

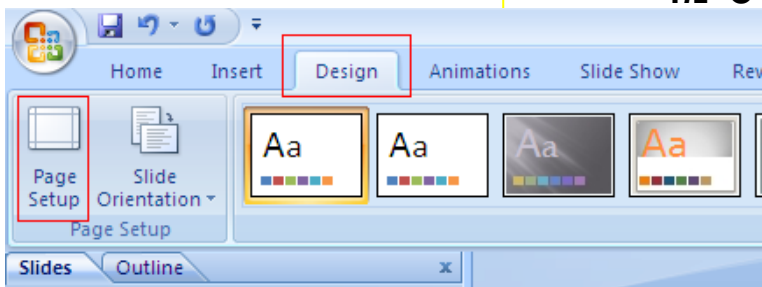
מצגת הנחיות להכנת פוסטר דיגיטלי

לפרטים והרשמה לכנס: 09-9604214, mbreen1@its.jnj.com

הרשמה לכנס (לשלוח במייל שם + מס' נייד) mbreen1@its.jnj.com

1. פתח קובץ חדש בתוכנת פאוור פוינט

2. בחר מראש הגדרת עמוד של רוחב 100 ס"מ וגובה 60 ס"מ.

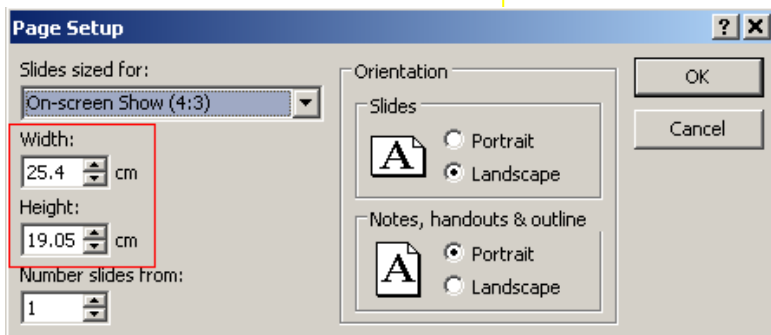


כיצד לעשות זאת ?

< בחר באפשרות **DESIGN** בסרגל בעליון

< בחר באפשרות **PAGE SETUP** בצד שמאל

< שנה את גודל המסמך לגודל הרצוי (רוחב 100 ס"מ וגובה 60 ס"מ) בחלון שנפתח.



3. גודל האותיות:

כותרת השקופית גודל פונט - 72.

שאר הטקסט - גודל פונט 28/32.

4. מספר שקופיות:

שקופית בודדת.

5. סידור הטקסט:

ניתן לסדר את השדות (רקע, מטרות התאמה, טיפול, דיון ומסקנות) לפי בחירה חופשית.

רצוי שגוף הפוסטר יכלול תמונות ואיורים.

Adolescent and parent attitudes towards contact lenses: Behaviours and management

פוסטר לדוגמה

Introduction

הקדמה/רקע

Less than 10% of the general population (CL). Correctable visual impairment is reported of 16 to 24 year-olds reported to require visual correction [1]. Evidence supports CL as an effective, safe and convenient method of refractive error correction in children and adolescents [2,3]. However, less than a third of European adolescents eligible to use CLs wear them. Taking into account this last fact, it would be viable to think that: Adolescents are not motivated to use CL, they are unaware of their benefits or there are barriers that make their use difficult.

A survey was conducted amongst adolescents and their parents in Spain and Portugal to determine their attitudes towards CL and understand if adolescents are interested in using CL and parents of satisfying this request [4]. The survey identified a number of barriers that deter this population group from using CL and this second phase of research aims to provide practical advice as to how these barriers can be managed in the practice to encourage the use of CL in the population.

Methodology

שיטות ההתאמה/הטיפול

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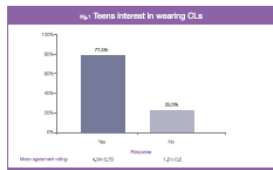
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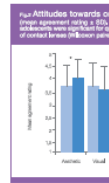
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Phase 1

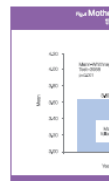
The results determined that 78% adolescents indicated that they were interested in wearing CL and considered them highly effective and safe. Adolescents were in agreement that CL are comfortable, effective and safe as well as meeting practical and aesthetic needs. However, adolescents expressed a reticence to CL use due to the belief that they would find them difficult to handle.



Parents, who are less safe for adolescents. CL in adolescence care instructions. Parents also believe...



תוצאות ההתאמה



ניתן לצרף טבלאות, תמונות (קבצי וידאו)

These beliefs held by parents, and especially mothers, are not based on true and evidence-based data, as there is no scientific proof that suggests there is a higher incidence of important disorders associated with the use of CL among teens.

Phase 2

HEALTH BELIEF MODEL

The Health Belief Model [5,6] is a theoretical framework based on subjective assessment of cognitive factors as determinant factors of behaviour (and, therefore, of decision-making). Within the model, "the avoidance of a certain disease" is assessed. Hence, the model is based on three basic premises:

- The belief (or perception) that a certain problem is sufficiently important or serious, and should be taken into account.
- The belief (or perception) that one is vulnerable to that problem.
- The belief (or perception) that taking a recommended action to avoid this problem will be beneficial without a high personal cost.

