

Educational Measures for Improving Quality of Life in Patients with Rheumatoid Arthritis

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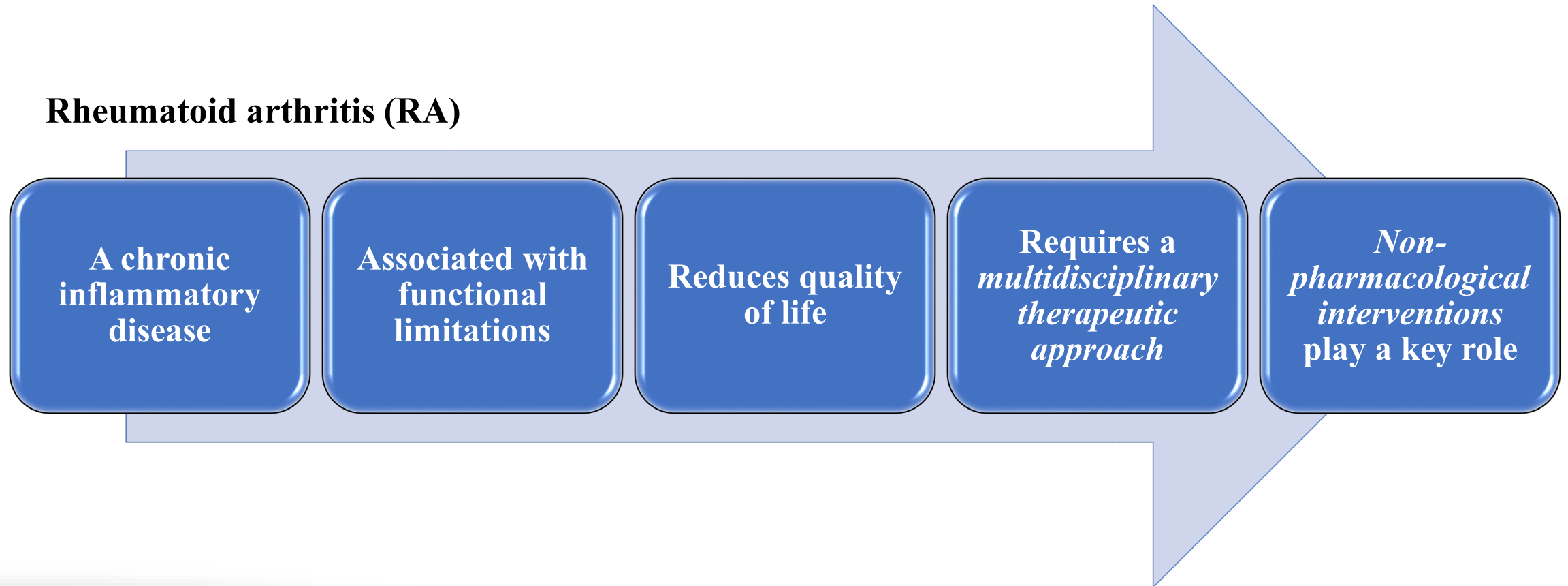
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Disclosure statement

I have no actual or potential conflict of interest in relation to this presentation.

Background

Rheumatoid arthritis (RA)



Objective

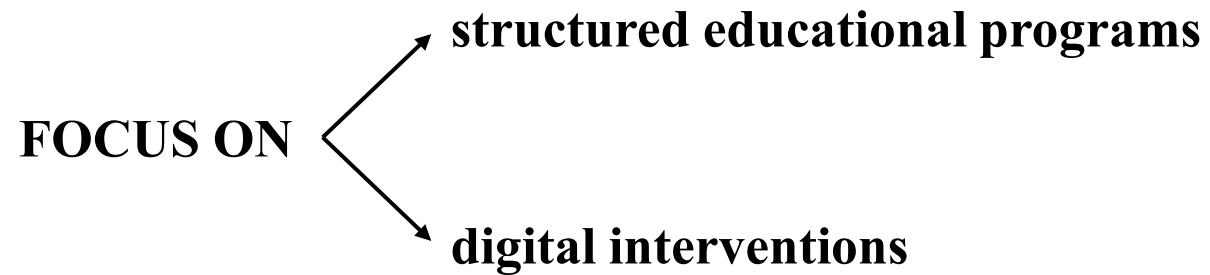
Based on literature search this study aims to evaluate the impact of educational interventions on:



in patients with rheumatoid arthritis.

