Common barriers to providing recommended patient education are lack of time or training.

INTRODUCTION
Inflammatory arthritis is a group of diseases including spondyloarthritis, rheumatoid arthritis, and psoriatic arthritis. These are chronic inflammatory diseases that affects a person’s joints, and may cause pain and disability.

Patient education is a planned interactive learning process designed to support and enable people to manage their life with inflammatory arthritis, and to optimise their health and well-being. Communication and shared decision-making between people with inflammatory arthritis and their healthcare professionals are essential for effective patient education.

EULAR recommendations for patient education in inflammatory arthritis were developed in 2015 by an international task force of patients, healthcare professionals and researchers. However, recommendations are only useful if they are put into practice.

WHAT DID THE AUTHORS HOPE TO FIND?
The authors wanted to know whether the recommendations were acceptable and could be applied in clinical practice in Europe, India, Hong-Kong, and Japan. They also wanted to understand barriers for the use of the recommendations, and ways to support their uptake by healthcare workers.

WHO WAS STUDIED?
The study included 1,159 healthcare professionals in 23 different countries. This included nurses, rheumatologists, physiotherapists, occupational therapists, pharmacists, nutritionists, medical assistants, psychologists, and other health professionals working in rheumatology.

HOW WAS THE STUDY CONDUCTED?
This was a survey. The research team developed an online questionnaire, which was translated into 20 different languages. Once research ethics approval was obtained, the survey was shared among health professional groups and social media. Participation was on a voluntary basis.

For each of the recommendations, a scale of 0 to 10 was used to assess people’s level of agreement and application of the recommendations. Participants were invited to add comments if they did not entirely agree, and to document if there were any barriers that stopped them applying the recommendations in their clinical practice.

The responses were translated back into English and analysed.

WHAT WERE THE MAIN FINDINGS OF THE STUDY?
The authors found that overall the level of agreement with all recommendations was very high. On average, the agreement level was 10/10 (“I agree completely”) for the content of each recommendation. However, the level of applicability in clinical practice was lower, ranging between 6/10 and 8/10.

The top three barriers to application were lack of time, lack of training in how to provide patient education, and not having enough staff to perform this task.

The three most common facilitators were tailoring patient education to individual patients, using group education, and linking patient education with diagnosis and treatment.

ARE THESE FINDINGS NEW?
Yes. This is the first study to share the EULAR recommendations for patient education in inflammatory arthritis across 23 countries. The study achieved excellent dissemination of the EULAR recommendations, and the findings suggest that healthcare professionals agree with the EULAR guidance documents in this area.
WHAT ARE THE LIMITATIONS OF THE STUDY?
First, the voluntary nature of the study meant that the responses were not uniform, and some countries had higher response rates than others. Because of this, the results may not be representative of all professionals in rheumatology across all 23 countries. These results can only represent the healthcare professionals that answered the survey questions. Since the responses across countries were not uniform, it is difficult to compare the findings across countries.

Second, data were collected between July and September 2019, a typical summer vacation time in some countries, which could have affected the response rates.

Third, some participants started the online survey but did not complete it. As this study was anonymous, it is not possible to tell which type of participants did not complete or why this was the case. Therefore, the study may have a degree of selection bias.

Despite these limitations, the information gained in this study is useful to inform implementation of patient education recommendations.

WHAT DO THE AUTHORS PLAN ON DOING WITH THIS INFORMATION?
The authors plan on doing more studies in this area. This study identified barriers and facilitators to implementation of the recommendations at individual and institutional levels. Further research of the wider policy context in each country will be required to ensure sustainable improvements in the quality of patient education.

WHAT DOES THIS MEAN FOR ME?
If you have inflammatory arthritis you should receive appropriate education that can support you in making informed choices about how to manage your inflammatory arthritis and optimise your health.

If you have any concerns about your disease or its treatment, you should speak to your doctor or other healthcare professional involved in your care.

FURTHER READING
If you would like to look at the full recommendations, you can find them here. https://ard.bmj.com/content/74/6/954


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