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HOSPITAL

Importance of Education At Diagnosis By The Nurse Clinician In Patients With Early Rheumatoid Arthritis: An Evaluation of Patient Adherence With Rheumatologist's Visit Four Years Later



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Introduction

Maintaining patient adherence to medical therapy is a challenge for healthcare providers treating patients with chronic illnesses.

This paper aims to evaluate the level of adherence of the patients, four years after their education by our Rheumatology Nurse Clinician (NC).

Methods

A retrospective cohort study was conducted on :

- ❖ All early rheumatoid arthritis (ERA) patients fulfilling the ACR criteria for RA with disease duration less than two years, diagnosed between Jan and Dec 2002.
- ❖ These patients were enrolled in a prospective RA database which includes collection of clinical data and the following outcome measures:
 - ✓ SF-36 and Health Assessment Questionnaire (HAQ)
 - ✓ Disease Activity Score (DAS28)
 - ✓ Rheumatology Attitude Index (RAI).
- ❖ A defaulter is defined as any patient who had not turned up for consultation for more than a year.

Statistical Analysis

Statistical analysis was performed with Pearson chi-square, student t-test and logistic regression analysis where appropriate.

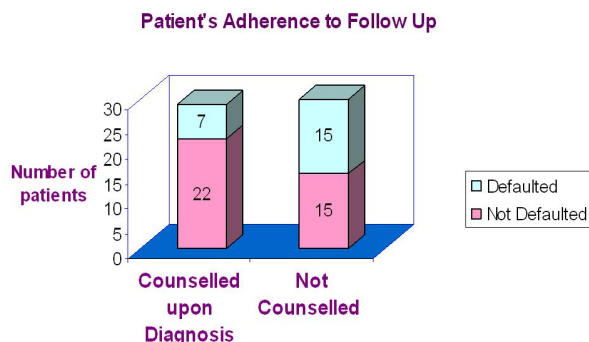
Seventy-four ERA patients were identified; 15 were excluded because they discontinued follow-up before their recruitment in the prospective RA database.

- ❖ Among the 15 patients who discontinued follow up before their recruitment, 14 were not referred for education by the NC.

Results

Fifty-nine patients were studied:

- ❖ Mean age was 50 years old (range 18 -76, SD ± 11.3)
- ❖ Predominantly Chinese (72.9%)
- ❖ Majority had completed secondary education (44.1%)
- ❖ Gender distribution (male:female 1:3)
- ❖ Among those patients who have attended the NC's education session, 24.1% had defaulted follow-up compared to 75.9% in those who have not, after 4 years.



- ❖ **Counselled patients defaulted less than those who have not been counselled. (p=0.04).**

- ❖ Other independent factors were not statistically significant in predicting patients' adherence to their follow up.

SF-36 parameters	Did not adhered to follow up		Adhered to follow up		p-value
	Mean	(95% CI)	Mean	(95% CI)	
Mental Health	68.5	59.4 - 77.7	69.4	64.1 - 74.7	0.86
Role Emotion	66.67	42.5 - 90.8	75.4	63.2 - 87.4	0.47
Social Function	80.8	65.6 - 96.1	74.4	66.0 - 82.7	0.43
Vitality	57	44.8 - 69.2	59.6	54.1 - 65.2	0.65
General Health	61.2	48.6 - 73.8	61	54.2 - 67.7	0.97
Role Physical	61.7	35.6 - 87.8	64.3	51.7 - 76.8	0.84
Physical Function	76	60.0 - 92.0	75.8	68.8 - 82.8	0.98
Bodily Pain	62.3	47.2 - 77.4	66	58.6 - 73.2	0.63

Variables	Did Not Adhered to follow up		Adhered to follow up		p-Value
	Mean	(95% CI)	Mean	(95% CI)	
RAI	38.2	33.0 - 43.4	38.5	36.7 - 40.3	0.88
HAQ	0.36	0.1 - 0.7	0.21	0.1 - 0.3	0.25
DAS28	3.4	2.4 - 4.4	2.8	2.5 - 3.1	0.07

Discussion

Our study showed that knowledge imparted by the NC had a major effect on the patient's continued attendance for follow-up treatment. This positive finding is consistent with the study by Lindroth et al (1997).³

There are some limitations to the study including its retrospective nature and small sample size. Furthermore, this was not a randomized study as the decision to refer a patient for education was made by the attending rheumatologist.

Conclusion

Prompt patient education by nurse clinician soon after the diagnosis is made should be regarded as a crucial tool in the total management of patients with ERA. Future prospective studies are needed to confirm this observation and to examine the frequency of education reinforcement that best enhances treatment adherence.

References

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