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Wissenschaft schafft Wissen

Wer mit Wissen schafft, wendet Wissenschaft an

Erika Mosor, ÖGRG Frühjahrstagung 2019

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Wer mit Wissen schafft, wendet Wissenschaft an

Erich Ellinger, deutscher Pädagoge, Dichter und Autor (1915 - 2013)

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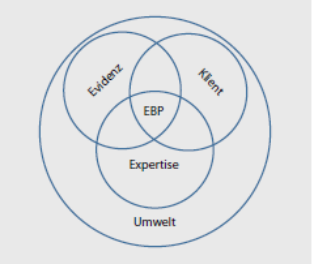
Was ist evidenzbasierte Praxis (EBP)

Integration von

- Zielen, Werten, Vorstellungen und klinischem Zustand der KlientInnen
- Erfahrungen und Expertise der Therapeutin/ des Therapeuten = Interne Evidenz
- Bestmöglichem wissenschaftlichen Beweis = Externe Evidenz
- Werten, Standards & Kompetenzen der Umwelt



(Ritschl, Weigl, & Stamm, 2016, Seite 292)

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Was ist EBP nicht

- Forschung selbst durchführen!
  (sondern sie verstehen und nützen)
- Dass auf PatientInnen nicht mehr individuell eingegangen werden soll! (Valentin Ritschl, 2019)
- Erfahrungen und angesammeltes Wissen über Bord werfen (Valentin Ritschl, 2019)
- Mit dem aufhören, wofür es keine Evidenz gibt!
  (sondern Forschung initiieren)

Opinion of the speaker

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Warum evidenzbasiert arbeiten

- Bestmögliche Behandlung für unsere KlientInnen (moralisch/ethische Verpflichtung)
- Arbeitszufriedenheit
- Professionalisierung (individuell/Beruf)
  (als kompetente, professionelle Berufsgruppe wahrgenommen werden)
- Entscheidungshilfe bei therapeutischen Fragen
- Finanzierung
- Rechtliche Absicherung (Kunstfehler)

Opinion of the speaker

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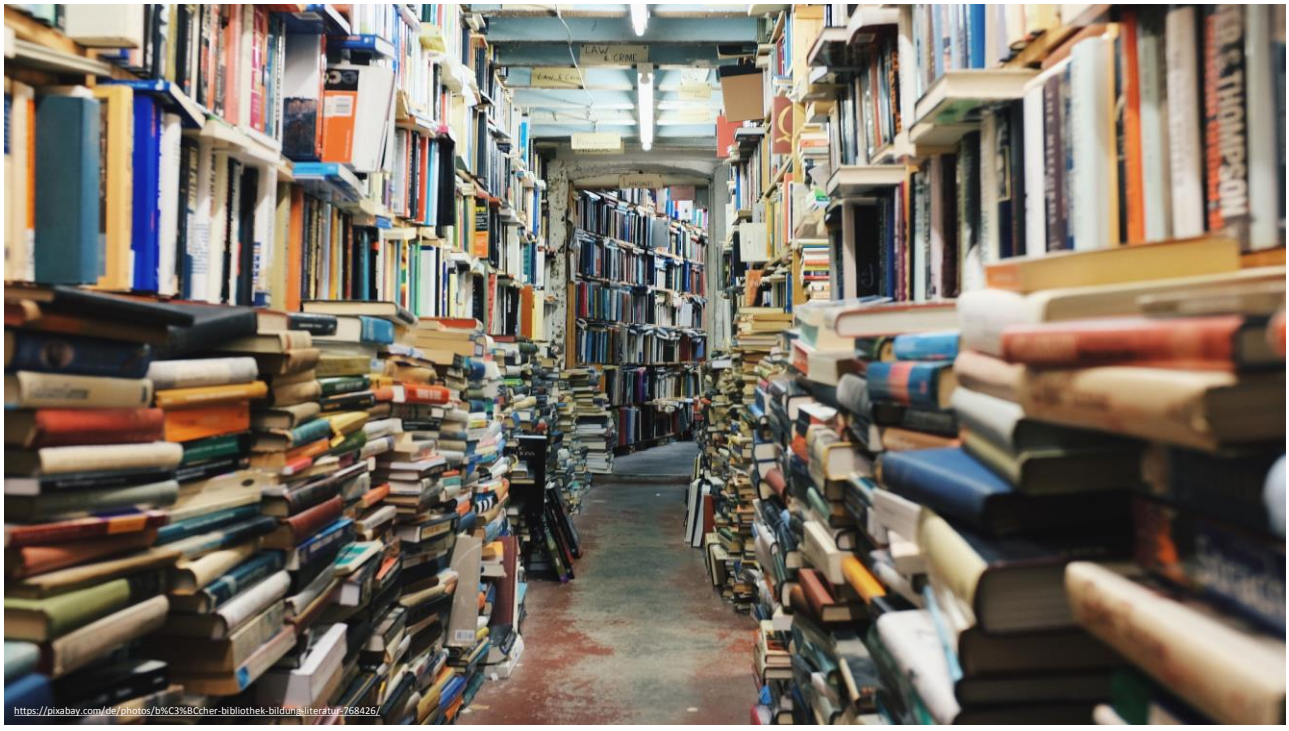
Stufen eines EBP Prozesses

