

Aspects of joint protection education in people with rheumatoid arthritis

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Proposition belonging to the thesis entitled

Aspects of joint protection education in people with rheumatoid arthritis

by Karin Niedermann
Maastricht, 9th July 2010

1. Despite the fact that achieving complete remission has become a realistic aim in the treatment of rheumatoid arthritis, people with RA may still experience relevant impact of the disease (*this thesis*).
2. Living with a chronic disease is a life-long challenge for people with RA. Non-pharmacological interventions beyond targeting functional problems play an important role (*this thesis*).
3. Interventions need to meet the patient's expectations and tailoring the treatment is a key approach (*this thesis*).
4. Occupational therapy stating a client-centred approach bears the special privilege - and the responsibility - of getting to know the person behind the patient (*this thesis*).
5. Knowledge does not change behaviour (truism in patient education, in health behaviour and in life).
6. "They are able because they believe that they are able" (*Vergil 70-19 bC, talking about what, 2000 years later, became famous as the concept of self-efficacy*).
7. On an ordinal scale the difference between 10 and 20 points cannot be assumed equal to the difference between 20 and 30 points (*Stucki et al, J. Clin Epidemiol, 49(7), 711-717, 1996*).
8. Strategies for implementing change in healthcare with focus on health professionals may be virtually the same as for patients' health behaviour.
9. Incorporating a patient research partner in this thesis was an experiment – in some developed countries, e.g. Norway, they are part of the employed research staff.
10. What is the culinary equivalent in Switzerland to the British 'baked beans on toast'? (quiz question when thinking about the cross-cultural adaptation of an originally British Assessment).
11. Getting around by bike in Maastricht can become an unexpectedly expensive experience.