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Proceedings Paper:

Meesters, JJL, Vliet Vlieland, TPM, Hill, J et al. (2009) Measuring educational needs among patients with rheumatoid arthritis using the Dutch version of the educational needs assessment tool (DENAT). In: *Annals of the Rheumatic Diseases. Annual European Congress of Rheumatology (EULAR 2009)*, 10-13 Jun 2009, Copenhagen, Denmark. BMJ Publishing Group, p. 773. ISSN: 0003-4967. EISSN: 1468-2060.

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Measuring educational needs among patients with rheumatoid arthritis using the Dutch version of the educational needs assessment tool (DENAT)

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Background

Because recent studies show limited long term effects of standardized educational interventions in patients with rheumatoid arthritis (RA), more patient-centred and tailor made programs are advocated.¹ The Educational Needs Assessment Tool (ENAT) was developed to systematically assess arthritis patients' educational needs.²

Objectives

The aim of the present study was to describe the educational needs of Dutch RA patients by means of a Dutch version of the ENAT.

Methods

The original UK version of the ENAT, comprises 39 items grouped into 7 domains. The scoring is by 1 – 5 Likert type scales, ranging from "not at all important" to "extremely important". For each domain a median score with the inter quartile range (IQR) was computed. The Kruskal-Wallis test was used to determine possible associations between educational needs and age, disease duration, gender and educational background.

The ENAT was translated into Dutch (DENAT) according to international guidelines for cross-cultural translation and adaptation³ and validated by using Rasch analysis. The questionnaire sent by mail to a random sample of 319 patients with RA visiting an outpatient rheumatology clinic of a university hospital.

Results

The response rate was 165/319= 52%, including 146 females (89%). Their median age was 68 years (IQR 55-77) and their median disease duration 3 years (IQR 7-21). The numbers of patients with primary education were 29 (18%), with secondary education 99 (60%) and with tertiary education 35 (21%) (2 patients unknown). The median educational needs scores were 2.5 for "Managing pain", 3.0 for "Movement", 2.0 for "Feelings", 4.0 for "Arthritis process", 4.0 for "Treatments from health professionals", 3.5 for "Self-help measures" and 2.5 for "Support systems".

Lower age and shorter disease duration were associated with more educational needs in the domain "Support systems" (respectively $p=0.000$ and $p=0.035$). In addition, younger patients had more educational needs regarding "Managing pain" ($p=0.026$) and "Feelings" ($p=0.018$) than older patients. There were no associations between gender or educational background and educational needs.

Conclusions

The DENAT has demonstrated its ability to identify individual educational needs of Dutch patients with RA, particularly with respect to "Arthritis process", "Treatments from health professionals" and "Self-help measures". Lower age and shorter disease duration were associated with more educational needs. The practical applicability and clinical value of the DENAT need to be further established.

References

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Citation information

J J L Meesters, T P M Vliet Vlieland, J Hill, M E Ndosi. Measuring educational needs among patients with rheumatoid arthritis using the Dutch version of the educational needs assessment tool (DENAT). Paper presented in: Annual European Congress of Rheumatology (EULAR 2009) June 10-13 Copenhagen, Denmark: BMJ Publishing Group Ltd & European League Against Rheumatism. *Annals of the Rheumatic Diseases* 2009;68(Suppl3):773.

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