1. Problem identifizieren, Fragestellung formulieren
2. Literatur suchen
3. Lesen und kritisch bewerten
4. Nützliche Ergebnisse integrieren und evaluieren
5. Kommunizieren

Opinion of the speaker



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Mögliche Barrieren

- Fehlende Zeit
- Kein Internetzugang am Arbeitsplatz
- Fehlende Unterstützung seitens des Arbeitgebers und /oder KollegInnen
- Mangelndes Wissen und Fähigkeiten Forschungsergebnisse zu suchen, zu lesen und kritisch zu bewerten
- Fehlende Relevanz der Studien für die eigene Praxis
- Fehlende Evidenz um die praktische Arbeit zu unterstützen
- Motivation
- Sprachliche Barrieren
- …

Ritschl, Weigl, & Stamm, 2016, Seite 292

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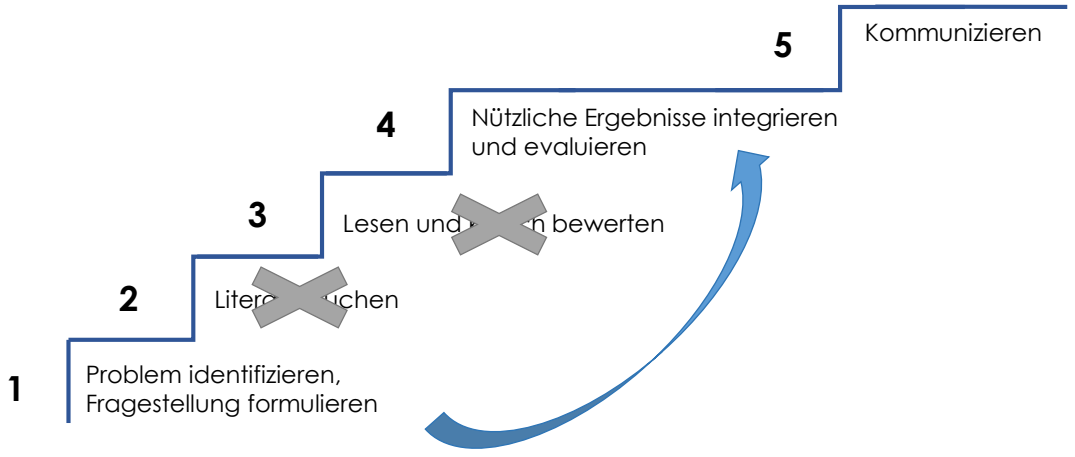
Veränderung des EBP Prozesses



Opinion of Barbara Höhsl/ Valentin Ritschl/Erika Mosor

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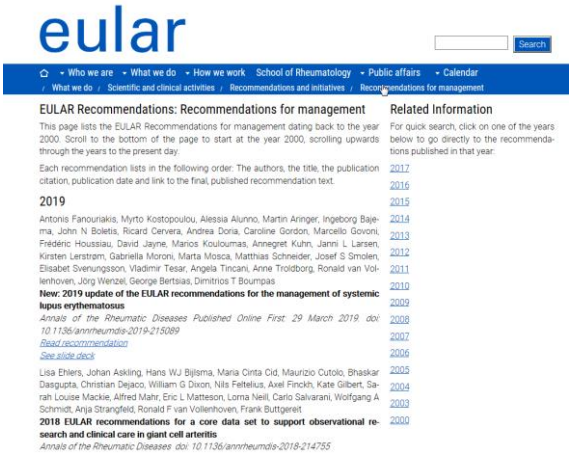
EULAR Recommendations

- Enthalten Empfehlungen um Health Professionals bzw. PatientInnen dabei zu unterstützen, das Richtige - richtig durchzuführen.
- Sie sind evidenzbasiert und entstehen in einem Prozess, in dem verschiedene ExpertInnen einbezogen werden.
- Recommendations können auf Nützlichkeit für den persönlichen Arbeitsbereich geprüft und ggf. übernommen werden.



eular

Search

Who we are | What we do | How we work | School of Rheumatology | Public affairs | Calendar

/ What we do / Scientific and clinical activities / Recommendations and initiatives / Recommendations for management

EULAR Recommendations: Recommendations for management

This page lists the EULAR Recommendations for management dating back to the year 2000. Scroll to the bottom of the page to start at the year 2000, scrolling upwards through the years to the present day.

