and 48 HOA. 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. A high percentage of patients (>70% in each group) expressed interest to receive education about their disease.

In the RA and PsA groups, female patients expressed significantly higher educational needs than their male counterparts in movements and feelings ($p=0.04$ and $p=0.03$ respectively in RA and $p<0.01$ and

p=0.01 respectively for PsA). Interestingly, female patients in the HOA group had significantly higher scores on all domains except on the movements. Older patients with PsA scored higher than their younger counterparts in the pain domain (p=0.05). Disease duration had significant effects on the RA group where patients with longer disease duration (>5 years), expressed higher educational needs in movements (p<0.01). Educational background had effects in the PsA but not the other cohorts, patients with basic education had greater scores than those with higher education on movements (p=0.01) and arthritis process (p=0.01).

In the RA group, there were 'small' but significant correlations between DAS28 and the following OENAT domains: movement (r=.24, p=0.01), feelings (r =.22, p=0.02), and treatments (r=.22, p=0.03). In the PsA group, all OENAT domains correlated with disease activity (DAPSA and CDAI). In the same group, the HAQ had significantly correlations with movements (r=.38, p<0.01), feelings (r=.33, p=0.01), arthritis (r=.32, p=0.01) and support (r=.28, p=0.03).

Conclusions

This study established that educational needs vary with personal characteristics and these should be born in mind. Correlation with disease activity and function, suggest that the OENAT can enable identification of 'intervention points', which can be ideal opportunities for effective patient education.

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