

Professional practices and recommendations / Pratiques professionnelles et recommandations

What is the role of TPE in management of patients at risk or with pressure ulcer as of 2012? Towards development of French guidelines for clinical practice

Quelle est la place de l'éducation thérapeutique dans la prise en charge du patient à risque et/ou porteur d'escarre en 2012 ? Vers l'élaboration de recommandations françaises pour la pratique clinique

A. Gelis^{a,*}, S. Pariel^b, D. Colin^c, B. Barrois^d, Y. Passadori^e, P. Ribinik^d, J.-M. Michel^f

^a Centre mutualiste neurologique PROPORA, parc euromédecine, 263, rue du Caducée, 34090 Montpellier, France

^b Pôle gériatrie Paris-Val-de-Marne, hôpital de la Pitié-Salpêtrière-Charles-Foix, 7, avenue de la République, 94205 Ivry-sur-Seine, France

^c Centre de l'Arche, 72650 Saint-Saturnin, France

^d Service de MPR, centre hospitalier de Gonesse, 25, rue Bernard-Février, BP 30071, 95503 Gonesse cedex, France

^e Maison médicale pour personnes âgées, 5, rue du Dr-Léon-Mangeney, BP 1370, 68024, Mulhouse cedex, France

^f Pôle de gériatrie clinique, hôpitaux civils de Colmar, 39, avenue de la Liberté, 68024 Colmar, France

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Abstract

Introduction. – Pressure ulcer (PU) is a common complication in chronic affection, especially neurological disorders and diseases commonly diagnosed in the elderly. For a long period of time, the prevention of skin lesions was taught only in an empirical manner. The development of therapeutic patient education (TPE) sheds a new light on care management for patients with chronic pathologies.

Objectives. – Determine the place of TPE in persons at risk of and/or already suffering from pressure ulcer (PU) as of 2012.

Methods. – The methodology used is the one promoted by SOFMER, including: a systematic review of the literature with a query of the PASCAL Biomed, PubMed and Cochrane Library databases for data from 2000 through 2010; a compendium of prevailing professional practices and advice from a committee of experts.

Results. – The review of the literature found six studies including four controlled trials in patients with chronic neurological impairments (most of them with spinal cord injury). No studies were found regarding the elderly. The level of evidence for efficacy in persons with spinal cord injury (SCI) is moderate. The clinical practice study focuses on programs currently underway, dedicated to SCI patients or elderly populations.

Discussion. – The approach proposed through TPE has its role in a strategy aimed at preventing PU in persons at chronic risk of developing PU. The educational objectives and techniques used must be adapted to the clinical and psychological context and are debated in this review. The co-construction of programs, recommended in the official texts on therapeutic education in France, should help to tailor these programs to the patients' needs.

Conclusion. – TPE is relevant in care management or prevention of PU in persons at chronic risk, patients with spinal cord injury (Grade B) or elderly subjects (Grade C).

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Keywords: Pressure ulcer; Patient; Family; Therapeutic education; Individual or group program; Evaluation; Evidence-based medicine

Résumé

Introduction. – L'escarre est une complication fréquente dans certaines pathologies chroniques, notamment neurologique ou chez les personnes âgées. L'apprentissage de la prévention cutanée a été pendant longtemps réalisé de manière empirique. Le développement de l'éducation thérapeutique du patient (ETP), apporte un éclairage nouveau sur la prise en charge des personnes atteintes de pathologie chronique.

* Corresponding author.

E-mail address: a.gelis@propara.languedoc-mutualite.fr (A. Gelis).

Objectifs. – Déterminer la place de l’ETP chez les personnes à risque et/ou porteurs d’escarres en 2012.

Méthode. – La méthodologie utilisée est celle de la SOFMER, comprenant : une revue systématique de la littérature avec interrogation des bases de données PASCAL Biomed, PubMed et Cochrane Library entre 2000 et 2010 ; un recueil des pratiques professionnelles et l’avis d’un comité d’expert.

Résultats. – La revue de la littérature a retrouvé six essais dont quatre contrôlés sur des chez le sujet atteint de déficience neurologique chronique (lésé médullaire surtout). Il n’existe aucun essai chez le sujet âgé. Le niveau de preuve d’efficacité est modéré chez le lésé médullaire. L’enquête des pratiques révèlent des programmes en cours de développement, s’adressant aux personnes lésées médullaires ou âgées.

