



Prompt Education Improves Adherence To Rheumatologist's Visits In Patients With Early Rheumatoid Arthritis

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Objective

To maintain adherence with medical therapy is a challenge for health care providers treating patients with chronic illnesses. Our aim was to determine the impact of prompt patient education provided by Nurse clinicians(NC) on the adherence to clinic visits of early rheumatoid arthritis(RA) patients.

Methods

A retrospective cohort study was conducted on :

- All early RA patients fulfilling ACR criteria with disease onset within two years' duration, diagnosed between Jan and Dec 2002
- Has existing RA study with the Department which collects prospective data on SF-36(Quality of Life), HAQ Health Assessment Questionnaire, DAS28 (Disease Activity Score) and RAI (Rheumatology Attitude Index)
- Any patient who did not turn up for consultation beyond a year is considered to have defaulted
- Data collection – neutral (research nurse, appointment system)
- Statistical analysis was performed with Pearson chi-square, student t-test and logistic regression analysis where appropriate.

Two Experimental Groups

1st group – referred for NC's educational session and given relevant pamphlets within a month of diagnosis

2nd group – not referred for NC's educational session upon their diagnosis (control group)

Results : Adherence to follow up

No of Subjects : 59

Factors	Not Defaulted	Defaulted	Total
Counseled upon diagnosis	26 (86.67%)	4 (1.33%)	30 (100%)
Not Counseled upon diagnosis	17 (58.6%)	12 (41.4%)	29 (100%)
Total	43	16	59

p-value = 0.043

Counseled patients defaulted less than those who have not been counseled

Results : RAI, HAQ and DAS 28

No of Subjects : 59

Variables	p-value
RAI Score	0.20
HAQ	0.87
DAS 28	0.96

Other variables were not significant value in predicting defaulter status

Results : SF 36

No of subjects : 59

Limitations

- Retrospective study instead of randomized control study
- Limited sample size due to bio-data not collected at all/ collected only after NC's educational session

Conclusion

The only independent factor available at baseline that predicts a patient would default clinic visits in the future was patient education. Thus, prompt patient education soon after a diagnosis is made should be regarded as a crucial tool for the total management of RA patients. Future study is recommended to examine at which period patient need education reinforcement to enhance their adherence to follow up treatment.

Reference

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