Methods

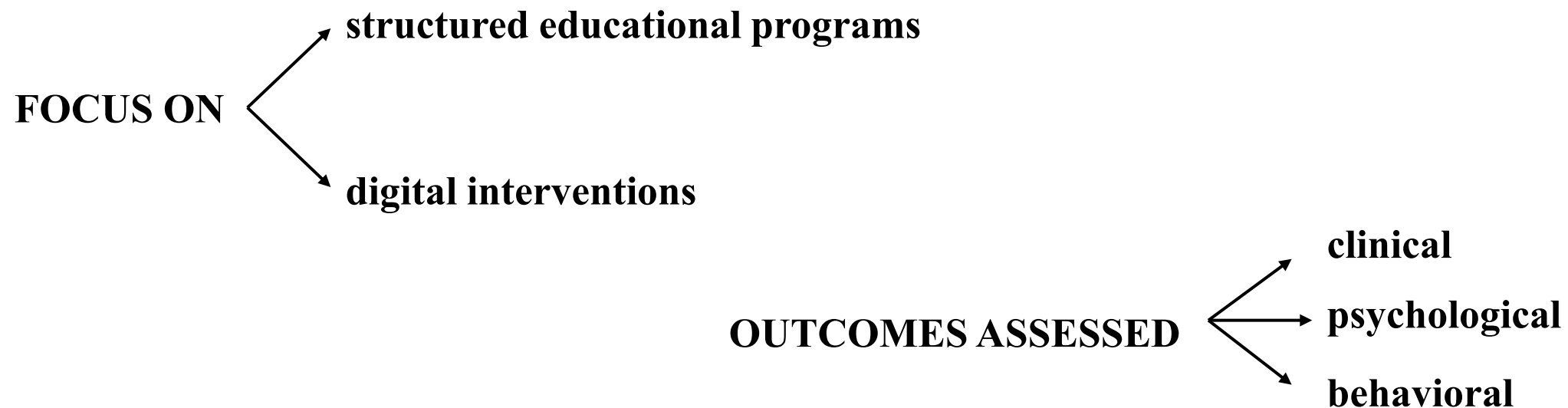
Narrative literature review



Population: patients with rheumatoid arthritis

Methods

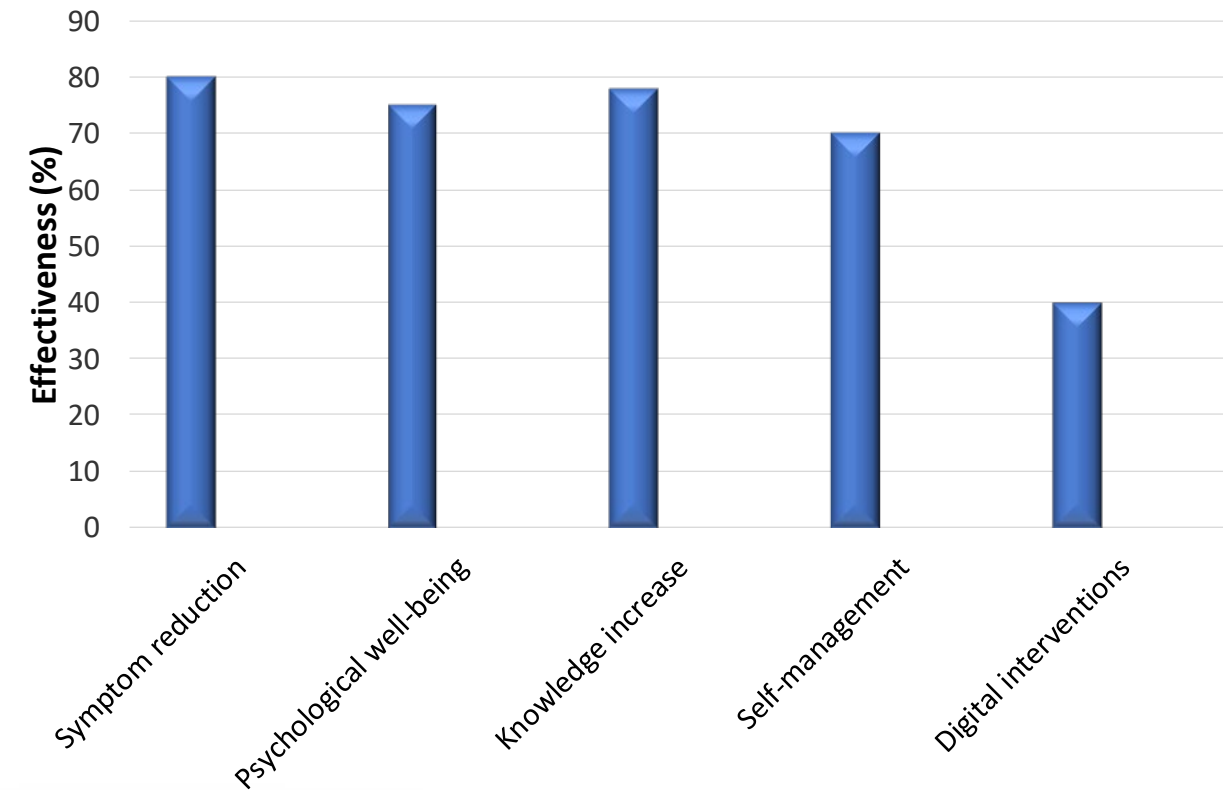
