# CREATING AN ONLINE PATIENT EDUCATION PROGRAM FOR FEMALE POPULATION WHO ARE OVER 50 YEARS OLD

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#### **OBJECTIVES**

Our research aimed to increase quality of life, physical activity, disease-specific attitude, and knowledge among the female population over 50 years with an online patient education program.

#### **METHODS**

A total of 59 women age over 50 took part in our research from August 2021 till October 2021. The participants were divided into two groups (intervention -; control group). We asked the participants to complete our survey which included 4 validated questionnaires: World Health Organization Quality of Life (WHOQoL), Global Physical Activity Questionnaire (GPAQ), Osteoporosis Health Belief Scale (OHBS) and Osteoporosis Knowledge Questionnaire (OPQ). The patient education program took place online on a social media platform. The intervention group received 4 exercise sessions and 5 educational materials over 4 weeks. Microsoft Office Excel was used to collect, aggregate, and analyze the results. Descriptive statistics and two-sample Ttest statistics were used to evaluate the results.

### RESULTS

Our analysis showed that there was a significant difference in the knowledge between the first (63% right answers) and the second measurement (82% right intervention answers) in group (p<0.001) and between the intervention (82%) and control (57.16%) groups (p=0.05). The intervention group had an increasement (p=0.67) in physical activity (pre: 1079.09 min/week; post: 1192.55 min/week). We did not find statistically proven differences in quality of life (p=0.19), and osteoporosis-specific attitude (p=0.388) for the intervention group. Our results do not confirm a significant difference when comparing

the intervention and control groups for quality of life (p=0.06), physical activity (p=0.89) and attitude

### (p=0.56).

## CONCLUSIONS

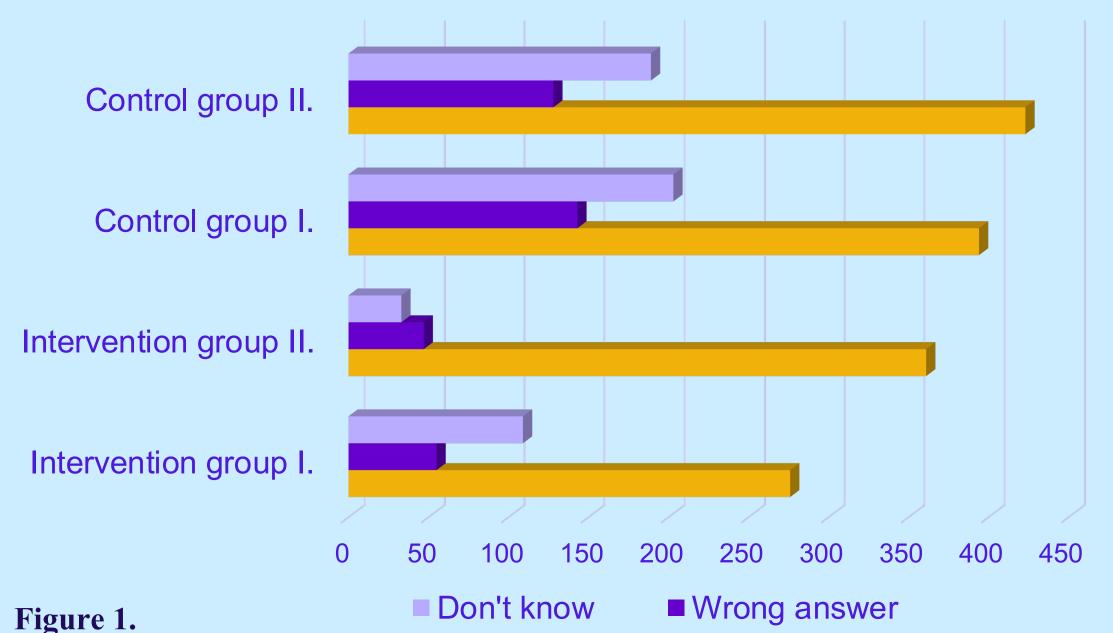
Based on the results what we achieved we can conclude that the online education program is not the most useful way to increase the quality of life, physical activity, and disease-specific attitude in this population. Compared to the national literature we suggest the application of personal patient education programs in this population.

