Alternate follow-up of low disease activity rheumatoid arthritis patients by rheumatology nurse and clinician: Outcomes at one year

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Introduction
Rheumatoid arthritis (RA) is an inflammatory joint disease which causes not only physical discomfort but structural damages leading to physical and psychological impairment. Close monitoring of patients with low disease activity is associated with better outcomes. This often involves a multi-disciplinary team approach with the Rheumatology Nurse (RN) as a key member.

Objectives
To evaluate the outcomes and effectiveness of alternating follow-up of RA patients with low disease activity at the rheumatology nurse and clinician clinics.

Methodology
Patients with clinically and biochemically stable RA were referred to the Rheumatology Nurse Clinic (RNC) for alternating follow-up at 16-week intervals with the clinician clinic. A total of 317 patients (mean age=61 years, 83% women) attended the RNC from January to December 2014. RNS monitored patient disease activity using the Disease Activity Score-28 joint count (DAS-28), and treatment complications through physical examination and review of patients’ blood results. Student t-test was used to compare the difference between baseline DAS-28 and at 1-year follow-up.

Result
There was no difference between mean DAS-28 at baseline and 1 year follow-up (2.59 ± 0.60, 2.64 ± 0.68; p= 0.34). At 1 year follow up, 90% of patients were on disease modifying anti-rheumatic drugs (DMARDs). Eighty five percent were in remission or with low disease activity (DAS-28 ≤ 3.2). The remaining 15% had
moderate or high disease activity (DAS-28 > 3.2). These patients were screened out and managed by the RN. Among the group, 12 (3.8%) patients were referred to the clinician clinic for reformulation of the treatment plan. Our results demonstrated a shared care approach in the management of patients with RA. This shared care model enhances the effective use of the clinician clinic by reducing the workload of rheumatologists. Alternating rheumatology nurse and rheumatologist consultations for RA patients with low disease activity is safe and effective.