Narrative literature review



Population: patients with rheumatoid arthritis

Results

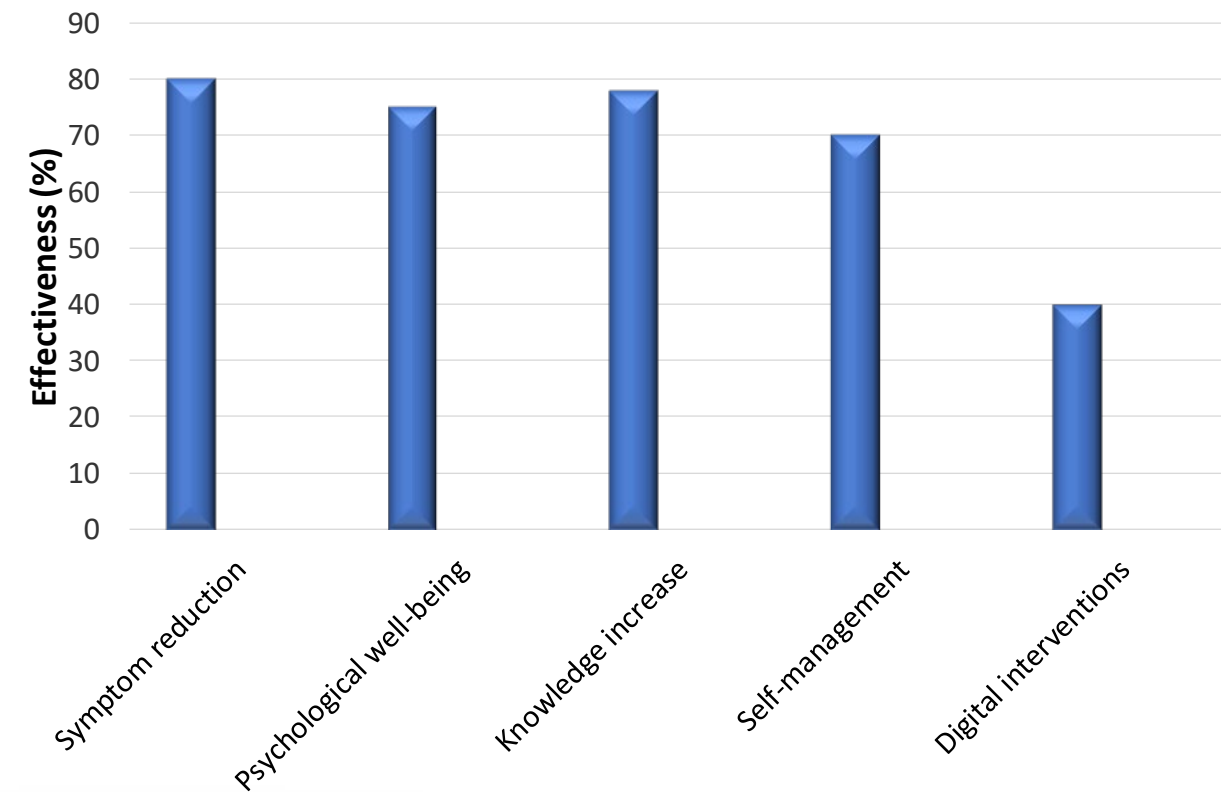
Impact of Educational interventions in RA