Each recommendation lists in the following order: The authors, the title, the publication citation, publication date and link to the final, published recommendation text.

2019

Antonis Fanouriakis, Myrto Kostopoulou, Alessia Alunno, Martin Aringer, Ingeborg Bajema, John N Boletis, Ricard Cervera, Andrea Doria, Caroline Gordon, Marcello Govoni, Frédéric Houssiau, David Jayne, Marios Kouloumas, Annegret Kuhn, Janni L Larsen, Kirsten Lerstrøm, Gabriella Moroni, Marta Mosca, Matthias Schneider, Josef S Smolen, Elisabet Svenungsson, Vladimir Tesar, Angela Tincani, Anne Troldborg, Ronald van Vollenhoven, Jörg Wenzel, George Bertsias, Dimitrios T Boumpas

New: 2019 update of the EULAR recommendations for the management of systemic lupus erythematosus

Annals of the Rheumatic Diseases Published Online First: 29 March 2019. doi: 10.1136/annrheumdis-2019-215089

Read recommendation

See slide deck

Lisa Ehlers, Johan Askling, Hans WJ Bijlsma, Maria Cinta Cid, Maurizio Cutolo, Bhaskar Dasgupta, Christian Dejaco, William G Dixon, Nils Feltelius, Axel Finckh, Kate Gilbert, Sarah Louise Mackie, Alfred Mahr, Eric L Matteson, Lorna Neill, Carlo Salvarani, Wolfgang A Schmidt, Anja Strangfeld, Ronald F van Vollenhoven, Frank Buttgereit

2018 EULAR recommendations for a core data set to support observational research and clinical care in giant cell arteritis

Annals of the Rheumatic Diseases doi: 10.1136/annrheumdis-2018-214755

Related Information

For quick search, click on one of the years below to go directly to the recommendations published in that year:

2017 2016 2015 2014 2013 2012 2011 2010 2009 2008 2007 2006 2005 2004 2003 2000

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Recommendation

2018 EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis

Anne-Kathrin Rausch Osthoff,[1,2] Karin Niedermann,[1] Jürgen Braun,[3,4] Jo Adams,[5] Nina Brodin,[6,7] Hanne Dagfinrud,[8] Tuncay Duruoz,[9] Bente Appel Esbensen,[10,11] Klaus-Peter Günther,[12] Emailie Hurkmans,[13] Carsten Bogh Juhl,[14,15] Norelee Kennedy,[16] Uta Kiltz,[3,4] Keegan Knittle,[17] Michael Nurmohamed,[18] Sandra Pais,[19] Guy Severijns,[20] Thijs Willem Swinnen,[21,22] Irene A Pitsillidou,[23] Louise Warburton,[24] Zhivko Yankov,[25] Theodora P M Vliet Vlieland[2]

Handling editor Josef S Smolen

► Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/annrheumdis-2018-213585).

ABSTRACT

Regular physical activity (PA) is increasingly promoted for people with rheumatic and musculoskeletal diseases as well as the general population. We evaluated if the public health recommendations for PA are applicable for people with inflammatory arthritis (iA: Rheumatoid

[that] has, as a final or intermediate objective, the improvement or maintenance of one or more dimensions of physical fitness'.[1 2] PA-interventions can be provided or performed individually or in groups, supervised or non-supervised, in acute or chronic health states, but should always include behavioural change techniques (BCT) to

Table 2 Recommendations for PA and exercise in people with inflammatory arthritis and OA

Overarching principles

1. PA is part of a general concept to optimise health related quality of life.
2. PA has health benefits for people with RA/SpA/HOA/KOA.
3. General PA recommendations, including the four domains (cardiorespiratory fitness, muscle strength, flexibility and neuromotor performance) are applicable (feasible and safe) to people with RA/OA/SpA.
4. The planning of PA requires a shared decision between healthcare providers and people with RA/SpA/HOA/KOA, which takes people's preferences, capabilities and resources into account.

Recommendations	Category of evidence	Strength of recommendation	Level of Agreement mean (SD) Median (Range)
1. Promoting PA consistent with general PA recommendations should be an integral part of standard care throughout the course of disease in people with RA/SpA/HOA/KOA.	1B	A	9.81 (0.39) 10 (9–10)
2. All healthcare providers involved in the management of people with RA/SpA/HOA/KOA should take responsibility for promoting PA and should cooperate, including making necessary referrals, to ensure that people with RA/SpA/HOA/KOA receive appropriate PA-interventions.	4	D	9.14 (0.98) 9 (7–10)
3. PA interventions should be delivered by healthcare providers competent in their delivery to people with RA/SpA/HOA/KOA.	4	D	8.86 (1.48) 10 (5–10)
4. Healthcare providers should evaluate the type, intensity, frequency and duration of the people's actual PA by means of standardised methods to identify which of the four domains of general PA recommendations can be targeted for improvement.	3	C	9.05 (1.04) 9 (6–10)