	Sum	Average	Minimu m	Maximu m
Physical Health	1430	65	50	81
Psychological Health	1703	77	44	100
Social Relationships	1682	76	31	100
Environmental Health	1771	81	50	100

Table 1.
WHO-QoL BREF intervention group II.
questionnaire results

	Sum	Avergae	Minimu m	Maximu m
Physical Health	2444	66	31	100
Psychological Health	2534	68	19	100
Social Relationships	2558	69	6	100
Environmental Health	2599	70	44	94

Table 2. WHO-QoL BREF control group II. questionnaire results



OPQ questionnaires results

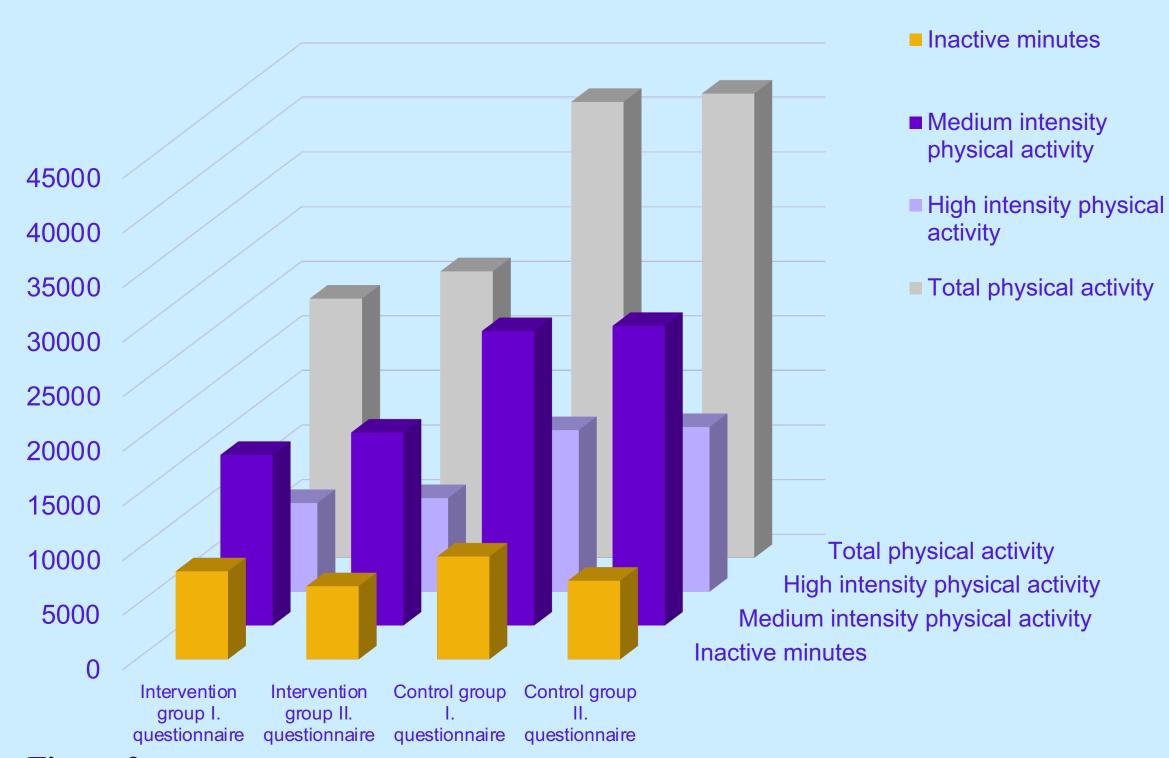


Figure 2. WHO GPAQ questionnaires results

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