Educational interventions showed consistent benefits, particularly in symptom reduction and psychological well-being.

Results

Impact of Educational interventions in RA

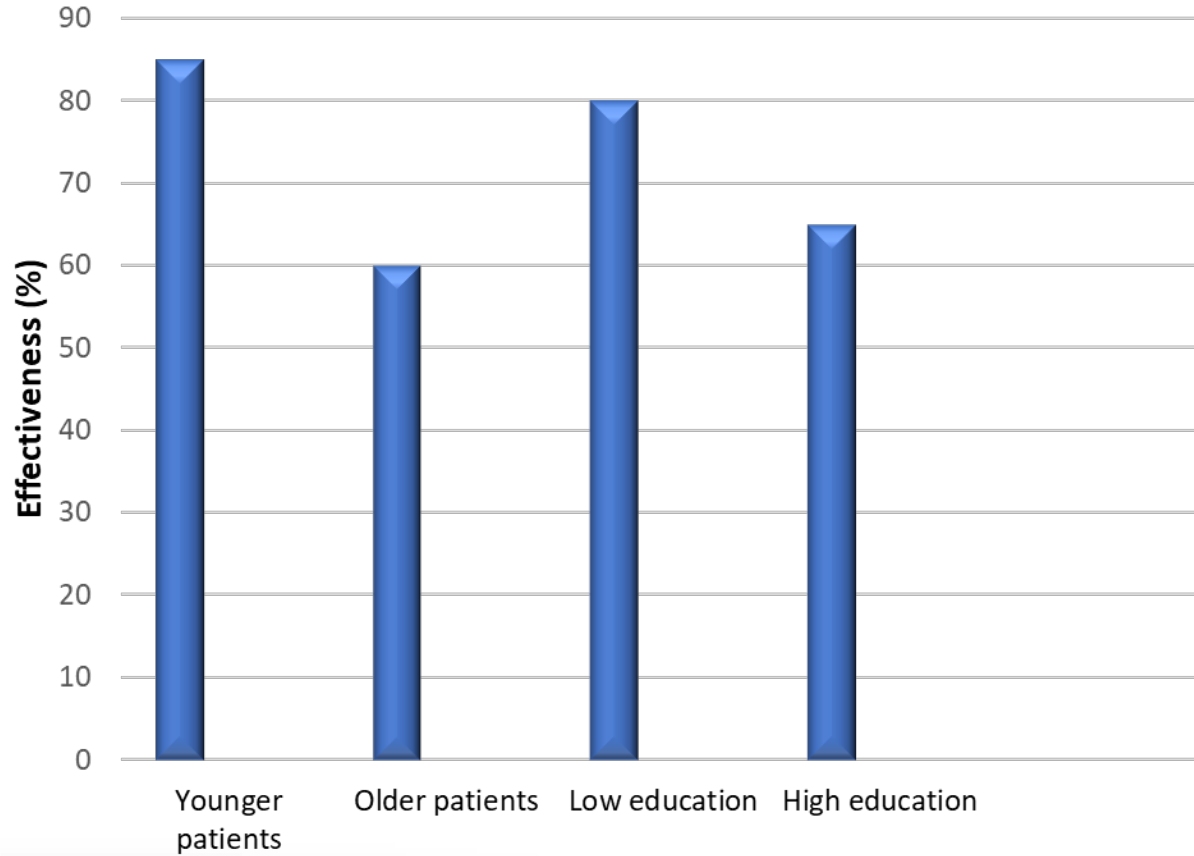


Structured programs based on *interactive sessions* or *standardized educational materials*:

- effective and accessible
- enhance decision-making
- improve self-management skills

