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El exito obtenido por la educacion centrada en la persona en areas de lactancia matern (1982), hipertension (1983) motivo a 2 equipos de Salud(epS) uno en (ce) adosado a Hospital otro (ap) en Consultorio a investigar en una muestra de (ED) nuevos, la efectividad de la educacion(ed) con (ECP) (en el que el educador facilita la participacion y toma de decision responsable del educando a cambios duraderos).

Objetivo: Discriminar la efectividad de (ed) con (ECP) versus (EC) contenido (ECC) y sin educacion (Se). Metodo: Se aplica una baterla de Test (conocimientos (co) actitudes (ac) y pauta parametro pondero estatural metabolico (ppem) a una muestra de 150 (ED) en (ce) y 120 en (ap) y un grupo (Se) del mismo tamano. Se educo por 1 hora diaria por 5 dias a 2 grupos, usando los mismos medios (AV) y diferentes tecnicas (ECP), (ECC). Se reforzo y evaluo al termino de 1-3 meses: % de logros obtenidos,

%(1) %(2) %(3) %(4) (1)% de muestra que com

	(ECP)(ECC)(Se)											
ce	94	66	20	35	7	-	-	90	55	5	30	
13	18	-	-				88.5	48			29	

(2) % de ganancia en (c

(3) % de ganancia en (a

(4) % conducta aceptabl

Los resultados concluyen que se produjo mayor desercion en grupo (ECC) y (Se). El aum en (co) fue mayor en ambos grupos de (ECP), tanto en (ce) (ap), al igual que (ca). En (ac)s los grupos con (ECP) aumentaron al 3er. mes. Ambos trabajos

concluyen considerando que el (es de mayor rendimiento en (ED) de edad madura, que el metodo clasico (ECC) y sugieren seguir vestigando.

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Individual Education to People with Rheumatoid Arthritis

R.P. Riemsma, E.R. Seydel, E. Taal, H. Brus, J.J. Rasker

In the treatment of persons with rheumatoid arthritis several health care workers are involved. Both patients and health care workers experience the lack of coordination and continuity in the education and counseling as a problem. The question at issue is: how can we develop a modelwise approach in which coordination of different health care workers' education-activities in the treatment-course is guaranteed and with which people with rheumatoid arthritis are helped to manage their disease.

Based on interviews with 10 RA-patients and their health care providers and our experience in different fields of health care we have developed a model for individual education to people with rheumatoid arthritis. A prerequisite in this is that the education and counselling activities should not place an additional burden on the shoulders of health care workers. Central in the education is the rheumatologist, who has the first contact with the patient. After the first consult, he will hand out a self-help-guide. This guide includes concrete directions and exercises learning the user how to deal with psycho-social and physical problems. The intention is that other health care workers (like physiotherapists, community nurses and district nurses) will also tune their activities to this selfhelp-guide and that they will instruct their patients how to put their advice into practice on the basis of the guide. The health care workers have at their disposal an education-protocol that includes a checklist for education and coordination with other health care workers. We will also use a videotape which will be at the disposal of individual patients. In this videotape exercises and directions are visualized.

The model will be evaluated in an experimental setting with a pre- and posttest and a controlgroup. The preliminary results, the protocols and the self-help-guide will be presented at the congress.

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Group Education for Patients with Rheumatoid Arthritis

R.P. Riemsma, E. Taal, E.R. Seydel, H. Brus & J.J. Rasker

Results will be presented of research to the development of a group education program for patients with rheumatoid arthritis (RA).

RA patients must manage their disease over a long period of time. Exercise, rest and medication must be adjusted to daily disease activity. This presupposes adequate treatment and support by health professionals. How patients themselves deal with the consequences of their disease also has a major impact on their health status. Patient education can help patients attaining the necessary management behaviours. Theoretically our educational program is based on Bandura's self-efficacy theory. This theory states that people's perceptions of their capabilities affect their behaviour, motivation, thought patterns and their emotional reactions in critical situations. Studies have shown that in arthritis patients changes in self-efficacy expectations are related to changes in pain and disability.

In a pilot study we interviewed 86 RA patients and 24 health-care workers to gain insight in the problems RA patients are confronted with. Functional problems and pain were most mentioned. Patient interviews also showed significant relations of self-efficacy with experienced problems with fitting in recommendations from health care workers and self-assessment of pain, function, depression and anxiety.

Based on self-efficacy theory and our pilot study we developed an educational group program. This program was partially modelled after the Arthritis Self-Management Program developed in the USA by Lorig. The program consists of 5 weekly group

sessions of 6 to 8 patients with two groupleaders who have expertise on rheumatic diseases and/or on leading groups. Furthermore groupleaders receive two days of training and a teaching manual. Goal of the program is to increase self-efficacy and independence of patients in managing their health problems. Program content included information on various aspects of RA and treatment, self-management and problem-solving, pain-management, relaxation and physical exercises, communication skills, coping with depression. Emphasis in the program lies on practising skills and not on knowledge transfer. Contracts are used to stimulate patients to practice skills and do relaxation and physical exercises at home. All patients receive a self-help guide.

The program has been evaluated in a field-experimental design with an experimental group (n = 35) and a control group (n = 35). The control group did not receive the group education. Outcome was assessed with mailed questionnaires (practice of relaxation, exercise and other self-management skills, self-efficacy in managing arthritis, knowledge, pain, disability, depression, anxiety), clinical assessment by physician (Rithie's articular index) and laboratory tests (ESR, Hb, CRP, platelets). Assessments were performed at baseline (before intervention) at 6 weeks (directly after intervention), at 4 months and 12 months after baseline. We will present the content of the group program and effects at 6 weeks, 4 months and 12 months.

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Preventing late Complications of Chronic Viral Hepatitis (CVH) by Outpatient self Injection of α -Interferon

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In most countries with a modern health care system costly hospital beds are scarce. Two major measures to keep patients — even infectious pa-