

A group education programme on occupational therapy in terms of improving the quality of life and chronic pain management for patients with rheumatoid arthritis

Abstract

The following illustrates the structure and preliminary contents of a group education programme on occupational therapy aimed at improving the quality of life, as well as chronic pain management for people with rheumatoid arthritis. Data from both the pre and post evaluation and monitoring of patients are provided, where an improvement in quality of life scores and greater tolerance to pain values can be seen.

Keywords: rheumatoid arthritis, occupational therapy, pain, quality of life

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Introduction

The scientific evidence indicates that occupational therapy is aimed at the intervention through participation in purposeful activity, whose main purpose is to improve the symptomatology in patients with rheumatoid arthritis that specifically addresses pain due to the same ailment.¹⁻⁷

The use of biological therapies⁸⁻¹⁰ has diminished or even completely reduced aspects such as joint deviations, exposing the occupational performance of each patient as an agent that modulates the progression of disease, besides its impact, severity and by extension the quality of life in people suffering from the disease. Along with occupational performance, other relevant aspects deserve particular attention, for instance, personal and social factors, skills and standards of performance, also including routines and individuals' role acting as influential agents on the elements described above. Different studies support the implementation of work programmes which promote patients acquisition of skills and strategies to manage the symptoms.¹¹⁻¹⁷

Conducting an exercise programme can help relieve the symptoms of rheumatoid arthritis.¹⁸ specifically, this programme has been called "PACE program" (People with Arthritis Can Exercise), carried out by the Arthritis Foundation, entity based in Atlanta and founded in 1948. It is made up of eight sessions and carried out twice a week, in which range of motion and low resistance exercises are performed; significant improvements in pain, fatigue and management of arthritis scores were demonstrated, in addition to maintenance of the effect eight weeks after the completion of the work programme. Another study by Murphy et al.¹⁹ focused on the effects of activity strategy training on pain and physical activity with patients with knee or hip osteoarthritis. This research involved a training programme led by occupational therapists to teach skills for managing the symptoms experienced in the conduct of activities. This programme involved eight sessions (two per week) and two follow-up sessions. Subjects

in the experimental group showed decrease in pain scores, although results were not statistically significant.

It can be considered that the motivational nature of activities involved in those programmes are precisely neglected aspects, the routines established for the performance of their daily lives, the occupational performance and balance of each one, as well as the roles they play. Taking into consideration these aspects, a programme of seven sessions was designed and developed over a period of five weeks.^{20,21} The first two sessions took place during the first week (on Monday and Thursday respectively); sessions number three, four and five were held one per week (on Monday) and, finally, sessions six and seven were conducted last week of the programme (on Monday and Thursday respectively). Despite this, it is also important to highlight that the contents of the last session (Economics and Joint Protection) were developed in a cross-cutting manner, owing to the high level of interest in facing restrictions of participation in everyday activities resulting from joint damage by participants at any time.

The sessions included continuous assessment tasks from week to week and, additionally, homework for patients to do for the next session. Occupational therapy treatment is based not only on analyzing daily performance and occupational balance of each patient, but also it pursued its readjustment according to energy demands. Furthermore, this intervention focused on examining and properly implement break times as well as training their performance of activities and principal occupations effectively and efficiently with the aim of lessening the impact of disease, and also, the consequences of poor management resulting of both, time and energy.

- i. The structure of the programme included.
- ii. Presentation. How does arthritis affect our activity?.
- iii. Organizing work time, occupational balance and identifying interests.

- iv. Analysis of activities in order to carry them out in simple steps.
- v. Energy consumption and rest periods I: technical training and energy management.
- vi. Energy consumption and rest periods II: Analysis of results and relax.
- vii. Leisure and physical activity.
- viii. Economics and joint protection.

For the assessment of self-efficacy a $p=0.015$ was obtained during the follow-up of the experimental group and a $p<0.001$ for the control group. Regarding the item that scores the perception of quality of life in the questionnaire designed for the follow-up assessment, no significant differences were found ($p=0.369$). Analyzing the distribution of scores it can be seen that while the members of the experimental group improve in their scores, those of the control group worsen. In terms of quality of life, the Wilcoxon test gives a $p=0.974$ for the experimental group and a $p<0.001$ for the control group. Thus, the experimental group does not show any change with respect to quality of life (i.e., it remains within the margins obtained in the post-treatment evaluation), while the control group scores do detect modifications mainly due to worsening of scores.

Data was collected about the ability to apply trained techniques for symptom control. So, 83.3% of the subjects pointed out that they were more careful with gestures and movements performed since the completion of the programme ($p=0.001$) and 16.7% of them indicated that they maintained the same degree of care as before the treatment. In respect of their ability to control inflammation, 65.5% of patients felt as able to control inflammation by themselves when they finished the treatment, and 24.1% felt more able after finishing the workshop ($p<0.001$).

With regard to pain control, 40% felt that they were equally able to control pain by themselves, and 60% of subjects stated that they felt more able to control it when they finished the occupational therapy intervention ($p=0.369$). In terms of managing anxiety, 80% of patients participating in this study indicated that they felt more able to control their levels of anxiety after the treatment, and 20% reported feeling as capable of managing anxiety as when they finished the intervention ($p=0.001$). Finally, in terms of fatigue, no significant differences could be found either in the level of general fatigue ($p=0.857$) or in the level of fatigue after daily activities ($p=0.715$).

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Conflict of interest

The Authors declare no conflict of interests.

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