Results

Effect modifiers

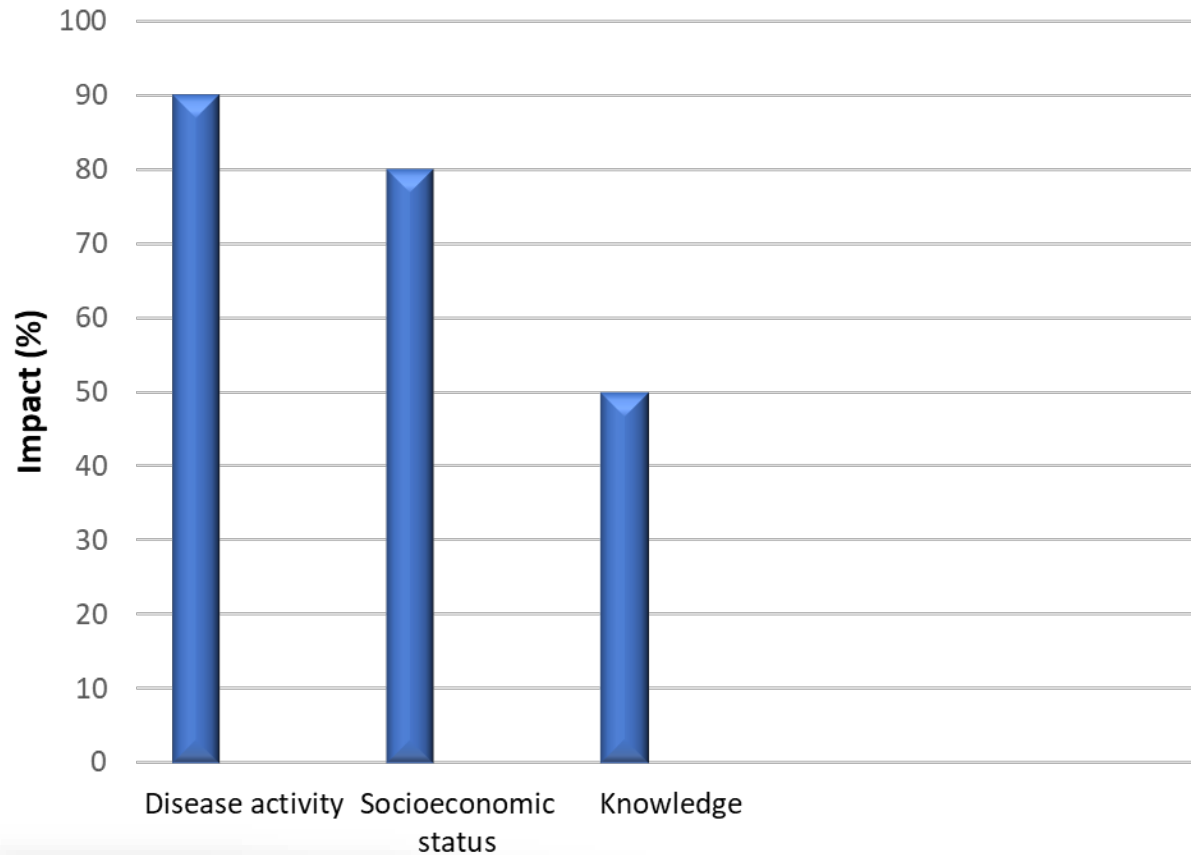


Effect modifiers varies by patient characteristics

- **greater impact in:**
 - **younger patients**
 - **lower baseline education**

Results

Key determinants of outcomes in RA



Key finding:

- no consistent correlation between knowledge and quality of life
- main determinants of outcomes:
 - disease activity
 - socioeconomic factors

Discussion

**Educational interventions
are beneficial**

No uniform effects

Discussion:

Digital interventions: limited impact

- limited effectiveness in current form
- possible reasons:
 - ❖ low adherence
 - ❖ poor user engagement

Discussion

Determinants of quality of life

- no consistent link between knowledge and quality of life
- key determinants:
 - ❖ disease activity
 - ❖ socioeconomic factors

Efeective educational measures in RA

Domain	Objective	Concrete Educational Measures	Delivery Format	Responsible HCP	Expected Outcomes
Disease understanding	Improve knowledge of RA	Explain pathophysiology, chronic nature, prognosis, treat-to-target concept	1:1 discussion, written materials	Rheumatologist, Nurse	Better engagement, informed decisions
Medication literacy	Increase adherence & safety	Educate on DMARDs (e.g., methotrexate), dosing, timing, adverse effects, monitoring	Individual counseling, leaflets	Rheumatologist, Nurse, Pharmacist	Improved adherence, reduced adverse events
Self-management	Promote autonomy	Teach flare recognition, symptom monitoring, when to seek care	1:1, digital tools, diaries	Nurse, Rheumatologist	Increased self-efficacy, earlier intervention
Physical activity & exercise	Maintain function & reduce disability	Prescribe individualized exercise (aerobic + strengthening), encourage regular activity	Supervised sessions, home programs	Physiotherapist	Improved function, reduced fatigue