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Recommendation

EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis

Linda Fernandes,[1] Kåre B Hagen,[1] Johannes W J Bijlsma,[2] Oyvor Andreassen,[3] Pia Christensen,[4,5] Philip G Conaghan,[6] Michael Doherty,[7] Rinie Geenen,[8] Alison Hammond,[9] Ingvild Kjeken,[1] L Stefan Lohmander,[10,11,12] Hans Lund,[11] Christian D Mallen,[13] Tiziana Nava,[14] Susan Oliver,[15] Karel Pavelka,[16] Irene Pitsillidou,[17] José Antonio da Silva,[18] Jenny de la Torre,[19] Gustavo Zanoli,[20] Theodora P M Vliet Vlieland[21]

► Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/annrheumdis-2012-202745).

For numbered affiliations see end of article.

ABSTRACT
The objective was to develop evidence -based recommendations and a research and educational agenda for the non-pharmacological management of hip and knee osteoarthritis (OA). The multidisciplinary task force comprised 21 experts: nurses, occupational therapists,

living for prolonged periods with severe OA is expected to grow.

The need for high-quality care for a condition with major personal and societal impact is generally recognised and several guidelines for such care are available.[5–9] International recommendations for

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Recommendation

2018 update of the EULAR recommendations for the management of hand osteoarthritis

Margreet Kloppenburg,[1,2] Féline PB Kroon,[1] Francisco J Blanco,[3] Michael Doherty,[4] Krysia S Dziedzic,[5] Elsie Greibrokk,[6] Ida K Haugen,[6] Gabriel Herrero-Beaumont,[7] Helgi Jonsson,[8] Ingvild Kjeken,[6] Emmanuel Maheu,[9] Roberta Ramonda,[10] Marco JPF Ritt,[11] Wilma Smeets,[1,2,3] Josef S Smolen,[12] Tanja A Stamm,[13] Zoltan Szekanecz,[14] Ruth Wittoek,[15] Loreto Carmona[16]

Handling editor Francis Berenbaum

For numbered affiliations see end of article.

Correspondence to Professor Margreet Kloppenburg, Department of

ABSTRACT

Since publication of the European League Against Rheumatism (EULAR) recommendations for management of hand osteoarthritis (OA) in 2007 new evidence has emerged. The aim was to update these recommendations. EULAR standardised operating procedures were followed. A systematic literature review was performed, collecting the evidence regarding all non-pharmacological,

Against Rheumatism (EULAR) recommendations for the management of hand OA were published in 2007.[9] The American College of Rheumatology (ACR) published management recommendations for hand, hip and knee OA in 2012, including evidence available to the end of 2010, and other societies, including an expert group of occupational therapists and the Italian Society for Rheumatology, formu-

Nötige Voraussetzungen und Fähigkeiten…

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Ein möglicher Zugang zu mehr Wissen

- EULAR Homepage https://www.eular.org
- Suche nach Recommendations (ev. auch Layversions verfügbar ☺)
- Lesen Übersetzungshilfe DeepL https://www.deepl.com/translator
- Ideen aufgreifen, diskutieren, sich vernetzen, voneinander lernen, auf etwas Neues einlassen,…

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EULAR HPR: EULAR Health Professional projects

Scroll down this page to find the list of ongoing and completed projects:

Ongoing projects

Increasing work participation across Europe
Convenor: Ross Wilkie

Implementation of Physical Activity into routine Clinical pracTice in Rheumatic Musculoskeletal Disease: The IMPACT-RMD study
Convenor: Georg Metsios

Implementing Best practice for Hand Osteoarthritis – a communication project on hand osteoarthritis
Convenor: Els van den Ende

Assessing the implementation of the EULAR recommendations for patient education for people with inflammatory arthritis across Europe
Convenor: Mwidimi Ndosi

People with RMDs will act as multipliers to support others to stay in or return to paid and unpaid work
Convenor: Erika Mosor

Implementation of EULAR Education for HPR in Eastern European countries
Convenor: Thea Vliet Vlieland

EULAR points to consider/recommendations for the detection, assessment and management of non-adherence in people with RMDs
Convenor: Loreto Carmona

EULAR recommendations for the role of Nurses
Convenor: Yvonne van Eijk-Hustings

Establishing an international collaborative network of European health professionals in systemic sclerosis (EUSHNet)
Convenor: Anthony Redmond

EULAR recommendations/points to consider for the health professionals management of patients with osteopenia and a risk of fragility fracture and/or of (subse-

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Danke!

Kontakt:
Erika Mosor
President elect der ÖGRG
erika.mosor@oegrg.at

…und viel Spaß beim
„ mit dem Wissen schaffen
und Wissenschaft anwenden“!