Based on the principles established and the Health Belief Model, the following hypotheses can be formulated:

- Parents' belief (or perception) that the risk associated with the use of CL is important or sufficiently serious to take into consideration.
- Parents' belief (or perception) that their child is especially vulnerable to that problem.
- Parents' belief (or perception) that the action to be taken (discourage their child from wearing CL) produces a low and acceptable personal cost for their child.

Discussion

דיון על ההתאמה

Perception of risk:

According to our data, there is a clear perception that the use of CL entails significant risk. These perceptions do not match published evidence indicating a low incidence of complications (or adverse events) associated with the use of CL [7].

Parents who have never worn CL (63%) have a higher belief (56%) that CL can cause potential eye damage, versus parents who have used CL at some point (31%), and who believe this notion to a lesser extent (39%). The difference between both groups is significant (Mann-Whitney U test = 4334,000; p < 0,05) [Figure 1]. It could therefore be concluded that the beliefs that act as barriers for the use of CL are not based on experience.

Perception of vulnerability:

Once the parents' belief that the use of CL is associated with potential eye damage, it should also be determined if they consider their children to be especially vulnerable to this risk. Data in this case were again sufficiently clear and significant, given that parents believed that CL were less safe for adolescents than for the general population (Wilcoxon test = 3,549; p < 0,001).

Favourable cost-benefit perception:

At this point, in which risk is deemed important and the child especially vulnerable to risk, parents end up accepting that discouraging their child from wearing CL entails a low and acceptable cost. Parents believe, as significant results indicate, that CL satisfy a primarily aesthetic need in adolescents (4.00 ± 0.81), versus any other type of need and versus the general population (Wilcoxon test = 4,258; p < 0,001). It is very likely that the perceived cost to the adolescent is simply not satisfying a series of aesthetic needs. To the parent, this is undoubtedly a very acceptable cost in exchange for a considerable benefit: To prevent the CL eye damage.

The role of ECP - Key points and actions:

ECPs should identify parents' barriers:

- Has the ECP received previous educational sessions to identify and overcome these barriers?
- Does ECP know which elements are playing an important role in parents' psychological barriers?
- Does the parent have sufficient information about the use of CL?
- Does the parent have a lack of personal experience in the use of CL?
- Has the parent had a negative experience with the use of CL?

Suggestions to overcome parents' barriers towards the use of CL by their adolescent children:

- Make sure that staff is up-to-date with the latest advances in the use of CL.
- Offer parents information that demonstrates the benefits of their adolescent children using CL (educational materials published by laboratories and materials developed by professional colleges)
- Benefits for adolescents with CL
- Commitment towards their children
- Opportunity to develop mature decisions

Conclusions

ECPs should adequately inform adolescents and their parents about the benefits of CL. It is crucial that ECPs have appropriate and comprehensive educational materials, endorsed by professional bodies, which communicate the safety and benefit of CL use among teenagers. It is also vitally important to improve the way these messages are delivered, ensuring that these messages are correctly and coherently delivered.

מסקנות

מקורות של הרקע-אופציה

References: 1. TNS Vision Trak Data, June 2008 | 2. Walline JJ, Long S, Zadnik K. Daily disposable contact lens wear in myopic children. *Optom Vis Sci.* 2004;81(4):255-9. | 3. Li L, Moody K, et al. Contact lenses in pediatrics study in Singapore. *Eye Contact Lens* 2009;35(4):188-95. | 4. Zeri F Durban JJ, Hidalgo F, Gispets J, Contact Lens Evolution Study Group (CLESG), Attitudes towards contact lenses: A comparative study of teenagers and their parents. *Contact Lens & Anterior Eye* 2010;33:119-23. | 5. Hochbaum GM. Public participation in medical screening programs: A sociopsychological study. Washington, DC: US Government Printing Office; 1958. PHS publication n° 572 | 6. Rosenstock IM. What research in motivation suggests for public health. *A J Public Health* 1960;50:295-301 | 7. Stapleton F, Keay L, Edwards K, Naduvilath T, Dart J, Brian G, Holden B. The Incidence of Contact Lens-Related Microbial Keratitis in Australia. *Ophthalmology* 2008;115 (10): 1655-62.



Johnson & Johnson Vision Care

שימו לב !

- המצגות יוקרנו ברצף על 12 מסכי LCD 42 אינץ' שיצבו בהיכל אולם הנגב (בסמוך לכיבוד).
- המציגים מתבקשים לעמוד בסמוך לפוסטר שהציגו בזמן ההפסקות לצורך דיון ושאלות.
- יש לציין כי הפוסטר אינו מוגדר להצגה פרונטאלית במהלך הכנס.
- יש לשלוח את הפוסטר הדיגיטלי (השקופית הבודדת) לניר ארדינסט עד תאריך ה 23.10.11

בהצלחה !

ניר ומעיין