Joint protection	Prevent structural damage	Teach ergonomic techniques, assistive device use, activity modification	Practical sessions, demonstrations	Occupational therapist	Reduced joint strain, preserved function
Fatigue management	Improve energy balance	Educate on pacing, prioritization, rest-activity cycles	Group programs, counseling	Nurse, OT, Psychologist	Reduced fatigue impact
Pain management	Reduce pain & improve coping	Teach non-pharmacologic strategies (relaxation, heat/cold, CBT techniques)	Group/individual sessions	Psychologist, Nurse	Reduced pain perception, improved coping
Psychological support	Improve mental health	Stress management, coping strategies, CBT-based interventions	Group therapy, individual sessions	Psychologist	Reduced anxiety/depression
Lifestyle modification	Reduce disease burden	Smoking cessation, weight control, healthy diet guidance	Counseling, educational materials	All HCPs	Improved overall outcomes
Shared decision-making	Enhance patient involvement	Discuss treatment options, align goals, use decision aids	Consultation-based	Rheumatologist	Better adherence, satisfaction
Education tailoring	Individualize care	Assess patient needs, literacy, disease stage, preferences	Ongoing assessment	All HCPs	More effective education
Multidisciplinary coordination	Ensure comprehensive care	Integrate input from rheumatology, nursing, PT, OT, psychology	Team-based care	Multidisciplinary team	Holistic patient management
Continuous education	Maintain long-term benefit	Reinforce education at diagnosis, flares, therapy changes	Follow-up visits, digital tools	All HCPs	Sustained outcomes
Use of digital tools	Improve access & monitoring	Apps, online education modules, telemedicine	eHealth platforms	Nurse, Rheumatologist	Better accessibility, adherence

Conclusions

Personalized education is essential for optimal outcomes

- **requires integration into clinical practice**

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