<https://doi.org/10.47660/CBR.2020.17014>

ONLINE SPREAD AND PATIENT CONTRIBUTION FOR THE IMPROVEMENT OF A RHEUMATOID ARTHRITIS PATIENT EDUCATION HANDOUT DURING THE PANDEMIC OF COVID-19

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BACKGROUND

Rheumatoid arthritis (RA) is a long-term autoimmune systemic inflammatory disease that primarily affects joints, with potential to progress to joint destruction. To minimize these losses, drug treatment, rehabilitation, and patient education (PE) are essential. Patient education includes guidance on the course of the disease and energy conservation (EC) and joint protection (JP) techniques. In this sense, the production and distribution of educational materials, such as patient education handouts, serve as adjuncts to PE.

MATERIALS AND METHODS

During RA patients' meetings addressing RA nature and techniques of JP and EC, the most frequent doubts of these patients were registered, a literature review was undertaken, the handout text was prepared and the graphic project was developed. With the social distancing imposed by the COVID-19 pandemic, a digital version was created and released on the university website and social networks. Evaluation of the handout by 24 RA patients, addressing the understanding of the text and illustrations, and a score (0-10) for the aesthetics, usefulness, and explicitness was performed.

RESULTS

The online release of the handout increased its scope since it reached around 10,000 people. From 24 patients evaluating the digital handout, 95.8% reported no difficulties with the text and 87.5% reported no difficulties with the illustrations. They suggested the addition of new issues and the improvement of some illustrations. Most (79%) respondents graded 10 (mean 9.79 ± 0.40) for the aesthetics, 83% scored 10 (9.75 ± 0.59) for the usefulness and 88% graded 10 (9.75 ± 0.72) for the explicitness of the handout. After examining the responses, the handout was modified and a new version (Figs. 1-6) was developed and published on social networks. Patients addressing the new version of the handout commented on its improvement.

Figure 1. Cover of the patient education handout.

Figure 2. Page 2 of the patient education handout.

Figure 3. Page 3 of the patient education handout.

Figure 4. Page 4 of the patient education handout.

Figure 5. Page 5 of the patient education handout.

Figure 6. Back cover of the patient education handout.

CONCLUSION

The development of educational materials for patients with RA is relevant, since they provide reliable information about this disease and JP and EC techniques, solving doubts and expanding the prevention of functional losses. The participation of patients in the development of educational materials may improve their understanding. With social distancing, the online distribution of the handout is expanding its scope. Given the good acceptance of patients, we believe that the objectives of this educational material have been achieved.

ACKNOWLEDGMENTS

We thank the multidisciplinary team at the Clinics Hospital of the Federal University of Minas Gerais (EBSerH/HC-UFMG) for their support.

FUNDING

Programa de Apoio a Doutores recém-contratados – Universidade Federal de Minas Gerais.

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