Discussion. – L’approche proposée par l’éducation thérapeutique du patient trouve sa place dans la stratégie de prévention des escarres chez les personnes à risque chronique d’escarre. Les objectifs pédagogiques ainsi que les techniques pédagogiques utilisées doivent être adaptées au contexte clinique et psychologique et sont discutés dans cet article. La co-construction des programmes, préconisée par les textes régissant l’éducation thérapeutique en France, permet de s’assurer de l’adéquation des programmes aux besoins des patients.

Conclusion. – L’ETP a un intérêt dans la prise en charge ou la prévention de l’escarre chez les patients à risque chronique, sujets âgés (Grade C), lésé médullaire (Grade B).

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Mots clés : Escarres ; Patient ; Famille ; Éducation thérapeutique ; Programme individuel ou en groupe ; Évaluation ; Médecine fondée sur les preuves

1. English version

1.1. Introduction

Therapeutic patient education (TPE) in chronic diseases is a form of learning that allows the patient to get to know his disease and its treatment in such a way as to take care of himself to the greatest possible extent [15]. Patients presenting with chronic diseases necessitate a form of care management promoting balance between the practical training required for self-care and the psycho-affective adjustments engendered by any chronic affliction. Therapeutic education allows for pedagogical choices favoring acceleration of skill development in health care while respecting their appropriation by the patient. To sum up, therapeutic education is aimed at the acquisition of competences contributing to preservation and growth of the patient’s “health capital”.

In France, TPE development is part and parcel of public policy meant at once to improve the quality of life of patients with chronic illnesses and to master the health-related expenses arising from the latter. The annual rise in the number of long-term illnesses (ALD, in French) is estimated at 6.7%, and additional expenses over the coming years are to be expected, given the aging of the population and the steepened costs connected with modern medical technical wizardry.

The first mention of TPE in a French quality context may be found in the February 1999 health establishment accreditation manual: “The patient should be able to benefit both from educational action as concerns his illness and its treatment, and from health-related educational, action adapted to his needs”. A law dated 4 March 2002 known as the “Kouchner law” and pertaining to patients’ rights and health system quality, recognizes the patient’s right to information on his state of health, and casts him as “actor/partner, beside the professionals, with regard to his health”. In June 2007, the French high health authority (HAS) published a methodological guide aimed at “structuring a TPE program in the field of chronic illnesses”. The role of TPE in the French health care system entered into French jurisprudence in 2009 with enactment of the “HPST” law, which mandated hospital reform and

explicitly referred to patients, health and territories. The law follows the guidelines put forward by the HAS and goes on to define a regulatory framework along with the modes of financing.

Pressure ulcer (PU) is not a chronic disease, but rather a complication in cases of immobility. The highly diversified contexts in which such ulcers occur contribute in different ways to their evolution. For instance, in the event of transitory immobility, prognosis for the ulcer is connected with prognosis for the pathology leading to immobility. On the other hand, prognosis is multifactorial for persons presenting chronic neurological deficiency or for the aged. Indeed, these persons present at least one chronic pathology exposing them permanently or regularly to pressure ulcer (PU) risk. The chronic pathology context necessitates adaptation of medical caretaking procedures, which means that the patient has got to be accompanied with regard to understanding and acceptance of the pathology along with the complications it entails. More precisely, the patient’s role in prevention and treatment of the ulcer should be enhanced in such a way that he may effectively do something about the disease. TPE is one possible approach.

Through the PU consensus organized in 2011, the work group bringing together four French specialized medical associations (SFGG, SOFMER, SFPC, PERSE) endeavored to discuss the role of TPE in the management of PU patients. The analysis of the literature and exchange of ideas that was to follow would be limited to persons at chronic risk of PU sore such as the aged and individuals with chronic neurological deficiencies. These types of patients require long-term, highly complex health care management, and since aggravation of their chronic disorders is virtually inevitable, their cases render necessary an ongoing adaptation of usual medical care and management techniques.

1.2. Objective

The objective of this article is to draw up recommendations for clinical practice with regard to therapeutic education in the prevention and treatment of pressure sores in chronic diseases.

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