general association of arthritis and gout in popular medicine. With this diet poor of meat the state of protein deficiency deteriorates increasing the patients' risk of the complications mentioned above. Most probably, joint destruction in RA is not influenced by the composition of food. Nevertheless, the statement, that nutrition is of no influence in RA should be avoided. Without a special diet protein deficiency must be feared in most patients during acute exacerbations and in stress situations. New studied dealing with this problem are most wishful.

I.8. Education package to prepare patients with destructive arthritis for surgery.

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The Package comprises a 15 minute video entitled "New Joints For Old" and a booklet entitled "Preparing For Surgery".
The Video: Three patients relating their experiences and feelings about joint surgery.
1. Debbie - a young housewife and mother with severe polyarthritis describes her hip replacements and ankle arthrodesis, and what it has meant to her for mobility and pain relief.
2. Terry - a middle-aged post office worker with ankylosing spondylitis, is followed through a hip replacement under spinal anaesthesia, his recovery and return to work.
3. Jenny - outlines her 20 years living with rheumatoid arthritis and her experiences with various joint operations and their outcome.
The Booklet. This contains general information for patients to help alleviate anxiety before surgery and achieve optimum fitness while waiting for joint surgery.

I.9. Instructions to organize patient-education groups.

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Since 1987 group-education is integrated into the in-patient and out-patient treatment at the St. Maartenskliniek in Nijmegen, The Netherlands. The group education programm proved to be a positive contribution in the treatment of patients with RA or spondylitis. In running the programm proved to be inefficient; the organization of the programm was time-consuming and as a result the number of patients was too small.
Since 1988 we have been working on a project to improve the efficiency of the programm. Contents, method and organization of every session have been structured. This structure has been described as an handbook for professionals.
The instruction has been applied succesfully on the St. Maartenskliniek. The handbook for professionals and accompanying patient- education handbook "working on reumatism" have been printed and can be used to start a group-education programm.

I.10. Individual education to people with rheumatoid arthritis.

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In the treatment of persons with rheumatoid arthritis several health care workers are involved. Both patients and health care workers experience the lack of tuning, coordination and continuity in the education and counselling as a problem. The question at issue is: how can we develop a modelwise approach in which tuning of different health care workers' education-activities in the treatmentcourse is guarantied and with which people with rheumatoid arthritis are helped to manage their disease.
Based on our experience in different fields of health care we will develop a model for individual education of 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 psychosocial 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 self-help-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 tuning 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 research will be carried out in three stages. In the first stage interviews will be held with 10 patients and the health care workers who are involved in their treatment. The purpose of these interviews is to gain an insight into the amount of coordination, tuning and continuity in the education and counselling. On the basis of this insight education-protocols will be made, which will be evaluated by a panel of experts.
In the second stage a self-help-guide with a matching videotape will be developed for the patients. After the drafts of the self-help-guide and videotape are ready they will be evaluated by a panel of health care workers and patients.
In the third and final stage the model will be tested. On the basis of a feasibility study conducted on 5 patients the model will be adjusted to make it applicable on a larger scale. The eventual model will be evaluated in an experimental setting with a pre- and posttest and a controlgroup (n = 100). In june 1990 the interviews with 10 patients and their health care workers will be completed. The results of these interviews and the draft protocols which will be submitted to practical experts will be presented at the congress.

I.11. Group education for patients with rheumatoid arthritis.

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A poster will be presented about results 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 behaviors. Theoretically our program is based on Bandura's self-efficacy theory which states that people's perceptions of their capabilities affect their behavior, motivation, thought patterns and their emotional reactions in critical situations. Studies have shown that in arthritis patients changes in self-efficacy 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, dependency 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-assessments 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 Course developed in the USA by Lorig. The program consists of 5 weekly group sessions of 6 to 8 patients with two experienced leaders who received 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 includes information on RA and treatment, self-management and problem-solving, pain-management, relaxation and physical exercises, communication skills, coping with depression. Emphasis lies on practicing skills. 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 is momentarily being evaluated in a field-experimental design with an experimental group (n = 35) and a control group (n = 35) that does not receive the group education. Outcome is measured 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 (Ritchie's articular index) and laboratory tests (ESR, Hb, CRP, platelets). Assessments are performed before interven-